

# INSIDE POLICY

DECEMBER 2020

2020 Policy-Maker of the Year

# THE VIRUS

COVID-19,

turning our world upside down

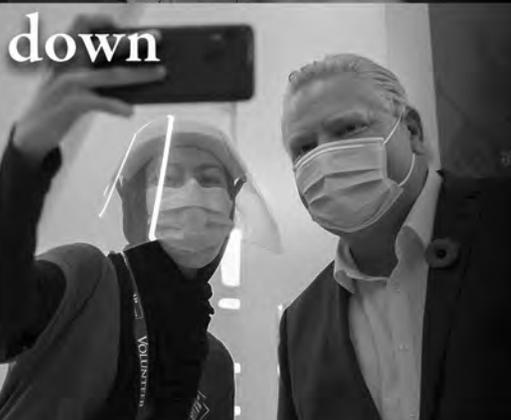
Also INSIDE:

Taxing remote workers

Speak for Ourselves

A path forward on energy

The future of technology





# INSIDE POLICY

THE MAGAZINE OF THE MACDONALD-LAURIER INSTITUTE

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# From the editors

Welcome to MLI's Policy-Maker of the Year issue! In the past, we have included such Canadian luminaries as former foreign minister **Chrystia Freeland** and former justice minister **Jody Wilson-Raybould**, as well as more controversial choices like Chinese President **Xi Jinping**.

This year's award winner should come as no surprise. **COVID-19** has upended the world, resulting in mass social restrictions, lockdowns, numerous fatalities, and a global economic downturn. Canada, like much of the world, is in the midst of the second wave of the pandemic, though the arrival of vaccines means we are finally at the beginning of the end.

As noted by **Anthony Furey** in our cover feature, Canada's experience with dealing with the pandemic has been very mixed. Canada needs to adopt better policies in order to bridge towards the vaccine solution, as argued by **Hugh O'Reilly**, **Matthew Bourkas**, and **James Stewart**. This can include rethinking our approach to lockdowns, as noted by **Ari Joffe**, finding better ways to protect vulnerable seniors in long-term care, explored more fully by **Shawn Whatley**, and adopting innovative measures like rapid antigen testing, which is outlined by **John Adams** and **Kashif Pirzada**.

**Nnaemeka Ezeani** and **Dwight Newman** weigh the importance of freedom of assembly and association in the midst of a pandemic and **Philip Cross** looks at the role of government intervention. Meanwhile, **Linda Nazareth** turns her attention to the role of remote workers in this pandemic.

The military's role in the vaccine rollout is the subject of **Carter Vance** and **Adam MacDonald's** article, while the post-COVID international landscape is explored by **Richard Shimooka**. And the role of democracies and technology is examined by **Deanna Horton** and **J. Berkshire Miller**.

Also in this issue, **Jamil Jivani**, **Shuvaloy Majumdar**, and **Kaveh Shahrooz** look at the true meaning of diversity and inclusion, as they detail their new Speak for Ourselves initiative housed at MLI, **Ken Coates** explores the role of Indigenous peoples in the future oil and gas sector, and **Dan Pujdak** looks at how the resource sector may finally close the socio-economic gap between Indigenous and non-Indigenous Canadians.

This being the last issue of the year, MLI would like to wish everyone a safe and healthy Merry Christmas and happy holidays.

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# Resource sector making progress on reconciliation

*Canada's resource sector is crucial in closing the socio-economic gap between Indigenous and non-Indigenous Canadians.*

**Dan Pujdak**

The resource sector is moving hand in hand with Indigenous peoples in Canada and the outcomes will be theirs to own together – literally.

From early equity to preferred procurement, Canada's resource sector has been making strides toward implementing the Truth and Reconciliation Commission's Call to Action 92 (CTA 92), which implores the private sector to bring reconciliation into policy and operational frameworks. This trend will set the stage for the future of domestic resource development and will change the value propositions of projects from something done by companies and investors "to" communities, to business-driven outcomes achieved "with" communities.

Buried under the headlines of contentious battles related to energy and mining are a plethora of positive CTA 92 stories over the last few years.

For instance, a high voltage transmission line completed in 2019 from Wabaun, Alberta to Fort McMurray was completed with 20 First Nations across the route approving the project. Today, a consortium of seven First Nations now owns 40 percent of the project.

This past July, the Qikitan Inuit Association signed an agreement worth more than \$1 billion that will create a road map to move forward with Baffinland's iron ore mine. Royalties from the mine will increase to 3 percent over the next five years. Baffinland has committed to local employment and procurement opportunities, backstopped by a \$10 million bond.

Several weeks ago, Golden Predator Mining announced the completion of its 2020 drill program – an activity enabled by their socio-economic accord with Tr'ondëk Hwëchin First Nation.

There's a common narrative arc here: industry and communities win by working together.

This trend will almost certainly continue into the future and First Nations are gearing up for it. This year Waubetek, a business development corporation serving 27 First Nations along the north shore of Lake Huron, announced an agreement with

scale private resource sector realignment towards CTA 92.

And there's more to come. This past October, the First Nations Major Projects Coalition's Annual Report noted it will be releasing new ideas about how First Nations can work with investors and companies to define Environment, Social and Governance (ESG) standards. ESGs are defining investment trends around the world – Bank of America referred to a "tsunami" of capital moving into ESG assets – and a First Nations voice in setting standards in Canada is another positive step down the

*The idea that partnerships with Indigenous peoples is a business asset isn't unique to the mining and energy sector.*

Laurentian University to create a Centre of Excellence for Indigenous Mineral Development. Rio Tinto has agreed to contribute \$1 million over the next five years to the school. Going forward, First Nations in the region will be poised to be more than simply "employed" by the mining sector – they'll be ready to run it. It's a good win-win for the sector.

The idea that partnerships with Indigenous peoples is a business asset isn't unique to the mining and energy sector. The recent announcement of fishing giant Clearwater's billion-dollar sale to a coalition of Mi'kmaq First Nations in partnership with Premium Brands Holdings Corporation shows this is just the beginning of a Canada-wide full-

road of CTA 92. ESG assets are currently worth more than \$40.5 trillion globally and there is a real opportunity for Indigenous peoples and corporate Canada to create a positive investment-driven feedback loop that reflects the substantial value of their partnerships.

The trends are positive but there's still work to be done regarding access to capital. Dominique Collin and Michael L. Rice explored this topic well in their Macdonald-Laurier Institute (MLI) paper *Evening the Odds: Giving Indigenous Ventures Access to the Full Financial Toolkit*. Sharleen Gale has also unpacked it in a 2018 *Globe and*

*Continued on page 33*

# Finding a path forward for the energy sector

*Canada's oil and gas industry is on a different course through Indigenous engagement.*

## Ken Coates

Much as opponents of Canadian oil and gas production hate to admit it, the future of the industry appears to be set. Construction on the Coastal GasLink pipeline to Kitimat continues. Work on the Trans Mountain pipeline is well-advanced. The Canadian portion of Line 3 is essentially finished. Protests killed the Northern Gateway project several years ago, but work proceeds, at least for now, on the Keystone XL pipeline to the United States.

tain. Indigenous entrepreneurs are behind other large-scale pipeline and energy infrastructure proposals. The now-postponed Frontier oil sands project developed by Teck Resources had substantial support from First Nations and Métis communities in the area. Other plans are on the drawing table.

Debate about the future of Canadian energy production continues, of course. Some environmental critics have argued, contrary to market forces and investors, that global demand will make some of this new capacity unnecessary. The complicated situ-

At the centre of these discussions should be the transformative roles being played by Indigenous peoples. A few decades ago, First Nations and Métis were largely on the outside of the oil and gas industry; benefits were effectively limited to those with energy production on reserve and proximate to the major oil sands project and natural gas fields. The new reality is strikingly different, with comprehensive community engagement prior to establishing extensive partnerships.

For more than a generation, Indigenous people fought for an appropriate place in



*Indigenous peoples will be major players in the future of the Canadian energy sector.*

Recent developments also make clear that Indigenous peoples will be major players in the future of the Canadian energy sector. With support from the Alberta Indigenous Opportunities Corporation, Alberta First Nations recently invested in a new \$1.5 billion natural gas power plant. The same fund is providing \$1 billion in capital for Indigenous investment in the Keystone XL. The First Nations Major Projects Coalition and some of its members are involved with investments in the Coastal GasLink project and other energy initiatives. The Squamish First Nation has made a major commitment to the Woodfibre LNG plant, just as the Haisla First Nation is a keen supporter of the LNG Canada project.

Even larger investments may be in the offing, led by several well-coordinated Indigenous efforts to invest in Trans Moun-

tion of the Wet'suwet'en people remains unresolved, in part because of the hotly contested decision of the Governments of Canada and British Columbia to negotiate with the Office of the Hereditary Chiefs rather than elected Chiefs and Councils.

Furthermore, the Trudeau government's approach to the energy sector is uneven at best, with the full effect of changes to regulatory and approval processes in Bill C-69 and the incautious implementation of the *United Nations Declaration on the Rights of Indigenous Peoples* still to be determined. Anticipated climate change initiatives could further undercut the stability of the oil and gas sector. It remains to be seen whether other imperatives, including the attempt to recover from the pandemic-induced recession, convince the government to tone down some of their interventions.

the Canadian energy sector. They worked hard and long, with no easy concessions made to them along the way. First Nations and Métis converted legal victories into commercial opportunities and managed to forge for themselves a significant role in the future of the oil and gas industry.

If the current arrangements were in place 30 years ago, First Nations and Métis communities would have gained billions of dollars in own-source revenues, many business opportunities and hundreds if not thousands of long-term jobs. It is painfully ironic that Indigenous peoples have created space for themselves in an industry with an uncertain future and, at least for now, less than optimal financial returns. It is not lost on these communities the role that Ottawa's

*Continued on page 33*

# True diversity means the freedom to break from ideological orthodoxy

*Advocating for true diversity and inclusion has never been easy. We know we're not alone, and our work will demonstrate that fact as more people of colour reclaim their voices.*

**Jamil Jivani**  
**Shuavloy Majumdar**  
**Kaveh Shahrooz**

In 2016, when delivering Howard University's commencement address, President Obama reminded students, "There's no one way to be black. Take it from somebody who's seen both sides of debate about whether I'm black enough ... There's no straitjacket, there's no constraints, there's no litmus test for authenticity."

Since then, a tidal shift has taken place across Western democracies, with growing hostility toward members of minority communities espousing heterodox viewpoints.

Obama's message, once uncontroversially mainstream, is at odds with the current rhetoric of many progressives. US congresswoman and proud member of "the squad," Ayanna Pressley, famously said that Democrats do not need "any more black faces that don't want to be a black voice" or "any more brown faces that don't want to be a brown voice." Rep. Pressley's phrasing may have sounded odd, but her point was clear: historically marginalized people should only be included when they say what she wants to hear.

Tragically, this view is not limited to the political fringe. Just months ago, President-elect Joe Biden uttered in an interview "you ain't black" if you don't vote for him.

This suggests that progressive and liberal purveyors of "diversity" and "inclusion" may not actually appreciate what a truly diverse and inclusive society would look like. If people of colour were adequately

represented in every part of public life, that would mean also participating in decidedly non-progressive or non-liberal organizations. We would have people of colour teaching different theories in universities, donating their money to different charities, reading or watching different news media content, and yes, even voting for different political parties. That should be the best measure of a successful democracy.

ers and content creators who challenge the simplistic narratives imposed upon people of colour.

We believe that while each person's views may be informed by their lived experiences, all people are unique and entitled to think and speak for themselves. It's necessary to combat any ideology that requires people of colour to speak only in support of one world view.



Yet far too many supposed champions of diversity and inclusion insist that people of colour are only welcome if we become caricatures of what progressives and liberals think of us. Their aspiration is racially subversive: a borderless world of multicoloured progressives and liberals, worshipping at the high altar of ideological orthodoxy, under a hierarchy of grievances they cannot prioritize.

That's why today, we, three people of colour who don't always agree politically, are launching the Speak for Ourselves initiative to combat the pernicious ideology that reduces all differences between people to those of race, sex and other immutable characteristics. Housed at Ottawa's Macdonald-Laurier Institute, Speak for Ourselves will highlight the work of writ-

Our view is rarely represented by the news media. Reporters hired to cover race and identity often develop a monotonous collection of stories affirming the same narratives that treat minorities as both monolithic and victimized. It's as if these reporters are reading from the same script.

Supporting true diversity and inclusion is much more important than the culture wars being waged within newsrooms. True diversity and inclusion are about pluralism; it's indispensable toward ensuring we have rigorous and fruitful debates on important policy, ethical and cultural questions. Minority communities deserve such debate over how to best address their respective challenges and opportunities, just as

*Continued on page 34*

# A tax on remote workers would do more harm than good

*This tax proposal would be at a cost to remote workers, their employers and potentially the larger economy.*

**Linda Nazareth**

Concern that automation will displace many low-wage workers as clever robots learn to brew coffee and make sandwiches has been building for years. Now, the COVID-19 pandemic has dealt another blow to those in the service sector as many people working from home have figured out how to make their own coffee and sandwiches, without the need for even a robot's help.

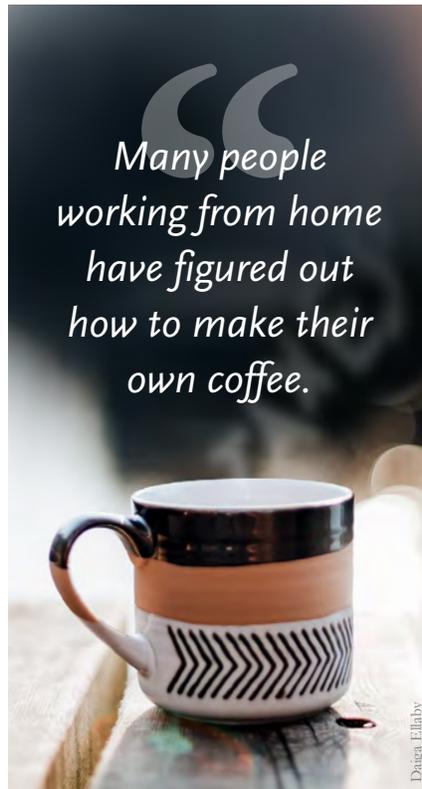
Are those work-from-homers a drain on the economy and so much so that there should be a tax on their employers? That is the premise of a new report from Deutsche Bank that suggests a post-pandemic tax on people working from home may be a fair and necessary way to move into the next phase of the future of work.

Behind the Deutsche Bank proposal is the tacit acknowledgement that the way we work has changed, and it is too late to flip a switch and take things back to a pre-pandemic reality.

According to the bank's data on workers in Europe and the United States, more than half of those who tried out working from home over the pandemic want to continue doing so permanently two or three days a week.

A survey by Benefits Canada in the spring suggested Canadians may be even more enamoured of the concept, with 85 percent saying they would like to keep working remotely even after the pandemic is over.

While not all companies will be on board with this, some already are, and more people working from home is bad for the economy – or at least that is the way



Deutsche Bank sees it. The report's rationale goes something like this: We created a whole infrastructure – stores, restaurants, office buildings and transportation systems – around people leaving their homes and physically going to a workplace to be with other people. Those who want to change the rules are going to topple the economy, and someone should pay for that.

What is certainly true is that there is a widening divide between people who can choose to work at an office or at home and those service sector workers who have no choice but to show up for work every day. Now, during the pandemic, that latter group is in greater physical danger than the former in that they are much more likely to pick up COVID-19.

Moreover, many of those workers will continue to have fewer opportunities in general as we evolve to a world with more automation and perhaps less demand for their work. It is a bit of a generalization, but the fact is that we will increasingly see haves and have-nots in the labour force and some kind of tax might be a (perhaps clumsy) way to raise revenues to support those in the latter group.

Deutsche Bank envisions such a tax being paid by employers and taking 5 percent of salary. The amount is judged to be equal to or less than the amount that workers would spend on commuting and expenses such as lunch and work clothes, with the implication being that by giving that money to government, it can then smooth out the economic damage done by having people at home.

The second part of the plan would have the tax revenue redistributed to those who will be hurt in a world where some people have exited from everyday economic participation. This could be in the form of a grant to those who cannot work from home and who are below a certain income level (a surgeon, for example, would not be eligible). Presumably, this would buffer their incomes in an uncertain world (much like a universal basic income) and, in a best case, let them put some of the grant toward retraining.

As worthy as the goals of all of this may be, at the end of the day, a work-from-home tax is simply a tax on businesses that aims to interfere with how they organize their work forces, and it may reduce total employment.

Putting a tax on workers outside of the

*Continued on page 34*

## *2020 Policy-Maker of the Year*

# THE VIRUS

## How COVID-19 took over life in Canada

**Anthony Furey**

**I**t's hard to give a firm answer to the question of when COVID-19 actually hit Canada. Technically speaking, the first positive case of the virus was confirmed on home soil on January 27, in the Greater Toronto Area. But it didn't sink in for everyone at that time.

There were those who had been watching as a mysterious illness started spreading like wildfire through the Hubei province of China.

This region was plunged into a lockdown that at the time was unprecedented in modern human history. To some it seemed like something far away, something that would never happen to us. But for those Canadians watching the situation in China closely, the Hubei lockdown was likely when the hairs started to stand up on the backs of their necks.

While the occasional case cropped up in Canada, the month of February was one of relative calm. Health officials and politicians reassured the public with the mantra that they'd learned their lessons when SARS touched down in Canada, killing 44 Canadians, more than 15 years prior.

What can be firmly said is that at some point during this early period, policy-making in Canada underwent a seismic shift. Almost every decision made by policy-makers in Canada – ranging from small-town councillors to the Prime Minister – would from then on be made with the emerging Wuhan virus, later labelled SARS-COV-2, in mind. COVID-19, the disease caused by the virus, became the fixed point around which all other objectives manoeuvred.

The federal government was at first reluctant to close the borders and ban incoming flights. They were even resistant to quarantining a full plane of repatriated Canadians from Wuhan at a time when it was still the epicentre of the outbreak.

Some officials even said that the threat of racism and discrimination against those wrongly perceived to be carrying the virus would, when all was said and done, end up being a greater scourge for Canada than the virus itself.

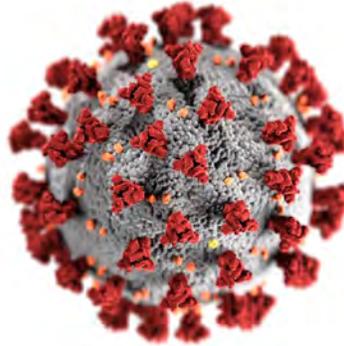
The month of February can now be looked back on as the time before the fall, when a complacent nation told itself that the virus that had spread from China to then ravage Iran and Italy would never find its way up to the great white north.

Until it did.

For many Canadians, the second week of March was when it really hit them. A num-

ber of notable things happened that week to shock people out of their complacency.

Canada recorded its first COVID-19 death. Popular movie star Tom Hanks announced he and his spouse were tested positive for the virus, the first such news from a well-known celebrity. The NBA



“  
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it really hit them.”

announced the suspension of their season, meaning Toronto's beloved Raptors would have to pause their attempt at a repeat performance as champions. And, in the move that had the greatest impact on people's lives, Ontario schools were shutting down for the two weeks following March break.

That two weeks of school closures then turned into four months. The closure of just a few establishments soon became the shut down of everything but the essentials. People who could work from home did. Those who couldn't either braved it and went out as essential workers or they

stayed home, without employment and with loss of income.

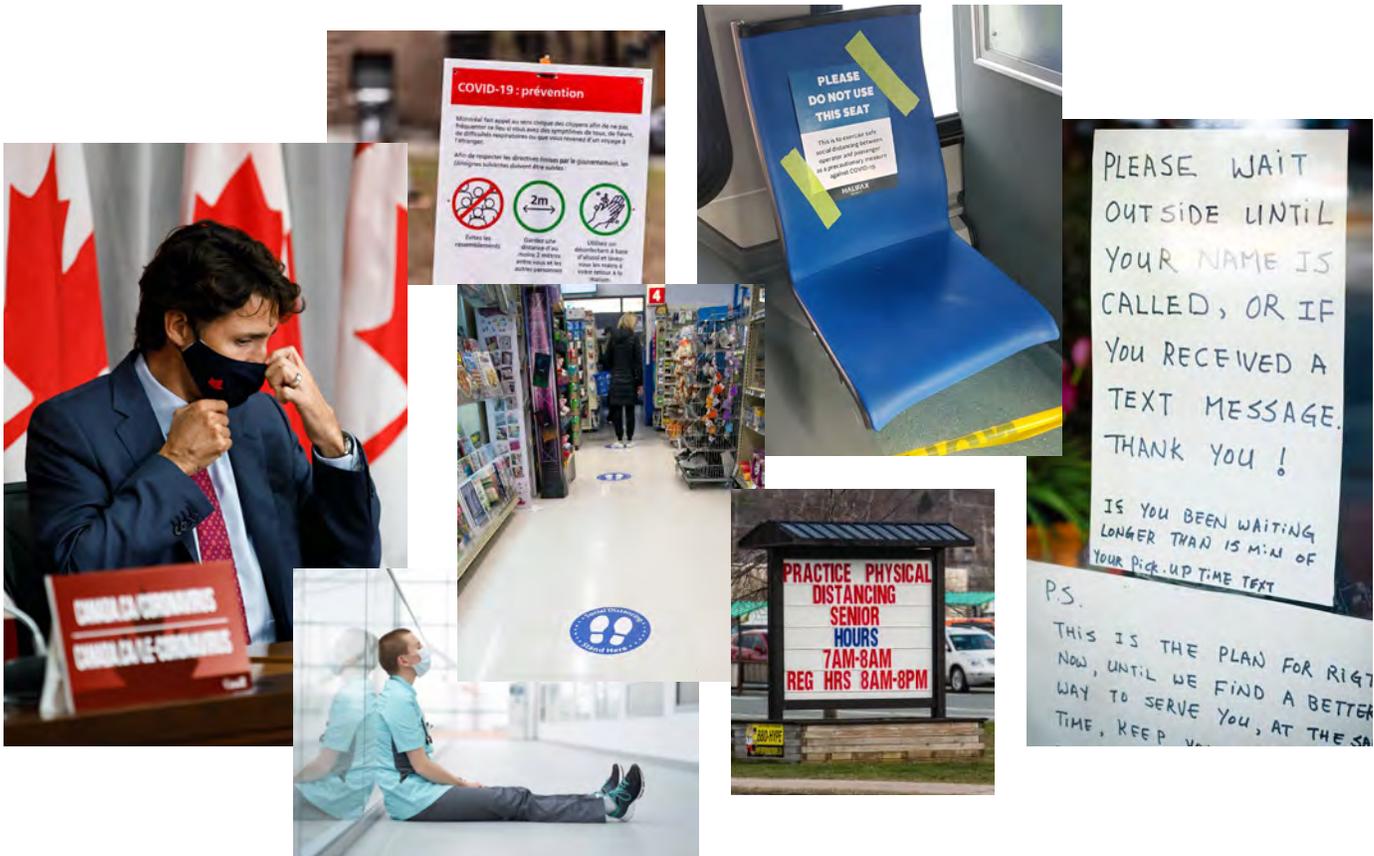
For a very brief period, it looked like a whole segment of society would soon be without a way to put a roof over their heads and food on the table. Then Prime Minister Justin Trudeau announced the beginning of a whole range of alphabet soup programs to prop up workers and businesses shut down by what was now obviously a global pandemic. This was when the virus really took total charge of government decision-making.

There was soon something on offer for everyone. Philip Cross, an MLI senior fellow, has noted that our generous helpings may turn around to bite us. “Household disposable income in Canada rose the most of any major nation, as government transfers more than replaced the loss of earned income during the lockdown and most of this money was saved rather than spent,” he notes in an MLI commentary. “As a result, government deficits in Canada were the largest in the G20 and nearly twice as large as in Europe.”

That the government was at first late to the party on decisive actions was in part caused by the initial reluctance of the World Health Organization to call for drastic measures, decisions that were believed to be influenced by political pressure from the Chinese Communist Party. Then it was too late to prevent the rampant spread of the disease.

Canadians sheltered in place, as the saying went, as they watched the full eruption of what became known as the first wave. While the worst of it appeared to be playing out in atrocious scenes coming from unprepared long-term care facilities, there was also the very real fear that anyone could have caught it from anyone, and that anybody could die from it.

Previously unknown public health officials became the new “ministers of everything,” appearing as key voices at government press conferences. Politicians claimed



“ Previously unknown public health officials became the new “ministers of everything,” appearing as key voices at government press conferences.

to be mere servants of “science” and “evidence,” while the evidence changed daily and much was suspect.

Their most basic recommendations were clear from the start: Wash your hands; cover your mouth when you cough; stay home if you feel sick. Those soon evolved to include staying six feet apart and, much later, to wearing a mask when indoors.

People took their own added precautions. Particularly at the beginning. They wiped down their packages. They opened their mailboxes and door handles with their sleeves or wipes. Some people avoided the shops entirely.

By this time, society had come to a near standstill. The border was closed. Rush hour in major cities was non-existent. Even hospitals had stopped admitting patients for anything other than urgent

life-saving procedures.

Not everyone was sold on this approach though. Expert voices were already stepping forward to urge a more balanced approach.

“We need to be thinking about risk trade-offs: we can prevent the spread of the virus in any workplace by shutting that workplace down completely, but that will also force its output zero,” wrote Brian Ferguson, an economics professor at the University of Guelph, in a prescient MLI commentary from April.

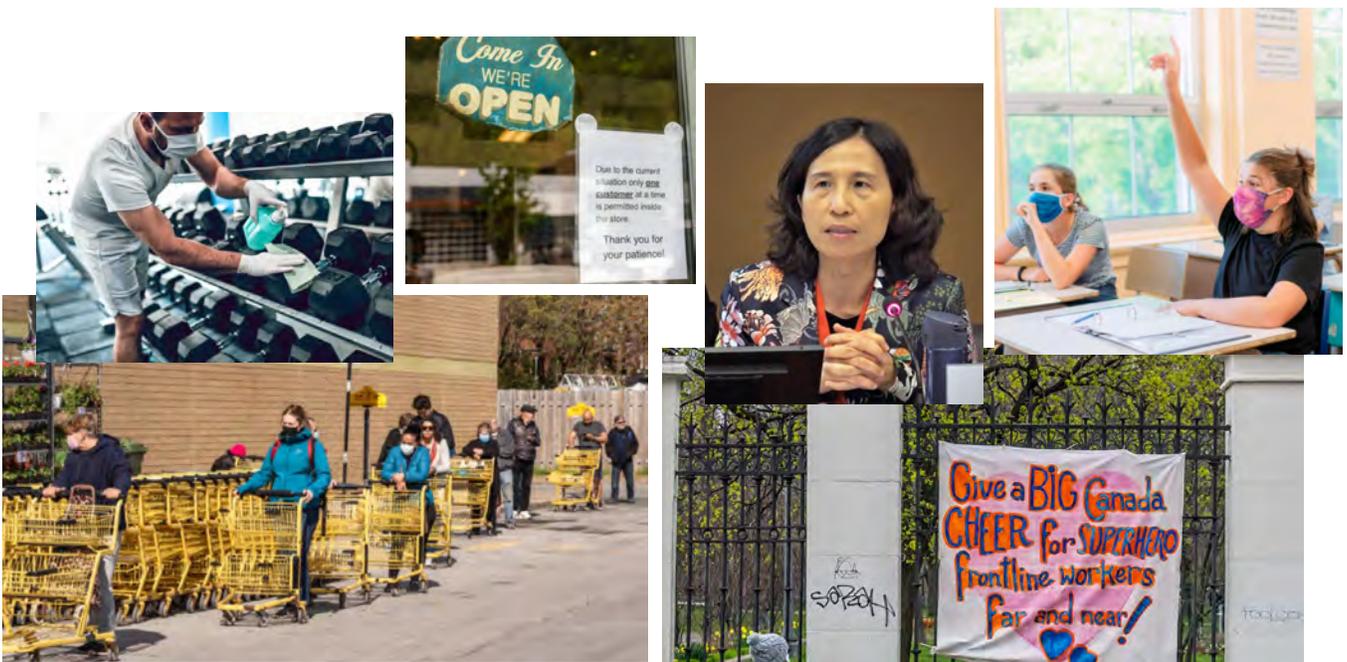
But Ferguson noted that workplaces deemed essential were devising protocols that let them continue operations. “We should extend that thinking to other places. If a non-essential workplace turns out to be low risk for transmission, why should it stay closed?”

It became clear by then that both our daily lives and our approach to public policy had profoundly changed because of the virus, and would remain so for quite some time.

Heartbreaking images surfaced of fatigued health care workers and of seniors who could only see loved ones through glass. People put up posters outside of their homes thanking essential workers and healthcare heroes.

Then, as that awful phrase “the new normal” became a reality, we were finally able to slow down and grab our bearings. We took a deep breath and a more robust conversation started.

Health policy in particular was brought under a lens for national focus. We talked about testing, contact tracing and vaccines. As predictions of a second wave increased, so did recommendations



Scenes from the pandemic in Canada: adapting to the new normal  
 (Photos: flickr.com/photos/pmtrudeau; iStock; wikimedia commons)

to do more to protect our elderly and the most vulnerable.

But keen observers noticed that this conversation also involved policy-makers “shifting the goalposts,” as an open letter put together by the Macdonald-Laurier Institute and co-signed by prominent Canadian thought leaders explained it.

“The rationale for the lockdown seems to have morphed subtly from managing the outbreak by ‘flattening the curve’ to preventing the illness from infecting Canadians at all, pushing the timeline for a return to some economic activity into the summer and a return to ‘normal’ a year or more into the distance when a vaccine is available,” the letter noted. “It’s an impossible goal that is being pursued at an almost incalculably large cost to the wellbeing of Canadians in exchange for a largely illusory benefit.”

Others followed MLI’s lead, as groups of infectious disease and health policy experts broke away from the groupthink that had dominated in the early going of the lockdown.

But then came a reprieve with the summer lull in the number of COVID-19 positive cases and deaths. Was the pan-

“So far, the tragic deaths are nowhere near those counted during the spring.”

demic over? Life itself began to resume. And all with relative safety. There were those who wrung their hands at the sight of people gathering in parks and on beaches. We soon learned that there was nothing to fear about such gatherings. It’s true that there were no rock concerts or ball games, and most white-collar workers still stayed home from the office, but other than that, things looked familiar again.

While parents were facing July and August deadlines about whether to send

their kids back to school or not – while most did, a sizeable minority did not – for the most part COVID-19 was out of sight, out of mind during the summer. For fatigued voters enjoying the post-lockdown sunshine, demanding that politicians and public health officials do more to prepare for a second wave was the last thing they wanted to focus on.

“We benefited from the subsequent reduced incidence of COVID-19 in the late spring through summer,” note Hugh



O'Reilly, Matthew Bourkas and James K. Stewart in a November MLI commentary. Did we use that time productively? “Unfortunately, governments did not use this period to sufficiently bolster their testing and tracing capabilities and to invest significantly more in advancing treatments and communications.”

And now the second wave is upon many countries, including Canada. Those omnipresent graphs show an almost flatline of low numbers throughout all of June, July and August and then, as if on cue, the line begins to climb after Labour Day and is climbing still, espe-

These same doctors point out that the situation is much better than everyone first thought it would be. The second wave is not the first wave. Much has been learned about COVID-19.

Doctors know how to treat the virus in terms of when hospitalized patients need ventilators and which drugs to appropriately administer. The data confirms that the overwhelming majority of people who have a serious outcome are the elderly with multiple underlying health conditions who live in group settings. School children, for example, have not proven to be super-

be crossing their fingers and awaiting a vaccine, content to continue opening and closing businesses in a seemingly arbitrary fashion. Meanwhile, Prime Minister Justin Trudeau has presented a fall economic statement that appears more focused on using the pandemic as a tool to implement a reset towards a “green transformation” than returning Canadians to the way they lived before.

What politicians do not seem willing to acknowledge is that even with a vaccine, we may have an endemic virus on our hands that continues to ebb and flow in the background as we slowly come to terms with

## Policy-makers seem resistant to pivot towards an approach that would empower Canadians to learn to live responsibly with COVID-19.

cially in hard-hit Ontario and Quebec. By the end of September, the daily case counts began to exceed what they were during the first wave. But so far, the tragic deaths are nowhere near those counted during the spring.

Several provinces and municipalities have now enacted the tightest restrictions since the spring, including a ban on even outdoor patio dining, and products on store shelves in some jurisdictions are now roped off, unavailable for consumers to purchase. There are those who applaud these measures and then there are those – including major businesses associations – who ask if the evidence actually backs up such decisions.

The medical community is now split on what to do. There are those who call for the COVID Zero approach, where the most severe of restrictions is justified in the name of getting Canada to zero new daily COVID-19 cases.

Then there are those doctors who say the cost isn't worth it, that there will be too much economic ruin, suicide, delayed surgeries, damage to kids' development and more. They urge us to open up more.

spreaders as first feared. Kids are not getting the illness in significant numbers and when they do it's rarely serious.

This good news hasn't filtered down to everyone and policy-makers seem resistant to pivot towards an approach that would empower Canadians to learn to live responsibly with COVID-19.

The saying in the spring was “we're all in this together.” Few people balked at the restrictions. Politicians from opposing sides of the spectrum were glad to link arms. Now, that's all gone. The centre hasn't held and things have fallen apart.

The number of protests in the streets against lockdowns are rising. Some people hold firm to COVID-19 conspiracy theories, while others relish what they see as a great opportunity to enact a socialist “reset” of the economy.

Business owners are defying the restrictions, risking fines and even arrest. Politicians have resorted to their usual tricks, blaming each other and trying to score political points off of their opponents.

What happens next? Politicians seem to

such a depressing reality and learn to live with COVID-19.

Meanwhile, policy-makers will have to grapple with the broader long-term implications – social, financial, political and more.

“The aftermath of COVID-19 will invariably produce a new geo-strategic environment,” MLI senior fellow Richard Shimooka writes in an MLI policy paper. Canada needs to be prepared, he notes, and “failing to do so could magnify the pandemic's consequences from a public health and economic crisis to a collapse of the Western position within the international system.”

Canadians are eager to put the pandemic behind them. The sad news though is that there is reason to believe that the carnage COVID-19 has unleashed will continue to rock Canadian society for years to come. COVID-19 had undeniably been the policy-maker of 2020. Will our politicians allow it to dominate the coming year as well? ❄️

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Anthony Furey is a columnist and opinion editor for the Sun chain of newspapers.

# Managing COVID-19 beyond lockdowns and vaccine research

*We need to focus on effective communications and much better testing, tracing and treatments in order to transition effectively to a vaccine solution.*



Erin McLean; Jakayla Toney; Ekaterina Belinskaya; Daniel Schludi

**Hugh O'Reilly**  
**Matthew Bourkas**  
**James K. Stewart**

The sharp escalation of COVID-19 cases in central and western Canada, the US and Europe this fall has highlighted the problems of government responses to COVID-19. Since March, government approaches in Canada and elsewhere have included extensive reliance upon emergency powers and far-reaching orders that limit activities. In essence, they approached the pandemic as an “acute crisis.” This reflects an undue focus by these governments on vaccines as the dominant near-term solution to the pandemic without recognizing and addressing the uncertain timeline and other major challenges until safe and effective vaccines are well distributed, and sufficient take-up by the population at large has occurred.

Despite the encouraging progress on vaccine development and initial rollout announced in late 2020, the repercussions of governments’ vaccine-centric policies are

serious weaknesses in communication and inadequate resourcing of necessary coping mechanisms. It has made the re-imposition of tough restrictions this fall, including partial-to-full lockdowns, the default policy response when these could have otherwise been avoided. In contrast, an approach based on COVID-19 as a chronic condition in 2020 and 2021 – focusing on effective communications and much better testing, tracing and treatments – is crucial to managing COVID-19’s impacts and transitioning effectively to a full vaccine solution.

### ***Managing the pandemic: Bridging to a vaccine situation***

COVID-19’s dramatic resurgence in central and western Canada, throughout the US, and in most of Europe has led to renewed restrictions on close-contact businesses, large gatherings and an array of other activities in Canada. These restrictions range from a code-red, province-wide lockdown in Manitoba to more targeted, but increasing measures in Quebec, Ontario, BC, Alberta, and elsewhere, as well as the reintro-

duction of large-scale lockdowns in various European countries. These measures will incur major economic costs, even as we continue to face the ongoing health risks posed by COVID’s resurgence.

It did not have to be this way. The “great lockdowns” in early 2020 gave us significant time to prepare for this resurgence. We benefited from the subsequent reduced incidence of COVID-19 in the late spring through summer. Unfortunately, governments did not use this period to sufficiently bolster their testing and tracing capabilities and to invest significantly more in advancing treatments and communications. Restrictions on close-contact settings were lifted too quickly, communications about the need for continued adherence to protocols were inadequate and inconsistent, and complacency set in among the public and governments.

Even in those countries where testing and tracing capabilities were increased, they have been overwhelmed by the magnitude and pace of COVID-19’s resurgence. Sadly, the experiences of governments in Europe and North America have underscored the

weaknesses of governments managing the severe health risks and economic repercussions with an acute approach to policy.

The very good news on the vaccine front centres upon the successful late-stage test results such as those from Pfizer and BioNTech and from Moderna, both of which showed over 90 percent effectiveness in preventing symptomatic cases of COVID-19. With at least 11 other vaccines in late-stage trials, the prospects for additional vaccines bear emphasis. Yet a host of obstacles remain before a vaccine solution occurs, including the highly uncertain timeline before massive production, widespread distribution and take-up are in place. Major issues include, but are not limited to, the logistical challenges of frozen and ultra-frozen storage, whether the vaccines are efficacious beyond the short-

length of time and the challenges to get to a vaccine solution. A better approach will focus resources and messaging on the “3Ts” of testing, tracing and treatment. It will allow for enhanced and more effective communications about the importance of adherence to key protocols such as wearing masks, hand washing and maintaining social distancing. Improved policy will target specific interventions in lieu of full-scale lockdowns, focus on evidence-based medicine, and will accelerate the use of and investment in better treatments (e.g., corticosteroids and proning). It needs to embrace medium- and long-term planning, including devising and implementing policies to (i) facilitate an effective transition from the pandemic, and (ii) prevent/minimize future pandemic risks from COVID-19 mutations and other zoonotic diseases.

Making good decisions, and sifting through and selecting important information, is especially difficult given COVID-19’s serious emotional stress and the cognitive pressures generated by its major health risks and economic repercussions. It makes the form and nature of information and the platforms and influencers/spokespeople used to convey it even more important. These factors crucially shape what we attend to, how we interpret things and the choices that we make. The importance of persuasion and messenger effects – people are most open to and engaged by messengers who are viewed as likeable and trustworthy – merits highlighting.

Improved communication starts with better information architecture and choice architecture for people to understand why and how they need to adhere to COVID-19 protocols on a sustained basis. Too often, government messages have been inconsistent and confusing. Enhancing the messaging and messengers of government policies starts with providing clearer, more consistent and simpler messages. More effective and sustained messaging starts with the need to avoid the “3Cs” – closed spaces, crowded places and close-contact settings. Using credible and trustworthy spokespeople and influencers via social and traditional media, and through in-person discussions is crucial as is improved information and choice architecture, especially online. These will provide better context and user-friendly approaches that are vital to achieve greater adherence to pandemic protocols and engagement in better behaviour.

Communication must convey the importance of individual agency as the core part of improved messaging. People’s efforts in wearing masks, keeping socially distant and not gathering in indoor spaces with poor ventilation or in large numbers when this can be prevented need to be explained as ongoing essential requirements. Mixed messages about the pandemic subsiding by near-term dates (e.g., Thanksgiving, Hallow-



*We cannot continue to rely excessively on lockdowns and other far-reaching orders.*

term, prioritizing use for those at highest risk and for essential health workers, and whether the anti-vaccination and vaccine-reluctant population segments reduce its take-up to levels too low to stop the virus spread.

Even if the many uncertainties associated with a vaccine solution are resolved, it will very likely be a lengthy and highly uneven process. This means that even in the best of all possible worlds, we will be living with COVID-19 through at least much of 2021. Accordingly, the policy response from governments needs to shift to much better crisis management until a full vaccine solution is in place. Simply put, we cannot continue to rely excessively on lockdowns and other far-reaching orders to limit activities as our primary means of battling the pandemic.

Much-improved crisis management begins with clearer and more consistent communications, especially about the potential

### ***Behavioural challenges and policy communication opportunities***

Better crisis management is essential to help achieve behaviours that will improve containment of COVID-19. While fear may work in motivating behavioural change in the short-term or in an emergency, over the medium- and longer-term, fear loses its effectiveness. Decision fatigue, information overload and other major behavioural challenges overwhelm people in ongoing stressful environments. This is especially problematic with the pandemic. Behavioural science has demonstrated that most people are poor at assessing risks, often fail to reflect risks in their actions, and frequently minimize risk when it is convenient. Weaknesses in people’s ongoing adherence to key protocols have been key to COVID-19’s resurgence in Canada, Europe and the US in recent months.

een and Christmas), and errors in not requiring more than short-term behavioural efforts have been highly problematic, especially when restrictions were eased in mid-2020. Governments are missing the opportunity to use evidence to demonstrate and communicate the benefits of the 3Cs and other COVID-19 protocols, and thus to reinforce and support these crucial behaviours. As of late October, more than 1500 trials of vaccine and treatments were underway globally but just eight were rigorously assessing vital non-medical practices such as the benefits of wearing masks, maintaining social distancing and avoiding large gatherings.

Dedicating more resources to studies of how non-medical protocols such as avoiding the 3Cs, wearing masks and social distancing can prevent COVID-19 as well as communicating these results effectively to the public will help prompt changed behaviour. Again, effective use of social media for messaging these benefits to those under 40 is essential as are credible and trustworthy influencers and spokespeople.

*Unproven treatments constantly emerge, many planted by foreign actors or snake-oil salesmen.*

### **Testing**

Thoughtful compromises need to be made to allow for far more testing and faster processing of results. The current gold standard for detecting COVID-19 in Canada and globally is called polymerase chain reaction (PCR), which identifies genetic material to detect the viral markers of COVID-19. PCR testing is resource-intensive and has proven to be very challenging to scale up when infection rates have surged in many countries, including Canada.

Accordingly, for countries such as Canada whose testing remains far below desired

and necessary levels, rapid antigen testing, which identifies viral proteins, is a much less resource-intensive option. Although concerns over rapid antigen test accuracy are valid, the main concern is sensitivity, meaning that it might misdiagnose an infected individual as healthy. This means that a positive antigen test can be trusted and a negative one can be complemented with either a clinical diagnosis or a PCR test. Beyond diagnosing patients, these antigen tests are valuable for the purposes of screening individuals who do not exhibit symptoms, and for community or even nation-wide virus surveillance. In these cases, issues of sensitivity must be weighed against the problems and uncertainty that nation-wide testing backlogs have created.

Other country examples such as those of Germany, Slovakia and the UK are informative in how using antigen tests on a very large scale can hugely complement PCR testing. Since mid-October, Germany's testing strategy was expanded to make antigen testing widely available for people's use to

facilitate vital activities such as visits to hospitals and care homes. Roughly 10 million antigen tests are now available each month at a low price. In the UK, just after its national lockdown began in early November, large-scale testing in Liverpool was undertaken using a combination of PCR and antigen tests to test the whole population. For its part, Slovakia undertook a massive testing of 3.6 million people (66 percent of its population) using antigen tests in late October and then again in early November. Each of these countries' initiatives will offer valuable experience and evidence of the effectiveness of massive antigen testing.

For Canada, critical PCR testing deficiencies such as insufficient and slow investments in equipment and facilities, poor logistics management and skilled personnel shortages need to be urgently addressed in Ontario, Quebec and elsewhere. Information from Germany's, Slovakia's and the UK's initiatives as well as empirical studies suggest the much-increased use of rapid antigen tests would be very beneficial in offsetting Canada's PCR testing capacity issues.

### **Tracing**

While far more testing is the critical first step in containing COVID-19, it is essential to also have a better, much more extensive contact-tracing program that appropriately uses modern technology to control community spread. Although the Canadian government has taken commendable steps in providing an easily accessible tool to track transmission through the COVID Alert mobile app, government statistics suggest a serious challenge in the application's effective mobilization to date (mid-November). With approximately six million downloads and roughly less than 10,000 identified COVID-19 cases, the application is covering roughly 15 percent of Canada's population and has cumulatively identified only a small portion of the nearly 500,000 cases in Canada to date.

Given the inadequate tracing to date, all three levels of government need to focus on the problems of funding, training and logistics plaguing local tracing efforts. They may include using regulatory and legislative means to improve tracing capabilities in order to ensure the adoption of nation-wide tracing technology. Tying increases in health care transfers to the adoption of a common technology also need to be considered to accelerate much better tracing capabilities.

### **Treatment**

Both the treatment and understanding of COVID-19 have improved rapidly and significantly since the onset of the pandemic.

These advances have been vital in keeping mortality at much lower levels than earlier in the pandemic despite COVID-19's surge this fall. As medical understanding of COVID-19 has increased, so have treatments that deal with the various clinical manifestations of the virus.

Certain drug and treatment therapies have shown promising results. Among these is Eli Lilly's new antibody drug that was developed with the Canadian biotech firm AbCellera Biologics. This treatment won US emergency use authorization in November based on early data that supported its success in keeping people with infections from being hospitalized. Remdesivir, an antiviral medicine given to hospitalized patients intravenously, was the first treatment drug given full approval by the US in October after test results showed major reductions in patient recovery times. It was authorized for use on an emergency basis for COVID-19 since the spring.

The concerns here include the availability and distribution of these drugs, conflicting interim medical trial results and insufficient investment in and use of other treatments (e.g., corticosteroids and proning). Treatment should improve if more resources are dedicated toward it, and will help better manage COVID-19 cases.

### **Other policies**

There are clear opportunities for better policy coordination and integration in support of the 3Ts. Increased and more effective investment in public health and fiscal policy is vital as well as in transportation and other infrastructure. More intergovernmental transfers to support the 3Ts are also vital.

In the short-term, focusing more testing and tracing resources on the highest risk areas and sectors may help reduce some of the most serious near-term problems with inadequate testing and tracing. These areas and sectors include long-term care homes, as well as low-income and marginalized communities. Potential near-term solutions also

include adding additional buses and other transit capacity in low income and marginalized communities to enable more social distancing.

In the medium-term, more investment needs to be made in infrastructure and technology that help schools, hospitals and all other workplaces adapt. Technology already exists to help re-open workplaces and enable, amongst other things, physical distancing, touch-less entry and sanitation. Governments could enable and accelerate this process by playing the role of early adopter and driving down the costs of these investments. Governments should also subsidize the implementation of these innovations, especially for close-contact locations.

Better and more investment needs to be made in innovation that will allow for the hospitality and travel industry to return to a more normal state. Testing ultraviolet light as well as agents that kill airborne pathogens may be examples of innovations that can help restore confidence. Accurate preboarding and post-flight tests as well as better follow-up tracing and testing are essential to the rebound of the airline, cruise and other travel industries before a vaccine solution. The initiatives of Alberta and various airlines could be instructive in this regard.

In the long-term, policy needs to take account of the probability that the pandemic may have permanently altered certain behaviours. While it will vary significantly by sector, more work from home may well be a structural change that will require more investment in digital infrastructure and in daycare. More work from home could mean fewer commuters and/or different travel patterns. It may involve a rethinking of transportation infrastructure given the pandemic-changed preferences of many people for living in the suburbs and countryside versus major cities.

### **Conclusion**

Policy-making at its best is a delicate balance between the world that we want, and

the world as we find it. Successful policy embraces thinking about short-, medium- and long-term goals, and the choices and trade-offs they involve. We cannot approach the pandemic as an acute crisis that relies excessively on emergency lockdown measures while not addressing the serious weaknesses in communications, testing, tracing and treatment. Large-scale nonpharmaceutical interventions through lockdowns were necessary early in the pandemic. Their re-imposition this fall reflects numerous factors, but policy weaknesses have been decisive contributors. Going forward, the use of lockdowns and other large-scale non-medical interventions must be weighed against their significant drawbacks, especially given the success in selected Asian countries and Australia with enhanced communications and heavy emphasis on the 3Ts.

As the scientific understanding of COVID-19 continues to evolve rapidly, it is to be expected that treatments or vaccine solutions will occur that materially improve the path to containing the virus and reducing its health risks and economic costs. However, others that initially appear to be promising may later be found to be wanting. This scientific reality demonstrates the need for communications and public policy that are based upon the principles of managing a chronic condition as opposed to a belief that a vaccine solution can be implemented within a few months. A focus on better messaging of the 3Cs and investing in the 3Ts is likely to lead to behavioural changes that can better help to control, slow down and, potentially, eliminate community spread. ❁

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# Rethinking lockdowns: risks and trade-offs of prevention measures

*Repeated or prolonged lockdowns cannot be based on COVID-19 numbers alone.*

**Ari Joffe**

Early in the COVID-19 pandemic, there was contagion of fear and lockdown policies across the world. Modeling in March (based on inaccurate disease estimates) suggested there could be 510,000 deaths in Great Britain and 2.2 million deaths in the US by mid-April, with cases surpassing intensive care demand by 30 times. Non-pharmaceutical interventions spread to around 80 percent of OECD countries within a two-week period in March 2020, mainly predicted by prior adoptions of a policy among spatially proximate countries.

Most countries in the world implemented lockdowns, restricting their population's movements, work, education, gatherings, and general activities in attempt to reduce transmission and thus 'flatten the curve' of COVID-19 cases. Cognitive biases largely drove the response, and resulted

in the triumph of groupthink (the desire for harmony and conformity prevailed, and we became less willing to alter our course of action). My own cognitive biases made me (like others) focus on controlling one disease, COVID-19, to the exclusion of important broader considerations discussed below; thus, I was an initial proponent of lockdowns.

## **Better information emerges**

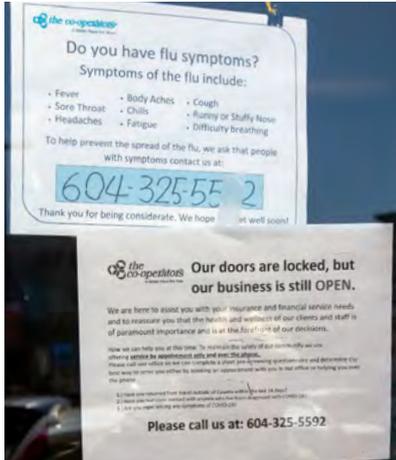
As the pandemic progressed, better information emerged that should alleviate much of the fear.

First, the difference between the case fatality rate and the infection fatality rate is important. Early estimates were based on the case fatality rate, the deaths in confirmed diagnoses of COVID-19. This is a

gross over-estimate of death rates, as most infections (at all ages) are mild or asymptomatic and were not detected. According to a study by John Ioannidis, the median infection fatality rate – based on detection of antibody (seroprevalence) in populations – in those infected with SARS-CoV-2 is 0.23 percent, and for those under 70 years old, is 0.05 percent. Thus, usually 99.95 percent of people age less than 70 infected with SARS-CoV-2 survive.

Second, determining who is at highest risk of severe outcomes is important. By far the most important risk factor is older age. The risk of death from infection in children is 100 to 1000 times lower than in those over 80 years. In Canada, the risk of death from infection for those less than 65 years is 100 times lower than for those

Downtown Toronto during lockdown, April 2020.  
(iStock)



Photos: wikimedia commons

*There are trade-offs to any decision made, and preventing COVID-19 cases, deaths, and overwhelmed hospital capacity are not the only factors to consider.*

equal to or greater than 65 years. Other risk factors include several chronic diseases and obesity (comorbidities); however, these have only a moderate effect on outcome. For people under age 50 the infection fatality rate is less than 0.01 percent and for those age 50-64 is less than 0.15 percent. About 80 percent of deaths from COVID-19 in Canada during the first wave occurred in nursing homes, where elderly people were not adequately protected from infection. Overall, less than 10 percent of the population is at high-risk, accounting for more than 90 percent of potential deaths from COVID-19.

Third, having an exit strategy from lockdowns is important. The only exit considered was to achieve herd immunity, either naturally or artificially by vaccine. Natural herd immunity occurs after enough people are exposed and develop immunity to SARS-CoV-2 to keep transmission in the population at a low level.

Before we had vaccines, we had to deal with recurrent waves several years apart of infections like measles, mumps, and rubella, as new cohorts of children were added by births until herd immunity in the young waned. Given that people have different connectivity and social mixing, for example, roughly 80 percent of SARS-CoV-2 infections come from just around 10 percent of infected people, this would likely require up to 40 percent of the population to be infected. Waves of lockdowns prevent this from occurring. If immunity only lasts many months, COVID-19 will become an annual occurrence.

Vaccine induced herd immunity means that if 60-70 percent of the random population develop (lasting) immunity from vaccination, transmission in the population will be kept at a low level. Promising safe and effective vaccines are beginning rollouts in some developed countries. However,

the long-term safety, efficacy in high-risk populations (especially the elderly with comorbidities), efficacy at preventing upper respiratory tract SARS-CoV-2 infection (necessary to prevent transmission and thus for herd immunity), ability to be produced at scale to vaccinate entire populations, and capacity to be delivered equitably to the entire human population in the near future, all remain to be seen. Several considerations, discussed below, suggest we should not just lock down and wait.

### ***Collateral effects of lockdowns***

Public health leaders are medical experts and are necessary advisors in formulating a response to the pandemic. However, their expertise is not sufficient to make policy decisions. There are trade-offs to any decision made, and preventing COVID-19 cases, deaths, and overwhelmed hospital capacity are not the only factors to con-

sider. Unfortunately, the response perspective of controlling a single disease has had devastating, often unequally distributed, collateral effects.

Lockdowns have put many sustainable development goals out of reach. In many parts of the world there have been interruptions in childhood vaccinations, education, detection and treatment of infectious diseases (for example, tuberculosis, malaria, and HIV), and prevention of under five-year-old and maternal mortality, projected to cost many millions of lives in the coming years. These interruptions in economic activity and supply chains are estimated to cause more than 83 million people to become food insecure, and over 70 million people to enter severe poverty (living on less than US\$1.90/day), both likely to cost many more millions of lives in the coming years. Violence against women, including intimate partner violence, female genital mutilation, and child marriage are projected to also increase by many millions of cases.

In high-income countries other collateral damage from lockdowns is occurring. Fear of attending hospitals resulted in 50 percent declines in visits for heart attacks and strokes, meaning missed opportunity for time-critical treatments. ‘Non-urgent’ surgery and cancer diagnosis/treatment were delayed, with backlogs that will take years of catch-up and untold effects on prognoses. Of excess mortality during the pandemic, 20-50 percent has not been due to COVID-19; much of that excess is likely attributable to these collateral effects. An unexplained increase in deaths of people with dementia in the US and UK also likely arose from deterioration due to loneliness. Over time, suicide, depression, alcohol use disorder, childhood trauma due to domestic violence, changes in marital status, and social isolation are projected to cause millions of years of life lost in Canada alone.

The focus on raw numbers of cases and deaths from COVID-19 has distorted our perspective. For example, COVID-19 was

the cause of 5.96 percent of all deaths in Canada during the first six months of the pandemic, meaning that more than 94 percent of all deaths had not been called to our attention. In 2018, there were 777 deaths/day in Canada. The global picture is even more serious, with 160,000 deaths/day globally in 2019. Many of these global deaths are preventable with appropriate action, for example childhood pneumonia (2200 deaths/day) and diarrhea (1462 deaths/day), malaria (1100 deaths/day), tuberculosis (4100 deaths/day), and tobacco use (21,900 deaths/day). Some of these deaths are potentially preventable but we as a society have decided we are willing to accept them in trade-off for our freedom and wellbeing, including motor vehicle deaths (3700 deaths/day) and dietary risks (30,000 deaths/day).

*The focus on raw numbers of cases and deaths from COVID-19 has distorted our perspective.*

### **Cost-benefit analysis: The false dichotomy**

To compare outcomes of policies we need a common metric we can use to weigh trade-offs and make best decisions. The public health policy goal is to maximize the sum of years lived by the population, weighted by the health quality of those years (i.e., Quality Adjusted Life Years, QALY) or the wellbeing quality of those years (i.e., Wellbeing Years, WELLBY, about 6 WELLBY = 1 QALY). Here we compare the cost and benefit of lockdown policy using the common metric of QALY.

The benefit of lockdowns is to save lives potentially lost to COVID-19. A *maximum* benefit calculation of potentially prevented COVID-19 deaths is this: (less than 40 percent of the population infected to natural herd immunity) X (less than 0.23 percent infection fatality rate) X (7.8 billion people) X (less than 70 percent of deaths can be prevented with lockdown) is equal to or less than 5.02 million lives. Given the age distribution of deaths from COVID-19, each death has cost the loss of about 5 QALY; thus, lockdowns might save up to 25.12 million QALY.

Yet we also need to consider the costs of lockdown. According to the Canadian Medical Association President’s letter, “The strength of the economy should not come at the expense of Canadians’ lives.” An opinion piece by the Scientific Advisory Group on COVID-19 lead in Alberta wrote that a “circuit-breaker” lockdown would “strike a balance between the need to save lives and to limit the impact on our economy” and “no one wants to sacrifice our elderly or kill the economy.” Unfortunately, this frame of the trade-offs demonstrates a misunderstanding, a false dichotomy. We must consider the benefit and cost using a common metric. We are comparing COVID-19 deaths versus economic recession deaths, lives versus lives, as the economy is not simply about wealth, but about lives.

Government spending on health care, education, roads, sanitation, housing, nutrition, vaccines, safety, social security nets, clean energy, and other services determine the population well-being and life-expectancy. Government spending on all of these things, and not just on health care, have a strong historical long-run relation with life expectancy. If the public system is forced to spend less on our future, there are statistical lives lost; people will die in the years to come. Similarly, decisions about what resources to apply to maintain public health from government services (e.g., treatment of cancer, heart disease, etc.) are based

on research regarding how much health and life these expenditures can buy.

The lockdowns caused an economic recession in Canada and for much of the world. Canada's Chief Medical Officer of Health Theresa Tam wrote that "the extensive slowdown in the Canadian economy [was] as a result of public health emergency measures." The severity of mandated lockdowns was directly linked with the severity of the economic collapse; these were direct commands to halt work, restrict travel, restrict the number of people inside dwellings, close factory floors, stay at home, etc. A minimum cost calculation of the recession's effect on reducing government spending on the determinants of population well-

would make the cost-benefit balance over 2.6 times higher against lockdowns.

Of note, this calculation does not include a number of factors on the benefits and costs of the lockdown. On the former, this includes reductions in the incidence of long-COVID and the prevention of overwhelmed health care systems. Yet that must in turn be weighed against the other lockdown costs not included in this calculation, including the major collateral effects on millions of people discussed above. In addition, the effects of many millions of people experiencing unemployment, loneliness, and life stresses are important, as these are among the top risk factors for early mortality, reduced lifespan, chronic diseases,

on the risks and trade-offs involved. Alleviate unreasonable fear with accurate information.

2. Focus on cost-benefit analysis. Repeated or prolonged lockdowns cannot be based on COVID-19 numbers alone.

3. Focus on protecting people at high risk: people hospitalized or in nursing homes (e.g., universal masking in hospitals reduced transmission markedly), in crowded conditions (e.g., homeless shelters, prisons, large gatherings), and equal to and greater than 70 years old (especially with multiple severe comorbidities). Do not lockdown everyone, regardless of their individual risk.

4. Keep schools open: children have very low morbidity and mortality from COVID-19, and (especially those 10 years old and younger) are less likely to be infected by SARS-CoV-2 and have a low likelihood to be the source of transmission of SARS-CoV-2.

5. Consider increasing health care surge capacity if forecasting, accurately calibrated repeatedly to real-time data (up to now, forecasting, even short-term, has repeatedly failed), suggests it is needed. With universal masking in hospitals, asymptomatic health care workers can continue to work.

The decision to adopt repeated or prolonged lockdown measures cannot be based on COVID-19 numbers alone. Instead, we need to better recognize the risks and trade-offs inherent in our public health measures against COVID. We cannot attempt to avoid every (or even most) case(s) of COVID-19, as this will cost far more harm than benefit. But what we can do is open up society with the more modest restrictions outlined above, with a particular emphasis on protecting high-risk people, keeping schools open, and increasing our health care surge capacity. ❁

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*We need to better recognize the risks and trade-offs inherent in our public health measures against COVID.*

being and lifespan is this: (at least US\$50 trillion GDP loss globally) X (around 40 percent of GDP from government expenditures) ÷ (less than US\$80,000/QALY) is equal to or greater than 250 million QALY lost in the years to come. Already the cost-benefit balance comes out about 10 times against lockdowns.

A similar rough calculation for Canada puts the cost-benefit balance at about 17 times against lockdowns. It is important to point out that population mortality sometimes paradoxically decreases in the *short-term* during a recession, particularly if short-term government spending increases, even though the *long-run* negative association with shortened lifespan still holds. In addition, the US\$80,000 cost per QALY is high; for example, the Patented Medicine Prices Review Board had used \$30,000 per QALY for estimating the opportunity cost of adopting new medicines within Canada's public health care systems, and this estimate

poor wellbeing, and suicide. The effects on children (particularly in the early years of life) from adverse life experiences (e.g., family financial crisis and violence, loneliness, hunger, inactivity) and disrupted education, will have permanent profound impacts on their future quality of life, educational achievement, earning potential, lifespan, and health care utilization.

Various cost-benefit analyses from different countries, including some of these costs, have consistently estimated the cost in lives from lockdowns to be at least five to 10 times higher than the benefit, and likely far higher.

### **What should we do?**

We must take an 'effortful pause' from our cognitive biases and calibrate our response to the risks and trade-offs discussed above. To do otherwise risks only magnifying the many costs outlined above. A recalibrated response might involve the following:

1. Educate the public and policy-makers



## COVID-19: The last hole in the leaky long-term care boat

*We cannot solve the collapse of long-term care by increasing our commitment to the same “social compact.”*

**Shawn Whatley**

Nursing homes have struggled long before the COVID-19 pandemic had arrived in Canada. Now, during the second wave, many front-line clinicians say our long-term care (LTC) system has all but collapsed.

In the pre-COVID era, patients waited a median of 159 days to get a bed in Ontario, with some areas at 263 days. Thus, it was not uncommon for some patients to wait more than one year, and up to 2.5 years in some areas, if they stood at the long end of the wait-time curve. The Conference Board of Canada raised the alarm 20 years ago and predicted we will need 199,000 more LTC beds in Canada by 2035.

Given chronic shortages, wait lists had grown by 78 percent in Ontario, between

“*Now, during the second wave, many front-line clinicians say our long-term care system has all but collapsed.*”

2011 and 2018, with 35,000 patients waiting. Ontario only had 78,000 beds pre-COVID, and they were all full. Premier Ford promised 15,000 additional beds, in 2018, to help fix the crisis.

Then COVID-19 hit. The pandemic turned LTC struggles into outright failure.

I spoke with our regional homecare coordinator. “We just have no beds,” she said. “We are waiting between one month and a year for emergency placement.”

She explained how all the older nursing homes cannot accept patients. They were built with three or four beds to a room. In its assessment from the first wave back in the spring, the Canadian Institute for Health Information (CIHI) reported 80 percent of COVID-19 deaths occurred in LTC homes and retirement homes. As such, new COVID restrictions limit occupancy to two, which removes at least 5000 beds from the system. Half of the homes in central Ontario cannot accept new patients anytime in the foreseeable future.

Even when a bed opens up, many homes can only accept patients within strict limits on care. For example,

wandering patients are standard fare for long-term care. But nursing homes find it extremely difficult to isolate a wandering patient for 14 days after admission, to guarantee a new patient is COVID-free. Most homes simply cannot do it with current staff and structural limitations.

Given that 45 percent of nursing homes are rural, and rural patients do not have other supportive housing options available, many patients are left to make-do at home. Case in point, the coordinator and I discussed two families. She had already assigned maximum hours of personal support allowed. We were fortunate to have excellent personal support workers (PSWs) willing to work in our community. But we still needed more help, especially in the evenings.

“It is virtually impossible to find PSWs who can work in the evenings. It’s up to families to care for these patients now,” the coordinator said.

Alzheimer’s patients often experience “sundowning”: they become more awake around the same time the rest of the family goes to sleep. Support staff fill the home during the day when dementia patients are relatively manageable. Come nighttime, many patients go from door to door, checking locks and trying to get outside. At some point, patients need more than any private residence can provide. Today, that point comes, too often, when patients can no longer walk to the bathroom. Crude facilities set up next to a bed in the living room would horrify most people.

“Long term care has completely collapsed in our area. Many families are simply taking their parents to the emergency,” the coordinator told me.

André Picard, health journalist, wrote an excellent review of LTC homes for the *Globe and Mail*. While necessary, protecting the elderly from infection makes life in an LTC home even more challenging. The pandemic’s ‘one facility’ rule reduces available staff by restricting part-time staff to working at only one location. Facing

this staff shortage, over-crowded facilities struggle to maintain care at a level of dignity patients deserve. The elderly experience isolation, depression, and deconditioning, in addition to bearing the bulk of COVID-related mortality in Canada.

What can be done?

We cannot blame COVID-19 alone for the current LTC crisis. The collapse of long-term care means that acute-care hospitals overflow with patients who do not need acute care. Back in January, before COVID upended things around the world, the

 *We do not have a shortage of solutions.  
We have a shortage of political will.*

acute-care bed crisis was so dire in Brampton that its town council unanimously voted to declare a state of emergency due to hospital overcrowding. Weeks later, COVID captured media attention.

Ageing and long-term care present a challenge to countries around the world. And solutions abound. People have found success with everything from patient hotels to finding options for care outside of LTC. For example, CIHI reported in August that one in nine LTC patients could be cared for at home.

We do not have a shortage of solutions. We have a shortage of political will. Matching patients who need care with provision of care is easy. The politics of figuring out how to pay for it is hard. Governments need to either allocate much more revenue to close what the Conference Board predicted would be the nearly 200,000 bed deficit, or they should warn citizens to make plans of their own. Giving the impression that the state will take care of everything – while taking credit for voters’ gratitude – always ends poorly, when the music finally stops.

Political leaders must make clear what government covers and what it does not. Despite 54 percent of LTC homes being privately owned and operated, many voters seem to assume that their tax dollars supply all the care required. Ownership itself might play a minor role for care inside a heavily regulated industry such as health care. As journalist Neil Macdonald wrote for the CBC, “Usually, Canada’s elected leaders at least publicly play along with the fiction that every Canadian receives proper treatment, free of charge, in a timely manner.

This has been the social compact in Canada for more than half a century: our governments tax everything that moves, and even tax each other’s taxes, but in return, our medical needs are seen to free of charge, never mind some budget imposed on the hospital.”

COVID-19 has poked the final hole in long-term care’s already leaky boat. We cannot solve the collapse of long-term care by increasing our commitment to the same “social compact.” Adopting solutions will require a level of honesty and will that most political leaders would prefer to avoid. LTC has become the single biggest policy issue facing politicians in the health policy space. We cannot avoid it. The even bigger question is whether we will try to patch our leaky boat or find a new one altogether. ❁

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*Shawn Whatley is a physician, past president of the Ontario Medical Association, and a Munk senior fellow at MLI. He is author of the book titled When Politics Comes Before Patients – Why and How Canadian Medicare is Failing.*

# COVID-19 and the forgotten freedoms of assembly and association

*It is in emergencies that we see whether our deepest societal values mean anything.*

**Nnaemeka Ezeani  
Dwight Newman**

Government restrictions on various forms of gathering have bothered many Canadians throughout the COVID-19 pandemic. While freedoms are subject to limits for appropriate policies to protect life and health, there is a lingering sense that some of these policies have gone astray. But many find it hard to pin down exactly why.

There is an underlying reason for this struggle. The parts of Canada's *Charter of Rights and Freedoms* that protect activity involving assembly and association have long been neglected. Freedom of assembly and freedom of association are both in the Charter. But there has been limited case law and scholarly work on them. In many ways, they are part of a broader problem we have both written about, in so far as they became "forgotten freedoms."

Forgotten freedoms appear in the text of the constitution but have had little development in case law or legal scholarship, to the point that it's very challenging to advise on their implications when a situation arises where they might apply. They are not well understood and are thus difficult to apply.

Freedom of assembly has been a subject of very limited case law, mainly in the context of the Occupy protests of a few years ago. Freedom of association has been the subject of quite a few cases over the last decade, but almost all have been in the context of rights claimed by public sector unions. These freedoms have not been developed adequately over the years. As a result, they have guided the development of COVID-19 policies less than they could have and should have.



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Both freedom of assembly and freedom of association recognize the social character of human beings. They have a long history in rights instruments, with freedom of assembly becoming part of the American First Amendment in 1791. The *Universal Declaration of Human Rights*, a universally respected international declaration adopted in 1948, recognized "freedom of peaceful assembly and association."

The drafters of these and other instruments recognizing assembly and association were attuned to a wide range of ways in which people gather together. There are fundamental reasons for this gathering. Some of these include the pursuit of purposes that require groups, the formation of

individuals' personality as social beings, and a check on state power through a thriving civil society.

Canada's 1982 *Charter of Rights and Freedoms* recognizes both freedom of assembly and freedom of association. The case law that has developed has been limited and partial. On freedom of assembly, the standards in Canada's case law fall short of the kinds of international standards that our judges like to trumpet on many other issues. On freedom of association, it has sometimes seemed as if the only associations that count are public sector unions, when association actually plays a much larger role in human life.

*Continued on page 34*



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## The pandemic: high-water mark for government intervention?

*The response of governments was heavy-handed, lead-footed, and wrong-headed.*

### Philip Cross

**2020** forever will be associated with the coronavirus sweeping Canada and the world. However, its impact on the economy was much greater than on our health. Far fewer people were stricken by the virus than the initial apocalyptic warnings from health care experts, while its impact on incomes, jobs and government deficits was larger and longer lasting than economists forecast last spring.

Will the growth of government be sustained? It is a natural human tendency to predict the future by extrapolating a straight line from recent developments. Occasionally this works; the postwar liberal welfare

state was birthed by massive state interventions in response to the Great Depression and the Second World War. Many analysts wishfully see a similar emergency-induced expansion of government during 2020 as signalling a permanent upturn in spending, on everything from green energy infrastructure to a guaranteed annual income.

However, history more often moves with the ebb and flow of conflicting ideas and recurring cycles in the economy. For example, President Obama appeared to set the US irrevocably on the path of a cosmopolitan globalism detached from local identity, completely overlooking the rise of Tea Party populism and nativism that foreshadowed Donald Trump's election in 2016. In

Canada, growing momentum for Quebec's separation cultivated the sentiment in the mid-1990s it would inevitably win the next referendum. Instead, support unexpectedly and quickly faded, to the point that the separatist Parti Québécois vote fell below 20 percent in the 2018 election.

The coming years may also confound predictions of a permanent enlargement of government due to the pandemic. It is often overlooked that two forces were unleashed by the pandemic: government spending exploded and new technologies diffused rapidly. Only the latter proved effective and efficient and therefore is likely to be enduring. Clearly, the pandemic acted as an accelerant for technologies such as tele-working

from home and communicating and shopping on-line instead of in-person. These trends show how fleeting government plans and assumptions can be; they confound government support for high-density downtown living and costly investments in mass transit as people sell their downtown condos, move to the suburbs and buy their own vehicles to get around.

The fall-out from government actions to combat the virus already is provoking a backlash against specific government interventions during the crisis. Governments boast of having “Canadians’ backs” with income support, but they failed to provide basic health services such as safe long-term care facilities

for less public servility in the fall because they assumed ownership for the pandemic response in the spring with their daily press conferences. Millions of Canadians may have balked at Justin Trudeau’s recommendation to download the government’s tracing app because it was endorsed by someone they dislike. Some actions should have been left to health care professionals.

The legacy of unprecedented budget deficits will prevent governments from initiating expensive new infrastructure and social spending programs while increasing the burden on future taxpayers. Government spending already was trending up due to population ageing and the inexorable

struggled to develop an effective health care response to the second wave despite huge budget deficits, the real solution to the pandemic is coming from technological innovation in the business sector, notably drugs to treat the virus and then vaccines to eradicate it. Already technology had proved indispensable during the lockdown, allowing people to stay at home and work on-line, shop on Amazon, meet on Zoom, and be entertained with Netflix.

Compared with the business sector’s impressive mastery of new technologies, the response of governments was heavy-handed, lead-footed, and wrong-headed. In the spring, governments unnecessarily closed



*The pandemic may reverse how younger generations think about what drives our economy.*

for the elderly, rapid testing and comprehensive tracing, and the timely roll-out of vaccinations. Canada wasted its experience with the SARS virus in 2003. Testing was less than half the per capita rates in the US and Europe. Tracing was ad hoc, despite its importance in allowing authorities to pinpoint what activities to curb instead of the blanket shutdowns imposed in the spring.

The ebbing moral authority of governments is reflected in faltering public willingness to adopt basic preventive measures such as wearing a mask and social distancing, especially outside of work. The weakening social contract between government and its citizens, who received income support in return for being socially disciplined, fuelled much of the explosive second wave of the virus. Most obviously, Québec Premier Legault’s proposed “moral contract,” in which Quebeckers would curb their social interactions now in return for a relaxation of restrictions for Christmas, was rescinded as cases keep rising. Politicians have to accept responsibility

increase in its labour costs. The privileged position of most federal civil service workers was on full display during the pandemic, with the vast majority keeping their jobs and full salaries, safe in their cocoons at home even as millions of Canadians lost their jobs or risked their health to keep essential goods and services flowing. The pandemic’s legacy of lower interest rates further undermines pension plans, bringing closer the day governments face the unappetizing choice between taxpayers subsidizing public service pensions or trimming benefits.

Most importantly, the pandemic may reverse how younger generations think about what drives our economy. Many youths unfairly blamed the excesses of capitalism for the Great Financial Crisis and increasingly tuned in the siren call of radicals such as Bernie Sanders who questioned our economy’s fundamental organization around markets and business firms.

The pandemic fatally undermines this naïve view of the innate evil of business and sanctity of government. While governments

large swathes of the economy that posed little risk of spreading the virus; they were unprepared to test and trace more cases during the inevitable second wave and failed to make vaccines in Canada by year-end; and they poorly-targeted aid to many people not needing support instead of small businesses in desperate straits. Rather than demonstrating their ability to manage the virus and thereby stoking confidence in government’s ability to solve other societal ills, the pandemic highlighted its limitations compared with the speed and efficiency of the private sector. This message is as evident to youths as the failings of global finance in 2008.

Understandably most Canadians say 2020 was the worst year ever. However, it may ultimately prove to be a turning point for the better if it represents the high-water mark of government intervention that recedes to leave place for a resurgence of private sector innovation and competition in markets. ❁

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Philip Cross is a Munk senior fellow at MLI.

# Failure to use rapid tests in pandemic points to deeper problems

*We still have time to act; we could approve and quickly license and produce rapid tests in Canada by the tens of millions.*

**John Adams**  
**Kashif Pirzada**

Canada's ongoing failure to effectively control the spread of COVID-19 reflects increasing failures by governments to coordinate with one another and to respond quickly and effectively to new developments and scientific advances. This is abundantly clear in the self-harm inflicted by our original difficulties in sourcing of personal protective equipment (PPE), Canada's late and flawed strategy for vaccine procurement, and our continuing faulty approach to self-sufficiency in drug manufacturing.

It is the issue of rapid tests that brings this into light most abundantly. Rapid antigen tests are screening tools – very much similar to a home pregnancy test – that can detect COVID-19 at its most infectious. Any screening test has limits and will occasionally miss infections, and thus needs to be conducted regularly, two-to-three times per week, to be most effective. The real world choice is to screen widely and miss a few infections but act on the findings, or not screen at all and miss many infections due to mild or no symptoms. The rapid tests are inexpensive to manufacture, easy-to-use and there are Canadian companies ready to make them. Their advantages have been known for five months at least, since July when Professor Michael Mina, an epidemiologist at Harvard University, began to advocate for their wide use.

Their effectiveness has been quite obvious lately. Europe has been reporting



shocking numbers of cases and deaths, but one country is bucking that trend. In just two weekends in October, Slovakia tested every resident between the ages of 10 and 65 using rapid tests. That is a proper use of screening. They locked down the country for two weeks; those that tested negative – the large majority – were given a special pass to move freely. They mobilized every resource, including the military and polling centres in schools, and created thousands of testing teams.

As a result, Slovakia found that 1 percent of the population was infected, and isolated them for ten days. They brought down their  $R_0$ , a measure of virus reproduction, from 1.47 to 0.62, and they are the only country in the world now reporting a decrease in cases. They did not use these tests as a surrogate for diagnostic PCR tests, which they are not, but used them instead as an effective mass screening tool.

Resistance to use of these tests for screening comes from multiple levels. Let's

look at the four barriers. The first is at the public health agencies, where a new technology has been met frostily by those too busy fighting fires in their own regions, or fixated on comparing these screening tests to diagnostic tests, not distinguishing apples from oranges, or wedded to older paradigms and methods and resist change for the sake of resisting.

How ironic and sad that some public health experts cannot deal with the different roles of screening and diagnosis. We are seeing this in British Columbia, where a pilot project in using rapid tests is being met with opposition by provincial authorities. This is not universal, as authorities in Halifax successfully used these tests as

approved very few rapid tests, and those approved all have impressive capabilities in terms of sensitivity and specificity (measures of accuracy). However, other excellent screening tests are languishing in the queue for approval, even though they are already being used in Europe and the US, whose competent regulators have verified their excellent performance characteristics. One company we spoke to is marketing a made-in-Canada test, but is faced with a months-long process and ever-increasing evidentiary requirements.

The final barrier is the market, where more savvy governments are quickly buying and monopolizing testing supplies that are available. Canada's government

ling these infections. Targeted closures are effective but cases are still rising. A blunt full lockdown will not be effective on its own for very long; Brampton, the hardest hit city in Ontario, has hundreds of transport, industrial and food processing businesses critical to supplying the country. Truckers, who are exempt from 14-day quarantine rules, are constantly moving back and forth from the US and will simply reseed infections again. This is predictable.

We still have time to act; we could approve and quickly license and produce rapid tests in Canada by the tens of millions. Every Canadian can test themselves twice weekly for the early months of January, and we can emerge from our lockdowns

*Vaccines are on the horizon, but a full rollout of these will take far into the summer months for most Canadians.*

designed to quickly suppress a burgeoning outbreak. Sadly, successful examples like this do not scale or percolate through our insular health silos across the country.

The second level is at the provincial political level, as very few provinces have shown an interest in the technology, and those that have, as in Ontario, have been stymied by a lack of supply. Provincial governments lack the sophisticated advisory bodies like the National Research Council or Natural Sciences and Engineering Research Council to obtain scientific advice, and few politicians or political aides have the scientific credentials to evaluate new discoveries and technologies and override system inertia.

The third barrier is at the federal level, where you have the political side eager to obtain and use these tests, but hamstrung by a health regulator they are loath to interfere with. Health Canada has

response, which is fragmented between levels and limited by an inchoate strategy, cannot hope to compete in this arena. Canada has received four million Abbott rapid tests from abroad, and is unlikely to receive more anytime soon. The number sounds impressive, but the true need is in the tens of millions.

We could have licensed production here in Canada, as Roche did with a South Korean test from SD Biosensor, and set up contract facilities in the months that we had, but sadly nothing was done. With a pro-rapid-test incoming CDC head in the US under the new Biden administration, you can be assured that every last stock of these tests will be poured into an insatiable US market.

Vaccines are on the horizon, but a full rollout of these will take far into the summer months for most Canadians. In the meantime, we face real hardship in control-

and resume contact tracing and targeted measures while vaccinations occur. We can try, almost, to live life like our brethren in Atlantic Canada, where shops, restaurants and gyms are open, normal life continues, and that omnipresent fear isn't there.

Sticking with the status quo means we live with increasing cycles of lockdowns, reopenings, disrupted holidays, distant family and constantly living in fear, which exacts its own toll. The choice is clear, fight our collective government dysfunctions for a better future for all Canadians or be passive, defer to authorities and suffer unnecessarily. ❄️

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*John Adams is volunteer board chair of the Best Medicines Coalition of 30 patient organizations and co-founder/CEO of Canadian PKU and Allied Disorders. Dr. Kashif Pirzada, an Emergency Physician in Toronto, is affiliated with McMaster University and the University of Toronto, and is co-chair of Masks for Canada.*

# The Canadian military's role in the COVID-19 vaccine

*The Canadian Armed Forces could ease the burden on other parts of government.*

**Carter Vance**  
**Adam P. MacDonald**

Canadians in general have held an expectation that their military will step in when needed to provide assistance at the request of civilian authorities during the ongoing COVID-19 pandemic. Though COVID-19 has certainly put Canadian Armed Forces (CAF) members into situations they may never have expected, such as their assistance with the operations of long-term care homes in Quebec and Ontario, on the whole these missions have been narrowly tailored. Their focus has been on providing emergency support to stabilize buckling civilian infrastructure, allowing time and space for those authorities to build capacity and retake control of the operations.

In this respect, as well as drawing increased attention to the shameful state of some of these long-term care homes, the CAF earned acclaim for performing admirably in difficult and unclear circumstances. Legitimate concerns about a potential overreliance on the military as a disaster response mechanism aside, it is clear that these efforts were welcome and warranted in the circumstances.

The CAF continues to provide support during the ongoing second wave of the pandemic, though at a smaller scale. However, the public and policy conversation around the CAF in relation to COVID-19 has



Canadian Joint Operations Command load special freezers onto aircraft pallets near the Ottawa Airport on 12 December 2020. The mission was part of Operation VECTOR, the Canadian Armed Forces' support to the Government of Canada COVID-19 vaccine distribution and delivery efforts. (Cpl Matthew Tower, Canadian Forces Combat Camera, Canadian Armed Forces Photo | flickr.com/photos/cfcombatcamera)

shifted recently to that of vaccine distribution, as promising trial results for a number of vaccine candidates, which as a result may be approved for use soon, have come to be seen as “light at the end of the tunnel.”

As a result, the federal government has announced they are in the midst of developing a vaccine rollout plan. In support of this, the CAF has stated military members have “embedded” with the Public Health Agency of Canada to assist with establishing and running a national operational centre as well as contributing to a logistics support plan. The government, furthermore, announced Major-General Dany Fortin will be in charge of these military efforts, specifically the leading role in the national distribution of the vaccine. Provincial governments are also preparing, with the Ontario government hir-

ing former Chief of the Defence Staff Rick Hillier to be in charge of their vaccine distribution efforts, with Premier Doug Ford saying the effort demanded “military precision.”

Both levels of government will face difficult logistical challenges, particularly given the cold storage requirements and two-dose nature of some of the vaccines under consideration. So it should come as no surprise that they would lean on the CAF and retired senior uniformed personnel with substantial expertise working in logistics across often-difficult environments to accomplish these goals.

These efforts do, however, raise the question of exactly how the military can best assist these efforts without overstepping their authority or expertise. The role of the CAF in this new phase – vaccine distribution and

SI Zach Barr, Air Task Force Romania

deployment – should be similar to its role in addressing the effects of COVID-19 thus far: upon request, limited in scope to those areas where civil authorities lack capacity and avoidance of enforcement duties.

The CAF, furthermore, faces two levels of support – as part of the federal government in the development of a national distribution plan and potential provincial/territorial requests for their own rollout plans. There is a potential that provinces and territories will implement different strategies in terms of prioritization of vaccine access during the initial period in which supply will be limited. Conversations around how best to balance various interests in terms of populations (e.g., front line workers, the health care sector, vulnerable populations including the elderly, etc.) are doubtless ongoing in government circles but must be made clear to the public well before mass distribution begins in order to avoid confusion, disappointment and possible anger.

Premier of Manitoba Brian Pallister recently called for “national criteria” to guide vaccine distribution across jurisdictions and this would be a welcome development if Ottawa could get provinces and territories to agree to a broad, national framework. This would allow the various actors to determine their capacity to meet the criteria and what resources they can bring to bear on them. At that point, where gaps remained, provinces and other orders of government could request CAF support to “fill in” areas where they are lacking. Some obvious potential areas would include:

- Logistical support for vaccine access in remote communities;
- Surgical deployment of CAF Health Services personnel to support vaccinations in places lacking health professionals;
- Assisting civilian authorities in shipping necessary supplies quickly across the country and within provinces and territories;
- Storage locations if there are no appropriate civilian sites;
- Quick set-up and tear-down of

pop-up vaccination clinics where needed, including possibly using the CAF’s reserve forces’ infrastructure located throughout the country in many urban centres; and

- While not a pressing matter nor of direct relevance to domestic efforts, consideration for employing the CAF to assist in vaccine distribution to and in other countries lacking such capacities should such requests arise.

“Efforts to combat COVID-19 took away from operational capacity from other CAF missions.”

It should be remembered that efforts to combat COVID-19 took away from operational capacity from other CAF missions, both in Canada and overseas, and that any substantial role in facilitating vaccination – expected to be a months-long process – would need to be balanced with other priorities.

Further, governments must be mindful of the optics of using the military in the course of advancing a public health program, especially given the proliferation of misinformation and conspiracy theories around COVID-19. Though the vast majority of Canadians would likely be happy to see uniformed soldiers giving citizens a medical shot or transporting vaccines across the country, this could further an impression of those already skeptical of Canada’s handling of the pandemic of the vaccine as a vector of social control.

Furthermore, governments have remained ambiguous as to whether the vaccine(s) will be mandatory or not, with many public health experts advising it should

be voluntary but with a strong public messaging campaign to alleviate concerns associated with ‘vaccine hesitancy,’ many of which are reasonable given the pace at which these vaccines have been developed. This is a critical component of the entire pandemic strategy as vaccine uptake will most likely have to be around 60-70 percent to achieve herd immunity, with some government estimates of upwards of 35 percent of the population falling into the ‘vaccine hesitancy’ category; for perspective, the vaccination level during the H1N1 pandemic in Canada was 41 percent.

The voluntary uptake level will be much higher for COVID-19 given its massive, country-wide socio-economic effects, but a national registry and monitoring program will have to be used to track vaccinations given the two-dose nature of the vaccine candidates. Such a program could potentially be used to locate and deploy additional resources to areas where vaccine uptake is lower than desired. These are important but complex issues, with any role of the CAF in these being highly constrained and/or completely absent. This includes:

- Making it clear to Canadians that federally Public Health Agency of Canada (PHAC) and health authorities provincially are the lead agencies responsible for the vaccine rollout. Unlike America’s *Operation Warp Speed* which is an operation led by a US military general, the CAF is not, nor should be, in charge of Canada’s vaccine rollout plan, but rather play a supporting role to civilian agencies;
- All public health messaging should stem from relevant health authorities. The CAF should not be prescribing to Canadians what they should be doing in terms of public health (they do, however, have this authority and role with respect to military members);
- No enforcement responsibilities should the vaccine(s) become mandatory or monitoring ‘immunity passports’ should these be brought in as a way to identify those who

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flickr.com/photos/cfcombatcamera | Enhanced Forward Presence Battle Group Imagery Technician, Canadian Armed Forces Photo

## Canada should stand on guard in the post-COVID era

*The world is becoming increasingly unstable and military force may be required to ensure this country's security and prosperity.*

### Richard Shimooka

In the past year, the COVID-19 pandemic caused significant dislocations to Canadian economy and society. However, as we look to the international sphere, the pandemic has accelerated a number of long-standing trends, while introducing several new challenges. Over the past decade, we have witnessed the fragmentation of political, economic and military arrangements that underpinned the rules-based international order that emerged in the aftermath of the Second World War. In its final iteration, this order was defined by the promotion of such liberal political values as freedom of expression, poverty reduction and democracy promotion.

That impulse seems to have run its

*The fraying of the post-Cold War consensus has also occurred among close allies.*

course, however. The post-Cold War consensus has broken down, driven in part by the growing assertiveness of national actors in international relations. Several powers, such as Russia, China and Iran, have rejected or worked to usurp this US-led international order. The fraying of the post-Cold War consensus has also occurred among close

allies, where populism and nationalism have emerged as a powerful and disruptive force. Their growth is variously blamed on historic lows in public trust of governing institutions, declining economic prospects, and rapidly changing societies. Manifestations include populist presidents such as Viktor Orbán in Hungary, Jair Bolsonaro in Brazil and Donald Trump in the United States, as well as the rise of the Five Star Movement in Italy.

One of the clearest indications of this emerging era of global power competition is evident in the military sphere. Over the past decade, a dramatic modernization effort has been undertaken by major military powers, encompassing increases in funding, reorientations in force postures, and the fielding of new capabilities. The breadth of technological advances arguably sets this period apart

from earlier eras, and some, like artificial intelligence, will affect the fundamental nature of warfare itself.

Collectively, these technologies have increased the lethality and potential ways to apply force. Many are vast improvements over existing systems or have no preceding analogue. These technological developments are not strictly limited to military-kinetic issues – they also affect our political, economic and social systems, such as with cyber capabilities. Perhaps one of the more problematic aspects of this emerging military reality is the lack of norms around these new technologies,

of political fragmentation due to the same forces affecting developed countries.

Thus, in the aftermath, many states will adopt a strong domestic focus to rehabilitate their economies and societies. This is evident in Canada's southern neighbour, where the incoming Biden administration has already highlighted their immediate need to focus on the domestic issues upon entering office. From his victory speech several weeks ago, the President-elect stated his plan to “restore the soul of America, to rebuild the backbone of this nation, the middle class, and to make America respected around the world again. And to unite us here at home.”

oped states willing to assist in stabilization efforts. The nature of these conflicts also poses significant risks to the CAF.

The proliferation of new technologies and capabilities will greatly complicate Canada's ability to intervene as well. The conflict in Nagorno-Karabakh showed how relatively modest unmanned aerial vehicles (UAVs) can have decisive consequences on the battlefield. Particularly concerning is their low cost – Armenia and Azerbaijan are relatively modest economies and could easily afford to field these novel capabilities.

Moreover, it is not just the low-end conflicts that the CAF must prepare for. As we



*The COVID-19 pandemic has further undermined public trust in the governance structures of Western states.*

which may result in greater instability. For example, China plans to become a world leader in AI technologies by 2030, and has shown few qualms in harnessing developments to support its national aims.

The COVID-19 pandemic has further undermined public trust in the governance structures of Western states – a fact exacerbated by disinformation campaigns conducted by foreign powers. This is evident with major protests and civil unrest surrounding public health measures, and the rise of violent far-right movements in many countries.

Moreover, a state's emergency economic response to the pandemic has saddled many with large debt loads, which will require decades of austerity measures to eliminate, thereby limiting their ability to address domestic and foreign challenges. The challenges are particularly acute for developing states, which are less well-equipped to handle the economic and political consequences of the pandemic. They face a weakened global trade system, and the growing risk

In foreign affairs, the President-elect was clear: he believes diplomacy is the primary foreign policy tool for the US and intends to work through alliances and international institutions. While his administration will likely provide greater global leadership than its predecessor, this also means that Canada and other allies will need to shoulder an increasing burden for international security, despite facing the same economic and social challenges as the US. At the same time, they will be less able to rely on multilateral institutions that have suffered significant legitimacy and credibility issues as a result of the pandemic. Nowhere is this more evident in Europe, with the suspension of the Schengen agreement for borderless travel, though it also extends to the World Health Organization and the UN.

The Canadian Armed Forces (CAF) will likely experience greater foreign demands in the coming years, as weak states succumb to the centrifugal pressures created by the difficult economic and political environment, with fewer devel-

can observe, China has thus far weathered the pandemic in a better condition than most other developed economies, posting a positive economic growth rate for this year. Meanwhile the Russian Federation has continued to play a spoiler role internationally despite suffering the pandemic's effects. Thus, the challenges great power conflict will likely become increasingly acute as the decade wears on. Considering these new capabilities and the CAF's lack of an effective response to them, Canada's ability to operate in even a moderately threatening environment is questionable.

To respond to these challenges, the CAF must become increasingly nimble in how it responds to them – nowhere more so than in how it acquires and incorporates these new technologies. The 2017 defence policy statement, *Strong, Secure, Engaged*, is far too rigid in this age of rapid technological development. It set out a 20-year timeline for force structure decisions and

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# Democracies must invest in the future of technology before it's too late

*It is time for Canada to use its convening power to gather the like-minded and create a fund to promote the technologies that will advance liberal democracies.*

**Deanna Horton**

**Jonathan Berkshire Miller**

The spread of the COVID-19 pandemic over the past year has challenged the resilience of liberal democratic societies and shone a light on their deficiencies to grapple with a range of issues. Watching the painful decline of democratic freedoms and social media replacing professional journalists and parliamentarians, governments and democracy advocates find themselves uncertain about how to fight back in defence of treasured political traditions and processes.

If we agree that the post-pandemic era presents an opportunity to bolster liberal democracies, it is time for Canada to use its convening power to gather the like-minded and create a fund to promote the technologies that will advance liberal democracies. This Liberal Democracy Technology Investment Fund would make investments in technologies with global applications that harness the innovative thinking that flourishes in free societies to create solutions for all.

To meet today's challenges, the world needs investments in improved environmental technologies with applications in the global south. Major investments in technologies are needed to enhance cybersecurity to protect civil society and private citizens and to offset state-driven digital intrusions and the intense spread of "surveillance capitalism."

The world needs superior broadband infrastructure, reaching into rural and remote regions, to allow for increased access

to online learning and e-commerce for small artisans and producers. Easily accessible apps that protect privacy are required. Improved tele-medicine could lead to greater knowledge and better health outcomes. Technologies that support arts, culture and education, that support youth and disadvantaged minorities, have to be developed and distributed widely.

“Major investments in technologies are needed to enhance cybersecurity.”

There is a compelling list, and indeed this will be a long game, but one that is winnable with the critical thinking and openness to new ideas that characterize the students, graduates, and tech entrepreneurs that represent the bedrock of liberal democratic societies.

Liberal democracies are struggling, and multinational institutions are being challenged by revisionist state powers intent on weakening their intended purpose to serve international public good. Many of these institutions, such as the World Trade Organization, are also threatened by isolationism and protectionism from liberal democracies (in addition to the challenges

from authoritarian state actors).

Moreover, authoritarian regimes in China and Russia, for example, have placed an extraordinarily large number of barriers in this domain. Both countries, along with others, have throttled the control of digital data and have passed draconian laws aimed at ensuring that control over data transiting their networks remains almost entirely in the hands of their domestic security and intelligence authorities.

States with authoritarian controls are then able to exploit a lack of global consensus on technology investment and issues such as data governance to serve their own national interests. Walling themselves off and controlling technology serves two purposes: providing a protectionist advantage to domestic firms, and maintaining a firm control on data and technology for national security purposes.

It is vital that advocates of democracy and opponents of digitally enabled political anarchy should reflect upon the inherent advantages of our democracies and fight for them. As noted recently in *The Economist*, "Coalitions of like-minded countries have proliferated" – what can be called "minilateralism." Canada can continue to support multilateral institutions, like the United Nations, and create a minilateral effort to bolster liberal democracies and their people worldwide. These vehicles for engagement are not mutually exclusive.

Canada is a member of several multilateral clubs, such as the G7, G20 and the OECD. Taking the perspective of an innovative entrepreneur, Canada could use its

networking ability and democratic reputation to assemble representatives from each club to form this umbrella group investment fund, with the goal of supporting the emergence of a technologically enhanced world that supports equality and democracy.

As a middle player, Canada has a track record for building coalitions. The G7 was founded to mobilize like-minded countries in support of shared interests. Within the G7, Canada could push for a democracy requirement for G7 membership and leave Russia and China for the G20, which pursues a more explicitly economic agenda.

Apart from our G7 colleagues, Canada could seek out other potential members such as Australia, India, Mexico, South Korea and Taiwan. Similarly, New Zealand and Singapore from the Commonwealth; Switzerland from *la Francophonie* could be meaningful allies. The Nordic nations should be includ-

ed, based on their shared values as well as their strategic European location.

This exclusive members-only club of liberal democracies should espouse the values inherent in this proposed investment fund: a liberal democratic society that aspires to equality and justice for all built upon an innovative market economy.

Canada has numerous technology innovators, reinforced by a strong research environment in artificial intelligence, quantum computing, biotechnology, and beyond. The digital economy is inherently global in nature. Its innovators are connected around the world. Why not utilize these global connections to invest in the global application of these innovative technologies and then develop many more?

Liberal Democracy Technology Investment Fund investors will focus on innovation, with an impact investment lens that

embraces the pursuit of equality and social justice. The fund would partner with, and invite proposals from, private foundations, NGOs, and corporations with appropriate knowledge and expertise. Finally, the fund would seek out globally applicable technologies, help scale them up and build a virtuous cycle of commercial success, democratic impact and the steady promotion of equality for all.

By gathering like-minded countries in pursuit of shared values, Canada would act as the driving force behind an innovation fund that could propel the global renaissance of liberal democracy. ❁

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*Deanna Horton is a senior fellow at the Munk School of Global Affairs and Public Policy. J. Berkshire Miller is a senior fellow at MLI and the Japan Institute of International Affairs. This article first appeared in the Vancouver Sun.*

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### **Good business sense (Pujdak)**

*Continued from page 4*

*Mail* op-ed, as have publications by the National Aboriginal Capital Corporations Associations and the Canadian Council for Aboriginal Business. Panelists on an MLI webcast this past September also shared ideas about capital. It's a known problem with plenty of space for private-sector and public-market led solutions.

At this point, it's becoming cliché to say good relationships with Indigenous peoples are good business. That's a good thing. It means CTA 92 is becoming a normalized and embedded part of Canada's business culture. And as we head into post-pandemic economic recovery, it means the resource sector will be leading the pack in helping to close the socio-economic gap between Indigenous and non-Indigenous Canadians. ❁

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*Dan Pujdak is a senior fellow at MLI. This article first appeared in the Hill Times.*

### **Energy sector (Coates)**

*Continued from page 5*

meddling must play in creating uncertainty and undermining the industry's viability.

The current state of Indigenous engagement in the oil and gas industry presents a formidable challenge to environmentalists and those opposed to the further development of the energy sector. These environmental movements have repeatedly declared their commitment to Indigenous peoples, but the opaqueness of this stance has been exposed.

Based on existing patterns, it seems clear that the environmentalists support Indigenous peoples only when the First Nations and Métis adopt strong environmentalist positions. Will they back down when Indigenous communities support the projects? If not, they must stop presenting themselves as stalwart defenders of Indigenous rights.

The path forward for Indigenous involvement in the energy industry appears

to have been defined. With proper engagement, suitable environmental protections and adequate returns to the communities, Indigenous peoples are prepared to participate actively. They will benefit from improvements in energy prices and the increased access to global markets associated with the completion of pipelines. Indigenous communities, likewise, will pay a significant price if the oil and gas markets stumble.

Canada's oil and gas industry had been put on a different course through Indigenous engagement. The sector now shares, with mining, some of the most positive Indigenous relationships in the Canadian economy. The transformation over the past generation has been truly impressive. And the sector's future is surely a bright one, relying substantially on continued Indigenous engagement, mutually beneficial arrangements, and a shared effort to overcome the sustained criticism of the industry. ❁

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*Ken Coates is a Munk senior fellow at MLI.*

## True diversity (Javani et.al.)

Continued from page 6

everyone else does.

As our governments and businesses contemplate managing a global pandemic and the subsequent economic recovery – which has disproportionately impacted people of colour – it’s paramount that a multitude of ideas are on the table for how we move forward. Simplistic narratives about who people of colour are and what we believe in simply won’t help develop the best plan. A stymied debate will only lead to worse decisions.

We know that pushing back against the tidal shift is hard, given how deeply entrenched “woke” ideology is across many institutions today. For the world’s totalitarians, conformity is the object of their oppression. And we won’t have any of it. Advocating for true diversity and inclusion has never been easy. We know we’re not alone, and our work will demonstrate that fact as more people of colour reclaim their voices. ✨

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Jamil Jivani, Shuvaloy Majumdar and Kaveh

Shahrooz are senior fellows at MLI. This article first appeared in the Toronto Star.

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## Remote worker tax (Nazareth)

Continued from page 7

office will inevitably mean fewer will be able to do so, at a cost to them, their employers and potentially the larger economy. As well, the premise behind a work-from-home tax is that workers doing so are somehow doing something bad for the economy, although it is not at all clear this is the case.

At the very least, it leaves out the fact that there are societal benefits to working from home, not least of which are the environmental savings from fewer people commuting. There is also the argument that people working at home are subject to fewer stresses and thus less likely to get sick and need medical care.

From a North American perspective, taxing businesses who allow staff to work remotely may never be politically tenable, but raising the idea has merits.

In the end, we may have to levy taxes on businesses or individuals to cover some difficult transitions, and we may indeed have to look at the idea of a universal basic income, as well as government-sponsored training and a larger role for non-profits and educational institutions in training and retraining. We may also have to think about the cost of supporting businesses that will inevitably fail as it becomes increasingly clear that emerging from the pandemic will not result in a total return to work as usual – with the requisite purchases of coffee and sandwiches near the office. ✨

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Linda Nazareth is the Host of the *Work and the Future* podcast and a senior fellow at MLI. This article first appeared in the Globe and Mail.

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## Assembly (Ezeani, Newman)

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Why does it matter that such freedoms are part of the Charter when it also includes a section allowing for justified limits on rights? The point is that once we recognize infringements on these freedoms, it falls to governments to justify their limits.

Under the applicable legal tests, even with something as important as a pandemic and potentially proportionate limits on rights, governments need to show that the limits involved are rationally connected to the goals and do not limit rights more than reasonably necessary. While many government actions to deal with the pandemic have been justified, various oversteps in government actions that ceased to function rationally or that could have achieved the same things while interfering less with social aspects of human life have been more questionable.

Raising these issues no doubt makes policy-making more complicated. Some are inclined simply to shout “pandemic-justified limits” at anyone raising issues of rights and freedoms at the present time. But it is in emergencies that we see whether our deepest societal values mean anything. Some of the gravest human rights abuses have taken place under the shadow of war-time, and we need to make sure that policies adopted in a pandemic do not harm the constitutionally enshrined social aspects of human life more than need be.

That such freedoms could be forgotten speaks to the need, even after the present emergency is over, to cultivate an ongoing culture of freedom. We need more scholars engaged with freedoms that have received less attention of late. We need a real rebirth of liberty in Canada. ✨

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Nnaemeka Ezeani is a PhD candidate at the University of Saskatchewan College of Law.

Dwight Newman is a Professor at the University of Saskatchewan College of Law and a Munk senior fellow at MLI.

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## Military’s role (Vance, MacDonald)

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have been vaccinated and the waiving of certain public health rules for them;

- Not in charge of data collection and analyses of Canadians’ information regarding vaccinations; and
- Avoid being in charge of the security of the vaccines, and even supporting roles in this regard should be minimal unless there is no alternative.

The Canadian Armed Forces do have a role to play in making this next phase of COVID response – vaccine distribution – more effective than previous ones, which sadly led to deaths and other hardships that were likely avoidable had governments reacted in a faster, more coordinated fashion. The focus is shifting for the CAF but the purpose remains the same: support the

actions and policies of responsible civilian authorities, ensuring these efforts reflect the types of assistance the CAF has traditionally done domestically.

The addition of military assets or expertise, however, is not a magical corrective to mistakes made at, nor a replacement for, the political and bureaucratic level. In other words, “Super CAF” is not going to come to our collective rescue, but intelligent deployment of the military could ease the burden on other parts of government, if they are willing to plan and execute in a clear, coordinated and coherent manner the response to what will, hopefully, be the final phase of this pandemic. ❁

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*Carter Vance is a former junior research fellow with the NATO Association of Canada. Adam P. MacDonald is a PhD student in the Political Science Department at Dalhousie University.*

### **Standing on guard (Shimooka)**

*Continued from page 31*

budgets, projections that are unlikely to remain valid even in the medium-term. Many systems also require quick iterative upgrades to maintain their fighting edge, which our government is not well suited to deliver.

The procurement system itself is severely hampered by an overly regulated oversight system that ensures project delays and cost overruns. These issues are exacerbated by the reality that successive governments have seen defence procurement as a vehicle to direct government money into domestic constituencies. This only causes further delays to procurements and diminishes the purchasing power of the defence budget. The temptation to further exploit defence procurement for stimulus spending will be particularly acute given

the severe economic challenges facing the country.

None of this suggests that Canada should act like a global policeman in every outbreak of violence. However, the trajectory of recent international trends, particularly after the pandemic, suggests that the world is becoming increasingly unstable, and that military force may be required to ensure this country’s security and prosperity. Canadians must be clear-eyed as to the challenges they face, and the country must possess the appropriate tools to address them. ❁

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*Richard Shimooka is a senior fellow at MLI. This article is from the author’s testimony at the Standing Committee on National Defence on November 27, 2020, and is based on his recent MLI report “After the Pandemic: Confronting a New Geo-Strategic Environment in the Post-COVID-19 Era.”*

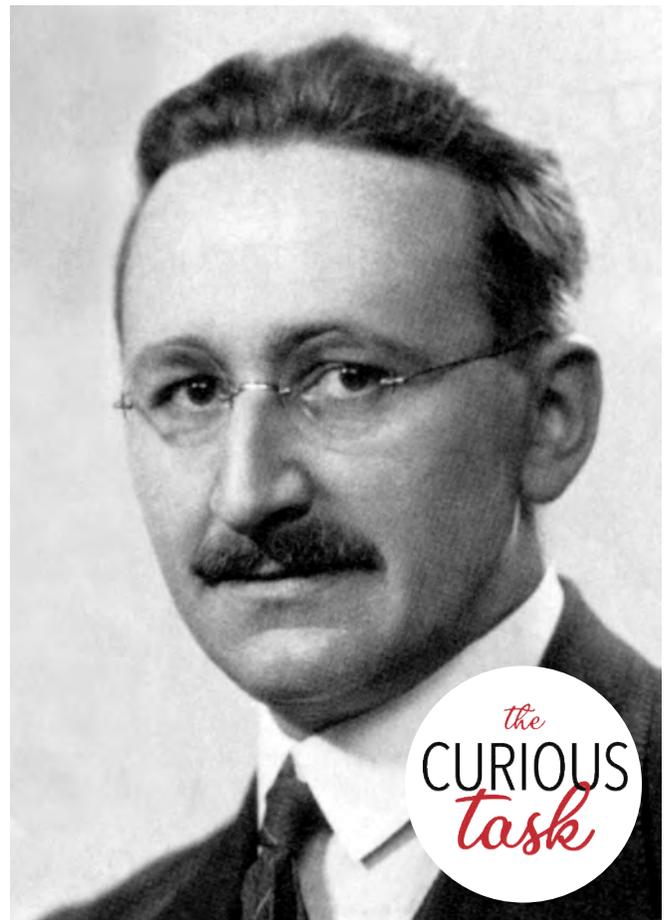
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**– F.A. Hayek**

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**JACK MINTZ, FINANCIAL POST, SEPTEMBER, 2020**

"It will be a **disastrous policy**. Anyone receiving these fuels is at the mercy of suppliers with no ability to effect the cost of compliance."

**BOB MASTERSON, CHEMISTRY INDUSTRY ASSOCIATION OF CANADA: NATIONAL POST, SEPTEMBER, 2020**

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