ALBERTA IN CONTEXT

HEALTH CARE UNDER NDP GOVERNMENTS

PARKLAND INSTITUTE

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Executive Summary

This report analyzes and compares the record of recent NDP governments on health care in five provinces: Ontario, British Columbia, Saskatchewan, Manitoba, and Nova Scotia, with a specific focus on health care funding, hospitals, staffing levels, and labour relations. The report examines briefly the health care policies of the Alberta NDP government since 2015, highlighting useful points of intersection—and contrast—with the five provinces examined. Finally, the report suggests two broad lessons that may be taken by NDP governments in their policies and actions.

The report argues that the policies and actions of the NDP governments must be understood as the product of two opposing forces: on the one hand, the political and ideological pull of neoliberalism; on the other, the internal dynamics built up over time within each province—the traditions, values, and political alignments that constitute a political culture. The report shows that, while all five NDP governments adopted many of the economic and fiscal policies of neoliberalism, they also adapted to these circumstances in different ways that continued to shape the political terrain even after the respective governments left office. While this report deals specifically with health care, these two poles can be applied to understanding the NDP governments' actions in other policy realms.

The report briefly examines the approach of social democratic governments before and after the rise of neoliberalism in the late 1970s. Having all but abandoned the notion of increasing state revenues through direct ownership or Crown corporations, and later agreeing to lower corporate and individual taxes, NDP governments often found themselves trying to square the fiscal circle of meeting public needs and demands with dwindling revenues, while also trying to hold true to social democratic principles. The report shows that government revenues and expenditures were generally higher after 1990 under NDP administrations than under non-NDP administrations. In the broad picture, however, the five NDP governments did not differ greatly from their Liberal and Conservative counterparts in either regard.

In the matter of health care, the data examined in this report show that, on average, NDP governments spent more on health care as a percentage of GDP than did non-NDP governments. The data similarly show that, on average, the public portion of total health care spending under NDP governments was higher than that of non-NDP governments. But NDP governments, while defending public spending, did not greatly expand spending after the early declines of the 1990s.

Examined individually, however, the five provincial cases exhibit some differences. As a proportion of total health care spending, public spending remained highest and steadiest in the three western provinces, no matter the party in office, and much lower in Ontario and Nova Scotia. Compared with each other, Saskatchewan and Manitoba also employed more health care staff, almost across the job categories, than did their counterparts in Ontario and British Columbia. But the pattern of labour relations in Manitoba (especially) was less conflicted under the NDP than in the other four provinces examined.

The record of the current Alberta NDP government reflects many of the same challenges faced by the five NDP governments examined and pits two approaches: that of either reforming or preserving the existing system.

The report concludes with two broad lessons to be learned from the policies and actions of previous NDP governments. The first lesson is that NDP governments must be bolder in their policies and actions. The second lesson is that they must reject the neoliberal ideological frame and return to the principles of social democracy.

Introduction

When the New Democratic Party (NDP) was elected to govern Alberta in May 2015, ending the 44-year reign of the Progressive Conservatives, many progressive Albertans hoped and expected the new government would protect, and perhaps even expand, public health care. At the same time, however, many public and private sector workers, business owners, journalists, and others likely held misconceptions about how NDP governments in other provinces had dealt with finances and health care in the past. This report analyzes and compares the NDP's record on health care in five provinces: Ontario, British Columbia, Saskatchewan, Manitoba, and Nova Scotia (see Table 1).[1]

Table 1: NDP Provincial Governments

Province	NDP Premiers	Mandate
Ontario	Bob Rae	October 1990–June 1995
British Columbia	Mike Harcourt, Glen Clark, Dan Miller, and Ujjal Dosanjh	October 1991–May 2001
Saskatchewan	Roy Romanow and Lorne Calvert	October 1991–November 2007
Manitoba	Gary Doer and Greg Selinger	September 1999–April 2016
Nova Scotia	Darrell Dexter	June 2009–October 2013

As there is no single way to measure health care performance, the report relies on a range of statistical data from the Canadian Institute for Health Information (CIHI) and other statistical sources. These measures include health care spending as a percentage of Gross Domestic Product (GDP) and public health care spending as a percentage of total health care spending. The report also examines data related to staff levels by specific health care occupations. In addition to statistical data, the report also employs primary information, such as government or institutional reports, secondary data, and newspaper accounts in its analysis of NDP government policies and actions.

The report argues that the policies and actions of the NDP governments examined must be understood as the product of two opposing forces: on the one hand, the political and ideological pull of neoliberalism; on the other, the internal dynamics built up over time within each province—the traditions, values, and political alignments that constitute a political culture (see sidebar on page 4). The report will show that, while all five NDP governments adopted many of the economic and fiscal policies of neoliberalism, they also adapted to these circumstances in different ways that continued to shape

Political Culture: A Definition

Deeply rooted, long-held beliefs and values characteristic of a nation or society. To quote Ornstein et al:

> Broadly conceived, political culture includes all ideas—attitudes, values, theories—which justify or explain political activity. For our purposes, it is convenient to distinguish three "layers" of political culture. At the most concrete level are attitudes towards political parties and governmental institutions. These attitudes affect voting choices, and identification and satisfaction with the various levels of government. At a somewhat more abstract level, are attitudes towards the "system" of government, particularly attitudes favouring political participation and justifying the efficacy of political participation. Finally, at a still more abstract level, involving greater clarification of the normative principles involved in political choices, are attitudes which structure ideological argument—for example, arguments about the goals of political action and the appropriate distribution and uses of political power. [2]

the political terrain even after the respective governments had left office. While this report deals specifically with health care, we believe that these opposing forces could be applied to understanding the actions of the NDP governments in other policy realms.

Given the issue's complexity, this report is structured in five sections. Section one sets the stage for a discussion of health care in the five provinces. Specifically, it provides a brief historical account of the NDP governments in the time before and after neoliberalism became dominant and the differences, if sometimes subtle, in how the NDP governed during the latter period. This section also examines the overall fiscal record of the five NDP governments, compared with each other and with non-NDP governments, during the period of their mandates.

Beginning with a brief overview of federal-provincial relations on health care financing since the 1990s, section two establishes the context of health care funding in Canada. This section of the report also examines comparatively the pattern of health care spending in the five provinces since 1990.

Section three presents in-depth case studies of health care in the five provinces. Specifically, this section examines how each provincial NDP government approached health care issues with respect to funding, hospitals, health care staffing levels, and labour relations. This section also provides an overview of health care policies pursued by non-NDP governments before or after the NDP was in office.

Section four offers a similar treatment of the first three years of Alberta's NDP government, focusing on its policy initiatives dealing with health care.

Section five brings together common threads and themes across the five cases and highlights useful points of intersection—and contrast—to the current NDP government in Alberta. The report concludes with two broad lessons to be learned: first, that NDP governments must be bolder in their policies and actions; and second, in turn, that they must reject the neoliberal ideological frame and return to the principles of social democracy.

Section 1. Setting the Stage

Social Democracy in the Five Provinces

> *The NDP governments were Keynesian in their economic policies and benefitted from considerable public support for activist government.*

While social democratic values and beliefs run deep in Canada, the movement's formal political roots lie in the Great Depression with the founding in 1932 of the Co-operative Commonwealth Federation (CCF). Over the next few years, the party grew in popular support in several provinces, and Saskatchewan elected Canada's first CCF government in 1944, deservedly earning that province the title of the birthplace of social democracy. The CCF (later renamed the NDP) remained in office in Saskatchewan for 20 years (1944–1964). After a brief time in opposition, Saskatchewan's NDP returned to office in 1971 (governing until 1982), joining fellow NDP governments elected in Manitoba (1969–1977) and British Columbia (1972–1975) during this period.

The three NDP governments were far less radical than the early (and more avowedly socialist) CCF had been or the Waffle group within the federal NDP was during this period.[3] The NDP governments were Keynesian in their economic policies and benefitted from considerable public support for activist government. The NDP's achievements during these years is notable: public health care, introduced by the Saskatchewan NDP in 1960, leading to medicare's later adoption throughout Canada; the introduction of public auto insurance in Manitoba 1971 and British Columbia in 1973, following Saskatchewan's earlier action in 1945; the nationalization of key industries, notably potash in Saskatchewan; and in Manitoba, participation in a joint federal-provincial experiment that tested the possibility of enacting a guaranteed minimum income (Mincome, 1974–1979).

By the mid-1970s, however, Keynesianism was in trouble. The western industrial economies were beset by a combination of high inflation and high unemployment, what became termed "stagflation." Although, as a party, the NDP scored electoral success in returning to power in Saskatchewan (1971–1982) and Manitoba (1981–1988), the political and ideological terrain was already shifting.

The void caused by the collapse of the Keynesian compromise between labour and capital was filled at first by neo-conservatism, a doctrine that embraces free market capitalism, anti-statism, and social and moral conservatism, while retaining the state's coercive functions. Within a short time, however, neo-conservatism gave way to a more nuanced and less obviously harsh approach, neoliberalism.

Like neo-conservatism, neoliberalism advocates free markets, deregulation, and privatization. It also emphasizes a reformed and reduced tax structure based on low corporate taxes and regressive consumption taxes, and supports programs that assist in private capital accumulation, such as education and retraining. However, where neo-conservatism's primary aim is to diminish the role and power of the state overall, neoliberalism often focuses on how the state can be used to further capital accumulation and, in the case of the social welfare state, make such services profitable.

The emergence of neoliberalism saw parties of the left throughout the West, whether calling themselves social democratic or labour parties, all but abandon efforts to challenge or propose democratic alternatives to capitalism.[4] By the 1990s in the US, the Democratic party of Franklin Delano Roosevelt had become the neoliberal party of Bill Clinton. In the United Kingdom, the Labour Party's tepid socialism similarly gave way to the neoliberal "Third Way" of Tony Blair.

"The emergence of neoliberalism saw parties of the left throughout the West, whether calling themselves social democratic or labour parties, all but abandon efforts to challenge or propose democratic alternatives to capitalism."

Neoliberalism's challenge was also felt in Canada, but not equally in all provinces. Social democracy's roots were planted more firmly in Saskatchewan and Manitoba than in British Columbia, even less so in Ontario, and less again in the Maritimes. These differences were a factor not only in the NDP's electoral chances in the respective provinces, but also in how, in office, the NDP chose to govern and the political latitude they possessed.

By the 1980s, the NDP had established itself in Saskatchewan, and was in the process of doing so in Manitoba,[5] as what are often termed "natural governing parties"—parties defined not merely by their electoral dominance but by their ability to convince the mass electorate that they speak for the entire nation or province.[6] Natural governing parties are the embodiment of the polity's generalized values and beliefs; the bearer of a mantel of competence and legitimacy; they are trusted. Such parties are those which the majority of the electorate turns to regularly, especially in times of crisis. By contrast, the NDP in the other three provinces of British Columbia, Ontario, and Nova Scotia could not claim such a status. This difference, we argue, impacted the range of policy options open to the respective NDP governments.

NDP Governments During Neoliberal Times

At first glance, as the 1990s began NDP fortunes in the five provinces examined might have seemed in ascent. The party gained office for the first time in Ontario in the fall of 1990, and the next year regained office in both British Columbia and Saskatchewan. Only in Manitoba was the NDP out of office, having been defeated in 1988. But the political circumstances facing NDP governments were quite different as the 1990s began than had been the case in the 1960s.

The situation of the freshly elected Ontario NDP government was particularly fraught. Unlike in Manitoba, Saskatchewan, and British Columbia, the NDP had never before held office in Ontario. The new government lacked both administrative experience and trust with many voters as it sought to deal with the severe recession that welcomed it to office, brought about in large measure by the implementation that year of the Canada-US Free Trade Agreement and the "structural adjustments" the agreement entailed. But Premier Bob Rae and much of his cabinet were predisposed to the Third Way policies of neoliberalism. During its first year in office, the Rae government followed conventional Keynesian policies—implementing a stimulus budget and running a deficit—but soon began "drifting away from its political base and program."[7] The Ontario NDP's second budget saw it veer abruptly from fighting the recession to fighting the deficit,[8] a shift commensurate with neoliberal orthodoxy. This latter period saw the Rae government engage in a war with public sector unions—including health care workers—that culminated in the imposition of a new "social contract."[9] On health care, as will be elaborated upon below, the government similarly accepted the neoliberal logic of the Health Industries Advisory Committee, whose 1994 report argued for the marketizing of health care.[10]

"Premier Bob Rae and much of his cabinet were predisposed to the Third Way policies of neoliberalism."

One year after the NDP's surprise victory in Ontario, the Mike Harcourt-led NDP in British Columbia was elected following 16 years in the political wilderness. As in Ontario, the BC NDP returned to office amidst a near-decade-long recession. By 1991, however, the BC NDP had morphed into a liberal-socialist hybrid, whose leader, in the words of Frank Tester, "was given to 'wealth creation' and not to achieving social justice through redistribution."[11] Though less punitive than the Social Credit government it replaced, the Harcourt NDP also adopted policies of "fiscal restraint" that included reductions in an already lean public workforce, decreases in capital spending,[12] the offloading of costs onto the public, and decreases in social assistance benefits.

But perhaps no better example exists of the change undergone by social democratic parties than that of the Saskatchewan NDP. Between the party's defeat in 1982 and its return to office in 1991, the world and social democracy's place at the centre of ideological debate had shifted dramatically. Faced with a debt left by the outgoing Progressive Conservative government, the incoming NDP government of Roy Romanow shifted to the right fiscally. Defending the move, Romanow remarked, "In ideological terms we [the NDP] are left-of-centre and social democrats," but after a decade of fiscal mismanagement, the Saskatchewan public wants "lean and efficient government."[13] Lean and efficient meant, among other things, the privatization of some Crown assets[14] and extensive cuts to services, including the closing of hospitals. At the same time, the province's tax regime was revised to encourage private sector investment, especially in the agri-business.

Manitoba's NDP returned to power in 1999 under Gary Doer, following 11 years of austerity under Gary Filmon's Progressive Conservatives. Some NDP supporters hoped the incoming government would follow the lead of an earlier NDP government under Howard Pawley (1981–1988), which had tried to return the party to its social democratic roots.[15] Instead, Doer—a devotee of Tony Blair's Third Way—adopted a centrist "small-l liberal" approach.[16]

Doer's government did little to focus on poverty reduction, equity, or supporting unions; equally harmful, it did not repeal the Filmon government's balanced budget legislation. Unwilling to take hard stances against neoliberal economic policies, as had previous NDP governments, the NDP under Doer softened its stance to avoid criticism from corporate influences and the media, acquiescing to the dominant ideology at very real costs for society's most vulnerable. On tax strategy, Premier Doer boasted during a CBC leader's debate in May 2007 that "we've reduced taxes more than any government in Manitoba"[17]—an especially dubious achievement for any social democratic government.[18]

There were high hopes again for a return to social democratic values when Greg Selinger replaced Doer as NDP leader and premier in 2009, and these hopes were not entirely misplaced. Selinger took office as Manitoba, and the world, began experiencing the effects of the Great Recession. Much like Ontario's Rae government in 1990, Selinger's government invested in stimulus spending, a policy that helped the province weather the financial storm. By 2016, Manitoba could boast Canada's third-highest productivity rates (well ahead of the national average), the country's lowest unemployment rate, and the third-highest employment growth. Additionally, Selinger's NDP government invested in health care and education, and brought in several initiatives to deal with poverty.

Under Darrell Dexter, Nova Scotia's NDP in 2009 earned the distinction of forming the first NDP government east of Ontario. The NDP's victory in Ontario 19 years earlier came at the early outset of neoliberalism, while the party's win in Nova Scotia came as neoliberalism was about to reach its nadir, signaled by the onset of the Great Recession.

Following the election in Nova Scotia, Dexter declared, "Bob Rae will not be the model for this government. I intend to approach my administration in this province in a pragmatic and realistic way."[19] He professed to model his government after the administrations of Gary Doer[20] and Roy Romanow in Manitoba and Saskatchewan, respectively, and said his government would take a more moderate and incremental approach than his predecessors. At the federal NDP convention, held in Halifax in August 2009, Dexter declared his party's intention to reach out to business, let go of "rigid ideology," and maintained that tax cuts and business-friendly policies were not a betrayal of NDP core values.[21] As described by a journalist in *The Star*, Dexter was "'progressive' and 'conservative,' but not in that order."[22]

"Dexter was 'progressive' and 'conservative,' but not in that order."

In the eyes of some, Dexter's approach betrayed his admiration for Tony Blair's New Labour, similarly envisioning a neoliberal reinvention for his own party.[23] His focus on pragmatism over principle served to widen a fault line within the party between the more traditional leftist circle and the "conservative progressives."[24]

The party's 2009 campaign platform had only seven commitments: "to create jobs in all sectors; keep emergency rooms open and reduce health-care wait times; help young people stay in the province; remove the harmonized sales tax (HST) from home energy; fix rural roads; help seniors stay in their homes; and, live within our financial means by controlling deficits."[25]

Though previously advocating that it would "stand up" to corporations as a means of differentiating themselves from the Liberals and Conservatives, Dexter soon pledged that his government would reach out to business and enact tax cuts.[26] This promise manifested in the form of corporate bailouts, financial backing for a bid by Irving shipbuilders, and highly favourable government contracts with global IT firm IBM at the cost of dozens of union jobs. Many perceived these high-profile examples as a form of corporate welfare, even as education faced severe cuts and social assistance rates stagnated.

Thus far, we have shown that, at a general level, the NDP governments examined here responded during their years in office with economic and fiscal policies commensurate with neoliberalism; in particular, the privatization of public entities, cuts to public services, and a reduction in taxes designed to attract capital investment. But a closer look at revenues and expenditures during these years suggests important differences both between the NDP governments and in comparison with non-NDP governments.

Revenues and Expenditures

The issue of government finances—of revenues and expenditures, of deficits and debts—is important to social democratic practice and specifically to health care. Solid finances are also an issue on which NDP governments have acquitted themselves well. Over its long history, the NDP has the best record of balancing the books of any major political party in Canada.[27]

"Over its long history, the NDP has the best record of balancing the books of any major political party in Canada."

However, comparing the 1965 Report of the *Saskatchewan Royal Commission on Taxation* and the 1999 Final Report of the *Saskatchewan Personal Income Tax Review Committee*, Phillip Hansen has shown that the discourse around taxation employed by two different Saskatchewan NDP governments, separated by nearly a quarter century, varied greatly. The first report "treated taxation from the perspective of the relation between public expenditures and public wants and needs."[28] By contrast, the second report treated taxation as a limitation on the market and a burden on the individual. The first report is that of a social democratic society, the second of a neoliberal one. The change from the first to the second occurred subtly and incrementally in lockstep with that of the ideological landscape.

Taking our lead from Hansen and given the temporal scope of this report, we examined the fiscal record of the five NDP governments and their opponents specifically over a shorter period, from 1990–91 to 2015–16 (to catch the final days of the Manitoba NDP government of Greg Selinger). This is the period when neoliberalism began asserting its ideological powers of persuasion. Table 2 on the next page provides the results.

Table 2: Average Revenues and Expenditures as a Per Cent of GDP by NDP and Non-NDP Governments in the Five Provinces, 1990–91–2015–16

Province	Average Revenue	NDP Average Revenue	Non-NDP Average Revenue	Average Expenditure	NDP Average Expenditure	Non-NDP Average Expenditure
BC	19.44	19.39	19.47	19.65	19.78	19.58
SK	19.78	20.03	19.01	19.68	19.91	19.31
MB	21.68	23.10	19.47	22.01	23.18	20.15
NS	23.00	24.30	22.75	23.68	24.90	23.39
ON	16.17	15.90	16.24	17.53	19.38	17.10

Source: Calculated by T. Harrison from RBC Canadian Federal and Provincial Fiscal Tables, April 27, 2017.

Note: For both revenues and expenditures, the start and end dates have been staggered one year ahead based on the fact that the financial figures are already determined for the year when the government was elected. For example, the Ontario NDP was elected in the fall of 1990, but the data used begin in 1991–92 and end in 1995–96.

"In the broad picture, the evidence suggests the five NDP governments after the 1980s did not differ greatly from their Liberal and Conservative counterparts."

What does Table 2 tell us? First, perhaps unsurprisingly, that the NDP governments in the five jurisdictions spent more as a percentage of GDP than did non-NDP governments. Second, the revenues accrued by NDP governments in the cases of Saskatchewan, Manitoba, and Nova Scotia were higher than their non-NDP counterparts, and only marginally lower in the case of British Columbia. In Nova Scotia, the NDP brought in more revenues and spent more than the average (though the sample size of four years is small), but the gap (budget deficit) for non-NDP governments in the province was larger than for the NDP government (0.9 per cent). Only in the case of Ontario did the NDP garner a much smaller percentage of revenues than did non-NDP governments, a result explainable by the severe recession in which the Rae government found itself. In short, the NDP record on both revenues and expenditures compares positively with its non-NDP governments in the five provinces, suggesting that even in neoliberal times governments can make choices.

In the broad picture, the evidence in Table 2 suggests the five NDP governments after the 1980s did not differ greatly from their Liberal and Conservative counterparts. Not only were the NDP governments fiscally prudent, they too often wore this as a badge of honour.[29] Prairie NDP governments may have done so based on a long-standing cultural tradition of fiscal probity, but it seems also reasonable to suggest that NDP governments had become gun-shy in the face of relentless criticisms from the right that social democratic governments were careless with public money; that they were akin to "tax-and-spend" liberals, but perhaps even more profligate. In the case of Nova Scotia, despite making a balanced budget predicated on spending cuts and an unplanned increase to the HST the centerpiece of its four-year term, the Dexter NDP still left a sizable $680 million deficit.

Looked at more closely, however, important differences on policy existed between and within the five provincial governments. For example, in Manitoba, Gary Doer (as already noted) was a fiscally conservative follower of Tony Blair's Third Way. By contrast, Greg Selinger came out of a stronger social justice background. Using the data for Manitoba shown in Table 2, we separated the fiscal record of the Doer and Selinger administrations. The results are suggestive. During Doer's 10 years in office, revenues were 22.6 per cent of GDP, while expenditures were 22.1 per cent of GDP. By contrast, during Selinger's seven years in office, revenues were 23.7 per cent of GDP, while expenditures were 24.6 per cent of GDP, the latter reflecting the Selinger government's stimulus spending during that period. Clearly, while neoliberalism places constraints on governments they still have the ability to make quite different fiscal policy choices.

The case of BC provides another example. The Harcourt-led NDP government also cut both spending and taxes—in typically neoliberal fashion—arguing that putting more money in private hands would stimulate the economy. Government spending was cut during six of the NDP's first nine years in office, including operating expenditures during most of this time.[30] An increase in real per capita program expenditures of 4.9 per cent in 1999 does not alter the fact that from 1992 to 2000 the average annual change in real per capita operating spending under the NDP was -0.8 per cent.[31] While eight of the NDP's 10 budgets from 1991–92 to 2000–01 involved deficits, in most instances these were marginal and of little economic consequence. Only the first one was substantial, at 2.8 per cent of GDP,[32] the result of the economy being at a very low point. In consequence of the NDP's program of fiscal restraint, British Columbia in 1997–98 boasted the second-lowest debt-to-GDP ratio in the country, bested only by Alberta.[33]

In Saskatchewan, as already noted, the NDP had moved steadily after 1982 in a neoliberal policy direction. Under premiers Romanow and Calvert, the province racked up a series of balanced budgets. Unfortunately, this record was achieved both through the deferral of public service expenditures and by sacrificing many social democratic policy choices,[34] and was compounded by the introduction of enormous tax cuts for corporations, high earners, and businesses.[35] Balancing the budget had also required reducing royalties and—later, under Calvert—selling off several Crown corporations. As a result of these measures, provincial expenditures relative to GDP dropped from 30 per cent to 20 per cent in the 16 years of NDP rule.[36] Because of this revenue shortfall, it became increasingly difficult for the government to deal with pressing public issues such as a fast-growing elderly population, worker shortages, and static welfare rates—outcomes highly inconsistent with the party's stated commitments to redistributing wealth and resources.

> *NDP governments since the early 1990s have been forced to contend with the political and ideological pull of neoliberalism.*

The evidence thus far presented conforms to our first argument: that NDP governments since the early 1990s have been forced to contend with the political and ideological pull of neoliberalism. Having all but abandoned the notion of increasing state revenues through direct ownership or Crown corporations, and later agreeing to lower corporate and individual taxes, NDP governments often found themselves—like their Liberal and Conservative counterparts—trying fitfully to square the fiscal circle of meeting public needs and demands with dwindling revenues, while also trying to hold true to social democratic principles.

Our second argument, however, is that NDP governments in the five provinces adapted to the changed fiscal circumstances imposed by neoliberalism in different ways, and that these responses cannot be understood separate from the political culture that has arisen over time within each province. Health care policy offers a prime example of these distinct political cultures at work.

Section 2. Health Care Under NDP Governments

In most provinces, health care is both the largest and most rapidly increasing budget line, with costs rising by about 2.3 per cent in 2017 (2.7 per cent if private spending is included). With this consideration in mind, this section of the report examines health care funding. A brief historical overview of the federal-provincial funding relationship is provided, as is an examination of health care spending by the NDP governments in the five provinces.

Funding Health Care

Canadian health care services are about 70 per cent publicly funded, with the rest paid for privately out-of-pocket or through third-party insurance. These privately incurred costs include many pharmaceuticals, dental, vision, and the growing list of de-listed services such as chiropractic and physiotherapy.

Table 3: Public and Private Sector Involvement in Financing and Delivery of Health Care in Canada

● primarily public ■ mixed ○ primarily private

	Financing	Delivery
Public Health	●	●
Hospital Services	●	■
Services to Status Indians & Inuit	●	■
Physician Services	●	○
Home Care	■	■
Rehabilitation Services	■	■
Residential Long-Term Care	■	■
Ambulances	■	○
Prescription Drugs	■	○
Dental/Optometry	○	○
Non-Prescription Drugs	○	○
Other Health Care Professionals	○	○
Alternative Medicine	○	○

Source: Canadian Institute for Health Information, *Health Care in Canada: A First Annual Report* [37]

Canada Health Act Principles

The *Canada Health Act* is centered on five criteria, or principles:

1. Public Administration: the administration of a provincial health insurance plan must be by a non-profit body.
2. Comprehensiveness: the plan must insure all medically necessary services, including physician, hospital, and some dental surgeries.
3. Universality: all insured residents of each province have the right to receive care.
4. Accessibility: all insured persons should have reasonable access to services, and that health care providers should receive reasonable compensation.
5. Portability: all those covered by the health insurance plan in their province of residence are entitled to a minimum period of the same coverage should they move provinces or travel outside the country.

Source: Canada Health Act (1985), C. 6, S. 7

While provinces make the majority of delivery and administration decisions, health care is a shared jurisdiction and both levels of government are involved in funding, policy, and regulation. Numerous issues left to provinces, however, could be dealt with more rationally at the national level, including aspects of staffing and human resources, pharmacare plans, service delivery in rural/remote regions, and home care.[38]

Federal payments are contingent on provincial compliance with the *Canada Health Act* (see sidebar), and are comprised of equalization payments, tax points, and cash (but only the cash is directly linked to the criteria of the CHA). This mechanism ties the funding to create an accountability measure that ensures the provinces deliver on the criteria outlined in the CHA.[39]

Provinces and territories raise the balance of funding required through own-source taxation; for example, income tax, sales taxes, and resource royalties. The result is that health care throughout the country is delivered through a patchwork of policies and funding approaches.

Per capita health care spending rose throughout the 1980s until it was constrained through a suite of austerity measures such as hospital closures and staffing reductions in the mid-1990s. Federal health care transfers dropped from about 39 per cent of total health spending in 1975 to about 33 per cent by 1995.[40]

In 1996, the Chrétien government introduced the Canada Health and Social Transfers (CHST), which were a complex block funding instruments intended to compliment provincial funding, and comprised approximately 20 per cent of total health expenditures, along with funding other social programs. The CHST decentralized federal roles and cut funding for education, various social services, and health care, while moving towards greater privatizing, outsourcing, and deregulation. The cuts had a significant knock-on impact on health care spending, with provincial and territorial health expenditures as a per cent of GDP dropping from 6.9 per cent in 1991–92 (the high point) to 5.8 per cent by 1996–97.[41] The CHST also required numerous amendments to the CHA and put an end to a defined percentage of federal contributions for home care, long-term and adult residential care, and all ambulatory services.

Alarmed by these shifts, in 1998 Saskatchewan Premier Roy Romanow asked Chrétien to call a First Ministers meeting, which eventually led Romanow to chair a national commission on the future of health care (2001–2003).

In 2000, the First Ministers also established a six-year Primary Health Care[42] Transition Fund of $800 million, focused on five objectives to reform primary health care:

1. To increase the proportion of the population with access to primary health care organizations which are accountable for the planned provision of comprehensive services to a defined population
2. To increase the emphasis on health promotion, disease and injury prevention, and chronic disease management
3. To expand 24/7 access to essential services
4. To establish multi-disciplinary teams, so that the most appropriate care is provided by the most appropriate provider
5. To facilitate coordination with other health services (such as specialists and hospitals)[43]

"The share of federal CHT cash payments for provincial/territorial health spending was now set to decrease substantially from 20.4 per cent in 2010–11 to less than 12 per cent over the next 25 years."

Unfortunately, this proposal produced mixed results, and primary health care and social services continue to be delivered and funded very differently across the country. British Columbia, for instance, did not develop new service models with its share, instead using the funds to shore up existing service-delivery structures.

After broad consultations with experts and the public, the Romanow Commission's final report was released in 2002. Among its key recommendations, the report suggested adding accountability to the CHA,[44] and led to the creation of a new Health Accord, which was in place between 2004 and 2014.

In 2011, the Harper government introduced a new Canada Health Transfer (CHT) per capita formula, which would decrease steadily over the following eight years. All provinces received an equal per capita transfer of $11, but the federal government removed the six per cent annual escalator. The share of federal CHT cash payments for provincial/territorial health spending was now set to decrease substantially from 20.4 per cent in 2010–11 to less than 12 per cent over the next 25 years. For comparison, federal cost sharing averaged 36 per cent between 1968 and 1977.[45] According to the Parliamentary Budget Office, this plan "would ultimately bring the level of federal cash support to historical lows," equaling the austerity levels observed from 1996–97 to 2001–02.[46]

This change had a serious negative impact on all provinces, especially those with more elderly populations (such as Atlantic Canada), but less so on Alberta due to its younger population.[47] The more important issue, however, is whether, as provincial premiers put it, the move to an equal per capita cash transfer was "consistent with the constitutional principle that every province and territory must be able to provide its citizens with reasonably comparable levels of public services at reasonably comparable levels of taxation."[48] In 2015, the 13 provincial and territorial members of the Council of the Federation concluded that over the following decade provinces and territories would receive $36 billion less, effectively defunding medicare. According to policy analysts Robert Chernomas and Ian Hudson:

> The federal government is balancing its budget on the backs of the provinces. In response, provinces are left with difficult choices: de-list needed services and invite more private health care providers as wait times increase or raise taxes and redistribute tax dollars from education and other public services.

Such a strategy seems designed, in their view, to "increase health expenditures and reduce access."[49]

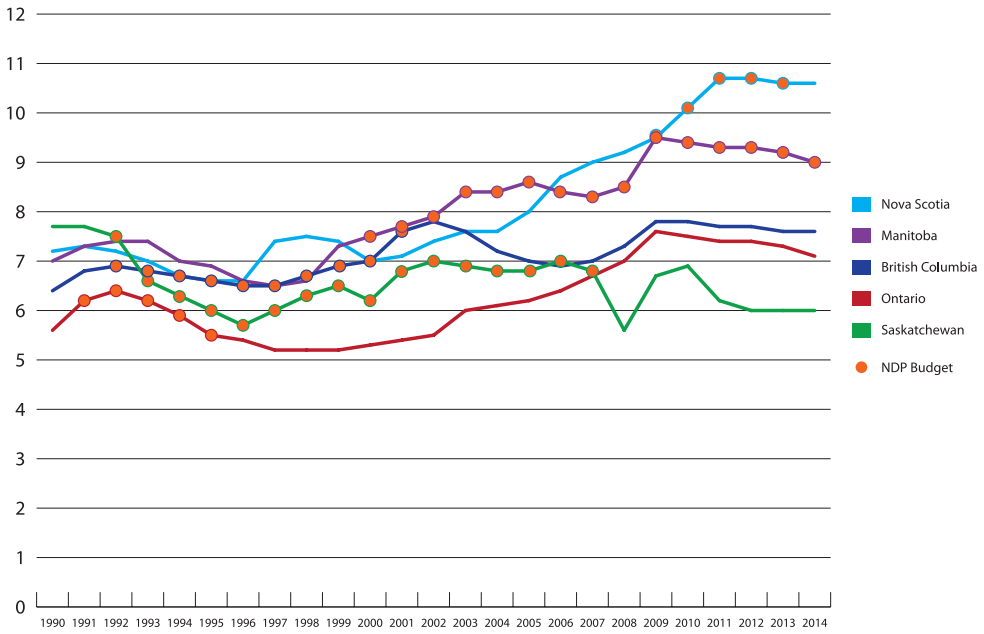
In the 2015 campaign, the federal Liberals pledged to negotiate a new Health Accord with the provinces.[50] Ultimately, however, Justin Trudeau's Liberals struck a series of new bilateral health agreements individually with provinces in March 2017. The federal government agreed to annual increases equal to a three-year average of nominal GDP (currently estimated around 3.5–4 per cent), with a 3 per cent floor. Federal health transfers in 2017 amounted to $36.6 billion, about 23 per cent of provincial and territorial health spending, allocated equally per capita. However, as most sources, including the Parliamentary Budget Office, had ascertained that a minimum of 5.2 per cent annual increase would be needed to maintain the existing level of services, the new bilateral accords amount to a deal worse than that offered by Stephen Harper's government.[51]

In summary, federal downloading in recent decades has increased pressure on all provincial governments to fund health care. How NDP governments in particular have navigated this issue is the subject of the next section.

Public Health Care Spending Under the NDP Governments

While the amount of spending does not necessarily ensure good health care (as the United States proves) there is a generally clear and positive correlation between health care outcomes and the money that goes into it.[52] While total health care spending has increased in recent decades, the NDP governments examined in this report took office, in most instances, in financially challenging times. The resultant constraints on public spending and delisting of services such as chiropractic and physiotherapy in turn contributed later to increased private health care spending in some provinces and territories. The charts examined below compare how these trends played out differently in each of the provinces.

Chart 1: Public Health Spending as a Per Cent of GDP by province, 1990–2014



Source: Calculated from CIHI, *National Health Expenditure Trends Data Tables*, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out for each province except Nova Scotia to reflect the fact that budget figures may already be determined for the year when the government was elected. For example, the Ontario NDP was elected in the fall of 1990, but the data used begin in 1991 and end in 1995.

Chart 1 shows public health care expenditures in the five provinces (outside of Alberta) where the NDP governed as a percentage of GDP during the period 1990–2014.[53] At first glance, the chart reveals no clear partisan commonalities regarding public health care spending within the five provinces, though it does show some sharp differences across the provinces. A closer look, however, shows that during the NDP years in Ontario, health care spending as a percentage of GDP held steady (on par with the last year of the previous Liberal government), though notably at the lowest end of spending among the five provinces. But the subsequent Harris years saw a reduction in the percentage of health care spending below this level, followed by spending rising steadily under Liberal governments after 1999.

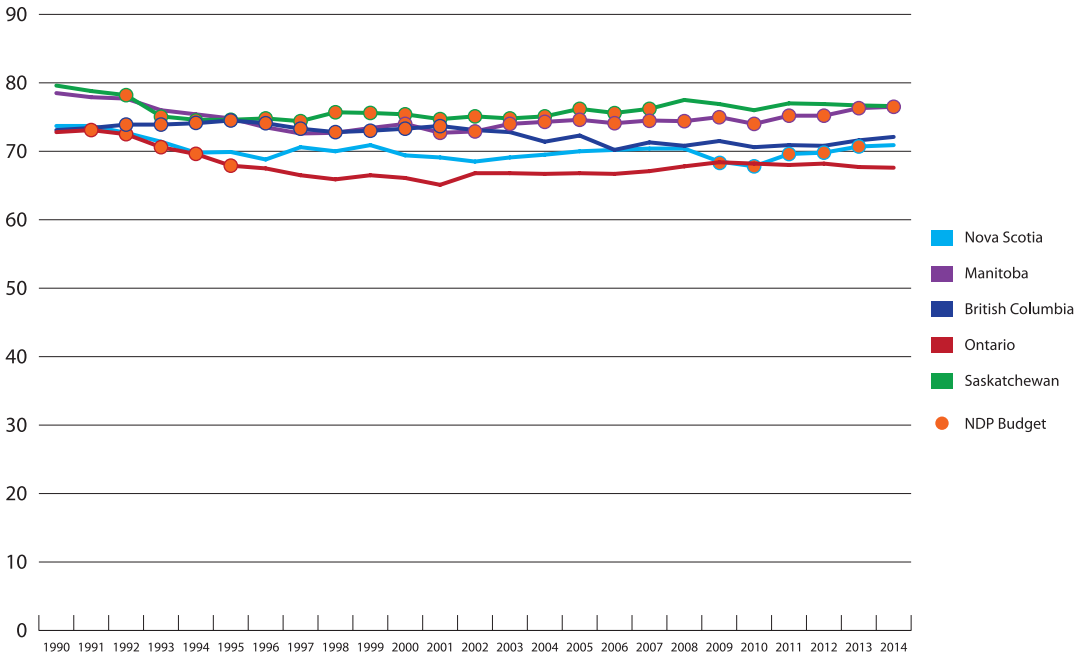
Health care spending as a per cent of GDP experienced a roller-coaster ride during the Saskatchewan NDP's most recent reign. At the end of the NDP mandate, following defeat in November 2007, health care spending in Saskatchewan had stabilized at roughly 7 per cent of GDP, but plummeted in the first year of the incoming Saskatchewan Party under Brad Wall.

In British Columbia, health care spending as a percentage of GDP went down over much of the NDP government's first decade in office, but rose afterwards, though at its peak NDP spending on health care was no higher than that province's recent Liberal government.

In Manitoba, health care spending as a per cent of GDP shows a constant increase throughout the NDP's mandate, with significantly higher spending compared to the other NDP provinces, with the exception of Nova Scotia, where health care spending rose sharply under the NDP during the years 2010–2014. The specifics of health care spending in each province are examined in more detail in the third section.

However, total spending does not tell the whole story. Given neoliberalism's penchant for privatization—sold as a means of creating efficiencies, but too often in fact as a "greenfield" for profit making—we need to know something of the trajectory of overall health spending. Specifically, how much of overall health care spending is public and how much is private? Lowered public spending may make government ledgers look good, but such reductions often make individual and family ledgers look much worse as they struggle to pay for health care services or—even worse—go without needed services. Chart 2 examines public health care spending in the five provinces (outside of Alberta) where the NDP has governed as a per cent of overall health care spending during the period 1990–2014.

Chart 2: Provincial Public Spending as a Per Cent of Total Health Spending, 1990–2014



Source: Canadian Institute for Health Information, "National Health Expenditure Trends, 1975 to 2015," October 2015, Data Tables, Series F and Appendix A, https://www.cihi.ca/en/spending-and-health-workforce/spending/national-health-expenditure-trends.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out for each province except Nova Scotia to reflect the fact that budget figures may already be determined for the year when the government was elected. For example, the Ontario NDP was elected in the fall of 1990, but the data used begin in 1991 and end in 1995.

What jumps out of Chart 2 is the generally downward turn in the public percentage of health care spending across all the provinces, especially during the 1990s, primarily as a result of a drop in federal transfers and a general economic decline. But the percentages also varied by province and administration, holding up better in some than in others. In Ontario, the public percentage of total health care spending dropped steadily under the NDP, but dropped even more severely in the years after the NDP left office. In Manitoba, the public percentage hovered around 75 per cent under both NDP and Conservative governments. In British Columbia, the public percentage of health care spending achieved a more or less steady state under the NDP, but—as in Ontario—dropped under later Liberal governments. In Saskatchewan, the public percentage held up closer to 75 per cent throughout the NDP period, and actually went up under the conservative Wall government. Finally, in Nova Scotia, the public percentage of total health care under the NDP dropped slightly under the already-low levels set by previous governments, and well below that of the early 1990s.

"Of the five provinces examined, the public percentage of health care spending under NDP governments was generally higher on average than that of non-NDP governments."

These figures raise as many questions as they answer, however; questions that can only be answered through a more thorough examination of each provincial case (which we do in the next section). Nonetheless, for the moment, the evidence presented is clear: Of the five provinces examined, the public percentage of health care spending under NDP governments was generally higher on average than that of non-NDP governments.

At the same time, it should also be observed that the NDP governments in the five provinces did not on balance greatly expand public spending as a per cent of overall health care spending. In failing to do so, in each case they can be said to have opened the door for private health care alternatives, at higher cost to individuals. As described by policy analyst Donna Vogel:

> As public spending on health care diminishes, people are forced to pay more in the private sector for health insurance, hospital user fees, private health clinics, non-covered drugs, residential care facilities, and non-listed or de-listed services.[54]

The neoliberal model undercuts public health spending as a means of justifying privatization as a rational solution—indeed, the only solution—to a problem of its own making. Many prominent examples show that the privatization model fails to deliver either economically or in terms of quality of service.[55] The case studies in the next section examine in depth the approach to health care of the five provincial NDP provincial governments.

Section 3. Case Studies

Ontario

1990–1995

Premier Bob Rae

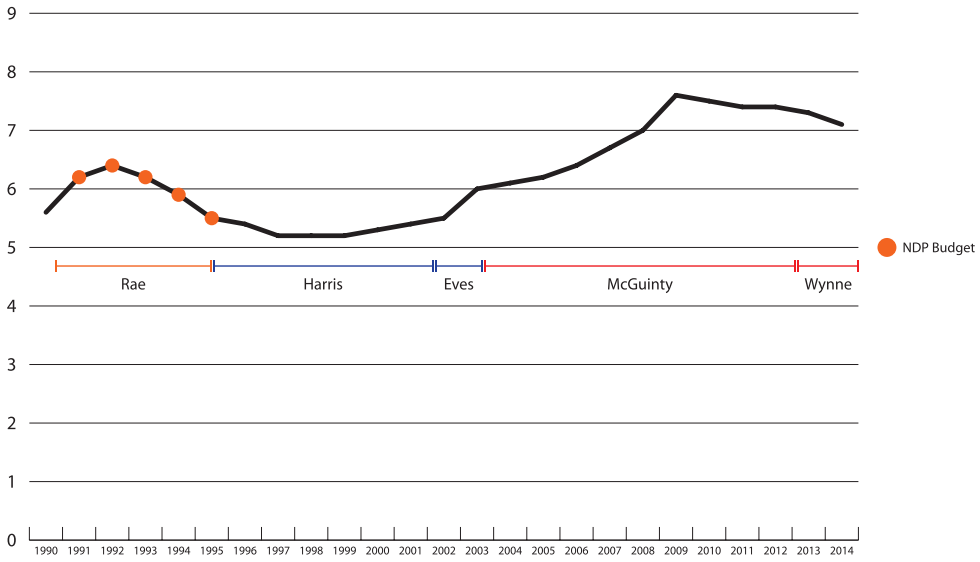
In 1990, Bob Rae's NDP won a majority in Ontario, the first time that party had formed government in Canada's most populous province. Rae took the reins during a deep recession and as the impact of the Free Trade Agreement with the United States came into effect, weakening the Ontario economy. Exacerbating the situation, Rae inherited a structural deficit of $3 billion during a time of rising interest rates. These facts must be kept in mind in interpreting what follows.

Health care funding under the NDP

Ontario's fiscal circumstances, and the Rae government's efforts in its last three years in office to fight the deficit, negatively impacted the public health care sector. When inflation and population growth are taken into account, health care spending in Ontario saw a 10 per cent cut over the Rae government's five years.[56]

In order to better understand Ontario's situation, Chart 3 extracts the Ontario data from Chart 1 (see page 18), which examined public health care spending as a per cent of GDP.

Chart 3: Ontario Public Health Spending as a Per Cent of GDP, 1990–2014



Source: Calculated from CIHI, *National Health Expenditure Trends Data Tables*, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out to reflect the fact that budget figures may already be determined for the year when the government was elected.

Displayed alone, however, the data would explain little, indicating only a mid-1990s decline with more or less steady increases in the years since. But we also calculated the averages for the NDP government of Bob Rae, the subsequent PC government of Mike Harris, and the later Liberal governments of Dalton McGuinty and Kathleen Wynne (up to and including 2014).

Ontario's ratio of public health spending to GDP increased in 1991 and 1992 under the NDP, due primarily to the province's economy contracting more during those years than did the NDP's commitments to health care spending. Spending peaked under the NDP at 6.4 per cent of GDP in 1992, but declined over the next three years and was 5.5 per cent of GDP in the NDP's final year in office. Health care spending as a per cent of GDP averaged 6.0 per cent over the NDP's five-year mandate.

While this downward trend broadly mirrored what was happening in health care spending in Canada's provinces and territories in the 1990s, it is also useful to contrast the NDP's record of health care funding with the Progressive Conservative government of Premier Mike Harris that followed. Public spending on health care as a per cent of GDP over the seven years of the Harris government averaged 5.3 per cent (see box on page 26) and did not sufficiently grow until the McGuinty/Wynne government came into office in late 2003.

During the NDP's tenure in power, public spending declined and private health care spending in Ontario increased, going from $7.04 billion in 1991 to $9.4 billion in 1995, an increase of 33.7 per cent.[57] As shown in Chart 2 (see page 20), Ontario experienced a sharp decline in public health care spending as a per cent of total health care spending during the 1990s, dropping steadily under the NDP from 72.8 per cent in 1990 (as it entered office) to 67.9 per cent in 1995,[58] and took a further hit under the subsequent Harris government.

As with the GDP data, we also examined public health care spending under the NDP compared with the non-NDP governments that followed. The results are again instructive. For the entire period 1990–2014, the public portion of total health care spending in Ontario averaged 68 per cent. During the period of the later Mike Harris and Ernie Eves conservative governments, however, it was 66.4 per cent, rebounding only to 67.6 per cent during the subsequent Dalton McGuinty and Kathleen Wynne Liberal governments. By contrast, and despite the trying times, the public proportion of health care under the NDP averaged nearly 71 per cent.[59]

Staffing, hospitals, and labour relations

The reduction in Ontario's provincial health care spending during the NDP's five years in government resulted in the closure of 16.9 per cent of Ontario's total hospital beds (8,072 beds were cut). Cuts to hospital beds are often coupled with cuts to the frontline health care workforce. Under the Rae government, the RN workforce was not cut but did stagnate as the province's population grew, resulting in a downward trend in the ratio of RNs per 10,000 people from 78 in 1991 to 74 in 1995. In other words, the RNs that remained employed in the public system had their workloads increased, while patients' access to nursing services decreased. At the same time, the percentage of RNs who worked full-time declined from 57 per cent in 1991 to 54.5 per cent in 1995, meaning more RNs joined the ranks of the precariously employed under the NDP. Since the mid-1990s, Ontario's RN-to-population ratio has consistently been second-worst amongst Canada's provinces. (British Columbia tends to have the worst RN-to-population ratio, while Alberta regularly ranks third-worst.)

The situation was especially challenging for Registered Practical Nurses (RPNs) in Ontario (RPNs is the preferred term in Ontario for what are called Licensed Practical Nurses (RPNs) in the rest of Canada). The ratio of RPNs to 100,000 population fell the in first years of the NDP in office, from 340 in 1991 to 334 in 1992–93, levelling out during the remainder of their mandate, only to fall to a low of 28.3 per cent below 1986 levels in 2005 at 194 RPNs per 100,000 people.[60] The number of RPNs in Ontario continued to drop precipitously under subsequent governments, and only began to rise again in 2007.

In the area of labour relations, the Rae government early on brought about changes which made it possible for essential service workers to strike. The Service Employees International Union (SEIU), which organizes nursing home workers, worked closely with the government in bringing about this change. The Rae government in 1993 also introduced the *Employment Equity Act*, removing "barriers to women, racialized minorities, Indigenous people, and people with disabilities."[61] The government also enacted substantial changes to the province's *Labour Relations Act* that made it easier for unions to organize new workplaces, and brought in anti-strikebreaking regulations prohibiting the use of replacement workers during labour disputes.[62]

During its first three months in office, the Rae government negotiated a very favourable agreement with the Ontario Public Service Employees Union, but two years later asked public sector unions to voluntarily renegotiate their contracts and eventually imposed a new "social contract" that required all public employees earning over $30,000, including health care workers, to take 12 unpaid days off per year.[63] The government's positive initiatives remain overshadowed in the public mind by the later imposition of this social contract, which came to be known as "Rae Days." As a result, labour relations were sacrificed to the goal of excavating the province from its financial difficulties.

Due to shortened stay lengths and the moving of surgical recovery to more outpatient settings, hospital utilization rates in Ontario between 1991 and 1996 dropped by 30 per cent.[64] Figures showed a higher utilization of inpatient care in poorer neighborhoods, speaking to the need for more integrated health care approaches over emergent, acute care and the importance of embracing an approach addressing social determinants of health.[65]

Unfortunately, the Rae government failed to address these issues. Beyond hospital closings, the Ontario NDP was not in office long enough to contemplate, let alone enact, large-scale organizational changes.[66] Rather, it concentrated its efforts primarily on fiscally managing the existing system, resulting in substantial cuts to frontline health services and care.

In 1993, about the time Rae Days were imposed and as the NDP was switching from fighting the recession to fighting the deficit, Premier Rae commissioned a report on the Toronto hospital system. By the time the report was released, restructuring of the hospital sector was already occurring in other major Canadian cities.[67] The report was released in September 1995, mere months after the NDP's electoral defeat to Mike Harris' Progressive Conservatives, and provided ammunition for the incoming government's neoliberal agenda.

What Happened Next?

Progressive Conservatives under Mike Harris, 1995–2002

The Rae-commissioned report proposed cutting $1.3 billion over five years from Toronto-area health care facilities, mainly by closing 12 hospitals, about a quarter of Toronto's 44 hospitals at the time. The report also proposed cutting one-third of the emergency departments in the city, from 21 to 14, and reducing the number of the teaching, community, and chronic care hospitals.

Bolstered by the report's findings, Health Minister Jim Wilson stated that the Progressive Conservative government was willing to close (additional) hospitals if this meant removing "duplication, waste and administrative inefficiencies."[68] During their first two years in office, the PCs implemented significant overall budget cuts, primarily to compensate for a 30 per cent reduction in personal income tax rates (applied over three years). The 1996 provincial budget imposed a public sector wage freeze as well as an effective freeze on the health budget.

The Harris government cut 8,354 beds in the latter half of the 1990s, or 21 per cent of the beds that had survived Rae's cuts.[69] In 1997–98, the Harris government cut the province's public expenditures on hospitals by 7.9 per cent. Soon realizing it could not make such substantial cuts to the hospital system and expect it to perform as it had, the Harris government reversed course the following year by hiking the province's public spending on hospitals by 9.8 per cent.[70] Ultimately, under Harris' government, Ontario went from 74 RNs per 10,000 people in 1996 to 68 in 1999.

- During a 1997 question period in Queen's Park, members of the NDP cited:
  - an 18 per cent across-the-board cut to hospital budgets;
  - over $1.1 billion in cuts to healthcare, including $430 million per year in Toronto alone, and $800 million cut from hospital budgets across the board; and
  - that 6,000 regulated nurses had been laid off or left the province.[71]
- Opposition Leader Dalton McGuinty, in his question to Harris, declared: "Today the Premier closed 11 hospitals in metropolitan Toronto and 14 emergency departments."[72]
- Many sources cite 28 hospital closures, though some claim as many as 40; more accurately, it was a programme of consolidation, amalgamation, and downgrading (with some full closures). The result was a sharp decline in the number of available beds:
  - Metro Toronto had 2,000 beds closed by 1997.[73]
  - Between 1986 and 1996, beds in the metro Toronto area dropped from over 11,000 to just 6,173.[74]

Manitoba

1999–2016

Premiers Gary Doer and Greg Selinger

The Manitoba NDP under Gary Doer took office in 1999 following 11 years of austerity under Gary Filmon's Progressive Conservative governments, and immediately attempted to address the resulting gaps in public health care and other problems created by the PCs.

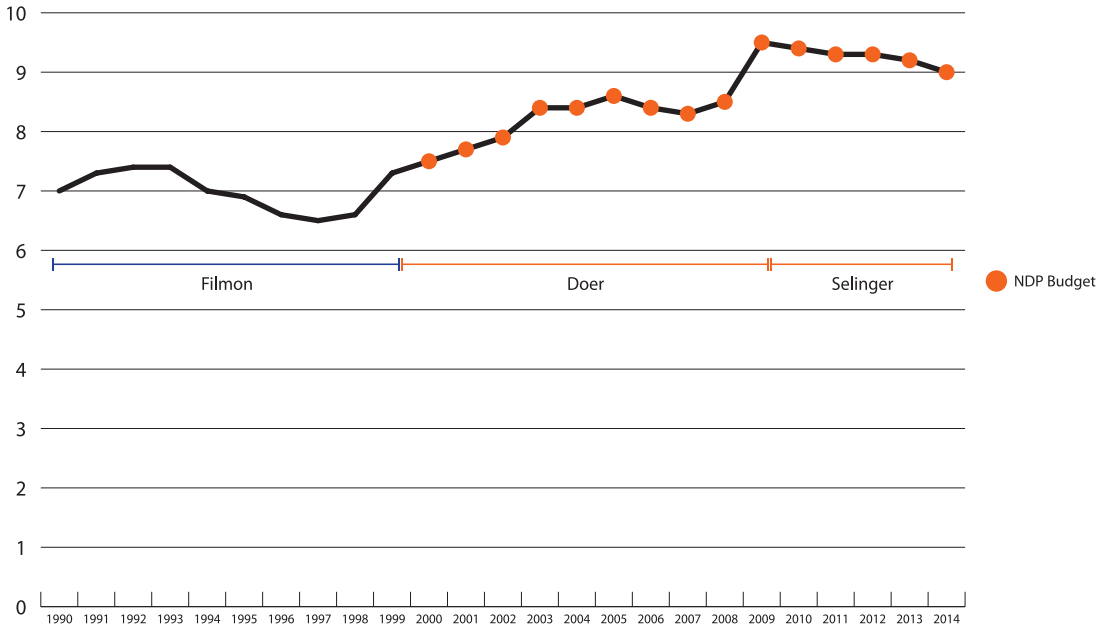
Filmon's government conducted three experiments in health care system privatization in the mid-1990s. First, the province's public home care program, launched in 1974 under former NDP premier Ed Schreyer, was efficient and cost-effective, but in 1996 the government contracted out approximately a quarter of positions to a US multinational[75] despite widespread public opposition and a strike. The province's decision to contract out reflected efforts to comply with requirements under the North American Free Trade Agreement (NAFTA) that all public contracts be open to competitive tendering.[76] Within months, the Filmon government recognized there were no savings (despite paying lower non-union wages) and ended the agreement. Second, the PCs had secretly contracted Winnipeg's hospital food services to a single corporation that was subsequently taken over by an American mega-bank. The NDP ultimately bought back the contract, saving citizens $1.5 million.[77] Third, the Filmon government had awarded a contract to a US-based corporation that was made the sole supplier for computerizing health information, but in 1999 was found to be billing for unapproved work.[78]

The Filmon government also closed almost a quarter of the province's hospital beds during the 1990s (727 total)[79] while centralizing services and management, privatizing some services, and creating lean "hallway medicine."[80] Between 1989 and 1994, the Filmon Progressive Conservatives initiated a 19 per cent reduction in acute care beds.[81] By 1994, 22 per cent of teaching hospital beds, and 16 per cent of the beds in Winnipeg's central hospitals (generally filled by about 20 per cent of non-residents of the city) had been closed.[82] These hospital beds were not replaced by increases in long-term care beds. The key point is that by the time the NDP came to office in 1999 Manitoba had already experienced many of the hospital cuts made in other provinces.[83]

Health care funding under the NDP

Extracting once again from Chart 1, Chart 4 isolates Manitoba's health care spending as a per cent of GDP. During the years 1990–2014, Manitoba averaged 8.0 per cent of GDP, but, significantly, it averaged 8.6 per cent under NDP governments compared to 7.0 per cent under the Progressive Conservative government of Gary Filmon. Examined further, however, the figures also show that during the years of the Doer NDP government, health care spending as a per cent of GDP averaged 8.2 per cent, but rose to average 9.2 per cent during the subsequent years of Greg Selinger's NDP administration, which started in 2009.

Chart 4: Manitoba Public Health Spending as a Per Cent of GDP, 1990–2014



Source: Calculated from CIHI, *National Health Expenditure Trends Data Tables*, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out to reflect the fact that budget figures may already be determined for the year when the government was elected.

During the entire period of 1990–2014, public health care averaged 74.8 per cent of total health care spending in Manitoba, but was 75.2 per cent under Filmon's government compared with 74.4 per cent under NDP governments. The difference is marginal, but nonetheless may seem counter-intuitive to some political observers. How thus can it be explained?

The simple answer is that the Progressive Conservative average benefitted from high spending in the early 1990s, but dropped sharply after the federal government's cuts to transfers in 1996. From its high of 78.5 per cent in 1990, provincial health care spending under the Filmon government steadily declined, averaging just 73 per cent in the four years beginning in 1996. In short, the NDP's record on public health care spending—though it can be criticized for failing to greatly expand—nonetheless compares favourably with that of the preceding PC government.

Finally, it should also be noted that public health spending as a per cent of total health care spending went up from 74.1 per cent under Gary Doer to 75.4 per cent under Greg Selinger.[84] In the cases of both health care spending as a percentage of GDP and public spending as a percentage of total health care spending, the evidence points to the importance of leadership regimes.

Staffing, hospitals, and labour relations

Manitoba's public sector workers, especially health care workers, welcomed the NDP's return to power in 1999 after a decade of Progressive Conservative rule during which health care workers faced repeated threats from the Filmon government. These threats, including wage cuts, privatization, and essential services legislation designed to weaken the bargaining power of unions,[85] resulted in nurses staging in 1991 the longest strike in Manitoba history.[86]

Although they issued strike notice in the spring of 2002, nurses in Manitoba settled negotiations with a 20 per cent wage increase over two and a half years with Doer's NDP.[87] Then, in 2010, Manitoba nurses achieved a cost-of-living allowance increase, and the following year obtained workplace violence regulations under Premier Greg Selinger.[88]

Rather than bring back the beds that the Progressive Conservatives had cut, the NDP made several organizational changes. Despite having fewer beds, more patients were treated in the first five years of the Doer government than in the previous five years due to reduced stay times, leading to a 69 per cent rise in outpatient surgeries. Combined outpatient and inpatient discharges per 1,000 residents increased by 6 per cent without any accompanying rise in readmissions, which one might expect from shorter stays.[89]

Based on its 2006 document, *A New Approach to Primary Care*, the NDP sought to extend traditional frameworks of first contact with the health system (biomedical, physician-centred) into an organizational model that addressed complementary human services in a collaborative, interdisciplinary way that better controlled costs and improved patient outcomes.[90] This attempt at containing health care costs by replacing expensive physicians—who are often difficult to retain in remote regions—

with lower-cost health care professionals resulted in the extensive use of RNs, nurse practitioners, and physician's assistants in primary-care clinics and a growing number of chiropractors, occupational therapists, and physical therapists to meet more specific needs.[91] In consequence, Manitoba has the distinction of consistently maintaining the highest numbers of RNs, regardless of which government is in charge. (Manitoba had the highest ratio of RNs to 100,000 population in Canada in 1997 under the Filmon government (922), though it dropped to 892 a year later. Under the NDP, the ratio dropped slightly (to 875 in 2000), before rising steadily to a high of 973 in 2011.)

What these relatively stable numbers do not reveal are the changes behind the numbers. Registered nurse graduates were not sufficient to replace the aging workforce during this period, and, as in Ontario, more RNs were being employed on a part-time/casual basis. By 1997, 12 per cent of RNs were working part-time; by 2001, under the NDP, 6 per cent of RNs were employed part-time.[92] Credit for changes must go to the Manitoba Nurses Union, whose lobbying efforts led to the NDP announcing in 1999 the Nurses Recruitment and Retention Fund and in 2000 the Manitoba Nursing Strategy, which set out new policies and funding streams to improve the situation through a five-pronged approach:

1. Improve the supply of nurses
2. Improve access to staff development
3. Improve utilization of nurses
4. Improve working conditions for nurses
5. Increase nurses' opportunities to provide input into decision-making[93]

Some results of Manitoba's policy included a doubling of enrolment in nursing programs (RNs, LPNs, and Registered Psychiatric Nurses) between 2000 and 2006 (from 1,210 to 2,998), and the number of full-time practicing nurses jumping from 14,092 in 1999 to 15,412 by 2005.[94]

What Happened Next?

Progressive Conservatives under Brian Pallister, 2016–present

On entering office, Premier Brian Pallister immediately proposed a health care levy, similar to the one set out in the ill-fated 2015 Jim Prentice budget in Alberta. Only after significant opposition to the plan from citizens and employers—who would have had to administer the deductions—did the PC government back down and change direction. Without the levy, however, the government declared that cuts to the health budget would be inevitable.[95]

The PC government attempted to justify the imposition of a premium because of potential reductions in the federal health transfer (claiming an imminent shortfall of up to $2 billion). This crisis did not materialise when Manitoba finally signed up to the 2017 provincial-federal health funding pact (the last province to do so). Despite claims of tight finances, Pallister insisted he would go ahead with his party's campaign pledge to cut the PST by 1 per cent before the end of the government's term.

The Pallister PCs have pushed ahead with a program of health system restructuring loosely based on the NDP-commissioned Peachey Report and consultancy KPMG, alongside recommendations of the Wait Times Reduction Task Force.[96] The overhaul has been rebranded by the Winnipeg Regional Health Authority (WRHA) as "Healing Our Health System."[97] Following a similar pattern to the Ontario, Saskatchewan, and Alberta restructurings of the 1990s, the Manitoba plan will see:

- rural hospitals potentially closed or downgraded (none have yet been named);
- three of Winnipeg's six emergency rooms closed, hospitals downgraded, and urgent care centres closed;
- significant budget restraints imposed on the WRHA ($83 million reduction to its annual budget);[98]
- the elimination of 15 per cent of non-union positions, impacting over 1,300 positions, including 1,000 nurses;[99]
- front-line positions eliminated (while the WRHA insists most will simply be redistributed, union officials claims a significant number of jobs will be cut outright);[100]
- an estimated 269 layoffs across the health system due to the restructuring.[101]

Since being elected in 2016, the Manitoba Progressive Conservative government has been responsible for:

- $3 billion in cumulative cuts to health care and $1 billion in cuts to capital funding;[102]
- cuts to laundry, food services, and cleaning, which presage inevitable outsourcing;[103]
- the elimination of a program to provide universal health care coverage to international students, saving an estimated $3 million annually;[104]
- approximately $1 million in cuts to personal care homes for seniors;[105]
- cuts to recreational therapist positions in the WRHA (where previously three therapists covered five mental health wards, it has been reduced to a single position).[106]

British Columbia

1991–2001

Premiers Mike Harcourt, Glen Clark, Dan Miller, and Ujjal Dosanjh

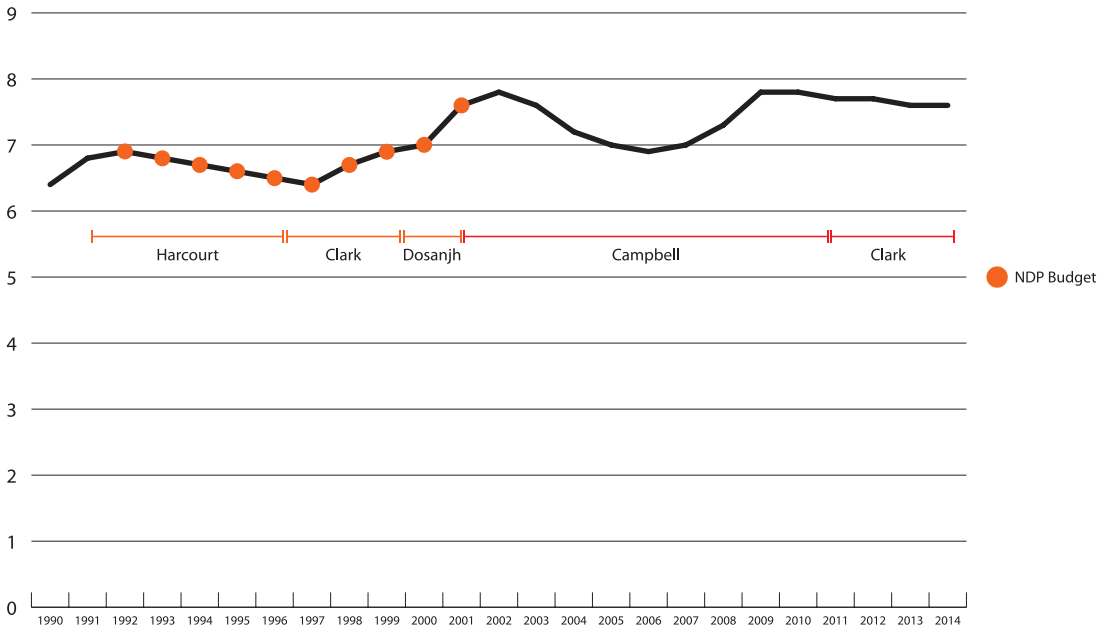
In the early 1980s, British Columbia became one of the first Canadian province to implement a neoliberal public policy agenda—what the governing Social Credit Party called "restraint." The Social Credit government's policies, including significant public sector cuts and numerous privatization initiatives, predated and also influenced the actions taken in the 1990s under Progressive Conservative regimes in Alberta and Ontario. During its tenure the Social Credit government took specific actions bearing negatively on health care. In 1983, shortly after coming into power, Social Credit eliminated 1,200 acute care beds, cut community health centres, and reduced employment by 27 per cent throughout the health ministry.[107] When Mike Harcourt's NDP took office with a majority government following the 1991 election, it inherited a weak provincial economy and arguably the leanest provincial public service in the country, including a severely underfunded health ministry.

Health care funding under the NDP

Like other provincial governments of the time, however, the Harcourt (and later Clark) governments experienced a decade of waning federal support. While the result was continued austerity in many areas, the NDP government also chose to maintain funding levels for health, as well as education, by running a series of small and economically inconsequential budget deficits.

Extracting again the data from Chart 1, Chart 5 below shows that during the entire period of 1990 to 2014, health care spending in British Columbia averaged 7.1 per cent of GDP, but averaged 6.8 per cent during the NDP years and 7.3 per cent during the years the NDP was not in office. Given the NDP's historic support for health care, how do we explain this difference? As in the other provinces of this period, BC was severely impacted by the 1995 federal budget cuts, but the decline also reflected the NDP's continued fiscal restraint during the economically difficult 1990s.

Chart 5: British Columbia Public Health Spending as a Per Cent of GDP, 1990–2014



Source: Calculated from CIHI, National Health Expenditure Trends Data Tables, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out to reflect the fact that budget figures may already be determined for the year when the government was elected.

That being said, the NDP government made a significant investment in public health care in the last three years of the decade, with a particularly large increase to the health care budget of 4.3 per cent in 1999. When the NDP was ousted from office in 2001, BC's public health care system was a larger portion of the province's overall economic output than it had ever been before.[108] Overall, public health care spending under the NDP went from 6.9 per cent of GDP in 1991 to 7.0 per cent in 2000 and 7.6 per cent in 2001.[109] While controversial, the NDP government's actions on health care, alongside declining public health care spending in the other provinces and territories, resulted in BC having the highest per capita public health care funding in the country in 1997.[110] (Alberta spent the least among the provinces on public health care that year.) But it is also worth noting that a disproportionate amount of BC's funding went to compensation for physicians, while necessary funding for new buildings, equipment, and technology was largely absent. In 1997, BC had the most physicians relative to its population, at 108 general and family physicians per 100,000 people.[111]

Chart 2 earlier tracked public health care spending in the five provinces as a percentage of overall health care spending. A closer examination of public spending shows dramatically the NDP government's commitment to public health care. During the period 1990 to 2014, public health care spending averaged 72.5 per cent, but averaged 73.7 per cent during the NDP's economically difficult years in office, compared with 67.3 per cent under later non-NDP governments. Under the NDP, BC's provincial portion of the public health care sector increased every year, although in some years—particularly in the two years after the 1995 federal budget—BC's provincial funding increases for health care failed to keep pace with population growth.[112]

As a result of the NDP's strong commitment to public health care throughout most of its decade in power, BC generally did better than other provinces in preventing increased health care privatization. While the NDP's support for public health care was fairly steady, at times the increases from the provincial government were outpaced by private sector health care expenditures.

By contrast, the rate of health care privatization in BC picked up after Gordon Campbell's Liberals took power in 2001 and continued through the Christy Clark administration from 2011 to 2017 (see box on page 37). The public share of the province's health care sector dropped to 70.2 per cent in 2006, then rose to 71.5 per cent in 2009 before dropping again to 70.8 per cent in 2012.[113]

Staffing, hospitals, and labour relations

Following years of structural neglect by Social Credit governments, hospital care in BC was woefully inadequate when the NDP took office in 1991. The incoming government did little to address the problem, however, as per capita spending on health care declined in BC during the 1990s, with almost nothing spent on much-needed health infrastructure or equipment upgrades.[114] The number of available hospital beds declined,[115] and long-term care was particularly neglected. Few new public long-term care beds were built during the NDP's second mandate in the latter half of the decade, with the result that seniors' access to long-term care decreased by about 20 per cent in this five-year span. The declining number of long-term care beds relative to the province's aging and growing population resulted in the bed waitlist increasing by 76 per cent from 1993 to 1999, which in turn increased pressure on family caregivers, acute care, emergency services, and home support and nursing care. By the end of the NDP's decade in power, BC had a long-term care bed shortfall of 4,495 beds, a significant negative legacy left by the social democrats in the Pacific province.[116]

Instead of addressing neglected hospital and long-term care facilities, the government planned to transfer traditional acute-care services to community clinics. This move resulted in the loss of thousands of jobs in the acute-care sector that were not fully replaced since other care environments failed to materialize,[117] likely contributing to the NDP's electoral defeat in 2001.

British Columbia historically has had among the worst RN-to-population ratios in Canada, as well as the fewest licensed practical nurses; trends that incrementally worsened under the NDP, and deepened further still under the Liberals. From a high of 757 to 100,000 population ratio in 1992, the ratio of RNs dropped to 670 by 2001, before slowly, if unsteadily, rising under the subsequent Liberal government to 718 per 100,000 in 2015. The ratio of LPNs in BC also suffered a sharp decline under the NDP, from 186 to 100,000 population in 1991 to 123 by 2001. The decline in the ratio of LPNs continued under the subsequent Liberal government until the mid-2000s. However, while this general decline over 25 years was partially offset by the hiring of other health care professionals, it also increased reliance on the most expensive health professionals and further undermined the principle of interdisciplinary, team-based care.[118]

In its 1991 report, the Social Credit-appointed Seaton Royal Commission[119] recommended investment in alternative community-based venues, a decreased role for doctors and shift from fee-for-service payment models, and a significantly expanded role for allied health. The NDP government adopted many of the report's recommendations, attempting to regionally reorganize health care, and reducing acute care in favour of a system of greater community-based care. However, when the investments in community-based and outpatient services did not materialize, and two-thirds of the new community health councils and regional health boards were disbanded within three years,[120] BC health care workers and their unions became increasingly agitated. Objecting to a cap on fees (and to the perceived erosion of physician's dominant role in favour of other health professionals), the physician-led BC Medical Association had also opposed the recommendations.

At the urging of health care unions for an orderly transition for these changes, negotiations began in early 1993 between the affected unions, employers, and the government. In July 1993, members of the Health Sciences Association (HSA), the BC Nurses' Union (BCNU), and the Hospital Employees' Union (HEU) ratified an employment security agreement, part of a broader Health Labour Accord, which resulted for three years—in the words of the HSA—in "relative stability within the throes of major change."[121] The accord more broadly "guaranteed virtually no layoffs, job retraining, job sharing and fully paid re-education, with the operations handled by local committees which included union representatives," while also giving labour "a voice in the changes."[122] Based on recommendations of the Health Sector Labour Relations Commission (also known as the Dorsey Commission), the number of unions in the health sector was reduced from 19 to seven in 1995. Out of this process, HSA became part of a bargaining association, with the BC General Employees Union (BCGEU) representing paramedical professionals in health care.

The period of labour peace ended with a new round of bargaining in the spring of 1996. The health care unions wanted a new employment security agreement, which was resisted by the employers' group, the Health Employers Association of BC. The affiliated health unions took strike votes, at which point the NDP government of Mike Harcourt stepped in, appointing mediator Vince Ready and proposing legislation that prohibited strikes and lockouts and allowed Ready to make recommendations that could be imposed as a settlement. Though politically weakened, the NDP was returned to office in the 1996 election (under Glen Clark) and immediately imposed a settlement extending employment security for one year while referring several contentious issues to employer-employee committees. Labour relations between the NDP government and health care workers in BC continued to be tense throughout the remainder of the 1990s. In the spring of 2001, health care workers—led by the HSA—sought substantial wage increases, resulting in a series of rolling strikes.

What Happened Next?

Liberals under Gordon Campbell, 2001–2011

The newly elected Liberal government legislated a cooling-off period in the dispute between the Paramedical Professionals Bargaining Association and the Health Employers Association of BC. Within weeks, however, the dispute escalated. The government brought in back-to-work legislation, which workers defied, leading to a BC Supreme Court finding the health science professionals in contempt of a Labour Relations Board order. In 2002, the Liberals also brought in Bill 29, the *Health and Social Services Delivery Improvement Act*, which tore up the collective agreement of the Hospital Employees Union, leading to 8,000 layoffs, and in 2004, the government rolled back the wages of HEU members by 15 per cent. After a six-year fight, two Supreme Court decisions condemned the government's unconstitutional treatment of unionized workers, leading to an $85 million settlement for four unions. The Facilities Bargaining Association, representing about 40,000 workers (practical nurses, nursing assistants, food service workers, lab assistants, skilled trades, IT workers) bore the brunt of this reactionary labour policy, and appropriately received the largest allocation.

The Campbell government actively pursued opportunities to maintain or expand private health care—notably surgeries and diagnostic testing—rather than address the challenges of wait times, operating space, and capital costs in the public system.

Under the Campbell government:

- Approximately 6,500 health care jobs were cut over three years, including one-third in the Vancouver health region.[123]
- Three interior hospitals have been closed, and several others were downgraded.[124]
- The 2002 Bill 29 (the *Health and Social Services Delivery Improvement Act*) gave health authorities the ability to nullify valid collective agreements and enabled widespread contracting out of surgeries, laundry, cleaning, medical records management; public-private partnerships for hospital infrastructure; and undermined pay equity for HEU members.[125]
- Bill 37 (2004) imposed a 15 per cent wage rollback on HEU workers.[126]
- In May 2004, these and other action prompted a hospital workers strike by some 43,000 HEU members and 70,000 workers represented by the Canadian Union of Public Employees (CUPE).[127]

Saskatchewan

1991–2007

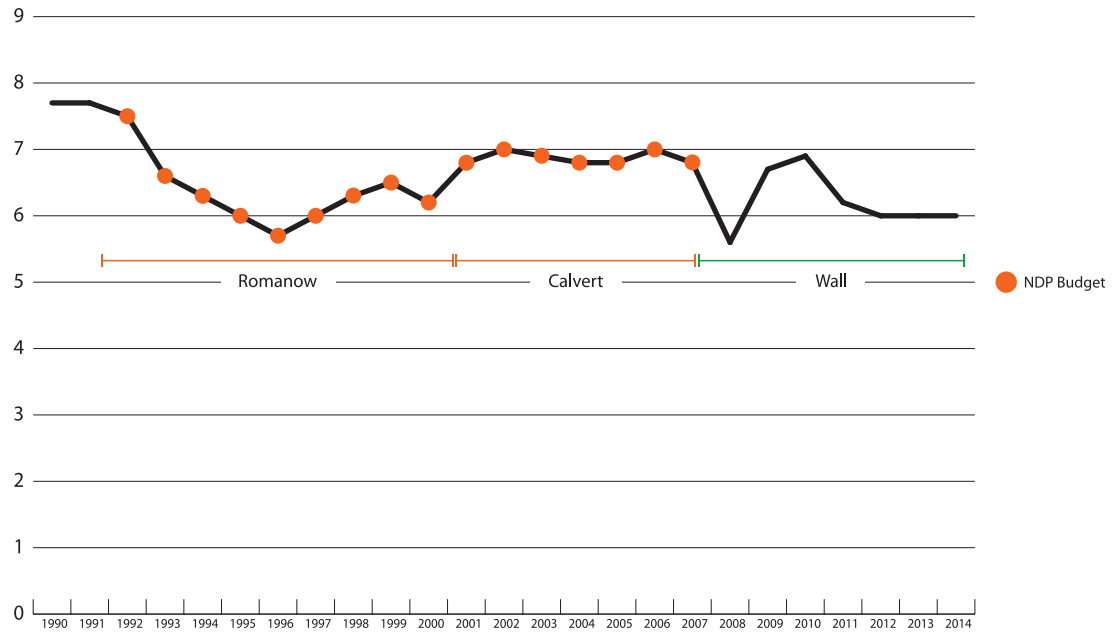
Premiers Roy Romanow and Lorne Calvert

In 1991, Roy Romanow's NDP won an overwhelming victory over then-premier Grant Devine's Progressive Conservatives in Saskatchewan. Devine's government had been plagued by corruption and mismanagement, with fourteen of his MLAs, including eight ministers, convicted of fraud. With declining oil and agricultural commodities prices, the PCs had also run the province into record debt. The Devine reign was so disastrous, in fact, that the Progressive Conservative Party did not survive in the province, and the Saskatchewan Party emerged in 1997 as the right-wing alternative to the NDP. Beyond the fiscal problems left by the former government, the NDP also had to deal with the recession of the early 1990s and later cuts to transfer payments made by the federal government.

Health care funding under the NDP

Chart 6, again extracted from Chart 1, shows the roller-coaster ride experienced by public health care funding as a per cent of GDP in Saskatchewan in the period 1990 to 2014.

Chart 6: Saskatchewan Public Health Spending as a Per Cent of GDP, 1990–2014



Source: Calculated from CIHI, *National Health Expenditure Trends Data Tables*, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: While the figures by year are accurate, identification of the NDP as the party responsible for the public health spending has been staggered one year out to reflect the fact that budget figures may already be determined for the year when the government was elected.

As a consequence of the dire financial circumstances left by the Devine government of the 1980s, combined with the more widespread recession of the 1990s, public spending on health care as a percentage of GDP declined sharply during the NDP mandate in Saskatchewan. Over the NDP's time in government, health care spending as a per cent of GDP averaged 6.5 per cent, divided somewhat between the years of the Romanow (6.4 per cent) and Calvert (6.7 per cent) administrations. In both cases, however, spending as a per cent of GDP was higher than that of the Brad Wall-led Saskatchewan Party government that followed (6.3 per cent).[128]

The public portion of total health care spending during the period 1990 to 2014 is remarkably stable, no matter which government was in office. During the difficult early years, public spending under the Romanow government was 75.4 per cent of all health care spending, rising to 75.6 percent during the Calvert years, and to 76.7 per cent under Wall.[129] In none of these instances, however, did the proportion of public spending return to the heady levels of the early 1980s, when the federal government played a greater role in funding.

Staffing, hospitals, and labour relations

The ratio of RNs per 100,000 population fluctuated modestly during the NDP's time in office, from 867 in 1992 to 858 in 2007. The ratio of LPNs, however, dropped throughout much of the 1990s, recovering slightly in the government's final years. The drop appears related to the organizational changes implemented by the NDP.[130]

As in other provinces, Saskatchewan public sector workers and their unions viewed positively the NDP's return to power in 1991. The situation quickly changed, however, when the Romanow government's first budget in the spring of 1991 eliminated 500 public sector jobs and made across-the-board funding cuts. Later that fall, the government withdrew the Public Service Commission's mandate to negotiate wages, resulting in the Saskatchewan Government Employees Union (SGEU) launching a series of rotating strikes. A mediated three-year agreement in the spring of 1993 saw, in effect, a wage freeze, though government employees did make some non-monetary gains on hiring and job security.[131] The discord begun during this period continued for most of the Romanow years.

In the area of health specifically, organizational changes designed to consolidate health care districts and representation, combined with fiscal austerity, continued to foster labour unrest. Of particular note the Saskatchewan Union of Nurses (SUN), a union traditionally supportive and aligned with the goals of the NDP, went on legal strike in 1999. In response, the Romanow government introduced back-to-work legislation,[132] ignoring the lived impacts of many years of cutbacks resulting in forced overtime and chronic workforce shortages.[133]

SUN fought the order in court, and ultimately bargained a wage increase of 13.7 per cent over three years,[134] as well as improved benefits and an expansion of seats in nursing education programs. The dispute further illuminated, however, the government's ongoing efforts to eliminate collective bargaining and the right to strike in the public sector, and was characterized by the Saskatchewan Federation of Labour as an "unprincipled, nauseating act."[135]

Labour relations improved marginally following Romanow's departure in 2001. The government of Lorne Calvert was generally more union-friendly and less heavy-handed with striking workers, and his time in office also resulted in the expansion of some labour rights. Nonetheless, the NDP government's relations with health care workers and their unions remained difficult.[136]

A health care workers' strike in 2002 dragged on for almost a month, forcing surgery cancellations, bed closures, and 35 people moved out of province to receive medical care. Unlike 1999, however, the NDP did not intervene and did not threaten to remove the right to strike. In the end, Saskatchewan's health care workers won modest gains.[137] After consultation with stakeholders (SUN, in particular), the Calvert government in 2005 brought out the Health Workforce Action Plan, which addressed immediate shortfalls via workplace improvements, combined with recruitment and retention policies, including hiring hundreds of nurses from out of province and expanding nursing programs.[138]

Despite this initiative, another strike was only narrowly averted in July 2007 when the government, aware the Health Sciences Association of Saskatchewan (HSAS) had the solid backing of its members for job action, quickly moved to conclude negotiations to the union's satisfaction.[139] However, when support workers from the Canadian Union of Public Employees (CUPE) took strike action in November 2007, it also impacted the University Hospital's outpatient services in Saskatoon and Regina, and can reasonably explain why the Saskatchewan Party, which had just won the election earlier that month, introduced essential services legislation (Bill 5) among its first orders of business.[140]

Fyke Commission Principles

- Embodies the principles of the Canada Health Act;
- Promotes the collective good and overall health and well-being of the population;
- Provides a high standard of quality in the services provided;
- Treats people in a caring and compassionate manner;
- Clearly defines accountability and responsibility;
- Distributes costs in a way that is fair and equitable;
- Ensures access to services based on health need not on ability to pay; and
- Uses public resources effectively.

Source: Kenneth J. Fyke, Caring for Medicare: Sustaining a Quality System. Regina: Government of Saskatchewan, April 2001, 86.

NDP cost-saving strategies in Saskatchewan, as elsewhere, focused on closing hospitals. The rationales used in the case of Saskatchewan's closures—that rural hospitals were too small, had outdated infrastructure and equipment, had low occupancy rates, and suffered from issues related to staff (re)training and retention[141]—often held for other provinces as well. Given Saskatchewan's disproportionately rural and dispersed population, it was no surprise in 1991, the year the NDP re-entered office, that the province had a hospital bed ratio far above the national average (7.2 per 1,000 compared 4.7 per 1,000). But the province's demographics were already changing, and health care experts argued that these changes, in combination with improvements in transportation and technology, had made many of Saskatchewan's rural hospitals unnecessary, inefficient, and expensive.[142]

The Romanow government introduced reform—dubbed the "wellness agenda"—that moved from a focus on doctors and acute care towards more preventative and holistic care within community-based service structures. The far-reaching reforms included the closure or conversion to community-based wellness centres of 52 of the province's 75 small rural hospitals.[143] This led in turn to the consolidation of 400 individual hospital boards into 32 regional health districts, to facilitate a "primary health care" system that integrated services beyond the typical hospital-based care to include "all services that play a part in health, such as income, housing, education and environment" in addition to "health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury."[144] It was also, clearly, about efficiency and cost-savings, with a reduction of health care funding to faculties of 5.5 per cent in the first year.[145]

This ambitious restructuring was not fully implemented until the NDP torch had passed to Lorne Calvert, who adopted recommendations from the Fyke Commission (see sidebar), struck earlier by Romanow.

Among the recommendations from the Fyke Commission adopted by the Calvert government was to replace 32 districts with 12 further-consolidated health regions and regional health authority boards.[146] "Viewing the solo physician practice as unsustainable in Saskatchewan from both a clinical and cost perspective," the Calvert government also moved to establish "interdisciplinary teams involving nurses, pharmacists, physiotherapists, and other professionals, in addition to family physicians, to provide upstream services."[147] This was an innovative approach of reorganizing hospitals to offer various levels of services and acute care focused on healing the whole person with a complementary suite of health and community support professionals.

The Fyke Commission also astutely observed that while regionalization had been quite effective for integrating disparate services (acute hospital, long-term, home, and community care), the focus of health care needed to shift from quantity indicators (e.g., number of beds, practitioners) to quality indicators (e.g., better outcomes, fewer errors, better value). Based on the commission's recommendation, a Quality Council was established in 2002, leading the way for other provinces to follow suit.[148]

While downsizing felt like a painful loss, studies demonstrated that outcomes for patients generally improved: faster discharges meant increased outpatient surgeries, and the ability to concentrate beds for the most acute needs; reduced readmission rates; and indicators such as mortality and premature mortality did not change.[149] It is possible the patterns of unhealthy dependency created in small hospitals led to poorer outcomes or these smaller hospitals had constrained capacity to provide the same level and quality of care as larger, more modern facilities where providers faced broader daily scopes of practice. Clearly, "due to diseconomies of scale" small hospitals were incurring higher expenses.[150] To ensure maximum return on costly technological investments and highly trained staff, the catchment areas needed the intake numbers of larger institutions, and people demonstrated they were willing to bypass smaller hospitals and drive further for higher-quality equipment and care.[151]

Despite deferring expenses by laying off workers and not investing in medical equipment, Calvert failed to follow through on promises of a universal pharmacare program with a $15 cap, but did introduce a popular public pharmacare program for seniors.

What Happened Next?

Saskatchewan Party under Brad Wall, 2007–2018

Once the budget crisis was contained and the province was back on stable financial footing, the health care landscape did not revert to the status quo—as the Calvert and then Wall governments increased health spending, closed hospitals were not reopened, cut programs did not reappear, and lost jobs were not recreated.[152] This paved the way for Wall to initially maintain health care spending (as seen in Chart 6) while implementing an incremental process of privatization of specific services. In short, Romanow's program of hospital restructuring and deep budget cuts allowed space for the Saskatchewan Party to claim the high ground on health care. As recently as 2016, the Wall government still used the example of hospital closures under Romanow as a point of difference between the NDP and his own Saskatchewan Party; but despite high government revenues, none of these hospitals were reopened.

The Saskatchewan Party's website asserts its record on health care:

> Since 2007, we've had record population growth and the second best economic and job creation record in Canada.
>
> That's allowed our government to make record investments in health care while focusing on innovation (like private surgical clinics within the public system), goal setting and finding efficiencies … to improve patient care. Here's what happened:
>
> - Building new hospitals, like the Moose Jaw hospital, Saskatchewan Hospital North Battleford and the first ever Children's Hospital
> - Adding 15 new long-term care facilities
> - Our surgical wait times are now the shortest in Canada
> - Hiring 650 new doctors and 3,000 more nurses.[153]

This purported reinvestment has occurred in concert with the introduction of private MRI and CT scan facilities.[154]

Amid the dominance of the Saskatchewan Party, the Saskatchewan NDP has had to reorient its emphasis on health care. In the 2016 election campaign, the NDP under Cam Broten pledged that "New Democrats will trim spending on bloated health-care administration by $25 million per year and we will redirect every single penny to the front lines of care in our hospitals, our care homes, by hiring patient care staff like continuing care aides and nurses."[155]

Nova Scotia

2009–2013

Premier Darrell Dexter

In June 2009, Darrell Dexter's Nova Scotia NDP became the first NDP government east of Ontario. The record of this one-term government suggests that not all New Democratic parties prioritize health care to the same extent—or indeed, adhere to core social democratic values. While most of the NDP governments considered in this report moved slightly to the centre once elected, the comparison of various administrations suggests that leadership does play a significant role in how far this shift will be in practice.[156]

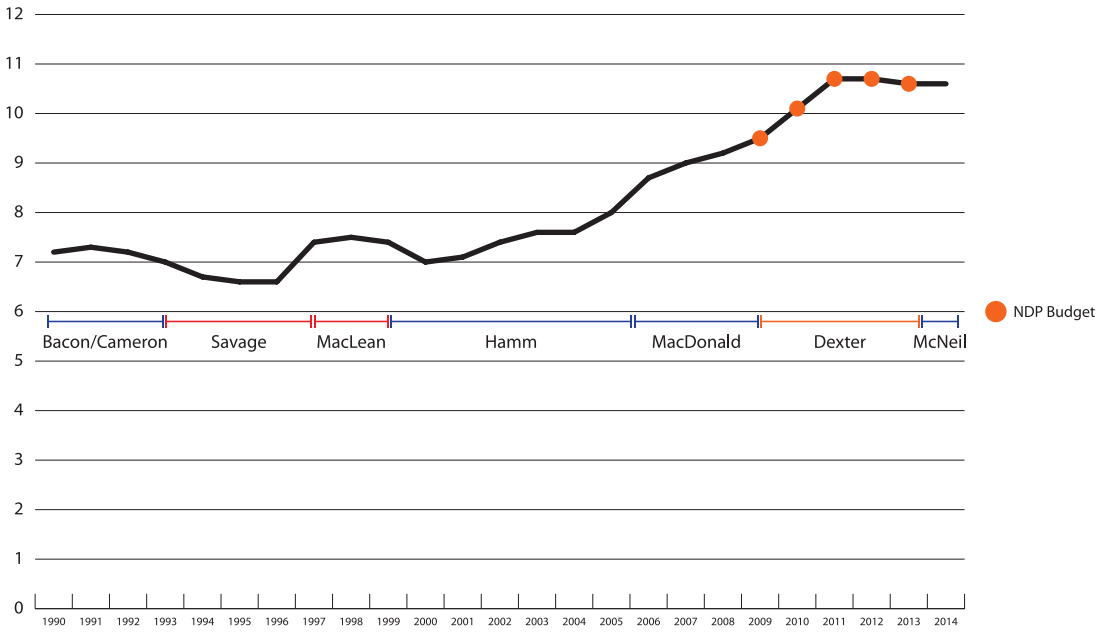
As noted, the Dexter government's approach followed a distinctly neoliberal, rather than a social democratic, agenda. Yet, among the party's seven commitments made during the successful 2009 campaign was one to "keep emergency rooms open and reduce health-care wait times."[157] How did the Dexter government navigate its social democratic traditions and promises while tacking in a neoliberal direction?

Health care funding under the NDP

Coming into office in the immediate aftermath of the 2008 global financial crisis, Nova Scotia's NDP faced reduced government revenues, and a projected budget surplus quickly disintegrated into a half-billion dollar deficit. Like Romanow in the 1990s, Dexter relied on a commissioned report to audit the state of the province's financial health[158]—a tactic also used effectively by the Harris, Pallister, and Klein Progressive Conservative governments to justify austerity budgets and the drastic restructuring of the health care system in their respective provinces. For Dexter's government, the report yielded a series of catch-phrases that would form the basis of the provincial budget over the course of the NDP's four-year term. "Living within our means" became an especially recurrent theme.

As in the other case studies, we extracted from Chart 1 the record of public health care spending as a per cent of GDP during the period 1990 to 2014. The result is shown in Chart 7.

Chart 7: Nova Scotia Public Health Spending as a Per Cent of GDP, 1990–2014



Source: Calculated from CIHI, *National Health Expenditure Trends Data Tables*, Appendix A.1, Gross domestic product at market prices by province/territory and Canada, in millions of dollars, by year, 1975 to 2017; and Table B.4.1, Provincial/territorial government-sector health expenditures by province/territory and Canada, in millions of dollars, 1975 to 2017.

Note: The Dexter government was elected in June 2009. For this reason, unlike the previous four NDP governments examined in this report, the budget figures appearing in this chart begin with the year in which the government was elected and are not staggered.

During the 25 years examined, health care spending as a per cent of GDP averaged 8.1 per cent. During the NDP's four and a half years in office, however, it averaged 10.5 per cent, compared with 7.6 per cent during the nearly 21 years of other administrations. This level of spending under the NDP is especially impressive given the province's weakened economic growth during most of these years.[159]

At the same time, the Dexter government's record on defending public health spending from the encroachments of privatization is poor. During the period 1990 to 2014, public spending as a percentage of total health care spending averaged 70.2 per cent, but was 69.8 per cent during the NDP's time in office compared with 70.3 percent during the other nearly 21 years.[160]

During the worst of these years, when Nova Scotia's annual growth turned negative, the Dexter government implemented especially draconian cuts. The 2012–13 budget proposed substantive cuts—$772 million over four years, and a potential loss of approximately 10,000 public sector jobs.[161] Among the cuts, a 3 per cent decrease to health authorities and a 1.2 per cent cut to school boards, along with a loss of 22 mental health positions. The 2013–14

budget, despite a surplus, included cuts to education, early childhood development, and community services, and froze hospital budgets across the province.

In terms of health care initiatives intended to improve the public system, Dexter's government posted a mixed record. While in office, the New Democrats created an innovative community care centre network (collaborative facilities offering urgent care and general practice) that was hailed as the first of its kind in Canada. The NDP government also rolled back cuts to children's dental coverage made by the previous Progressive Conservative government, and expanded coverage for basic dental services to children up to 13 years of age. Yet the same government also ended special needs assistance for drugs and treatments not covered by the provincial insurance plan, including massage therapy, psychological counselling, and alternative medicine.

Staffing, hospitals, and labour relations

On labour relations, the Dexter NDP also fell short of traditional New Democratic values, frequently coming into conflict with health sector and other unions as the government sought to prioritize its budget bottom line over its traditional support of labour. From 2010 to 2011, most public sector unions saw only 1 per cent increases—down from the 2.9 per cent average increase under the previous government, and well below the rise in the cost of living.

In November 2011, the nurses' union won a 7.1 per cent increase over three years via arbitration. The Dexter government pushed back against the increase, citing the high costs and implying a risk to front-line services in a series of talking points obtained by CBC: "When you factor in that we also have to reduce spending by 3% and absorb wage increases, this would likely result in reduction of services. … Ultimately, there is only one place that our funding comes from and that is the taxpayer. So, Nova Scotians need to ask themselves if they can afford to pay significantly more to maintain services."[162]

In April 2012, contract negotiations with nearly 3,800 health sector members of the Nova Scotia General Employees Union (NSGEU) nearly resulted in strike action. While the Dexter government prepared to table back-to-work legislation, factions within the party pushed for compromise. A last-minute deal was reached, offering a 7.5 per cent pay increase over three years, which set the bar for other unions entering bargaining.

All in all, Nova Scotia's NDP government left a mixed legacy on health care and social democratic principles. Its wholehearted adoption of a neoliberal philosophy, combined with efforts to pursue business-friendly policies, and only timid progressivism, beggared the hopes of many that the Dexter government might be an agent of change. The fixation on budget deficits constrained the government from any bold improvements or expansions to health, while locking them into a catch-22: by failing to meet its pledge to balance the budget outright, the Dexter NDP left itself open to accusations of overspending or financial mismanagement, even as absolute spending on health, education, and social services endured cuts or stagnation.

In his overview of the Dexter government, political commentator Gerald Caplan offered a broad comparison to NDP administrations across Canada:

> All Darrell Dexter needed to do was to discover the Manitoba/Saskatchewan secret and B.C. and Ontario's Achilles heel. But here's the rub. No one knows what works and what doesn't. Each leader (even Bob Rae, back then) was fully committed to the party's ideals of social justice and equality, although implementation depended on circumstances. Saskatchewan's political culture has as many differences from Manitoba as it has commonalities. Nova Scotia, like every province, has its own distinct political traditions. And it's not clear that the Saskatchewan NDP's secret even works for Saskatchewan any more.[163]

Even as the Nova Scotia NDP fell short of the expectations of the electorate, what happened next was arguably another lesson in disappointment for Nova Scotians.

What Happened Next?

Liberals under Stephen McNeil, 2013–present

There was very little in Stephen McNeil's Liberal government to differentiate it from its NDP predecessors. During the election, the two parties had campaigned on minor differences in restructuring the health system, with the Liberals ultimately opting to amalgamate the provinces' nine health authorities under one provincial administration. The move was justified as an exercise in cost-savings and streamlining, though by the 2017 election, there was little evidence to support either. While health care was a front-and-centre issue in both the 2013 and 2017 campaigns, once in power the Liberals did not prioritize health care in its budgets. For the most part, overall health funding stagnated while McNeil emphasized balanced budgets. In the September 2017 budget, the first of the party's second mandate, the Liberals increased health care by just 2 per cent, even as it posted a $21 million surplus.[164] Finance Minister Karen Casey justified "one of the largest income tax cuts in our province's history" as an opportunity to redirect "more money to improve our health care."[165] At an annual cost of $85 million, the tax break represents the entire 2 per cent increase allocated to health care. In short, McNeil was even more neoliberal than Dexter, and systemic issues that had persisted in hospitals and primary care since Dexter's term continue to remain unaddressed.

On labour relations, as part of the plan to restructure the health system under one provincial health authority, the Liberals reduced the provinces' 50 health sector bargaining units down to just four, despite protests and demonstrations by labour organizations. The only legislative opposition to the bill came from the NDP members. A final deal was reached between the government and the four consolidated unions in March 2015, following six months of mediation and arbitration.

Under the McNeil government:

- The Liberals made the decision to end provincial coverage of dental cleaning services for children under 14 (which had been extended under the NDP), but was quickly reversed due to public outcry.
- Halifax nurses staged a one-day strike in March 2014, in opposition to essential services legislation being proposed by the McNeil government. Earlier that month, over 400 home care workers were ordered back to work after they took strike action.[166]
- The Liberals' second term has seen little progress on key pledges:
- Despite the promise of a family doctor for every Nova Scotian, StatsCan estimates over 100,000 still lack access to a GP,[167] while the Nova Scotia Health authority had a wait list of 50,000.[168]
- Wait times have increased and standards have been inconsistently applied.[169]
- Aging hospital infrastructure has not been replaced.
- No new funding has been committed to address the shortage of long-term care beds.

How do the policies and actions of the five NDP governments examined compare with the record so far of the Alberta NDP on health care? This is the question addressed in section four.

Section 4. The Alberta NDP's Health Care Policies: Parallels or Contrasts?

> *Alberta's NDP may also have faced the same impossible expectations from supporters that greeted the Rae government in Ontario and the Dexter government in Nova Scotia.*

The circumstances of the NDP's election in Alberta in May 2015 are similar to those of several of the other NDP governments examined here. Most obviously, Alberta's new government had to immediately deal with a severe recession, just as the Rae government in Ontario did in 1990,[170] the Harcourt government did in British Columbia in 1991, and the Dexter government did in Nova Scotia in 2009. As in the cases of Ontario and Nova Scotia, particularly, Alberta's NDP also faced a skeptical public; it lacked the benefit of being perceived as the natural party of governance, in contrast to its counterparts in Manitoba, Saskatchewan, and British Columbia where NDP governments already had a track record. At the same time, Alberta's NDP may also have faced the same impossible expectations from supporters that greeted the Rae government in Ontario and the Dexter government in Nova Scotia. Additionally, as in Saskatchewan and British Columbia, the Alberta NDP inherited from the past government a severe infrastructure debt, though it did not immediately face a large fiscal debt. Electorally, it also benefitted, as did its NDP counterparts in Saskatchewan and British Columbia, from several high-profile scandals that had discredited the governing party (the Progressive Conservative and the Social Credit parties, respectively). Each of these factors created constraints and opportunities for Alberta's NDP after its election victory. What health care policy choices have Alberta's NDP made? In this section of the report, we examine the impact of the NDP on Alberta's health landscape, comparing its record and rhetoric to the previous Progressive Conservative regime.

The place of health care in Alberta politics has, in many ways, been defined by the Klein-era reforms and cutbacks enacted from 1993 to 1999.[171] In a powerful display of opposition, many health care workers, unions, advocacy groups, and ordinary Albertans, fought vociferously against Klein's cuts and privatization agenda. Their victories, big and small, contributed significantly to the defense of medicare across Canada. Yet, despite this lesson from history, the threat of similar cuts continues to loom over health care debates. For those on the fiscal right, Klein's reforms provide evidence of "how it should be done"—proof that the province can, and must, roll back spending in order to surmount the deficit, regardless of the collateral damage. For those on the left, and the NDP in particular, the collective memory of the reforms is used to invoke a preservationist call to "protect our health care" at any cost.

The policies of the NDP in government, however, complicate this picture somewhat. While refusing to sanction drastic cuts, closures, or layoffs, the Notley government has not championed public health care to the extent that its historical party ideology might suggest. Rather, for the first three years of its mandate, the Alberta NDP has mostly held the line on health care—with a few notable exceptions leaning towards greater government provision of health services. Given the circumstances in which the NDP was elected, this stance appears less a move away from long-held principles and more a careful balancing act of financial, political, and ideological considerations.

"The NDP has been more successful than recent Progressive Conservative governments at controlling health care spending growth while protecting front-line services."

Spending: "bending the cost curve"

The NDP has been more successful than recent Progressive Conservative governments at controlling health care spending growth while protecting front-line services. Annual health budgets under the former PC government had been growing by an average of 6 per cent or more. The proposed Jim Prentice budget dramatically changed course by calling for the first real cut to health spending in two decades—a reduction of $160 million and the imposition of a health care levy. With the election of the NDP, these cuts were reversed, but the government committed to "bending the cost curve" by gradually reducing the growth rate for health spending.

In the first NDP budget in October 2015, total spending on health increased 2.2 per cent to $19.7 billion, approximately $800 million more than was proposed under the Prentice budget.

In its 2016 budget, the NDP maintained front-line health care services while keeping the annual health care spending increase to approximately 3 per cent per year, slightly less than inflation plus population growth. The health budget remained steady in 2017, with the 3.3 per cent increase matching the estimated inflation plus population growth for the year. The 2018 budget set out further reductions in overall government expenditure: with population growth plus inflation at an average of 3.5 per cent from 2018 to 2021, and operating expense increases limited to 3.0 per cent in 2018–19, 2.7 per cent in 2019–20, and 2.5 per cent in 2020–21, this will amount to an effective 2 per cent cut relative to increased need.

According to Health Minister Sarah Hoffman, "We are doing what Albertans voted for; they want stability. Of course we need to bend the cost curve, but we are not going to do that at the impact of confidence in the health-care system or front-line jobs."[172]

Infrastructure: "building not cutting"

> *Over the NDP's term in office, it has committed funding to 21 major health capital projects worth $5.5 billion.*

Since taking office at the nadir of the resource boom/bust cycle, the Notley government has maintained a strategy of counter-cyclical spending (similar to that attempted by Rae in Ontario), particularly centered around infrastructure projects, to inject money back into the economy.

In Budget 2017 the NDP earmarked significant funds to maintaining and expanding health infrastructure: Edmonton's Misericordia Hospital will receive $65 million for modernization and an expanded emergency room, while Royal Alexandra Hospital will receive $155 million to help build a new child and adolescent mental health facility. The government also pledged $400 million for a new 350–500 bed hospital in Edmonton, a much-needed move given that Alberta's capital city hasn't seen a new hospital since 1988.[173]

Over the NDP's term in office, it has committed funding to 21 major health capital projects worth $5.5 billion[174]—in stark contrast to its Progressive Conservative predecessors.[175] However, in the latter half of its mandate, the NDP has noticeably reduced its emphasis on infrastructure spending (in part due to the end of the recession and a less urgent need for stimulus spending).[176]

Privatization: "ending costly experiments in privatization"[177]

The Notley NDP began its term espousing "evidence-based policy-making" over decisions based on ideology alone. While not absolute, much of the evidence so far has supported the return to (or preservation of) public services over outsourced or fully privatized delivery.[178] The NDP government has had a few notable victories in its pushback against privatization. Minister Hoffman's most significant decision so far was to cancel the contract outsourcing laboratory services in central and northern Alberta to a private Australian company, after a Health Quality Council review determined the request for tender process was deeply flawed.[179] Based on the review findings, Hoffman announced in 2017 that all laboratory services in Alberta would be returned to provincial ownership and delivery in 2022, and a deal was negotiated with the current private provider, DynaLife, to transition services and ensure the opportunity for all employees to be rehired under the new provincial entity.[180] A new "super lab" facility for Edmonton will also be publicly financed. Decisions to reverse outsourcing of hospital laundry facilities and the elimination of paid blood/plasma donation further supported the NDP's traditional claim as defenders of public health care.[181] At the same time, and despite much rhetoric from the minister of health, there has been relative inaction on private clinics despite overwhelming evidence of their risks to the public and the public system.[182]

> *Other initiatives to expand the comprehensiveness of Alberta's provincial health plan have not gained a sympathetic ear in the NDP.*

Insured services: "providing the right care, in the right place, at the right time, by the right health professionals"[183]

One of the biggest expansions to Alberta's provincial coverage was the introduction of midwifery services in 2009, under the PC government of Ed Stelmach. However, funding for midwifery services is restricted under an annual cap: the province will only fund a limited number of courses of care (including prenatal and postnatal care as well as attending the birth). Beyond this cap, those wishing to access maternity care through a midwife are either turned away, or charged out-of-pocket. Under the NDP, the 2016 provincial budget provided a funding increase of $49 million over the course of three years, which will allow about 400 more midwife-assisted births each year—an increase of about 30 per cent. Since the inclusion of midwifery under the Alberta Health Care Insurance Plan in 2009, there has been a 229 per cent increase in the number of midwives practicing in Alberta.[184]

Other initiatives to expand the comprehensiveness of Alberta's provincial health plan have not gained a sympathetic ear in the NDP. When asked to consider supporting a national pharmacare plan—a concept long advocated by their fellow New Democrats at both the provincial and federal level—Minister Hoffman tied the possibility of pharmacare to the approval of the controversial Trans Mountain pipeline expansion.[185]

Labour relations: "bringing Alberta's workplaces into the 21st century"[186]

The Notley government's objective of containing costs while maintaining services has hinged on public sector workers "keeping the size of Alberta's public service flat." This strategy relies heavily on "managing public sector compensation" through ongoing hiring restraint, salary freezes on management and non-union staff, and by negotiating frugal agreements with public sector unions. Both the United Nurses of Alberta (UNA) the Health Sciences Association of Alberta (HSAA) settled for wage freezes in an apparent trade for job security. The government also negotiated a new payment formula for physicians in 2016, seeking to tie compensation to "quality of care," rather than "quantity of services."

Conclusions: "holding the line" or "preserving the *status quo*"

For those adhering to the traditional NDP philosophy, the Notley government's record on health care might seem underwhelming. Relative to its predecessor governments and NDP governments in other provinces, however, the Alberta NDP's record demonstrates a deliberate balance between its ideological commitment to universal public health care and recognition of the limits of political and fiscal possibility in a historically conservative province.

Unlike its NDP counterparts in Saskatchewan or Nova Scotia, the Notley government explicitly chose not to engage in restructuring of the health care system in search of elusive "efficiencies." Unlike the Harcourt and Clark governments in BC, the Notley governments has not been afraid to make "ideological" decisions or radical departures favouring public delivery of care over private delivery. Most significantly, unlike the Rae NDP in Ontario, in Alberta the NDP has not engaged in cuts and layoffs during the province's deepest recession in three decades.

The Alberta NDP has also maintained a delicate balance in their relationships with the major health labour unions, while avoiding the appearance of catering to labour. In each of the other case studies, NDP governments experienced substantial tensions with unions (in particular public service and health care unions), often extending too far in search of the support of the business community and placing deficit reduction ahead of job security.

Section 5. Conclusion: Lessons from NDP Governments for NDP Governments

First-term NDP governments rarely live up to the expectations of their base, which perhaps says less about the actual performance of the government than what can reasonably be expected when the electorate votes for change.

This report examined the past record on health care of NDP governments in five Canadian provinces: Ontario (1990–95), British Columbia (1991–2001), Saskatchewan (1991–2007), Nova Scotia (2009–2013), and Manitoba (1999–2016), with an eye also to the policies and actions of the current Alberta NDP government.

Section one of the report examined social democratic aims and policies in Canada before the emergence of neoliberalism in the late 1970s and, in broad strokes, the changed economic and ideological circumstances facing each new NDP government of the period, and how they met the resultant fiscal challenges. Section one also laid out the central argument made in this report, that the policies and actions of the NDP governments examined must be understood as the product of two opposing forces: on the one hand, the political and ideological pull of neoliberalism; on the other, the internal dynamics built up over time within each province—the traditions, values, and political alignments that constitute a political culture. The evidence presented here generally supports this argument.

First-term NDP governments rarely live up to the expectations of their base, which perhaps says less about the actual performance of the government than what can reasonably be expected when the electorate votes for change. But where New Democratic parties have an established history in government (Saskatchewan, Manitoba, and to a lesser extent, British Columbia), inflated expectations are less of a factor, and give NDP governments more room for political manoeuvre. By contrast, in the cases of Ontario and Nova Scotia—and, arguably, Alberta—the pressures of spearheading an historic change also coincided (to varying degrees) with exceedingly difficult economic conditions, hostile media and corporate sectors, and an entrenched political culture.

Section one also examined comparatively the NDP governments' record on revenues and expenditures. The data showed that, on balance, NDP governments tended to spend more as a percentage of GDP, but also to bring in more revenue as a percentage of GDP, than did their non-NDP counterparts. But we also observed that, to one degree or another, all of the NDP governments seemed content to keep public revenues and expenditures in a steady state (or less), with the public good too often residual to the interests of the market.

Section two of the report focused on health care funding specifically. It briefly examined the federal government's role in funding health care, and the problems faced by all provinces following the Liberal government's introduction of the Canada Health and Social Transfer in 1996. As argued, the funding cuts that resulted created enormous difficulties for many of the NDP governments which came into office during this period, a period marked by the rise of neoliberalism.

The second section also compared differences across the provinces and between parties within each province during the period 1990 to 2014 on two measures: public health spending as a per cent of GDP and public spending as a per cent of total health care spending. The data showed that, on average, NDP governments spent more on health care as a percentage of GDP than did non-NDP governments. The data similarly showed that, on average, the public portion of total health care spending under NDP governments was higher than that of non-NDP governments. But we also observed that NDP governments, while defending public spending, did not greatly expand spending after the early declines of the 1990s.

Section three of the report examined the policies and actions of the five NDP governments dealing with health care in more specific detail. Fiscally, the data again show considerable variance. As a percentage of GDP, Manitoba and Nova Scotia (especially) and British Columbia under the NDP saw a rise in spending, while Ontario's spending was flat and Saskatchewan experienced something of a roller-coaster ride. As a proportion of total health care spending, public spending remained highest and steadiest in the three western provinces, no matter the party in office, and much lower in Ontario and Nova Scotia. But we also observed some differences between NDP administrations within provinces, for example between the Doer and Selinger governments of Manitoba. The evidence suggests that the internal political dynamics of the two Prairie provinces, and to some extent, British Columbia, exerted pressures evenly upon both non-NDP and NDP governments to be fiscally supportive of public health care. By contrast, similar pressures appear much weaker in Ontario and Nova Scotia.

Beyond issues of health care funding, the results were again somewhat mixed regarding the employment of health care workers under the five NDP governments when compared with non-NDP governments. Compared with each other, Saskatchewan and Manitoba employed more health care staff, almost across the job categories, than did their counterparts in Ontario and British Columbia. A similar difference was found in terms of labour relations between NDP governments and health care staff. While inherently difficult, as they pit the government employer against public employees, the pattern of labour relations in Manitoba (especially) was less conflicted under the NDP than in the other four provinces examined.

Finally, section four of the report examined several health care and related initiatives enacted by Alberta's NDP government. These initiatives include controlled spending directed at front-line services; infrastructure spending on capital projects, including health care facilities; bringing back into public health care some services previously outsourced to private companies; expanding insured services; and strategies to manage public sector compensation, as related to both unionized and non-unionized health care workers.

What might we conclude from the report's findings? Before answering this question specifically, a few broader observations are necessary.

Three and a half years into its term, Alberta's NDP government has been successful, on the whole, in meeting its major campaign promises, while adhering to broadly social democratic principles on social services, education, childcare, and health care. That it has done so amidst the deepest recession in three decades is laudable. However, in response to over-inflated concern about the province's growing deficit, the Notley government has also adopted the neoliberal rhetoric of "compassionate belt-tightening," delivering budgets that would not look out of place among those of post-Klein Progressive Conservatives.[187] This discourse has not become as deeply entrenched as the turn to austerity economics entertained by other governments, including other New Democratic governments. Indeed, despite the vow to "tighten belts," the Notley government has mainly engaged in spending slightly less than it had previously, while "reject[ing] the politics of austerity."[188]

"Alberta's NDP government has been successful, on the whole, in meeting its major campaign promises, while adhering to broadly social democratic principles on social services, education, childcare, and health care."

For the Alberta NDP, the question of the budget is a relative one, as according to Finance Minister Joe Ceci, "Had another government been in place, they would have drastically and extremely slashed the necessary supports Albertans need in health care and education and social services, and we all would have been a lot worse off.[189]

Ceci's claim appears partially substantiated by the case studies explored in this report. Compared to the 2015 Prentice budget, to Conservative governments in Ontario and Manitoba, or Liberal governments in BC and Nova Scotia, the Alberta NDP has indeed prioritized health care, education, and social services above the budget bottom line. But we should also not ignore the tight-fisted record of past NDP governments in Saskatchewan, Ontario, and Nova Scotia when faced with struggling economies and budget shortfalls.

> *NDP government approaches can almost be divided into two camps: the reformists and the preservationists.*

On health care specifically, NDP government approaches can almost be divided into two camps: the reformists and the preservationists. Faced with budget crises (real or constructed) the reformists (Saskatchewan, Ontario, and Nova Scotia) deemed that in order to save health care, aspects of it must be sacrificed to restructuring and deficit-reduction. In tandem with their conservative counterparts, these governments relied heavily on the advice of expert commissions to distance themselves from the political backlash associated with unpopular decisions.[190] In Saskatchewan and Ontario, the pressures to close hospitals and beds and cut spending and jobs was motivated in part by the adverse economic conditions of the time, but was also heavily influenced by the prevalence of neoliberal ideology promoting a similar agenda in other provinces (Alberta in particular).[191] In Nova Scotia, an explicit emulation of the Saskatchewan NDP under Romanow, combined with an admiration for Tony Blair's philosophy of the Third Way, undermined the notion of health care as sacrosanct and left room for the outsourcing of health care support services. But unlike the Ontario and Saskatchewan governments of the 1990s, the Dexter NDP did not in the end inflict full-scale closures and enacted only limited cuts to health spending.

On the preservationists' side (Manitoba, British Columbia, and Alberta), Manitoba maintained the most consistent increases to health spending. BC mostly bucked the trend of the early 1990s' slash-and-reform governments, although the Harcourt and Clark governments experienced difficulty in navigating tensions with health care unions. Again, the Alberta NDP comes closest to maintaining the ideal of universal, public, and accessible health care. In its 2015 election campaign it made several key pledges, which were reiterated on entering office, to "build not cut," to maintain stability in the health system by rejecting calls to restructure its administration yet again, and to end "experiments in privatization." Throughout the first three years of its current term, these tenets have been closely held with few exceptions. On the negative side, however, the government's efforts to halt and draw down the proliferation of private health care delivery have been insufficient.[192] The Alberta NDP also appears to have accepted the narrative that health spending has become "unsustainable," and is now committed to "bending the cost curve." While there have been no absolute cuts to health spending, in practice this has meant annual increases have been limited below population growth and inflation, and have been lower than under the previous PC administrations.

That said, health spending in Alberta (as with program spending in general) has historically been more closely tied to the boom/bust cycle in resource revenues than to the party in government. In the bigger picture, the failure thus far of the NDP to expand its revenue base sufficient to fully defend public health care (and other public services) lays the groundwork for further private sector inroads in future.

> *For the most part Canada's provincial NDP governments have remained as close to their roots as circumstances permitted.*

Labour relations under the various NDP governments offer other useful insights. While some of the NDP governments under consideration worked to maintain good relations with organized labour, deep tensions emerged under others. Unsurprisingly, this was most apparent in those instances where governments faced major restructuring and/or funding cuts, namely, Ontario, BC, Saskatchewan, and to a lesser extent Nova Scotia.

In Manitoba, by contrast, a general tendency to support labour (on workers' rights, improved working conditions, the right to strike, etc.) was tempered with the desire to convey a distinction between the union agenda and government policy. The Alberta NDP government has also treaded this line carefully, bolstering an ambitious raft of labour reforms with a ban on corporate and union donations to political parties. However, near across-the-board wage and hiring freezes among public sector workers—including health care providers and support services—and attempts at hard-line negotiation in the public eye has at times threatened the delicate balance being struck.

Despite the challenges facing them (and, in some cases, despite the unkindness of history), for the most part Canada's provincial NDP governments have remained as close to their roots as circumstances permitted. The starting point for social democratic politics generally, and for sustainable, quality public health care specifically, lies in challenging through word and deed, through policy and money, the current neoliberal frame that views health care as a marketable commodity. In Alberta, the Notley NDP—in the face of a recession, hostile media, and engrained conservative political culture—has not only preserved the health care system, but has also brought about some substantive, progressive changes. The experiences of NDP governments provide a useful reminder that it is better to write one's own narrative than work within one written by your opponents.

What are the broad lessons to be learned from the policies and actions of previous NDP governments? The first lesson is based in the observation that, over several decades, the NDP has moved away from its social democratic roots, adopting to one degree or another a shrunken policy agenda informed by a neoliberal worldview. The influence of neoliberalism has been pervasive, not only on public policy, but on the public and political imagination. In constraining themselves to what is narrowly pragmatic or possible, NDP governments have too often abandoned the quest for that which is desirable. In doing so, they have dangerously undermined their own stated mission to "win" a social democratic economy and society.

The first lesson to be thus gleaned is that NDP governments must be bolder in their policies and actions. This does not mean running roughshod over the beliefs and concerns of non-supporters, but it does mean remaining true to the social democratic ideals on which they were elected. Social democratic governments must not simply defend the public turf or—more generally—the commons; they must consciously and with purpose work to expand it.

> *NDP governments must be bolder in their policies and actions. This does not mean running roughshod over the beliefs and concerns of non-supporters, but it does mean remaining true to the social democratic ideals on which they were elected.*

The failure of NDP governments to move beyond merely defending the public arena has had profound consequences. It has left public services an easy target of reactionary governments—as in the case of Ontario's Mike Harris-led Progressive Conservatives—to retrench after the NDP have left office. But this lack of boldness also has a political price, as it demobilizes supporters and the public at large who come to view government in general as incapable of making a real difference—a looming danger, for example, as can be seen in the response of some progressive supporters to the actions of the current Alberta and BC NDP governments regarding the Trans Mountain pipeline expansion and Site C Dam project.

There can, of course, be dangers in taking bold and principled actions. Opponents will label such actions as foolhardy, even dangerous, and even some supporters may view certain actions as risky. Such responses are to be expected, as taking bold and principled actions are often at odds with the existing political culture. But it is important to recognize that politics and policy are not passive objects of political culture. Political parties, and governments when they obtain power, can actively shape political culture if they choose and if they have the will to do so.

The second lesson, derived from the first, is that NDP governments must challenge—and ultimately reject—neoliberalism's view of the role of government and the finances of public services. While recognizing the difficult economic, political, and ideological terrain in which they have sometimes found themselves, the fact is that too often NDP governments have accepted the neoliberal frame in terms of how health care and other services should be financed and delivered. As a result, efforts to address issues directly or indirectly impacting health care have fallen victim to unstable and declining government revenues. NDP efforts—echoing their liberal or conservative counterparts—have often relied on reorganization as the panacea for an ailing health care system. These efforts, while laudable and even beneficial in some instances, are ultimately insufficient to the task of providing comprehensive and sustainable public health care for all citizens. The way forward lies in a return to the social democratic principles articulated by Tommy Douglas and others in the past.

Endnotes

1 The Yukon Territory has also elected several NDP governments: two terms under Tony Penikett (1985–1992) and a single term under Piers McDonald (1996–2000). However, given the constitutional distinction between provinces and territories, and substantial historical differences in the authority devolved to territorial governments, particularly in terms of tax-raising and federal funding transfers, this report considers the provincial NDP governments only.

2 Michael D. Ornstein, H. Michael Stevenson, and A. Paul Williams, "Region, Class and Political Culture in Canada," *Canadian Journal of Political Science* 13:2 (June 1980): 235.

3 The CCF called for the nationalization of key industries. Besides public ownership, the Waffle also sought a Canada independent of the American Empire that, at the time, was still embroiled in the Vietnam War. See "The Regina Manifesto (1933) Co-operative Commonwealth Federation Programme," Socialist History Project, July 6, 2018, http://www.socialisthistory.ca/Docs/CCF/ReginaManifesto.htm. See "The Waffle Manifesto – For an Independent Socialist Canada (1969)," *Socialist History Project*, http://www.socialisthistory.ca/Docs/Waffle/WaffleManifesto.htm.

4 See Jodi Dean, *The Communist Horizon* (London: Verso, 2012).

5 On Saskatchewan, see J.F. Conway, "From 'Agrarian Socialism' to 'Natural Governing Party'" in *The Prairie Agrarian Movement Revisited*, ed. Murray Knuttila and Robert Sterling (Regina: University of Regina Press, 2007), 228–9. In support of the Manitoba NDP's claim, see Nelson Wiseman, "Is the NDP Manitoba's natural governing party?" *Prairie Forum* 39:1 (2016): 1–26.

6 See Kenneth Carty on the use of the term in Canada, particularly by the Liberal Party of Canada. R. K. Carty, *Big Tent Politics: The Liberal Party's Long Mastery of Canada's Public Life* (Vancouver: UBC Press, 2015).

7 Bryan Evans, "*Canadian Dimension* and the 'other' Ontario: Radical reportage through four transformative decades," in *Canada Since 1960: A People's History*, ed. Cy Gonick (Toronto: Lorimer, 2016), 429.

8 John F. Conway, *The Rise of the New West: The History of a Region in Confederation* (Toronto: Lorimer, 2014), 250.

9 Richard J. Brennan, "'No regrets' about days that bear his name, Rae says," *Toronto Star*, November 6, 2009, http://www.thestar.com/news/canada/2009/11/06/no_regrets_about_days_that_bear_his_name_rae_says.html.

10 Health Industries Advisory Committee, *Healthy & Wealthy: A Growth Prescription for Ontario's Health Industries.* The Report of the Health Industries Advisory Committee to the Minister of Health (Toronto: Ministry of Health, 1994).

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[12] Marc Lee, Seth Klein, and Stuart Murray, *Behind the Headlines: A Review of Public Policy in BC* (Vancouver, BC: Canadian Centre for Policy Alternatives – BC, March 1999), https://www.policyalternatives.ca/publications/reports/behind-headlines.

[13] As cited in Gregory J. Marchildon, "Roy Romanow," in *Saskatchewan Premiers of the Twentieth Century*, ed. Gordon Leslie Barnhart (Regina: Canadian Plains Research Center, University of Regina, 2004), 271.

[14] The Romanow NDP sold off the last shares in Sask Oil, the Potash Corporation of Saskatchewan, Cameco, and heavy oil upgraders in Lloydminster and Regina. See Canadian Centre for Policy Alternatives – Saskatchewan Office, *The Wrong Track: A Decade of Privatization in Saskatchewan 2004-2015* (Regina, SK: Canadian Centre for Policy Alternatives, October 2015), 7n, https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2015/10/The_Wrong_Track_SK_Privatization.pdf. For an excellent explanation of neoliberalism's influence on Saskatchewan see John W. Warnock, *The Structural Adjustment of Capitalism in Saskatchewan* (Saskatoon, SK: Canadian Centre for Policy Alternatives – Saskatchewan Office, 2003), https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan_Pubs/structural_adjustment.pdf.

[15] Errol Black and Jim Silver, "Manitoba's NDP: time to return to its social democratic roots," Canadian Centre for Policy Alternatives, August 15, 2012, https://www.policyalternatives.ca/publications/commentary/manitobas-ndp-time-return-its-social-democratic-roots.

[16] Nelson Wiseman, *In Search of Canadian Political Culture* (Vancouver: University of British Columbia Press, 2007). More scathingly, Cy Gonick some years earlier described Doer as "a quintessential small-'l' liberal" without "a socialist bone in his body." Cy Gonick, "Gary Doer's Manitoba," *Canadian Dimension* 41:4 (2007): 41.

[17] As cited in Florence Cartigny, "The 2007 Manitoba and Saskatchewan elections: Broken electoral destinies?" Paper presented to the Annual Meeting of the Canadian Political Science Association (Vancouver, B.C., 2008), 6.

[18] Social Planning Council of Winnipeg, *Manitoba at the Crossroads: Manitoba Child and Family Poverty Report Card*, (Winnipeg: Social Planning Council, 2008), 2, http://winnipegharvest.org/wp-content/uploads/2011/04/2008-Child-and-Family-Poverty-Report-Card.pdf.

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[36] Weir, "Saskatchewan's Incredible Shrinking Government." Weir expands on the failure of either the Romanow or Calvert governments to secure the province's fiscal capacity while internal and federal factors also worked against them: "the ultimate transition from deficits to surpluses did not greatly reduce the size of Saskatchewan's government. Other things being equal, it lowered provincial spending by 1.5% of GDP. [However] Since Saskatchewan's economy and "fiscal capacity" grew faster than other provinces, it became ineligible for Equalization payments while the NDP was in power. In total, federal transfers to Saskatchewan fell by 3.7% of GDP." Weir concludes that "Saskatchewan's NDP government cannot be faulted for balancing the provincial budget or for federal policy. But its decision to give up so much of the fiscal capacity that could have financed a social-democratic agenda must be questioned."

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