

COVID-19 IN MANITOBA

PUBLIC POLICY RESPONSES
TO THE FIRST WAVE



Edited by Andrea Rounce and Karine Levasseur

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UNIVERSITY OF MANITOBA PRESS

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University of Manitoba Press
Winnipeg, Manitoba, Canada
Treaty 1 Territory
uofmpress.ca

Cataloguing data available from Library and Archives Canada
ISBN 978-0-88755-950-1 (PDF)

Cover design by Jess Koroscil
Interior design by Karen Armstrong Graphic Design

The University of Manitoba Press acknowledges the financial support for its publication program provided by the Government of Canada through the Canada Book Fund, the Canada Council for the Arts, the Manitoba Department of Sport, Culture, and Heritage, the Manitoba Arts Council, and the Manitoba Book Publishing Tax Credit.

Funded by the Government of Canada



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INTRODUCTION

Manitoba's Mixed Bag of Policy Responses to the COVID-19 Pandemic

Andrea Rounce, Karine Levasseur, and Shannon Furness

On 12 March 2020, a sudden, yet unpretentious news conference led by Health Minister Cameron Friesen, Chief Medical Officer Dr. Brent Roussin, and Chief Nursing Officer Lanette Siragusa confirmed Manitoba's first case of COVID-19. The announcement heralded the end of "normalcy" for Manitobans. Soon to follow were closures of public institutions, private businesses, and, when possible, efforts to shift essential services online. One week later, another news conference, led by Premier Brian Pallister and Deputy Premier Heather Stefanson, declared a province-wide state of emergency, ushering in a new sense of urgency and rarely used government powers to protect Manitobans from the novel coronavirus and its devastating global reach.

As public administration researchers, we began to watch, document, and analyze how governments responded to the COVID-19 outbreak in order to protect Manitobans. This book seeks to understand how Manitoba fared during the first wave of the pandemic in the hopes of providing insight for the next waves of the pandemic. In terms of timing, this book focuses on the initial outset of COVID-19 in Manitoba from approximately March 2020 to August 2020. This is an important point: *the timeline for this book is specific to the first wave of the pandemic, although there will also be references to developments that took place up to the publication date in November 2020.* Of course, a complete post-mortem will be necessary to allow for a more holistic analysis of the pandemic rather than by waves.

Manitoba is not alone in confronting and articulating a response to COVID-19. While this volume primarily focuses on Manitoban public policy responses to COVID-19 during the first wave, it also seeks to address (where possible) the intersecting arrangement of Canada's federal system of government and the pandemic's implications for interprovincial, Indigenous, and community collaboration and response. In Canada, the Constitution delegates and divides responsibilities for various issues and activities among the provinces, territories, and the federal government. The jurisdiction of health is complex: while provinces and territories administer health care, there is a significant role for the federal government as (1) coordinator through the Canada Health Act; (2) funder of health in the provinces and territories through transfer/equalization payments; and (3) primary funder of health care for First Nations and Inuit peoples. Ottawa provides crucial health-related information on the virus, exhibited with Dr. Theresa Tam's regular briefings and the development of a COVID-19 tracking mobile app, and has poured funding into scientific research to develop both treatments and a potential vaccine. Additionally, the federal government plays a critical role in providing unemployment and underemployment relief through programs such as the Canada Emergency Response Benefit (CERB), but also financial supports for others, such as students and the non-profit sector.

While health-related responses to COVID-19 are largely provincially led, actions taken by the federal government impacted Manitobans and the operationalization of the provincial pandemic responses. All things considered, this volume decidedly utilizes a provincial policy focus in order to best grasp the breadth and scope of the actions—and inaction—of the Government of Manitoba during the first wave of the pandemic, but analysis also includes the Government of Canada where necessary.

COVID-19's wide-ranging impact has spanned every area of Manitoba's governance process. Moreover, COVID-19 has challenged the conventional policy-making process that includes agenda setting, policy formulation, adoption, implementation, and evaluation. In these urgent times, governments have been under pressure to make swift decisions over matters addressing issues of life and death while launching urgently needed new programs despite the significant repercussions for future government actions. Meanwhile, these new policies need to

lay the foundation for resiliency against the anticipated future waves of COVID-19 infections. While a federal system like Canada's requires all actors to work collaboratively, the pandemic emphasized the scope of activities residing under provincial/territorial jurisdiction.

This book comprises twenty-seven chapters divided into three sections, with each chapter addressing various components of the pandemic. These chapters provide a starting point for discussion and analysis, but the reality is that not all topics could be assessed in this book. As such, much more research is yet to come on topics such as the impact of the virus on sex-trade workers, religious institutions, the seemingly daily changes in K-12 education, and many other areas.

Chapters are written by practitioners, students, scholars, and leaders who are experts in their craft, each advancing a perspective that contributes to the book's diverse reflection on the responses of public policy as a result of COVID-19. As such, this book is not a typical academic publication. Rather, its interdisciplinary nature coupled with an understanding that there are different ways of expression mean that the book is a mix of both practitioner and academic perspectives. Given this diversity, readers are provided the opportunity to reflect on the lessons learned, and perhaps unlearned, as Manitoba—and societies across the world—prepare for future waves of COVID-19.

There is a particular theme that runs organically through the chapters in this book. We refer to this theme as a “mixed policy bag.” On the one hand, most authors acknowledge areas of success for the Government of Manitoba. In wave one, Manitoba became a model province with its relatively low rates of COVID-19 infections from March to July 2020,¹ with many public organizations acting quickly to ensure employees could work from home and suspending services to help minimize the spread of the virus.

On the other hand, the government's handling of the pandemic near the end of the first wave has been criticized. In late summer 2020, concerns arose related to the Government of Manitoba's response to the virus, ranging from lack of enforcement, poor communications that sent mixed signals to citizens to “grow” and “restart,” and limited resources at testing sites. Infection rates increased in the Prairie Mountain Health Region, particularly in Brandon, Manitoba, during the month of August 2020. In late September 2020, Winnipeg and the surrounding areas also moved to the “Orange: Restricted” level of the pandemic

response system. This prompted the Government of Manitoba to enact restrictions to slow the virus, including making masks mandatory and limiting the sizes of public gatherings. With higher rates of infections in November 2020, policy discussions ensued about a possible curfew for Winnipeg and the surrounding areas, followed by the introduction of the “Red: Critical” alert across the province.

Outside the health portfolio, many authors in this volume argue that the Government of Manitoba's response (or lack thereof) reflects instances of policy failure. Authors outline the profound implications of how the Government of Manitoba responded to the pandemic, spanning political, social, and economic sectors: perceptions of Premier Pallister's leadership, the role of the legislature, media and misinformation, reductions (or threat of cuts) to public-service employment and post-secondary education funding, and impacts on those working in the private sector. Significant challenges were faced by women (and families) reliant on limited/non-existent child and eldercare, people with disabilities, Indigenous peoples, renters and people experiencing homelessness, those deemed essential workers, and many others. All authors point to areas for learning, identifying what government could and should do differently as the COVID-19 virus expectedly returns and resurges in the foreseeable future. Many authors point to the reality that the pandemic is both a public health crisis *and* an economic crisis, due to the recession it triggered. Authors provide insight into what successful public policy should look like and where the Manitoba government must go next in future waves of the pandemic. We know that the pandemic is not over, and thus we will certainly be revisiting these issues again as a province.

The first section of the book (“Shifting Grounds: Governance and Epidemiological Response”) focuses on providing the context for the public policy issues and government responses to COVID-19. The epidemiology of the pandemic—the nature of the virus, how it is transmitted, who is most vulnerable, and how the health system has confronted its spread—is critical to our understanding of how government and others created and implemented a response. The governmental context—its capabilities, the role of leadership (both elected and administrative/public service), and the decision-making processes during a crisis—is explored to help us better understand both the areas of policy success and failure for the provincial government. Last, we

visit the interaction between COVID-19 and the roles of social and traditional media, particularly in facilitating the sharing of information and disinformation, the misuse of information, and how people process and respond to that information.

The second section of the book (“Policy, Pandemics, and Places”) brings together writers to address different parts of Manitoba’s society and economy that were directly affected by the pandemic. Authors address wide-ranging impacts of the pandemic on, as well as the responses by, the non-profit sector, post-secondary educational institutions, and organized labour. The impact on the economy is explored, as well as an assessment of how the pandemic affected the agricultural sector, and governance of the City of Winnipeg and the northern region of the province.

The third section (“Policy, Pandemics, and People”) focuses on specific communities and groups of people, each selected for their unique interactions with COVID-19 and its repercussions. Authors shine a light on how vulnerable populations were impacted differently by government action and inaction, with a focus on Indigenous peoples, women, persons with disabilities, immigrants and refugees, older adults, and military personnel. They also explore the impacts of the pandemic on individuals and families accessing income supports, renters and people living with homelessness, families and essential workers managing their mental health, those involved in protests arising during the pandemic, and the issue of food insecurity. Finally, the pandemic raised questions around access to recreation—and the role that it plays for Manitobans—as well as the impact of the built environment around us. It is clear that the pandemic posed new questions for governments and citizens to address, while also highlighting and addressing areas of concern that remain persistent following the Government of Manitoba’s initial response. This book is a first attempt to engage with these issues, providing analyses as well as ideas for ways forward. We look forward to readers’ feedback on this book as we move into (and through) the second wave and beyond.

Notes

- 1 See Lavoie et al., this volume, for discussion on infection rates in Manitoba during the first wave of the pandemic.
- 2 Government of Manitoba, “Pandemic response system moves to “Restricted” for Prairie Mountain Health,” 21 August 2020, <https://news.gov.mb.ca/news/index.html?item=49099&posted=2020-08-21> (accessed 8 Oct 2020). See also Government of Manitoba, “COVID-19 BULLETIN #200,” 25 September 2020, <https://news.gov.mb.ca/news/index.html?item=49298&posted=2020-09-25> (accessed 8 Oct 2020).

PART 1

SHIFTING GROUNDS

Governance and Epidemiological Response

Mapping Manitoba's Health Policy Response to the Outbreak

Josée G. Lavoie, Wayne Clark, Razvan G. Romanescu,
Wanda Phillips-Beck, Leona Star, and Rachel Dutton

On 11 March 2020, Dr. Tedros Adhanom Ghebreyesus, director general of the World Health Organization (WHO), declared the COVID-19 a pandemic: “WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. . . . We have never before seen a pandemic sparked by a coronavirus. . . . We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic.”¹

A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.”² At the time the pandemic was declared, 113,702 cases had been reported in 100 countries globally, with 85 percent of all cases coming from four countries: China (80,924), the republic of Korea (7,513), Italy (9,172), and the Islamic Republic of Iran (7,161).³

As of 31 August 2020, COVID-19 cases worldwide had ballooned to 42,854,912, resulting in 838,924 deaths.⁴ Only twelve countries had not reported cases: these are primarily island states and/or countries with weak surveillance systems.

In comparison to other countries, and to other Canadian provinces, Manitoba initially fared fairly well, with a relatively low count of infected individuals and low death rate. The purpose of this chapter is

to situate the Manitoba experience within the Canadian and broader COVID-19 pandemic.

Methods and Caveat

This chapter covers the policy response to the COVID-19 pandemic in the province of Manitoba from February to the end of August 2020. The information we present is based on a review of the existing literature. At the time of writing, the literature on COVID-19 is growing rapidly. The literature is fluid, based on samples of convenience (selected from infected individuals accessible to researchers, rather than in a systematic manner), uneven, and often published prior to peer review.

Beyond the literature, we also used media output (which were used primarily to construct timelines, and were confirmed using other research whenever possible), government websites and incident reports, and other public sources. Timelines were constructed using online search engines and scanning media output. We assume that timelines are relatively accurate, plus or minus a day.

The approaches we used yielded rich sources of data, with obvious limitations. This chapter reflects the state of knowledge at the time of writing.

State of Knowledge of COVID-19 as of 30 August 2020

The COVID-19 disease is caused by a novel betacoronavirus, which the International Committee on Taxonomy of Viruses (ICTV) named SARS-CoV-2, largely because of clinical similarities with SARS-CoV (known as SARS) that killed 774 people worldwide in 2003. The origin of SARS-CoV-2 remains obscure. A first cluster of patients were diagnosed with a new respiratory disease at the end of December 2019, in several hospitals located in Wuhan, in the Hubei province of China. Initial investigations and contact tracing linked these cases to a local Huanan seafood market where many kinds of live animals were available for sale all year round. The market was permanently closed in January 2020.⁵ Emerging evidence suggests that the virus may have had earlier origins.⁶ At the time of writing, the precise origin of SARS-CoV-2 remains a matter of debate.

What seems clearer, though, is that unique features in this coronavirus make it particularly threatening to humans. The key to its pathogenicity appears to lie in two adaptations of its spike protein.

One is its receptor binding domain, which allows the virus to latch onto host cells, having a high affinity to a receptor (ACE2) on the cell membrane of humans, ferrets, and cats.⁷ The second is the presence of a cleavage site in the spike protein, which the virus can use to snip its spike protein and fuse with the host cell, allowing the viral RNA into the cell, where it can hijack the host's cellular processes to replicate itself. SARS-CoV-2 is thought to use one (or more) enzymes that are abundant in the respiratory tract to cleave its spike protein, which would help explain why this virus has a higher chance of making its way into our lungs than the SARS virus,⁸ making it potentially more threatening. Expressed another way, this virus attaches to our cells easily and this is why it is so threatening to humans.

The new virus quickly spread into the human population, which had no acquired immunity. COVID-19 is believed to be more infectious than previous outbreaks, such as SARS and MERS, with a basic reproduction number (R_0)⁹ of 3.32 (95% CI:3.24–3.39).¹⁰ Estimates of R_0 (pronounced “r-naught”) can vary widely in the literature, which may lead to some confusion. R_0 is a metric that seeks to capture a number of factors, such as population density, temperature, and social distancing.¹¹ For example, an R_0 estimated on a cruise ship may be substantially higher because the population of passengers is generally older than the general population and may be at higher risk of infection; as well, self-isolation may be difficult or impossible in confined spaces. Some modellers have argued that this measure hides the fact that transmission is often “dominated by a small number of individuals, and is driven by super-spreading events.”¹² The important point they raise is that diseases are generally highly stochastic,¹³ especially when prevalence is low. In the case of COVID-19, the local structure of social networks may be more relevant to disease transmission than basing predictions on R_0 values published elsewhere.

COVID-19 appears to have an asymptomatic period of ten to fourteen days upon infection, although considerable variation has been reported from country to country.¹⁴ Pre-symptomatic and asymptomatic individuals appear to be the main drivers of the pandemic.¹⁵ The proportion of those infected who remain asymptomatic seems to differ based on population characteristics. Broad testing in the Italian town of Vo' Euganeo concluded that 50 to 75 percent of positive individuals were asymptomatic.¹⁶ In contrast, data from the *Diamond Princess* cruise

ship in which all passengers were tested found an estimated asymptomatic proportion of 17.9 percent (95% CI: 15.5–20.2%).¹⁷ In Iceland, the proportion of asymptomatic cases was estimated to be 50 percent.¹⁸

The majority of those infected who become symptomatic experience mild symptoms, manageable at home. Some experience a long recovery period. Based on data from China, an estimated 14 percent of cases will experience severe symptoms and 5 percent may require intensive care.¹⁹ Baud and colleagues estimated the mortality rate to be 5.7 percent (95% CI: 5.5–5.9).²⁰ It is worth noting, however, that they used the total number of confirmed cases as their denominator, rather than the total number of infected individuals, which was and remains unknown. To date, many countries continue to only test those who are symptomatic, thus it is likely that the mortality rate has been overestimated. Mortality rates also depend on the robustness of the health care system, and on health system resources being sufficient to meet the needs of those requiring care.

In Canada, older Canadians have been disproportionately represented among severe cases, with 37 percent of all cases confirmed being above age sixty.²¹ Overall, 20 percent of all Canadian confirmed cases were hospitalized and 72 percent of all COVID-19 related death was among those eighty and older.²²

Those who become infected and recover are believed to remain infectious for an estimated eight days.²³ In Canada so far, women have been slightly more likely to be infected (57 percent compared to 43 percent for males).²⁴ Globally, children have been diagnosed less often, leading some researchers to surmise that children are more likely to be asymptomatic.²⁵ Again, future research may provide new insights and invalidate insights from earlier research.

At the time of publication, no effective standard of treatment has been established and an effective vaccine has yet to be developed. In June, the *Lancet's* digital COVID-19 dashboard reported well over 500 clinical trials under way to test treatments.²⁶ Vaccine development is happening; however, usual timelines suggest that access to a vaccine will optimistically take more than a year. Some researchers expect the pandemic to return periodically for years to come.²⁷ Containment or mitigation efforts generally amount to contact tracing and testing. Simulations have shown that with an R_0 (basic reproduction number) of 2.5, more than 70 percent of contacts need to be traced for successfully

containing an outbreak, while an R_0 of 3.5 requires more than 90 per cent contact tracing.²⁸ The effectiveness of contact tracing is reduced with a higher number of initial cases, and with a higher percentage of asymptomatic cases.²⁹

Manitoba Health Policy Response: WAVE ONE

The first confirmed COVID-19 case identified in Manitoba was on 13 March 2020. Cases had already been identified in Ontario, British Columbia, Quebec, and other provinces (see Table 1.1 for timelines). Manitoba had begun releasing regular COVID-19 updates beginning 28 January 2020. The first press release clearly indicated that planning had been undertaken in preparation for a possible Manitoba outbreak: “911 call operators, first responders and front-line health-care staff have the information they need to identify symptoms and ensure all precautionary infectious disease protocols are in place.”³⁰ Manitobans were advised to wash their hands “after coughing or sneezing; when caring for a sick person; before, during and after food preparation; before eating; after toilet use; and when hands are visibly dirty.”³¹ This mantra was repeated in every media release thereafter.

The initial focus was on travellers returning from Wuhan, China. Travellers experiencing symptoms within fourteen days of returning were advised to get tested. As of 13 February 2020, media releases highlighted the Public Health Agency of Canada’s recommendation that those who had travelled to the city of Wuhan self-isolate for fourteen days and that those who had travelled to China monitor themselves for fourteen days.³²

In Manitoba, the testing of symptomatic individuals began in late January. Testing was conducted at provincial laboratories, with a diagnostic of COVID-19 being confirmed by the National Microbiology Laboratory.³³ The Public Health Agency of Canada and provinces and territories collaborated to secure personal protective equipment (PPE).³⁴ Manitoba Health set up its Incident Management structure early in February.

Canada closed its borders to most non-citizens on 16 March. The Manitoba government declared a province-wide state of emergency under the Emergency Measures Act on 20 March 2020. This order was extended and remains in place at the time of writing. The act empowers the Emergency Measures Organization to prepare and update a

provincial emergency preparedness program and a provincial emergency plan.³⁵ Daily radio/television briefings from the premier, chief provincial public health officer, and chief nursing officer for Manitoba Shared Health began on 23 March. The frequency of communications began to slow in early June.

Insightful Planning or Chance?

During the period under study, Manitoba experienced a relatively low number of cases per 100,000 of population (see Table 1.2). Numbers, however, reflect testing policies implemented in each province and territory. A somewhat better reflection of success in management is the number of deaths per 100,000, which in Manitoba is among the lowest jurisdictions having experienced COVID-related deaths. This could obviously change quickly as social distancing policies and practices shift.

A number of reasons can explain Manitoba's relative early success. Some are simply circumstantial: most international travellers to Canada arrive via airports and border crossings located in the provinces of Quebec, Ontario, and British Columbia. Since the pandemic was first brought into Canada by travellers, the earlier emergence of outbreaks in these provinces was foreseeable. In addition, spring break in Alberta, British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, and Saskatchewan occurred after the closure of borders and associated declarations of states of emergency. In contrast, spring break in New Brunswick and Quebec occurred in early March, before the closing of the Canadian border. Spring break, where students from kindergarten to high school have a week or two off school, is often an occasion for travel to visit family or southern climes.³⁶

As a result of outbreaks emerging in other provinces, Manitoba adopted a number of measures (state of emergency, closing of schools, closing of public places, limiting gathering sizes) ahead of the first evidence of community transmission. This stance likely delayed the curve in Manitoba, allowing decision makers to put in place containment and management measures, including the sourcing of PPE for health care workers, routing COVID care to designated parts of the health care system, sorting procedures for containment, setting up testing sites, and so forth. Manitoba did experience some difficulties with securing PPE supplies, which resulted in the adoption of certain measures, such as the reuse and sterilization of gently used equipment.³⁷

Outbreaks in Quebec and Ontario disproportionately impacted long-term care facilities. Vulnerabilities in these institutions were known prior to the pandemic.³⁸ It is likely that under similar circumstances (with earlier outbreaks and community transmission in long-term care facilities), Manitoba's outbreaks might have also ballooned as they did in Quebec and Ontario.

Some Manitoba innovations are noteworthy. Manitoba First Nations were disproportionately affected by the 2009 H1N1 outbreak. This experience exposed huge gaps in federal-provincial coordination strategy and left behind hard-earned lessons.³⁹ Building on this experience, a Provincial Indigenous COVID-19 Collaboration Table was set up on 19 March, bringing together representatives from Manitoba Health, the federal First Nations and Inuit Health Branch, the Regional Health Authorities, the municipalities, and First Nations, Metis, and Inuit organizations to ensure that all emergent issues were addressed expediently. The coordination team met twice a week in the initial stage of the pandemic. Authors of this chapter who participated at this collaboration table agree that this venue became an important link between communities and Manitoba Health's Incident Management structure.

In addition, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), a community-based health policy and research organization, as well as the Manitoba Inuit Association, quickly developed information-sharing agreements with Manitoba Health, allowing for health providers to collect a First Nations or Inuit identifier at the time of testing.⁴⁰ This was implemented in early June, resulting in weekly reports of results from Manitoba Health to the First Nations Health and Social Secretariat and to the Manitoba Inuit Association. This, in effect, empowered First Nations and Inuit organizations to take a leadership role in advising their communities on how to keep safe. It also allowed for some monitoring of testing practices to ensure equity and accountability.

For the Manitoba Inuit Association, signing an information-sharing agreement with Manitoba Health was the result of an unprecedented level of inclusion at policy planning collaboration tables. The inclusion of an identifier in testing processes created an opportunity for the Manitoba Inuit Association to be engaged in public health planning and coordination of services for Inuit. Weekly testing reports of Inuit were presented to the Manitoba Inuit Association and shared with the

Government of Nunavut, allowing for greater cross-border coordination. This innovation further highlighted the importance for Inuit to organize and advocate for more equitable health care. For example, the Manitoba Inuit Organization mobilized to ensure Elder support, transportation capacity, and emergency accommodation for Inuit women and youth at risk as regional shelter capacity was restricted due to COVID-19 public-health restrictions. Provision of additional supports was also made for Inuit patients who were required to self-isolate for fourteen days prior to being permitted to travel back to their territory after receiving health services in Manitoba. These activities closed important gaps for Inuit.

FNHSSM, in partnership with Ongomiizwin Health Services (OHS, a part of the University of Manitoba's Indigenous Institute of Health and Healing, which provides family physician and specialist care to First Nations and Inuit communities across Manitoba and Nunavut) took a leadership role in forming virtual triage teams to support communities that were impacted by COVID-19-related physician shortages. The OHS-based Indigenous COVID-19 Response Team also created a seven-point COVID Response Plan that included rapid-response teams that could be deployed to assist communities to do contact tracing and support possible isolation monitoring, should positive cases be identified in communities. The plan is to keep these teams in place until the end of the pandemic.

First Nations communities were also able to draw from their experience of H1N1, with a majority closing their community borders to minimize exposure, setting up facilities for isolation should a case be identified in the community, and delivering food hampers to families with vulnerable individuals. At the time of writing, sixteen First Nations individuals living off-reserve have been found to test positive for COVID-19, and all recovered. All cases were from urban environments, rather than First Nation communities.

These innovations testify to the considerable work completed by many individuals, from Indigenous, provincial, and federal authorities, to ensure better service coordination. Manitoba is the only province that monitors test results by ethnicity and reports back to Indigenous organizations to support their decision making. The results are unequalled across Canada.

The Right Remedy or Overreaction?

Calibrating policy responses to a newly identified virus is more of an art than a science. The most important factor modulating spread remains human behaviour. Manitoba managed to keep the number of COVID-19 cases requiring critical care low, resulting in a small number of deaths directly attributable to COVID-19. Assessing whether Manitoba's response was adequately calibrated or disproportional to circumstances through the spring, summer, and beyond is difficult, given the lack of broad-based testing at the time. A small number of protesters defiantly questioned the measures in place in the spring and summer of 2020.⁴¹

Future research may show that the mortality rate for other outcomes did go up during the COVID-19 outbreak, partially as a result of social distancing and the continuous messaging of staying home. Statistics Canada reported no detectable "excess deaths"⁴² (defined as "the number of people who died in a given week in 2020 . . . compared with the number of deaths in the same week in 2019"⁴³ minus those deaths directly attributable to COVID-19). It is likely that, with more time, excess death will be detected in all jurisdictions. At the time of writing, a number of scenarios specific to Manitoba, but likely generalizable, have emerged pointing out that excess death is likely to be documented in Manitoba.

To begin, the Government of Manitoba cancelled all elective surgeries on 23 March 2020. Elective surgeries are defined as "NOT being Urgent or Emergent and includes those surgical procedures for which a delay of three (3) months or longer would not result in any significant adverse effect for the patient."⁴⁴ The intent was to preserve acute care capacity for an anticipated surge in COVID-19 cases and to reduce the risk of transmission in acute care settings. Although the expected surge did not materialize, the cancellation of elective surgeries created a significant backlog, which will take months to catch up on.⁴⁵ It is anticipated that this will result in a domino effect, leading to poorer outcomes for other conditions such as heart disease, stroke, and acute infections, and the emotional stress associated with the wait.

Manitobans' response to public health messages of staying home reportedly resulted in some patients seeking care only when their condition had progressed to a critical stage, resulting in poorer outcomes.⁴⁶

By mid-April, the “stay home” messaging became more nuanced with reassurances that it was safe to seek health care. Anecdotally, the authors heard reports that the number of visits to emergency, as an indicator of changes in medical-care-seeking behaviours, remained lower than usual. This was corroborated by media reports.⁴⁷ Part of this drop may, however, be positive and related to behavioural change resulting in a drop in car accidents and other causes of injuries.

In Manitoba and elsewhere, the pandemic outbreak occurred in the midst of a crystal meth and opioid crisis. Evidence reported in the news suggests a reduction in the number of 911 calls, a jump of 70 percent in the use of Naloxone by paramedics, and a likely increase in the number of overdose deaths as a result of users consuming alone (in response to calls for social distancing).⁴⁸ Isolation may also result in higher use of opioids.

The uncertainty associated with COVID-19 has been associated with an exacerbation of mental health-related symptoms, such as depression and increase in alcohol abuse, which might result in problematic coping strategies and negative consequences. Some researchers have drawn attention to the impact of public health recommendations on increasing gender-based violence, calling attention to “the pandemic within the pandemic.”⁴⁹ Several regions have reported a 20 to 30 percent increase in gender-based and intimate-partner violence. Safe shelters in Manitoba and elsewhere reported a decline in the number of calls for a safe place, suggesting that for some families safety from violence was seen as less important than prevention of exposure to COVID-19.⁵⁰ Manitoba launched a mental health virtual therapy program at the end of March to support those needing counselling in the face of uncertainty.⁵¹ At the time of writing, the rates of utilization of this program are unknown.

Conclusions

It is difficult to predict how the next waves of this pandemic will unfold, but over the summer months strategies were developed to safely reopen schools in the fall, allowing provisions for professional athletes and team sport events to resume, reducing self-isolation requirements for Manitobans travelling across western Canada or northwestern Ontario, and reopening restaurants and certain theatres at reduced capacity.⁵²

“COVID fatigue” has resulted in behaviours that are known to promote community transmission.⁵³ This will likely result in the number of COVID-19 cases rising abruptly and leading to a retightening of public health measures. This will be known in hindsight. Given experiences around the world, it seems unlikely that Manitoba will escape periodic spikes in COVID-19 cases. The magnitude of the spikes will depend on behaviour and public health officials’ ability to convince Manitobans of the threat. Sadly, this is easier done when numbers are growing than when they are low.

It will take a few years and more detailed analyses to confidently comment on how this pandemic could have been better managed, whether the policy response was disproportionate to the threat, and whether it resulted in more harm to Manitobans and to the economy than warranted. At the time of writing, twenty weeks after Manitoba declared a state of emergency, a body of literature has grown from 120,000 to over 1.2 million references. Still, considerable uncertainty remains. The COVID-19 pandemic is the most significant historical event of our generation, with ramification for decades to come. It remains an incredibly complex policy puzzle, navigated and reassembled daily with the best available evidence, to adjust to emerging and anticipated circumstances.

Table 1.1. COVID-19 Timelines.

	ON	BC	QC	AB	NB	MB	SK	NL	PE	NS	NT	YK	NU
1st 1000 deaths	30-Apr		21-Apr										
1st 100 deaths	5-Apr	25-Apr	5-Apr	4-May									
Date of 1st death	19-Mar	9-Mar	18-Mar	19-Mar	27-Mar	27-Mar	30-Mar	30-Mar		7-Apr			
Date of 1st community transmission	16-Mar	5-Mar	24-Mar	15-Mar	30-Mar	1-Apr	24-Mar	28-Mar	8-Apr	30-Mar			
Date of 1st case	25-Jan	28-Jan	27-Feb	5-Mar	11-Mar	12-Mar	12-Mar	14-Mar	14-Mar	15-Mar	21-Mar	22-Mar	
Announcement of closing of primary and secondary schools	12-Mar	17-Mar	13-Mar	15-Mar	13-Mar	13-Mar	16-Mar	16-Mar	15-Mar	15-Mar	16-Mar	18-Mar	16-Mar
Authorities declare a public health emergency and/or a “state of emergency”	17-Mar	17-Mar	13-Mar	17-Mar	19-Mar	20-Mar	18-Mar	18-Mar	16-Mar	19-Mar	19-Mar	18-Mar	19-Mar

Sources: E. Brass, “Don’t Put your Health on Hold: Doctors Urge Manitobans not to Avoid Getting Care during Pandemic,” *CBC News*, 20 April 2020, <https://www.cbc.ca/news/canada/manitoba/don-t-put-your-health-on-hold-doctors-urge-manitobans-not-to-avoid-getting-care-during-pandemic-1.5539026>; B. Hoyer, “Alarming Signs of Pandemic Overdose Spike Emerge in Winnipeg: Emergency Calls for Suspected Meth, Opioid Overdoses Rise Amid Isolation,” *CBC News*, 17 June 2020, <https://www.cbc.ca/news/canada/manitoba/winnipeg-overdose-emergency-calls-covid19-pandemic-1.5615248>; B. Hoyer, “Manitoba Domestic Violence Shelters See Drop in Demand Amid Social Distancing, but Problem Hasn’t Stopped,” *CBC News Manitoba*, 7 April 2020, <https://www.cbc.ca/news/canada/manitoba/manitoba-domestic-violence-covid19-1.5524917>; K. Rosen, “Backlog of Elective Surgeries to Take Months to Complete: Manitoba Health Officials,” *CTV News Winnipeg*, 11 May 2020, <https://winnipeg.ctvnews.ca/backlog-of-elective-surgeries-to-take-months-to-complete-manitoba-health-officials-1.4934431> (accessed 30 June 2020); E. Saliba and M. Hunter, “New Evidence in Race to Find France’s COVID-19 ‘Patient Zero,’” *NBN News*, 15 May 2020, <https://www.nbcnews.com/news/world/new-evidence-race-find-france-s-covid-19-patient-zero-n120787> (accessed 2 June 2020).

Table 1.2. Active COVID-19 across Canada as of 31 August 2020.

	Date of First Case	Date of First Community Transmission	Number of Confirmed Cases	Number of Confirmed Cases per 100K	Number of Tests	Number of Tests per 100K	Number of Deaths	Number of Deaths Per 100K
Canada	25-Jan-2020	5-Mar-2020	123,490	330.77	5,249,800	14,061.65	9,049	24.24
Ontario	25-Jan-2020	16-Mar-2020	40,972	282.97	2,656,928	18,349.67	2,792	19.28
British Columbia	28-Jan-2020	5-Mar-2020	4,745	96.93	316,782	6,471.34	198	4.04
Quebec	27-Feb-2020	24-Mar-20	61,316	724.94	998,424	11,804.42	5,729	67.73
Alberta	5-Mar-2020	15-Mar-20	12,501	281.83	846,681	19,088.14	227	5.12
New Brunswick	11-Mar-2020	30-Mar-20	186	24.60	57,511	7,606.67	2	0.26
Manitoba	12-Mar-2020	1-Apr-20	763	55.78	118,364	8,653.53	12	0.88
Saskatchewan	12-Mar-2020	24-Mar-20	1,586	131.79	125,181	10,401.88	22	1.83
NFLD&lab	14-Mar-2020	28-Mar-20	268	51.22	29,176	5,576.02	3	0.57
PEI	14-Mar-2020	8-Apr-20	44	32.39	22,889	16,848.85	0	0.00
Nova Scotia	15-Mar-2020	30-Mar-20	1,067	111.30	70,388	7,341.93	64	6.68
NWT	21-Mar-2020	N/A	5	11.34	3,683	8,355.64	0	0.00
Yukon	22-Mar-2020	N/A	15	38.00	2,270	5,751.35	0	0.00
Nunavut	N/A	N/A	0	0.00	2,023	5,434.37	0	0.00

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Governing Manitoba in a Pandemic: Crises, Leadership, and Institutions

Paul G. Thomas

This chapter focuses on how the “normal” decision-making processes within the Manitoba political system changed to accommodate the unprecedented and urgent demands of the dual crises of the COVID-19 pandemic and the related economic recession. To that end, this chapter assesses the leadership, interactions of public health experts and government officials, and other governance issues. However, other chapters in this volume also speak to other important governance actors.¹

The discussion that follows is divided into four sections. The first section discusses some of the defining features of a crisis. The following section discusses the demands on leaders during a crisis, including the need for expeditious and authoritative decisions, which means that power is usually more centralized than under normal governing conditions. At the same time, the multi-dimensional nature of crises creates the need for delegation, coordination, and collaboration, circumstances in which some sharing of power is inevitable. The third section outlines the extent to which there was disruption to existing institutional arrangements and the extent to which innovation was required to enable the governing system, consisting of the political executive of the premier and the cabinet, the public service, and the Manitoba Legislative Assembly, to cope with the demands and the constraints arising from the dual crises of the pandemic and the recession. The final section offers a summary of the findings and lessons learned.

Some Defining Characteristics of Crises

The literature on crises and crisis management contains both an academic, theoretical component and a more applied body of diagnosis and prescription. Despite the ever-growing volume of material, there is nothing close to agreement on how to define, classify, and deal with crises. Some authorities reject the notion that there can be a universal model of crises, each is said to be random and distinctive.²

For purposes of this discussion, a crisis will be defined as an unexpected and often unprecedented event that confronts a society and/or an organization with threats that can potentially cause harm and instability, such as loss of life or injuries, economic damage, destruction of property, exceptional costs for governments, and fear and anxiety within society. Crises have become increasingly regular and more complex events; many of them span boundaries across countries, across regions within countries, and across policy fields. They can occur as natural disasters or as a result of human actions. Some crises arise suddenly, such as flash flooding or forest fires, whereas others emerge more gradually, often as a result of the neglect of chronic problems that exist, such as poverty and overcrowding, leading to health crises.

Four components of most crises include (1) an element of surprise, (2) a threat to the stability and continuity of life within a society, (3) a short time period for decisions to be made, and (4) uncertainty over how best to respond as events unfold in an unpredictable manner.³ There is debate within the literature on crisis management over the extent to which governments can anticipate, plan, and prepare for extreme events. Charles Perrow argues in his “normal accident” theory that the “close coupling” among the various interconnected systems within society, arising from globalization and information technology, means that governments cannot anticipate and be fully prepared for a crisis.⁴ Proponents of the theory of “high reliability organizations” (HROs), like Karl Weick and Kathleen M. Sutcliffe, recognize the limits of anticipation and planning for extreme events, but maintain that some organizations develop mechanisms and a culture of “mindfulness” that strengthens anticipation, intelligent improvisations, and resilience that allow them to mitigate negative impacts and enable better recoveries.⁵

It is common to describe crises as passing through stages. The Manitoba Emergency Measures site offers a familiar description of

three stages: recognition, response, and recovery. In practice, however, crises seldom follow a neat linear line of progression over time. In the case of a pandemic, evolving circumstances and new evidence can lead to a new understanding of the disease and the need for new responses. Declaring victory can be artificial if the virus that caused the pandemic is still active.

Often in the aftermath of a crisis there are calls for an in-depth investigation of what transpired to learn what was done right or wrong, and what can be done to prevent a recurrence of unwanted events. Lessons must be learned so that governments and communities can become better at anticipating severe events, more resilient at absorbing their impacts, and more resilient in terms of knowledge and capacity to respond to future disruptions. Unfortunately, governments are not known for learning in these important ways.

Leadership during a Crisis

Leadership and crises are intertwined phenomena. Leadership, here, refers to both the attributes of the individuals in positions of authority and to the interactive processes by which groups of people within institutions (like cabinets and legislatures) and interconnected organizations seek to achieve agreement on the nature of the crisis and what needs to be done in response to it.

Citizens expect leaders to anticipate and to protect them against threats, to mitigate their impacts, and, in the aftermath of severe disruptions, to restore society to a condition of normalcy and ideally to increase protection and resiliency in the face of future similar crises. The public tends to judge leaders in part on the extent to which a particular crisis was seen as foreseeable and controllable. The available literature does not establish definitively why some leaders perform effectively during crises and others do not.⁶

Responses to a pandemic occur on at least three levels: first, a strategic policy level of decision-making about what general actions governments should take, such as whether to declare a state of emergency; second, an intermediate administrative level (the public service) responsible for the design of prevention and control strategies along with managing the impacts on the health care system; and third, the operational level of administering tests and treating patients.⁷

Ideally, political leaders determine strategic policy responses, oversee the execution of their decisions, and avoid excessive involvement with administrative and operational matters. Senior administrative leaders provide advice on policy and use a variety of instruments to implement necessary regulatory and administrative actions to mitigate and remove the health threats represented by the pandemic. Front-line health and other professionals provide the necessary treatments and supporting services.

The personal philosophies, operational style, and interpersonal skills of leaders are important to how they handle crises. As leader of the Progressive Conservatives, Premier Brian Pallister is widely recognized to have strong ideological convictions about the desirability of limited government, low taxes, balanced budgets, and manageable debt loads. When the pandemic hit, Premier Pallister indicated that his government would spend as necessary to protect lives, but would be mindful of its goal of restoring public finances to a competitive, sustainable basis after inheriting what it refers to as a “financial mess” from the previous New Democratic Party (NDP) government. In response, the opposition in the legislature and other critics questioned whether downsizing, consolidations, and the application of restraint had diminished the capacity of government to deal with the dual crises, particularly the capacity of the health system to respond to a surge of cases.

Agenda management and communications for political purposes have become central activities in the governing process under normal conditions. The greater uncertainty and time pressures associated with a crisis makes the conduct of those activities more difficult. A delayed response to an emerging crisis can bring criticism whereas overreacting can increase anxiety. Crisis messaging must be clear, honest, credible, and persuasive. Managing public understanding and expectations is exceedingly tricky, especially in the age of social media, when misinformation, rumours, and fears spread rapid.⁸

Premier Pallister made regular announcements regarding government policy decisions to address the dual health and economic crises. On such occasions, he usually took one question and a short supplementary question from representatives of the various media. On those occasions, the premier sought to convey the reassuring message that the disease was not spiralling out of control, that financial and other forms

of support would be provided to cushion the impact of the economic fallout from shutting down society, and that Manitoba would make it through the two crises. The premier recognized that when it came to communicating about the scientific side of a pandemic, it was best to share the microphone with public health experts who had greater expertise and more credibility with the public.

Daily, front-and-centre public communication provided a modest, but underwhelming boost to the approval rating of the premier. His 50 percent approval rating in late May 2020 indicated little change from where Manitobans stood after the 2019 election. On a national scale, Premier Pallister found himself with the lowest approval rating among premiers, many of whom had approval ratings in the high 70 percent range.⁹ This ranking could be seen as surprising given what had then been Manitoba's enviable record in terms of a low number of COVID-19 cases, hospitalizations, and deaths. Widespread criticism of the government's response efforts, characterized by a slow and limited austerity agenda, has arguably affected public judgement of Premier Pallister's overall handling of the crises.

Political leaders are expected to signal to the public when the threat has subsided or been eliminated. This is another juncture when objective judgment based on available evidence is combined with political calculations.¹⁰ At the time of writing, Manitoba's government had transitioned through several phases of reopening society and the economy, had targeted more restrictive measures at "hot spots" where cases were rising, and eventually went to a colour-coded system based on the gravity of the situation. Come October there was a serious surge of cases in Winnipeg that led to shutdowns and new restrictions on certain facilities for twenty-eight days, with the hope of flattening the curve. All of these actions, the government claimed, were based on the advice of public health officials along with some community input.

Organizing for a Crisis

Depending on its scope, severity, and duration, a crisis like the pandemic will be disruptive to the constitutional and institutional arrangements and the normal routines of the governing process. Laws, structures, procedures, and informal norms of behaviour that shape the actions and relationships among different institutions and actors may need to

be changed, affecting both the political and the administrative sides of government.

Established public sector organizations are forced to adapt, and new organizations may have to be created to meet the demands of the crisis. Different organizations will have varying degrees of involvement, capacity, and impact during the course of a crisis situation. Structures and processes of governing are vital for successful crisis management; assessing their impact is difficult given the multitude of other factors that potentially may affect outcomes.

The governing arrangements in Manitoba involve a cabinet-parliamentary constitutional system that, under modern political conditions, operates in a centralized manner out of the premier's office. High levels of confidentiality surround decision-making at the cabinet level. Crises typically increase centralization over some matters, but to avoid an overload of decision-making, some decisions and actions must necessarily occur on other levels throughout the broad public sector.

Lack of coordination is identified as a critical failure in many crises, and is at the same time seen as the solution to such failure. Coordination is, however, an elusive concept that can mean different things. It can imply the ability to impose actions on others hierarchically, or indicate a more non-hierarchical facilitating role commonly associated with network arrangements.¹¹ Concentrated power in the premier's office means that top-down direction, control, and coordination is facilitated, but not guaranteed.

Due to confidentiality, the internal dynamics of the cabinet are mostly unknowable to outsiders. Media reports suggest that on issues that interest him and those that potentially affect the popularity of his government, Premier Pallister is very much in charge. He often presided over cabinet meetings in a large committee room that allowed for physical distancing. He also often attended the Tuesday meetings of the Treasury Board committee of cabinet that was responsible for the emergency spending on health and economic initiatives. The premier opted not to create a special committee of cabinet to handle the crisis.

To promote a whole-of-government response to the economic repercussions of the shutdown, the government established a Deputy Minister Committee on Business Continuity Planning. As the title suggests, the committee was intended to provide various types of

coordinated support to the business community. The committee met regularly during the crisis, but documented evidence on its work and its impacts was not available.

Actions by the government to cope with emergencies must be based on statutes passed by the Manitoba Legislature. A number of statutes are relevant, but two are most important in relation to the pandemic. The Emergency Measures Act (EMA) creates the Emergency Measures Organization (EMO), housed within the Department of Manitoba Infrastructure. EMO is authorized with administrative responsibility for leading a whole-of-government approach to all stages of emergency management. The Public Health Act, to be discussed below, creates the Office of the Chief Provincial Public Health Officer.

For over more than a decade, EMO has made pandemic planning and preparedness a priority, in part by working with other orders of government and stakeholders within the community. In 2006, it published a document titled “Preparing for Pandemic Influenza in Manitoba.” Mainly written for a public audience, the document declared that, “given the potential effects of a pandemic and the broad scope of preparedness activities, the Government of Manitoba has the responsibility to make sure that co-ordinated preparedness and response efforts are undertaken in our province.”¹² During the current pandemic, EMO hosted provincial teleconferences with stakeholders to facilitate expanding COVID-19 information sharing, response planning, and communications.

Like most jurisdictions, Manitoba’s EMA provides for a critical-incident command structure that is meant to produce a coherent strategy and decision-making approach to emergencies. Depending on the nature of the crisis, strategic direction flows downward from the premier, cabinet, and/or individual ministers and accountability for operational decision-making flows upward to the top of the command structure.

With the pandemic being a health crisis, the government turned to Shared Health, a statutory corporation created under legislation passed in 2018. As part of a broader health-service transformation strategy, Shared Health is leading the integration of patient-centred and preventative services across the province, a mandate that made it suitable as the organizational leader of pandemic response efforts. Under their authority, regional health authorities and the institutions, like hospitals, continue to have responsibility for operations and implementation within their areas, including during times of emergency or pandemic.

The experience of developing Manitoba's first clinical and preventive services plan over the past two years provided a foundation for coordination and collaboration.

It is not possible to fully document the influence of Shared Health in the handling of the pandemic. However, there are reasons to believe it played a crucial role in shaping the policy responses and the communications strategies. One such reason is that the Shared Health executive responsible for strategic relations and strategic communications, Olivia Baldwin, previously held the position of director of transformation in the Priorities and Planning Secretariat serving the premier and cabinet. A second reason is that the Shared Health chief nursing officer (CNO) responsible for health-system integration and quality service regularly briefed the premier on the trajectory of the disease and became a recognizable public official as part of regular news conferences alongside the chief provincial medical officer.

The position of chief provincial public health officer (CPPHO) is created under the Public Health Act and the office resides within the administrative framework of the Ministry of Health, Seniors, and Active Living. The role of the CPPHO is somewhat ambiguous.¹³ S/he is both a senior public servant who provides confidential advice to government and manages the implementation of government policies on public health. S/he is also an independent advocate and communicator with the public. These different roles can be potentially incompatible and create confusion in the media and the public mind about whether the CPPHO speaks for government or as an independent expert promoting public health values.

The current CPPHO, Dr. Brent Roussin, effectively combined professionalism with sufficient political astuteness so as to avoid being drawn into the political fray. His role both "behind the scenes" and "in front of the media" helped the Pallister government make tough decisions. By providing scientific expertise to support the government actions he reduced the political risks for the government. The premier always insisted the government's actions on health matters were guided by the experts, not by political calculations.

Along with Shared Health's CNO, Lanette Siragusa, Dr. Roussin regularly briefed the premier and health minister and chaired the regular meetings of the health incident command team that involved representatives from a number of government departments.

In official documents, the CPPHO and the CNO were described as the “Unified Incident Commanders” for the pandemic. As joint leaders, they initially hosted a televised news conference daily, a frequency that was reduced to twice weekly once the limited scale and stability of the disease situation became known. In those news conferences, Dr. Roussin covered the progress of the disease and the precautions that needed to be taken, while Ms. Siragusa dealt mainly with the impacts on the health system, including where testing was being conducted.

As a government committed to economic liberty, low taxes, deregulation, and reduced spending, the Pallister administration preferred to rely upon the least coercive and least expensive mix of policy instruments that would contain the harm of the virus and put a floor under the economic collapse. It was forced to amend the Emergency Measures Act that authorized the use of public health orders to contain the spread of the virus. In terms of economic relief, it proceeded slowly, initially allowing the national government to provide the bulk of the financial support to businesses and individuals (see Mulvale, this volume).

The Legislature and Accountability

The Manitoba Legislature is the principal forum where the government explains and defends its actions. Competitive political parties are central to the organization and proceedings of the Legislature. Consistent with the popular cliché, “We are all in this together,” it is often assumed that unity within the community is needed to carry us through a crisis. In terms of politics, this sentiment implies that normal partisan competition is set aside or reduced and an effort is made to achieve cross-party agreement on how to handle a crisis.

In a province like Manitoba, which has been ideologically polarized between the NDP and the Progressives Conservatives for decades, it did not work that way. Initially, there was some initial bipartisan cooperation to respond to the health emergency. Over time, however, there was growing political tension over how big a role the provincial government could, and should, play in responding to the economic crisis.

Given the requirements for speedy decision-making and for physical distancing to protect MLAs and legislative staff, plenary sessions of the Legislature had to be modified. The risk was that the government might use the crisis to bypass or minimize the role of the Legislature.

This would have been inappropriate. In difficult times requiring tough choices involving lives and livelihoods, the proceedings of the Legislature can contribute to transparency and accountability, to public awareness, and to the legitimacy of government actions.

The government announced on 20 March 2020 that a state of emergency existed. The Legislature was in session and had met ten times in March before being shut down. In April, it met only once, and to allow for physical distancing only a third of the fifty-seven MLAs attended in person. Before this sitting the NDP accused the government of planning to use the crisis to push through both pandemic-related and non-pandemic bills. This did not happen and the emergency session on 15 April 2020 was relatively cooperative, with the Legislature approving amendments to the Emergency Measures Act.¹⁴

The amendments passed after just a couple of hours of debate. They granted ministers, the CPPHO, and other public officials the authority to make “any order” they considered necessary and essential “to prevent, reduce, or mitigate serious harm or substantial damage to persons or property or the effects of fiscal or economic disruption.” The CPMHO was granted authority to issue orders to restrict travel and to require self-isolation for people entering the province. Despite these broad grants of rule-making authority to ministers and to public health officials, no special procedures were established to oversee the exercise of these discretionary powers.

There were only four additional sittings on Wednesdays in May, with none in June. The 100 hours normally reserved for the opposition to debate the government’s spending plans did not occur. The government claimed it might be open to more sittings, but likely there would be no sittings until an October reopening. This brought calls from the NDP and the Liberals for regular sittings over the summer to promote transparency and accountability. Regular news conferences in which the premier answered media questions were not the same, they argued, as the premier and other ministers being grilled in the Legislature over several consecutive days. An NDP request that the Standing Committee on Public Accounts, which is chaired by an opposition MLA and is supported by the office of the auditor general, be used to scrutinize the use of the exceptional authority and the approved emergency spending was denied by the government.

Conclusion

A strong majority of Manitobans supported the Pallister government in its efforts to keep them healthy—but fewer were impressed with how it managed the economy. Seventy-seven percent strongly or somewhat approved of the government's efforts to protect their health. In contrast only 61 percent approved of efforts to address economic fallout.¹⁵

Leadership was critical. The premier was clearly the single most important actor during the crisis. However, he could not control all decisions. He deserves credit for heeding the expert advice of the health professionals and delegating them the authority to make the necessary administrative and operational decisions. Cabinet continued to meet, but it is unclear whether this was mainly to learn of and react to decisions taken by the premier, the health ministers, public health officials, or others within the governing process.

Administratively, some provincial departments, such as Health, Seniors and Active Living, Economic Growth, and the Treasury Board Secretariat, were under tremendous pressures from an increased workload and the need to make rapid decisions under conditions of uncertainty. Other parts of the Manitoba public service and the broader public sector had to adapt, mainly by working remotely, but many saw their volumes of work reduced.

Two public health officials, previously little-known outside of that policy field, became recognized, trusted administrative leaders who through their regular news conferences offered the public information and reassurances that the pandemic was controllable. Professional teams located within the home organizations of the two officials supported the CPPHO and the CNO.

Failures of communication and coordination are often seen to impair the responses of government systems to the handling of a crisis. Viewed from the outside, this was not a serious problem involved with Manitoba's handling of the pandemic and the recession. The centralization of power in the office of the premier, and to a lesser degree the cabinet, allowed for top-down direction and control. Administratively, the authority granted to the CPPHO and the existence of Shared Health reinforced both vertical and horizontal coordination of activities of the health system.

The Manitoba Legislative Assembly is the main forum where governments are meant to be held accountable on a continuing basis.

This proved to be difficult because it could not be business as usual at the Legislature. There were only five sittings before the Legislature adjourned on 27 May and it did not meet until a scheduled reopening in October. Consequently, a large number of bills were left on the order paper and the usual review of the estimates of government spending plans did not take place.

There are often calls for a post-mortem in response to a crisis so that accountability is enforced, lessons are learned, and steps are taken to ensure mistakes are not repeated when similar extreme events occur in the future. This may happen informally within the Manitoba government and the health system. It is unlikely, however, that there will be a full, open inquiry. This means that the confidentiality surrounding important details and dynamics of the crisis management process may never be fully public.

Notes

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“What the MSM Won’t Tell You!” Social Media and Coronavirus Conspiracy Theories

Jason Hannan

The devastating public health crisis currently unfolding in the United States, in which some 217,000 people (as of 15 October 2020) have thus far died from COVID-19, might lead some Canadians to feel a sense of superiority about the state of the pandemic in Canada.¹ The numbers of confirmed cases and deaths per capita here have, after all, been dramatically lower compared to those in the United States.² That sense of superiority might be reinforced by the bizarre spectacle of a national leader publicly speculating about injecting disinfectant as a possible treatment for sick patients.³ It might be further reinforced by footage from April 2020 of right-wing protestors opposing lockdowns and masks in the name of “freedom” and “liberty,” looking like the zombies from George Romero’s *Dawn of the Dead*, even as hospitals in New York were becoming overwhelmed with patients and morgues with dead bodies.⁴ Some Canadians might argue, in response to this real-life Twilight Zone, that we are far more politically sensible and far more respectful of scientific expertise. Hence, we can be more confident about our prospects for handling the pandemic.

But this smug and self-satisfied attitude, so characteristic of who we are as Canadians, would be severely misguided. According to a recent study by Josh Greenberg and Sarah Everts at Carleton University, almost half of Canadians “have been hoodwinked into believing one or more common myths, conspiracies or inaccurate claims about the

origins and treatment options for COVID-19.”⁵ Canadians are apparently just as susceptible as their American counterparts to believing demonstrable falsehoods proliferating online, such as the absurd claim that 5G towers are fuelling the coronavirus, that hot baths and garlic are effective cures for infected individuals, and that the coronavirus was developed as a bioweapon in a Chinese laboratory.⁶ This widespread inability to distinguish between fact and fiction is a cause for alarm.

Scientific illiteracy has serious implications for public health. According to Aengus Bridgman, a PhD candidate in political science at McGill University, coronavirus conspiracy theories are spreading unchecked across Canada.⁷ Bridgman is a co-author of another recent study that found a strong correlation between social media use and disregard for public health guidelines.⁸ The more one relies on social media for news and information about COVID-19, Bridgman et al. found, the less likely they are to wear masks or practise social distancing. Although the study focused exclusively on Twitter, Bridgman et al. observe that other social media platforms, such as Facebook, YouTube, Reddit, Instagram, and Tumblr are also major contributors to the current climate of disinformation. Some Facebook groups that oppose masks, question public health authorities, and push conspiracy theories about the World Health Organization and Bill Gates have upwards of 20,000 followers. While it is tempting to attribute conspiracy thinking to right-wing groups or to those with little formal education, Bridgman emphasizes that such thinking cuts across the political spectrum and across education levels. As he puts it, “This is a Canadian challenge.”⁹

Manitoba is no stranger to conspiracy theories and pseudoscientific thinking. In July 2020, the Facebook group Manitoba Together organized a protest at the Manitoba legislature called “March to Unmask,” in which members demanded that the provincial government back away from mandating masks in public indoor spaces. Protesters carried signs saying, “Social Distancing is Unnatural,” “Hug Your Loved Ones,” “Life is Too Short to Live in Fear,” and “My Body, My Choice.” Others carried signs with disinformation about face masks, such as the disproven claims that masks “decrease oxygen,” “increase toxic inhalation,” and “shut down the immune system.”¹⁰

So, what is driving the spread of conspiracy theories? Alison Meek, a historian at King’s University College, believes that the volatility of life in a pandemic, including lockdowns, public safety measures, and

an uncertain economy, feeds an emotional climate of fear and anxiety. This climate in turn creates a desperate need for answers, for black and white truth, even if it means turning to outlandish beliefs. As she puts it, "When you're scared, when you're frustrated, you want someone easy to blame. . . . We want to point to somebody and say, 'Aha! You're the one—there's a bad guy here that did it,' as opposed to, 'this is just how these pandemics actually work.'" Unresolved scientific questions about the coronavirus and the evolving consensus on the effectiveness of masks have not helped. "All of those things," says Meeks, "are coming together right now to make these conspiracy theories a real public health crisis that's getting more and more difficult to deal with."¹¹

Rob Brotherton, a psychologist specializing in conspiracy theories, argues that the human brain, by virtue of certain quirks and kinks, is prone to believing in conspiracies.¹² We all harbour the paranoid instinct, often turned on during moments of protracted uncertainty, that reality cannot be taken at face value, that there must be some form of subterfuge beneath the surface of things. In this mindset, truth must, out of necessity, run against the grain, which challenges the status quo, even if it veers into the realm of absurd. Paranoia can be understood as an evolutionary mechanism for self-preservation, one that often overrides rational deliberation and becomes self-defeating.

In a similar vein, biologists Ajit Varki and Danny Brower have argued that denial is a fundamental feature of human consciousness, another evolutionary mechanism for self-preservation.¹³ Too much reality, according to Varki and Brower, is liable to overwhelm the mind's ability to process external data and carry out practical decision-making. For the sake of making it through the day, of rendering life intelligible from one moment to the next, the human mind partially filters out certain disconcerting elements of the surrounding environment as a coping mechanism to attend to more practical and immediate tasks at hand. Thus, for example, we as a society focus on jobs and the economy rather than thinking (enough) about climate change, a form of denial that may well prove fatal to humanity in the long term. Extrapolating from Varki and Brower's theory, we may surmise that conspiracy theories are the brain's way of constructing a tolerable or manageable picture of reality.

I would like to suggest, first, that a rigorous policy approach to the problem of online conspiracy theories, pseudoscience, and disinformation must attend to the underlying anxiety afflicting so many Canadians

in the present moment.¹⁴ Taking the fragility of human consciousness as a starting point, public health communication necessitates establishing common emotional ground with the general public by speaking to widespread fears in a time of uncertainty. Formal, impersonal, and callous pronouncements about public health guidelines are liable to alienate members of the public who are looking for sympathetic leadership with a human voice. One of the defining leadership styles of New Zealand Prime Minister Jacinda Ardern has been a willingness to speak to fellow citizens through social media from the privacy of her home, often while curled up on her sofa, to address their concerns.¹⁵ Positioning herself as their equal, as someone facing the same challenges, Ardern's warm, friendly, and personable style has resonated deeply with New Zealanders, creating a strong sense of solidarity and shared commitment to overcoming the pandemic together.¹⁶ Manitoba would do well to follow Ardern's example.

Second, I would like to propose cultivating a metadiscourse, a public discussion about the way we communicate as democratic citizens. Conspiracy theories and disinformation, like racism and misogyny, thrive in the absence of such a metadiscourse. The rise of social media has inaugurated what, following Jürgen Habermas, we might call another structural transformation of the public sphere. In a classic study on the history of communication, Habermas argues that the public sphere—the spaces in which civically engaged citizens come together to discuss and debate matters of public importance—has undergone periods of dramatic change over the last 200 years.¹⁷ These periods correspond to crucial political and economic shifts in society. In keeping with Habermas's analysis, the public sphere has arguably undergone another dramatic change following the emergence of social media, arguably the dominant media of communication in the world today. The terms, codes, styles, pathos, and imagery so characteristic of social media have effectively redefined the nature and content of public discourse.¹⁸ COVID-19 conspiracy theories take advantage of this new sensibility. They thrive on subversion, transgression, radicality, parody, memes, and irony—the rhetorical currency of digital media. For public health officials to counter conspiracy theories and disinformation, it is absolutely necessary to change their communicative ground game. It is not enough to convey straightforward facts in an impersonal manner.

Rather, cultivating a metadiscourse about how we communicate online can become a critical part of public media literacy and an effective means of diffusing conspiracy theories and disinformation. This does not mean trolling the trolls and having a laugh at their expense.¹⁹ On the contrary, it means speaking in a humanized, yet critical voice to shine a light on faulty logic through both wit and compassion.

Notes

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PART 2

POLICY, PANDEMICS, AND PLACES

The Pandemic and Manitoba's Non-Profit Sector: A Case of Insufficient and Misdirected Provincial Public Policy

Sid Frankel

Non-profit organizations play important roles in Manitoba, not only in terms of service delivery, but also as agents in the dissemination and expression of interests and values.¹ They also require substantial resources to play these roles. In 2017, all non-profit institutions in Manitoba received a total income of \$9,681,000.² The largest proportion of this income (\$5,343,000; 55.2 percent) was provided through transfers from governments in the form of funding related to grants and contracts. Sales of goods and services represented the second-largest proportion of the total (\$2,597,000; 26.8 percent).

In this context, this chapter briefly examines public policy responses, especially from the Manitoba provincial government, to support and maintain the non-profit sector during the pandemic period. To set the stage, it begins by examining the effects of the pandemic on the non-profit sector and then describes the pre-pandemic policy stance of the Manitoba government towards the sector.

The impacts that non-profit organizations are likely to experience from the pandemic are of three kinds.³ First, for some organizations, demand for the goods and services that they supply is likely to increase. For others, demand may decrease, often because pandemic restrictions are designed to slow the spread of the coronavirus. Second, many organizations must innovate to change their goods-and-service delivery practices because of these restrictions. Third, the income of

many organizations may be reduced immediately from some sources (for example, transfers from households in the form of donations) and, potentially, in the longer term from governments and foundations dealing with a wide range of pandemic-related costs. These impacts on income must be understood in the context of the circumstances faced by many non-profits of long-standing insecure funding to support core operations, costly funding accountability regimes, and stagnation in annual income over time.⁴

In a survey of 1,458 charities across Canada in April 2020, Imagine Canada found that 35 percent experienced increased demand and 37 percent experienced decreased demand in the first month of the pandemic.⁵ The Manitoba Federation of Non-Profit Organizations conducted two internet surveys of 176 and 229 Manitoba non-profit organizations in April 2020 and found that almost 27 percent experienced increased demand and just over 81 percent experienced disruption of service to community and clients.⁶

In its survey, Imagine Canada found that 83 percent of organizations had cancelled in-person programs and 54 percent had increased existing online programs. The Manitoba survey found that just over 65 percent of organizations had changed in-person to online events and in almost 67 percent of organizations staff were working from home.

Regarding financial impacts, Imagine Canada found that 69 percent of organizations experienced revenue decreases and the average decrease was almost 31 percent. The Manitoba Federation of Non-profit Organizations found that just over 70 percent experienced reduced revenue from fundraising and just over 66 percent experienced reduced revenue from earned income (sale of goods and services). In addition, just over 37 percent of organizations had laid off staff.

These data must be considered with caution because they involve non-probability samples, which may not be representative (although Imagine Canada weighted by multiple variables to increase representativeness), and the Manitoba survey was small. In addition, the data were collected early in the pandemic, before all impacts would have occurred. Nevertheless, these findings demonstrate significant impacts of the pandemic on the non-profit sector in Manitoba and elsewhere.

Historically, the funding and accountability relationships between the Manitoba government and non-profit organizations have varied across departments and programs.⁷ However, in 2011 the then New

Democratic government launched a small-scale funding experiment⁸ as a means to reduce the complexity of provincial funding to and accountability requirements from non-profits, which signalled a break from the dominant neoliberal new public management approach. However, this pilot project fell short of being a true example of collaborative governance⁹ whereby governments form authentic partnerships with the non-profit sector to collaboratively plan, manage, deliver, and evaluate programs. Furthermore, even this limited experiment was never moved to full implementation; rather, it remained as a pilot project only.

The election of the Progressive Conservative government in 2016 marked the continuation and intensification of neo-liberal approaches to the non-profit sector¹⁰ with significant decreases and defunding to some non-profit organizations. These included cuts to inner-city and women's organizations in 2017, such as the Daniel McIntyre/St. Matthews Community Association,¹¹ the North Point Douglas Women's Centre, and the North End Women's Centre.¹² They also included funding reductions to the Elizabeth Fry Society and the John Howard Society in 2018.¹³

In the hands of the Pallister administration, this neo-liberal approach was expressed through a fixation on cost reduction and decreasing the deficit,¹⁴ which served a political theory that characterizes the state as too large to deliver public services efficiently and effectively,¹⁵ and is concerned that the state consumes too large a proportion of economic production.¹⁶ This leads not only to an austerity agenda,¹⁷ but also to attempts to narrow public expenditures to the core business lines of government. In this context, the non-profit sector is affected by both cost containment and the perception that it provides non-essential goods and services.¹⁸ Furthermore, this neo-liberal approach views the non-profit sector as simply an aggregation of potential contractors and eschews a state obligation to support the non-profit sector as an area of the economy that performs vital societal functions.¹⁹ In this context, it is not difficult to understand why the Pallister administration terminated the Non-Profit Organization Strategy of the previous New Democratic Party government (in which the above-mentioned experiment was imbedded).²⁰

In May 2019, the Government of Manitoba issued a consultation paper called "Building Capacity and Promoting Sustainability in Manitoba's Non-profit Sector."²¹ It alleged that the non-profit sector

in Manitoba is too dependent on government for income and that it is not sufficiently innovative. The latter assertion is consistent with the neo-liberal belief in the superiority of private-sector management approaches in every context.²² It was widely speculated that this document was the precursor to funding cuts, which made non-profits potentially vulnerable in the nine months leading up to the start of the pandemic in Manitoba. It is not surprising that in the Manitoba Federation of Non-Profit Organizations survey the average rating by organizations of their confidence level for provincial government support of their organizations was only 3.88 out of 10.

The Manitoba government has taken limited and potentially destructive action towards the non-profit sector during the pandemic. First, it threatened to cancel or claw back funding from non-essential non-profit service providers²³ and made cuts to environmental organizations.²⁴ Second, it chose a for-profit provider (Morneau Shepell) to offer virtual mental health therapy, when this capacity exists among Manitoba non-profits in the mental health field. Third, it chose a business (24-7 Intouch) to provide consultation to the non-profit sector regarding pandemic planning,²⁵ with no appreciation of the differences in practice and relevant skills between the private and non-profit sectors. Fourth, while the Non-Profit Summer Student Incentive Grant and the Manitoba Summer Student Recovery Program provided resources to hire students over the summer,²⁶ many organizations argued that the effects of the pandemic have stretched them too thin to make full use of these opportunities.²⁷

As a result, many Manitoba non-profit organizations continue to rely on resources other than those from the Manitoba government as they respond to the unfolding challenges of the pandemic and the recovery. It appears that for the provincial government the goal of sustaining the health of the non-profit sector through the pandemic and recovery was displaced by other goals, such as influencing the non-profit sector to adopt more business-like practices, limiting the reliance of the non-profit sector on provincial government funding, and assisting post-secondary students faced with tuition increases induced by decreases in provincial funding.²⁸

As noted above, the non-profit sector in Manitoba constitutes a large component of the economy and plays essential roles in society, from service delivery to advocacy. However, this pandemic, coupled with the

unsupportive policy responses by the Government of Manitoba under the leadership of Brian Pallister, have left this sector highly vulnerable.

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The Effect of the COVID-19 Pandemic on Manitoba's Public Universities

Scott Forbes and Jim Clark

The Sudden Arrival of the Pandemic on Campus

The COVID-19 pandemic arrived suddenly on college and university campuses across North America and presented an unprecedented challenge for Manitoba's post-secondary institutions. On 6 March, the University of Washington became the first American university to close its campus and move classes online:¹ 300 additional American universities did the same over the next week.² In Canada, Laurentian University moved classes online on 11 March when COVID-19 arrived in the local community. Manitoba's post-secondary institutions followed almost immediately:³ the University of Winnipeg and Université de Saint-Boniface closed in-person classes on 13 March and shifted to online classes the following week. Brandon University, the University of Manitoba, and Red River College made the same moves the week of 16 March.

The Effects of the Pandemic on Students and Faculty

With campus closures, the first challenge was to complete the winter semester online. Such a shift was unprecedented. Some instructors moved to some form of asynchronous non-interactive online teaching, ranging from PowerPoint files and class notes posted on course websites, to narrated audio or video lectures. Others moved to a synchronous interactive teaching format, learning quickly how to present Zoom lectures or use similar online presentation software. Our impression was

that the overwhelming sentiment of instructors was to make the best of a bad job and to guide students through difficult and stressful times.

Many exams were moved online; some instructors opted for take-home exams that could be submitted electronically. A major problem for online exams was security: normal methods of exam invigilation were not possible.⁴ Some instructors moved to open-book exams, while others relied on the honour system.

Universities worked to reduce the inimical impacts of the pandemic on online teaching for students.⁵ University Senates quickly passed new regulations allowing flexible course withdrawals and the option of whether to include winter term courses in grade point average calculations.⁶

For the most part, the shift to online courses to complete the winter term appeared to work reasonably well, but was far from ideal. Students with access to high-speed broadband connections fared best in the rapid transition to online learning, but not all were so lucky. Some students found themselves in crowded apartments, with whole families sequestered together. Some faced the challenge of parents working from home and usurping the Internet connection; still others found study conditions impossible with little privacy. There was a small but significant increase in voluntary withdrawals after the shift to online teaching.⁷

In the spring and summer of 2020, university enrolments in Manitoba actually increased over previous years,⁸ possibly because students faced few opportunities for summer employment. What the future holds for enrolment is unclear, although international student enrolments are expected to decline sharply in the coming year. Indeed, international students were among the worst-affected by the pandemic. Some were trapped in Canada by travel restrictions and left stranded without adequate funding. Others who travelled home face an uncertain return to Canada. Some may opt for online course offerings (if possible), but this will prove challenging for many. Students from Asia will face online synchronous courses scheduled for the middle of the night. Students may lack adequate e-resources.

Faculty, too, faced an array of unprecedented challenges. Most exerted much time and effort to adapt suddenly to an online teaching environment, efforts that have continued as in-person classes and labs have been suspended for the 2020–21 academic year. In addition to teaching issues, most research activity was suspended in the spring and

summer and is only now slowly being restarted, limited by access to labs, equipment, travel, and other resources. For many faculty, summer is their prime time for research activity and represents a significant loss.

The COVID-19 virus is not egalitarian: the potential health effects are greater for older individuals; for the immunocompromised; and for those caring for the elderly, among others. It is almost unimaginable that without a widespread and effective vaccine, some faculty face potentially serious health effects if they teach in-person classes. It is possible that some faculty will never see an in-person class again.

Even when in-person classes resume, we may not see large classes any time soon, as social distancing becomes the norm. This will impact class sizes dramatically and raise instructional costs. Designing laboratory classes is another major challenge. In some cases, hands-on learning is essential and will require creative solutions.

The post-secondary teaching environment is ill-suited for pandemic conditions. Much of the existing building stock in Manitoba is inadequate to allow for social distancing and will require retrofitting with modern ventilation systems to diminish risks of pathogen transmission.

The Effects on University Budgets

The closure of university campuses had dramatic and immediate effects on the budgets of the four public universities in Manitoba, almost all negative. While some costs, such as cleaning and maintenance, heating and lighting of buildings, were reduced, these savings were more than offset by revenue declines elsewhere. Student residences were either partially or fully closed, and parking lots now brought in reduced revenue, while fixed costs, such as servicing mortgage debt, remained. Anticipated declines in the enrolment of international students, who are charged substantially higher tuition fees than domestic students,⁹ may present another major revenue shortfall.¹⁰

The budgetary challenge faced by our post-secondary institutions was severely worsened by the austerity agenda of provincial politicians. Even before the pandemic, the Pallister government had decreased funding for post-secondary education in real terms every year after 2016.¹¹ It soon became obvious they intended to use the pandemic as a cover to fast-track large cuts to post-secondary education in Manitoba.

On 16 April 2020, the Progressive Conservative government, led by Premier Brian Pallister, gave the four public universities an ultimatum:

prepare new budgets for the coming year incorporating 10, 20, and 30 percent cuts to the operating grant from the province.¹² Only salaries were to be cut and those new budgets were to be delivered by 21 April 2020. Universities had five days to decide how to cut nearly one-third of salary budgets.

The province imposed additional restrictions that revealed the real goal was to shrink the workforce at post-secondary institutions. When the University of Manitoba offered to use a “rainy day” fund to cover the proposed cuts and avoid staff layoffs, that offer was refused. Pallister insisted on cuts to salary expenditures.

The response of the universities to Pallister’s ultimatum revealed that universities might not survive at higher levels of cuts. The administration of Brandon University told the province that anything more than a 15 percent cut would be untenable: cutting instructional costs would reduce enrolments and revenue, necessitating further cost reductions and more enrolment and revenue reductions. At the maximum 30 percent cut in provincial funding, two of the four public universities could cease to be full universities; the third university (St. Boniface) may have been forced to merge with the University of Manitoba. If Premier Pallister had succeeded in enforcing the maximum budget cuts, Manitoba may have been left with just one public university.

The public response to the proposed cuts to higher education in Manitoba during the pandemic was overwhelmingly negative. Economists, such as Robert Chernomas and Ian Hudson,¹³ and business professors¹⁴ spoke out about the folly of austerity during the worst economic crisis of our age. Prominent business leaders such as Barb Gamey and Bob Silver opposed Pallister’s proposals¹⁵ and detailed how universities were key to the post-pandemic economic recovery. Coverage by even right-wing newspaper columnists panned the Pallister proposals for major cuts to universities.¹⁶

With this backlash, the province reluctantly backed away from the large cuts originally proposed and settled on smaller cuts tailored to each institution: a cut of roughly 5 percent from the operating grant to the University of Manitoba,¹⁷ 2.3 percent to the University of Winnipeg, 1 percent to Brandon University, and none to Université de Saint-Boniface. The province later retreated further when it became clear that the pandemic had created additional unforeseen expenditures for universities (e.g., increased technology costs to meet student

instruction). Universities could apply to have funding restored if the proposals for expenditures met with ministerial approval,¹⁸ with the added effect of undermining university autonomy. Given that the funds would not be available before 2021, this still leaves universities with major funding shortfalls for the coming academic year.

The Future

COVID-19 promises to have lingering negative effects on colleges and universities, and a return to anything resembling normal seems unlikely anytime soon.

From a health perspective, Manitoba's post-secondary sector faces a highly uncertain future. For the short term, we must live with a dangerous and easily transmitted pathogen. Because universities are not insulated from the local community, outcomes will depend largely upon the success of public health efforts to contain the virus and reduce within-community transmission. Staff and students face the challenge that in-person teaching may pose significant health risks, especially for older faculty. Institutions face significant challenges in preparing classroom spaces for social distancing and building upgrades to reduce transmission.

Many questions remain about whether even exceptional efforts by faculty and staff can reproduce the success of in-class instruction. Students greatly value and benefit from traditional campus experiences, whether in the classroom, faculty and support staff offices, or with other students in less formal settings. Some forms of instruction require hands-on approaches. Students argue that they face a degraded educational experience and question whether they should continue to pay full tuition for classes conducted largely or completely online.¹⁹ A deeper issue is whether universities can avoid long-term impacts on students. Drop-out rates tend to be higher in online courses,²⁰ and if learning is compromised, students and faculty may be challenged by inadequate preparation for subsequent classes.

How universities and colleges and the students they serve weather the present crisis will largely depend on the available financial resources. With reduced provincial support for higher education and a growing gap between revenues and expenditures, the challenge for universities and colleges is great if not insuperable. The options in the face of these fiscal challenges are threefold, none good: shrinking the

post-secondary sector; eroding the quality of public education; and dramatically increasing tuition. The best outcome and the least harm would be achieved with additional public support to bridge this time of crisis. But the current political landscape in Manitoba makes such a solution unlikely.

The Progressive Conservative government in Manitoba differs from most governments in the Western world, viewing austerity as the best solution to the pandemic-caused financial crisis. Moreover, it appears ready to exploit the opportunity to downsize the public sector, with public education an especial target. Manitoba's universities now face the regressive prospect of less public funding and reduced autonomy, as that funding now comes with strings tightly attached to the political objectives of the current government.

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Austerity Politics and Anti-union Animus: Organized Labour in the Pandemic

Julie Guard

One of the enduring images of Manitoba's pandemic is sure to be hundreds of vehicles circling the Legislative Assembly of Manitoba, horns blaring, to protest Premier Brian Pallister's demand for drastic cuts to the public service. Two safe-distancing "Honk-a-Thons" in Winnipeg and one in Brandon demonstrated fierce popular opposition to Pallister's threat to cut public servants' hours by as much as 30 percent. While recognizing that layoffs, reduced hours, and job losses were less drastic in the public than in the private sector, this chapter's focus on public sector unions reflects the Pallister government's apparent determination to reduce the public-sector workforce while offering scant support to the private sector, where the job loss was worse.

Unions representing private-sector workers appealed to the premier for support, but as this chapter shows, their appeals were ignored. The proposed cuts to the public service, announced in mid-April, were eventually negotiated down to five days of unpaid leave for about half of the province's 12,000 provincial government employees as well as an undetermined number of clerical and support workers in other areas. Other public-sector workers were laid off, including 200 Manitoba Hydro workers and fifty university support workers, but the full extent of these cuts and the number of workers who will be affected remain unclear.¹ Meanwhile, the funding to provide front-line health care workers with more resources and personal protective equipment (PPE), which the premier claimed necessitated the cuts, was not provided until

mid-July, and only after lengthy negotiations between the Manitoba Nurses Union (MNU) and the province.²

In April and May, the worst months of wave one of the pandemic, 11.4 and 11.2 percent respectively of Manitoba's 682,700 workers were registered as unemployed, a significant proportion of them in food and hospitality, arts, and other private-sector jobs deemed non-essential.³ Almost 250,000 unemployed Manitobans applied for the Canada Emergency Response Benefit (CERB).⁴ As of April, 61,100 of the province's 472,500 private sector workers had lost jobs; 44 percent of them in non-union, low-wage retail, restaurant, and hotel work and among young people and women.⁵ By June, private-sector jobs numbers had risen by 27,800, but unemployment, particularly among youth, remained high at 10.7 percent overall and 19.3 percent among young workers.⁶

Only about 16 percent of private-sector workers are protected by a union contract.⁷ The 84 percent without unions were particularly vulnerable, although thousands of unionized workers were also laid off. Unionized private-sector workers fared better than their non-union counterparts in that they have some job security, hence their job losses are more likely to be temporary. Even so, some employers took advantage of the pandemic to reduce labour costs. Sixty unionized workers in Selkirk, Manitoba, for example, were locked out when their employer leveraged the pandemic to ratchet down wages.⁸

The government acknowledged frequently that private-sector workers suffered disproportionately. Yet, while invoking private-sector job losses to justify cuts to the public sector, Premier Pallister did little for those workers aside from urging them to apply for federal wage-replacement funds through CERB and contributing an obligatory top-up to the federal government's cost-shared wage program for essential workers.⁹ Instead, the government's focus has been almost exclusively on the public sector. Appeals by union leaders to designate "presumptive coverage" of workers' compensation for COVID-19 related illness, a measure that would have directly benefitted the mostly private sector, at-risk workers in care homes, went unanswered. Similarly, when positive cases began to multiply at a Manitoba meat-processing plant, the union called on Premier Pallister to halt production to stop the spread, but the province declined that request.¹⁰

While almost no measures were enacted to protect especially vulnerable workers in the private sector, many of them deemed “essential,” the government announced frequent changes to the public sector. Political watchers, unionists, and opposition politicians described those policy decisions as disrespectful, confusing, and lacking transparency, and suggested that policies directed at the public sector are informed more by an anti-union animus than by sound policy analysis.¹¹ In a particularly glaring example, Pallister announced that public sector workers would be required to “share the pain” with those in the private sector, but without explaining how laying off public sector workers would help.¹² Some public sector workers in other provinces were also laid off, but only Alberta’s Premier Jason Kenney justified austerity-inspired job cuts with claims similar to Pallister’s—that public sector workers were not working, and that, even if they were, job losses in the private sector necessitated some in the public sector as well.¹³

By cutting public sector jobs in the name of austerity, Manitoba is an outlier. Policy in other provinces and at the federal level reflected those governments’ recognition that paying people to work creates economic stimulus essential to economic stability and recovery.¹⁴ Pallister’s insistence on describing the province as a family offers insights into his misguided policy choices. A family might benefit by saving during a crisis, but reduced spending by a province hurts everyone. Succinctly put, “every dollar that the province saves is a dollar (or more) that someone else in the province will not earn.”¹⁵ Economists and economic analysts at the Brookings Institute and the Pew Research Center, among others, agree that the pandemic will raise government debt, but regard austerity as the real threat to recovery. They recommend making cash transfers to households as a crucial investment into the economy.¹⁶ Moreover, analysis by the Parliamentary Budget Office predicts that the recovery will be strong and quick, due in large part to effective measures by the federal government, which include significant stimulus spending.¹⁷ According to a recent report by the Canadian Centre for Policy Alternatives, if Manitoba had opted to maintain government employment and spending, rather than laying off public sector workers to reduce its expenditures, data suggest that the debt would be affordable and could be managed painlessly while stimulating the economy.¹⁸ In contrast, economists predict that Premier Pallister’s single-minded emphases on austerity, on cutting jobs and wages in the public sector,

and on reducing the deficit will undermine the recovery and weaken the economy for years to come.¹⁹

Pallister's policy announcements are often lacking in detail, and unionists complain that, although they are eager to cooperate with the province in developing solutions, they are rarely consulted or even forewarned of major decisions (see also the discussion of Cabinet decision-making in Paul Thomas's chapter, this volume).²⁰ This is consistent with the animus towards labour unions that has characterized Pallister's approach to governance.²¹ Since his election in 2016, his stated priorities have been to cut public spending, reduce the deficit, and balance the provincial budget. He has also taken steps to shrink the public sector. While promising to protect public services, the government closed hospital emergency rooms, cut health care staffing, and demanded significant layoffs and spending cuts to post-secondary education and other public services, including Manitoba Hydro.²² The government's most spectacular, and some say misguided, attack on public sector unions was its introduction in 2017 of legislation mandating a two-year wage freeze with a 0.75 percent pay increase in the third year and 1 percent in the fourth.²³ Although never proclaimed into law, the Public Services Sustainability Act effectively suspended collective bargaining over wages across the province for over three years.²⁴ A coalition of twenty-eight public sector unions, representing 100,000 workers, led by the Manitoba Federation of Labour, sued the government in protest. In June 2020, Judge McKelvey ruled emphatically in the unions' favour, calling the legislation "draconian" and a "violation of the Charter of Rights and Freedoms."²⁵

Both the government's single-minded determination to slay the province's \$5 billion deficit and its fixation on curbing the size and power of the public service determined its response to the pandemic. Other provinces rolled out wage-replacement programs for workers self-isolating, laid-off, or out of work, introduced income supplements for seniors and young children, provided relief for tenants, temporarily raised the wages of front-line health care aides and workers in personal care homes, eliminated transit fares, and enacted other measures to shore up crucial public services and protect essential workers. Not incidentally, most of these policies also provided important economic stimulus.²⁶ According to Michael Heydt, senior vice president at DBRS (formerly Dominion Bond Rating Service), "fiscal stimulus cannot stop

the pandemic, but it can increase the likelihood of a strong recovery on the other side.”²⁷ Manitoba, by contrast, announced a limited number of child care subsidies for health care workers, which proved difficult to access when centres were closed offered some temporary relief on interest payments and sales tax and, as part of a federal cost-shared “pandemic pay” program, established a one-time “risk recognition payment” of an estimated \$1,000 each to low-wage workers, three-quarters of which is flow-through federal money. Union leaders, promised consultation, were outraged by the government’s claim that the decision to make only low-wage workers eligible for that payment was consensual. Nor was consultation invited about the provincial contribution to the program, which all considered meagre. While giving little material support to hard-pressed health care, education, and other public sector workers who were struggling to provide necessary services while under difficult conditions, the government threatened drastic cuts to university budgets and broad public sector layoffs while directing Manitobans to look to the federal government, rather than the province, for help during the pandemic.²⁸

Premier Pallister’s vague promises of support and an ad hoc approach to policy left unions scrambling to respond. Labour leaders proposed joint participation with government and employers to develop solutions collaboratively. But they consider Pallister’s promises to consult with unions hollow, and say policy decisions with profound impacts on thousands of workers were made without any real collaboration with labour. They cite a lack of transparency as a chronic problem.²⁹ Health care workers were promised PPE that they later learned the province did not have, while protective guidelines were changed frequently and without collaboration. Most frustrating to public sector unions was the government’s demand that they agree to partial layoffs of up to three days per week, ostensibly to allow the government to redirect that funding to workers at the front lines. From the start, the unions suspected that the job cuts were intended to be permanent and that the money saved would never be directed to support front-line workers. Their suspicions were fuelled by the premier’s refusal to provide details of how the money would be used.³⁰ After weeks of unsuccessful discussions and under duress, the Manitoba Government and General Employees’ Union (MGEU) agreed that all civic employees except those exempted by the employer would take five unpaid days off. But the union made it

very clear that union leaders did not believe the government's insistence that job reductions would help the economy.³¹ Unifor, CUPE, and other public sector unions also agreed to unpaid days off.

Premier Pallister has justified such massive cuts to public service workers on the grounds that the province's projected budgetary deficit of \$5 billion is the highest in the country. An exceptionally high deficit, he contends, makes the province particularly vulnerable to the economic shock of the pandemic.³² That claim is not supported by the data. On the contrary, according to CIBC economist Maria Berlettano, whose figures Pallister cites to support his claim, Manitoba's debt is about average, behind Ontario, Quebec, New Brunswick, and Newfoundland and Labrador. The premier, she suggests, has misinterpreted the data, which show that Manitoba was actually in a strong economic position at the start of the pandemic.³³

Overall, the Pallister government's response to organized labour in the pandemic must be judged a failure. Labour leaders did meet with the government and discussions took place. But the unions are disappointed by the government's refusal to engage in what they regard as genuine collaboration or even to listen to their concerns. Union leaders mistrust the government and are dismayed by Pallister's combative approach. The adversarial relationship that prevailed before the pandemic has been exacerbated by opaque and unpredictable policies and a resounding lack of transparency. The impact of these policies is sure to be felt for years to come, but it seems likely that even Pallister's primary objective, to pay down the deficit, will go awry.

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Manitoba and the Pandemic: Economic Impact and the Policy Response

Fletcher Baragar

On 5 March 2020, an article with the heading “Manufacturers Cope with Coronavirus Uncertainty” appeared in the *Winnipeg Free Press*. As reported by Martin Cash, “Manitoba manufacturers are concerned about potential layoffs and production disruptions . . . as countries around the world try to contain the coronavirus.”¹ Although the article went on to note that “there have been no confirmed reports among manufacturers of any material layoffs,”² there was growing awareness that the global pandemic was altering the economic environment. For Manitoba, initial concern was concentrated on potential disruptions to supply chains and export markets. However, one week later, the first coronavirus case in Manitoba was confirmed, followed quickly by restrictions and shutdowns of various activities, and then, on 20 March 2020, a declaration by the province of a state of emergency. The crisis had arrived.

Immediate responses to the crisis were driven by concerns for public health. That precipitated curtailment of a range of social and economic activities. The aforementioned concerns of manufacturers about external disruptions were in short order trumped by the contraction in economic activity incidental to heightened domestic concern about virus transmission and the ensuing public-health directives. Increasingly stringent restrictions on activities were quickly ushered in through a series of orders, dated 20, 27, and 30 March, under section 67 of the Public Health Act. By 1 April 2020, these measures had mandated

temporary closures of non-critical businesses, imposed requirements for social distancing on those businesses that were still allowed to open, and limited the size of public gatherings to a maximum of ten persons.³

Economic Contraction

Economically, these measures had an immediate impact on both the demand and supply side. With respect to the latter, mandated closures and restrictions on activities over a range of businesses and institutions precipitated a drop in the production, distribution, and sales of newly produced goods and services throughout the economy. On the demand side, business closures and new safety protocols made it more difficult for consumers and other buyers to access available goods and services. Layoffs⁴ and reduced hours⁵ adversely affected disposable income of consumers, and those early effects, in conjunction with the ominous prospect of further layoffs and reductions in hours, acted to erode consumer confidence⁶ and further weaken demand. Individual concern about contracting the virus or unwittingly infecting others dampened the appeal of engaging in any kind of external social interaction, including work, shopping, and leisure. Staying home was increasingly the preferred option,⁷ undermining both demand and supply throughout the economy.

The dramatically altered environment sparked noticeable changes at the microeconomic level in the behaviour of firms and households. Sudden increases in demand for personal protection equipment (PPE), specialized medical equipment, plexiglass shields, disinfectants, and hand-sanitizer liquid resulted in rapid depletion of existing stocks, shortages, and even rationing at the wholesale and retail level. Some Manitoba-based producers and distributors of these items, such as Winnipeg companies BOMImed (ventilators) and Acryl Design (plexiglass shields), benefited from consequent surges in orders.⁸ Other firms adjusted their production lines to emerge as new suppliers of products experiencing heightened demand. Examples include Precision ADM (masks) and Innotech Nutrition Solutions (hand sanitizers).⁹ The shift in activity towards the home front led to changes in consumer spending patterns as households engaged in more food preparation and home entertainment. Many households moved to augment their inventories of non-perishable household items, resulting in widespread but temporary market shortages of selected items, such as bathroom

tissue. These developments resulted in employment gains in certain instances. For example, online shopping commanded an increasing share of the consumer's dollar, which in turn increased demands on the distribution centres of companies offering the online service. Grocery and drug store chains, deemed essential services and thus allowed to remain open to in-person shopping, faced strong demand from both online and in-person customers.¹⁰

These gains in employments and sales, however, were dwarfed by the larger wave of economic contraction. The simultaneous advent of substantive and adverse shocks to both the demand and supply sides of the economy pushed the economy into a tailspin. The extent and character of the ensuing collapse was reflected in the labour market statistics for March and April 2020. For Manitoba, employment stood at 664,000 in February 2020, but decreased by 25,000 persons in March, followed by a precipitous drop of over 64,000 persons in April.¹¹ The official numbers of unemployed soared, rising from 35,000 in February to over 74,000 in April, while over the same period the provincial labour force shrunk by more than 50,000.¹²

The impact across the various industrial sectors was very uneven. Agriculture performed relatively well, with employment (seasonally adjusted) actually rising from February to April,¹³ but this was the only sector that registered employment increases over the initial months of the crisis. Some sectors were hit especially hard. Retail sales, for example, dropped 8 percent in March and then a further 20 percent in April.¹⁴ Between February and April, employment in the sector dropped by 11,000 persons,¹⁵ a decline of 19 percent. Restrictions on public gatherings and recreation activities induced a sharp 33 percent reduction in employment in the arts, entertainment, and recreation industry over the February to April period. Job losses in the accommodations and food services sector were even more severe, with employment down by nearly 18,000 (a 40 percent decrease) from February to April.¹⁶

Economic Policy in a Contracting Economy

With the onset of the pandemic and the sharp unprecedented downturn in economic activity, governments were confronted with a health crisis alongside an economic crisis. Actions to control and address the former necessarily precipitated and exacerbated the latter, inducing in turn a need for aggressive policy on the economic front. That

required diagnosis of the nature of the deepening economic crisis and consequent appreciation of the range, availability, and effectiveness of the various policy instruments available. First and foremost, however, was the need to ensure that health care professionals had the resources needed to fight the pandemic and care for those individuals who had contracted the virus.

The administration of health care is a provincial jurisdiction, so the onus was on provincial governments to ensure that the required resources were available to the essential individuals and institutions that operate in that sector. On 3 April 2020, the Manitoba government announced that it was investing over \$100 million “to accelerate the pace at which Manitoba is procuring essential medical supplies and equipment, hotel capacity and other critical needs to help prepare for COVID-19.”¹⁷ On 17 April, the province increased this commitment to \$400 million.¹⁸ It needs to be emphasized, however, that these are not stimulus measures and that they were not intended to address the economic crisis.

In the macroeconomy, public-health measures mandated by the pandemic have precipitated substantial decreases in employment, output, and income. In general, interdependencies between these major economic variables create conditions where decreases in one or more of these variables can unleash a downward spiral, thereby accentuating the downturn and raising the spectre of converting a short-term recession into an extended depression. In the context of the pandemic, however, standard macroeconomic remedies for reversing a downturn are confronted with the additional constraint of the pandemic-driven restrictions on social and economic activity. Until those restrictions are eased, traction on the road back to pre-pandemic levels of employment, income, and output will be hard to come by. The graduated easing of some, but not all, restrictions were delineated in the criteria defining Phases 1 to 3 of the road to recovery. The criteria, and the date of the province’s entry to each successive phase, were determined by public-health considerations, not economic conditions. Thus, the task for economic policy consisted of stemming the decline, abetting the recovery, and mitigating the adverse effects of the downturn in a regulatory environment subject to change in accordance with a schedule that was at best provisional.

Manitoba did not enter Phase 1 until 4 May 2020,¹⁹ over seven weeks after the province declared a state of emergency. As indicated above, over this interval economic output sagged, sales contracted, and unemployment soared. Businesses experienced shrinking revenues and numerous households were suddenly faced with lower incomes. In particular, as noted by Statistics Canada, the pandemic-induced job losses across the country were disproportionately borne by low-income workers.²⁰ In these circumstances, aggressive measures to preserve existing jobs across all sectors is warranted, and income support for adversely affected individuals and businesses becomes crucial.

With respect to income support, employment insurance, a federal program, has long been available for eligible workers, but EI program eligibility is far from universal, even for paid employees, and participants in the gig economy and other non-standard forms of employment have difficulty qualifying. With the onset of the twin crises, the federal government moved relatively early to address the need for additional income support with the Canadian Emergency Response Benefit.²¹ This program, introduced on 25 March 2020, was designed to provide financial support to Canadians who “have stopped working because of reasons related to COVID-19,” as well as Canadians who are eligible for EI or have exhausted their EI benefits.²² Income support for students without summer jobs was forthcoming with the 22 April announcement of the Canada Emergency Student Benefit.²³ Reversing layoffs and sustaining employment was the objective of the federal Canada Emergency Wage Subsidy, announced 27 March 2020. With this program, the federal government was willing to cover up to 75 percent of an employee’s wages in order to induce firms to recall recently laid-off workers and avoid the need for further layoffs.²⁴

In the weeks preceding the implementation of Phase 1 in Manitoba, there was no substantive provincial counterpart to these federal stabilization initiatives. The only support program of note was the \$120 million Manitoba Gap Protection Plan (MGPP), announced 22 April 2020.²⁵ That program involved provision of one-time loans of up to \$6,000 to small or medium-sized businesses “that have experienced hardship as a result of the COVID-19 pandemic and related public-health orders.” The plan explicitly excludes firms that have received federal government COVID-19 funding support. The loan is forgivable as of December 2020, but again only for recipients who have not

received any forgivable federal COVID-related funding. These stated eligibility restrictions indicate that the intent of the plan is to fill gaps resulting from the patchwork of federal COVID-19 assistance programs for businesses, but the effectiveness and economic impact of the program has been limited. By late May, the program had received more than 4,000 applications, resulting in payouts of \$25 million, a small fraction of the announced \$120 million allocation.²⁶ Notwithstanding the appeal of any potentially forgivable loan, the \$6,000 limit per applicant would by itself make little headway in the need of businesses to meet payrolls and cover increased COVID-related costs at a time when revenues are down. Manitoba business leaders reported that since the introduction of the Manitoba program, Ottawa had amended its own programs, thereby “reducing the need for the less-generous provincial plan.” Furthermore, some Manitoba businesses that had applied to the MGPP were expected to apply for benefits from the “improved” Canada Emergency Business Account program. That would render their existing MGPP loans subject to repayment, thereby returning a portion of the funds to the province.²⁷

The province’s tepid response to the need for income support and employment sustainability in the early months of the crisis effectively ceded this area of economic policy to the federal government, and indeed it was the federal government that did virtually all of the heavy lifting. A more aggressive effort on the part of the province in the form of wage subsidies, loan provisions, income supports, and direct job creation would have alleviated some of the hardship faced by those workers, families, and businesses adversely affected by the economic fallout. This alternative policy stance, however, would necessarily entail a major fiscal commitment. The Pallister government had invested considerable political capital in a commitment to rein in government spending and eliminate the budget deficit. *Budget 2020*, released the day before the province declared its state of emergency, projected a deficit of \$220 million for the 2020–21 fiscal year. That was down from the \$325 million deficit expected for 2019–20, and the budget laid out a prospect of a modest surplus for 2022–23.²⁸

The arrival of the pandemic derailed these plans. It was evident early on that health-driven expenditures would escalate and that government revenues would fall due to the slowdown in economic activity. The government’s early fiscal response can be viewed as efforts to respond

to the twin crises while minimizing the impact on the budgetary bottom line. On the revenue side, the province announced on 26 March 2020 that a planned reduction of the provincial sales tax (PST) of one percentage point, originally scheduled to take effect 1 July 2020, was to be deferred until further notice. That deferral could provide the government of upwards of an additional \$300 million in revenue over a twelve-month period.²⁹

On the expenditure side, the government sought to obtain a substantial amount of the funds needed to meet the new expenditures associated with the health crisis through internal reallocation of financial resources. Throughout the month of April, a series of government announcements and directives proposed further cuts to various government departments, entities and programs, many of which had already been squeezed over the course of the preceding years in the effort to pare the overall growth of government spending. As a result, new rounds of budget cuts could be expected to directly affect incomes and employment levels of public-sector workers. As reported by the Associated Press, “the government said it wanted public-sector workers who were not on the front lines of health care and other services to accept reduced work weeks, job-sharing or temporary lay-offs to free up money for the fight against COVID-19.”³⁰ On 11 May, Manitoba Finance Minister Scott Fielding announced that spending cuts of \$860 million had been “identified,” which included reductions in workforce spending of 2.2 percent, to be spread over government departments, Crown corporations, and other reporting entities such as school divisions and post-secondary institutions.³¹

In an economic crisis, there is a need to ensure employment stability and income support for as many people as possible. The government’s exercises in internal resource reallocation ran counter to that need. The extended period of discussions involving potential scenarios of cuts up to 30 percent in budgets of government departments and reporting entities worked to heighten concern across the public-sector workforce about their own income and employment prospects. That contributes to the erosion of consumer confidence and renders the restart of the economy more difficult.

Although the Manitoba government opted for taking a relatively hard line with respect to reputable fiscal propriety, real alternatives were available. For example, in terms of fiscal resources, there was

the province's Rainy Day Fund. *Budget 2020* indicated that the fund held a balance of \$571 million and that the intent of the government was to further raise this balance to \$800 million by the end of March 2020. This constituted a substantial pool of funds available for tackling health-related needs and launching economic initiatives, and those funds should have been fully drawn upon before asking employees to sacrifice earnings. Secondly, at the beginning of March, the Bank of Canada's benchmark overnight lending rate sat at 1.75 percent. By the end of the month, a series of three rate cuts had slashed the rate down to 0.25 percent.³² This rate cut lowered the servicing costs on the \$26.4 billion provincial debt as maturing obligations are refinanced. Of greater immediate significance, however, was that the rate cuts pushed down the term structure of interest rates in Canadian financial markets, thereby allowing borrowers to obtain funding at lower cost. In addition, the Bank of Canada announced that, effective 7 May 2020, it was prepared to purchase and hold provincial bonds, thereby strengthening demand for provincial bonds in the financial market.³³ In short, conditions for new borrowing by the province were especially favourable. Thus, overall, the decision not to launch a large initiative encompassing income assistance programs, additional loans and wage subsidies for businesses, and even direct public-sector job creation programs to help fill in employment gaps while the economy was going through its phased reopening would appear to have been driven primarily by political and ideological preferences, rather than by hard economic constraints.

On the Road to Recovery³⁴

The most propitious time to have launched a broad economic stabilization program along the lines suggested above would have been the early months of the crisis. Fortunately for Manitobans, relative success on the pandemic front, at least early on, underscored by an extended period with relatively few reports of new cases, facilitated partial reopening of the economy in May 2020. That, in conjunction with a growing range of federal support programs, marked the end of the downward slide of the macroeconomy. Labour market data for May registered gains in employment (up 13,000 from April) that carried on through June (up by almost 29,000 from May).³⁵

Even as the province enters Phase 3, the recovery remains partial at best. The June 2020 unemployment rate was still in double digits (10.1

percent),³⁶ and many businesses are only now beginning to appraise their prospects in an altered economic environment. The financial stress incurred during the lockdown period will have irreparably eroded profit margins for many operators. Closures and bankruptcies can be expected to occur at above normal rates well into 2021. Recent forecasts for 2020 as a whole anticipate a decline in real GDP of 5.0 percent.³⁷

The province is a significant player in this recovery phase, but its willingness to commit substantial financial resources over a long period, in what has to be acknowledged as a very uncertain economic environment, appears limited at best. On the plus side, a potentially significant contribution was the announcement on 7 May 2020 of a “major” infrastructure package. On the one hand, the package promises \$500 million of funding over two years for infrastructure construction projects expected to begin in the summer of 2020.³⁸ Also, the expected budget deficit of \$2.9 billion for fiscal 2020–21 expresses in part the fiscal consequences of the fight against COVID-19, the dramatic curtailment of economic activity since mid-March, and various measures to assist the economic recovery. On the other hand, many of the targeted policy measures are too meagre, or too restrictive, to meet the needs of segments of the population and to move the macroeconomic needle. Some heralded programs have delivered less than was promised. For example, business uptake in the \$120 million MGPP remained low (only \$44.6 million had been disbursed by 10 July), and of the \$120 million assigned to the Manitoba Summer Student Recovery Jobs Program, only \$20 million had, as of 10 July, been paid out.³⁹

The government response was to cast its wage subsidy net more broadly. In mid-June, the Manitoba Back to Work This Summer program was introduced, which effectively expanded the summer wage subsidy for students to employees of all ages,⁴⁰ but which pointedly did not provide any new funding, as unused funds from the MGPP and the student program were simply redirected.⁴¹ Surplus funds were carried over into the fall months as the Manitoba Back to Work This Summer was extended, under its new title Back to Work in Manitoba, through to October and eventually to December 2020. With the extension came further relaxation of the eligibility requirements, but again no additional funding was deemed necessary in view of the unused funds left over from the initial \$120 million allotment for the summer student program. As of 14 September, the Manitoba Back to Work This Summer/

Back to Work in Manitoba program had dispensed a relatively modest \$22.6 million in wage support payments.⁴²

In short, with respect to stimulus measures and income support, the efforts of the provincial government have been positive but restrained. Provincial initiatives still pale in comparison with the policy activism evident at the federal level. The economic road to recovery can be expected to be long and uneven.

Notes

- 1 Martin Cash, "Manufacturers Cope With Coronavirus Uncertainty," *Winnipeg Free Press*, 5 March 2020, 6.
- 2 Cash, "Manufacturers Cope With Coronavirus Uncertainty," 6.
- 3 Province of Manitoba, "Order Under Section 67 of The Public Health Act," 20 March 2020, https://www.manitoba.ca/asset_library/en/proactive/2019_20/orders-soe.pdf (accessed 1 August 2020), https://www.manitoba.ca/asset_library/en/proactive/2019_20/orders-soe-min-letter-2020-03-27.pdf (accessed 1 August 2020), https://www.manitoba.ca/asset_library/en/proactive/2019_20/orders-soe-03302020.pdf (accessed 1 August 2020). The measures did allow non-essential businesses to operate remotely.
- 4 Statistics Canada reported that, for Canada as a whole, 97 percent of newly unemployed workers in April 2020 were on temporary layoff. For Manitoba, April unemployment had increased by 30,000 persons from its March 2020 level; Statistics Canada, "Labour Force Survey, April 2020," *The Daily*, 8 May 2020, <https://www150.statcan.gc.ca/n1/daily-quotidien/200508/dq200508a-eng.htm> (accessed 10 August 2020).
- 5 Nationally, the number of workers who remained employed but worked less than 50 percent of their normal number of work hours increased by 380,000 in April 2020. Statistics Canada, Labour Force Survey, April 2020. For Manitoba, with a 3.5 percent share of national employment, a roughly proportionate calculation would yield an April increase of approximately 13,300 workers who found themselves working less than their normal number of hours.
- 6 The OECD's Consumer Confidence Index (CCI) for Canada dropped from 100.26 (100 is the long-term average) in February 2020 to a low of 96.35 in April 2020. For comparison, over the darkest days of the 2008–2009 crisis, Canada's CCI bottomed out at 96.9; OECD, "Consumer Confidence Index (CCI)," *OECD Data*, <https://data.oecd.org/leadind/consumer-confidence-index-cci.htm> (accessed 10 August 2020).
- 7 "Approximately 4.7 Million Canadians Who Do not Usually Work from Home Did So during the Week of March 22 to 28"; Statistics Canada, "Canadian Perspectives Survey Series 1: COVID-19 and Working from Home, 2020," *The Daily*, 17 April 2020, <http://www150statcan.gc.ca/n1/daily-quotidien/200417/dq200417a-eng.htm> (accessed 10 August 2020); between February 2020 and May 2020, total retail sales in Canada decreased 29 percent. Of this total, in-store sales dropped 25 percent.

- E-commerce, however, bucked the trend and actually increased almost 64 percent over this three-month period. The portion of total retail sales captured by e-sales was less than 4 percent in April 2019. For April 2020, that portion had risen to 11.4 percent; Jason Aston, Owen Vipod, Kyle Virgin, and Omar Youssouf, "Retail E-Commerce and COVID-19: How Online Shopping Opened Doors While Many Were Closing," *Statistics Canada*, 24 July 2020, <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00064-eng.htm> (accessed 10 August 2020).
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 - 9 Danielle da Silva, "Province Orders Manitoba-Made Reusable Masks," *Winnipeg Free Press*, 8 May 2020, <https://www.winnipegfreepress.com/special/coronavirus/province-orders-manitoba-made-resuable-masks-570326162.html> (accessed 7 October 2020); Willy Williamson, "Local Company Answers Call to Produce Hand Sanitizer," *Winnipeg Free Press*, 8 June 2020, <https://www.winnipegfreepress.com/business/local-company-answers-call-to-produce-hand-sanitizer-571094332.html> (accessed 7 October 2020).
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 - 11 Statistics Canada, "Table 14100287 Labour force characteristics, monthly, seasonally adjusted and trend-cycle, last five months, monthly," *CANSIM* database, last updated 10 July 2020, http://dc.chass.utoronto.ca.uml.idm.oclc.org/cgi-bin/cansimdim/c2_getArrayDim.pl?seriescart=2064134&lang=&actionreq=&a=14100287&bdate=1976&edate=2020&display=timeseries&orient_tm=cols&format=plain&onegraph=0&data_quality=no (accessed 1 August 2020).
 - 12 Statistics Canada, "Table 14100287."
 - 13 Statistics Canada, "Table 14100355 Employment by industry, monthly, seasonally adjusted and unadjusted, and trend-cycle, last 5 months, monthly (Persons)," *CANSIM* database, last updated 4 September 2020, http://dc.chass.utoronto.ca.uml.idm.oclc.org/cgi-bin/cansimdim/c2_getArrayInfo.pl?a=14100355&lang=en (accessed 7 October 2020).
 - 14 Statistics Canada, "Table 20100008 Retail trade sales by province, territory, monthly (Dollars)," *CANSIM* database, last updated 21 July 2020, http://dc.chass.utoronto.ca.uml.idm.oclc.org/cgi-bin/cansimdim/c2_getArray.pl?seriescart=;lang=f;subjsO=;actionreq=a=20100008 (accessed 1 August 2020).
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 - 16 Statistics Canada, "Table 14100223."

- 17 Government of Manitoba, "Province Announces Over \$100 million in Support and Relief for Manitoba's Fight Against COVID-19," news release, 3 April 2020, <https://news.gov.mb.ca/news/index.html?item=47380&posted=2020-04-03> (accessed 2 August 2020).
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- 20 According to Statistics Canada, on a national basis, employees who earned less than two-thirds of the 2019 annual median wage experienced a drop in employment of 38 percent over the months of March and April 2020. The employment decline for all other paid employees was, by comparison, only 12.7 percent; Statistics Canada, "Labour Force Survey, May 2020," <https://www150.statcan.gc.ca/n1/daily-quotidien/200605/dq200605a-eng.htm> (accessed 3 August 2020).
- 21 See Mulvale, this volume.
- 22 Government of Canada, "Canada Emergency Response Benefit," <https://www.canada.ca/en/revenue-agency/services/benefits/apply-for-cerb-with-cra.html#:~:text=The%20Canada%20Emergency%20Response%20Benefit%20%28CERB%29%20gives%20financial,will%20need%20to%20apply%20for%20the%20CERB%20again> (accessed 3 August 2020); as of 26 July 2020, almost 260,000 Manitobans had applied for CERB benefits; Government of Canada, "Canada Emergency Response Benefit Statistics," <https://www.canada.ca/en/services/benefits/ei/claims-report.html> (accessed 3 August 2020).
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- 32 Bank of Canada, "Statistics," <https://www.bankofcanada.ca/rates/> (accessed 4 August 2020).
- 33 Bank of Canada, "Provincial Bond Purchase Program," <https://www.bankofcanada.ca/markets/market-operations-liquidity-provision/market-operations-programs-and-facilities/provincial-bond-purchase-program/> (accessed 4 August 2020).
- 34 Economic recovery can be said to have been achieved when key economic indicators of employment and real GDP have rebounded to their pre-crisis levels. The positive gains in employment and GDP in May and June 2020, suggest that, for the provincial economy, the recovery process was underway by the end of the second quarter of 2020. At the time of writing, the recovery remains a work in progress.
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- 36 Statistics Canada, "Table 14100287."
- 37 Government of Manitoba, "Economic and Fiscal Update, June 2020," https://manitoba.ca/asset_library/en/proactive/2020_2021/economic-fiscal-update-june-2020.pdf (accessed 4 August 2020).
- 38 Government of Manitoba, "Province Unveils Major Infrastructure Package to Help Restart Manitoba Recovery Amid COVID-19 Pandemic," news release, 7 May 2020, <https://news.gov.mb.ca/news/index.html?item=47957> (accessed 4 August 2020). The declared funding allotment for the first year (2020–21) is \$350 million. Subsequent announcements suggest that, as of mid-October 2020, only about half of the 2020–21 allotment has been activated. Notable projects underway include \$150 million for highway improvements and \$8 million for detention and processing facilities for the Brandon and Winnipeg Police Services. See Government of Manitoba, "Province Announces \$150 Million in Highway Improvements as Part of Manitoba Restart Program," news release, 6 July 2020, <https://news.gov.mb.ca/news/index.html?item=48556&posted=2020-07-06> (accessed 19 October 2020), and "Province Announces \$8 Million Investment Through Manitoba Restart Program to Support Safer Detention Centers," news release, 1 September 2020, <https://news.gov.mb.ca/news/index.html?item=48556&posted=2020-07-06> (accessed 19 October 2020).
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- 40 Danielle da Silva, "Province Expands Summer-Job Wage-Subsidy Program Beyond Students," *Winnipeg Free Press*, 18 June 2020, <https://www.winnipegfreepress.com/local/province-expands-summer-job-wage-subsidy-program-beyond-students-571345952.html> (accessed 20 October 2020).
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Challenges and Opportunities for Agriculture in Manitoba: Recovering from COVID-19

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Across the country, lost months of economic productivity are mounting as Canadians face the challenges of the COVID-19 pandemic. Yet, in the midst of these widespread disruptions, the agricultural sector has stood out for its ability to adapt and respond as it feeds Canadians and responds to global demands.¹ By May 2020, this was the only sector with a positive export balance against deficits among eleven other industries.² In recognizing the economic importance of this sector to feeding people, this chapter discusses implications of COVID-19 for agricultural stakeholders, with specific reference to labour shortages in production and processing; disruptions to supply chains and distribution networks; changing consumption patterns; and impacts for food security and food sovereignty. Although this chapter centres on the Manitoba context, these impacts are relevant more broadly for agriculture in Canada.

Given that this sector was designated as essential by government, the first public-policy responses to be discussed were made quickly. What is needed going forward are policies to address the long-standing challenges, undervalued strengths, and much needed adaptability and resilience in the food system to support agricultural stakeholders and ensure a safe, affordable, and secure food supply for Canada, particularly during times of increased vulnerability.

Impacts on Agricultural Production

Agricultural and agri-food industry itself includes many separate sectors, including livestock (e.g., hogs, cattle, sheep), crops (e.g., wheat, canola), processing, and agricultural inputs (e.g., seeds, fertilizers, equipment repair, among others). A critical resource for near-normal operations of these sectors and their flows of goods and services within the broader industry is labour. Despite the essential value of labour to the industry, concerns over labour shortages in Canadian agricultural production and processing have prevailed for decades, even before COVID-19 swept across the country in 2020. For instance, migrant workers recruited through the federal Temporary Foreign Worker (TFW) program continuously meet significant labour needs within the agri-food sector. In the Manitoba context, this is the case for the relatively labour-intensive meat processing and market-garden industries.³ Yet, with the onset of the global pandemic and the limitations COVID-19 has imposed with a “new normal” in Canada, concerns over labour shortages have been heightened. Travel restrictions, border closures, the inability or unwillingness to travel due to the risk of viral exposure or contraction, delayed arrivals, as well the need to self-isolate and quarantine upon arrival into Canada are all obstacles impacting TFWs, further hindering the ability to fulfill labour needs in agriculture and agri-food. Ultimately, the inability to fulfill labour needs in the agricultural context means the inability to feed populations and economies.

Despite border closures, TFWs are exempted from Canadian border closures and are allowed to enter Canada, as their contributions are critical to ensuring food gets from farm to fork all across the country.⁴ The federal government provided \$50 million to support TFWs’ quarantine periods upon arrival into Canada—with this package, many employers were eligible for a \$1,500 subsidy per seasonal agricultural worker travelling to Canada to help cover the costs associated with a compulsory two-week quarantine period upon their arrival in the country. Despite this response to mitigate potential spread, COVID-19 outbreaks disproportionately impacting TFWs have occurred across the province and country.⁵ For instance, migrant workers in Brandon, Manitoba’s Maple Leaf meat-processing facility requested a short-term shutdown of the plant in late August 2020 to minimize an outbreak that, at the time of reporting, involved seventy positive cases.⁶ In Manitoba, such outbreaks have caught the attention of several migrant

workers' rights advocacy groups, which in turn have called for sounder federal and provincial supports for TFWs working in Canada during the COVID-19 pandemic. While Manitoba relies on TFWs for meat processing and many market-garden crops, elsewhere in the province's agricultural industry there is less dependence on the TFW program for fulfilling labour needs due to a predominance of seed crops, with their relatively capital-intensive production.

Regardless of the sector, calls for further support to food producers and agricultural workers during COVID-19 are being answered by the Government of Manitoba. In late July 2020, the provincial government announced the delivery of a financial support initiative to assist food producers with the procurement of personal protective equipment, testing resources, and sanitation supplies to help mitigate outbreaks and adapt to new business practices within the agricultural industry up until late January 2021.⁷ This secondary response illustrates the inadequacy of the initial \$50 million federal investment in prioritizing worker health and safety in agriculture and agri-food.

On the topic of labour, to further support production, the Government of Canada provided \$5 billion to agribusinesses through Farm Credit Canada in mid-March of 2020. By mid-April, Manitoba's government announced it would allocate up to \$1 billion in support to the agricultural industry.⁸ Additional aims to support agricultural employment opportunities, benefitting both producers struggling to secure labour and Canadians looking for work during the pandemic include an additional \$9.2 million investment. The initiatives, Youth Employment Skills Program (YESP) and the Step Up to the Plate—Help Feed Canadians, both led by the federal government in partnership with provincial governments, attract eligible employers in the agriculture and agri-food industries and connect them to potential labourers.⁹ Agriculture is also a priority for the Canada Infrastructure Bank, as demonstrated by its aim to invest \$3.5 billion in western Canadian irrigation and broadband projects to enhance per-acre revenues.¹⁰

More broadly, Manitoba's competitive advantage rests on innovation in the agriculture and agri-food sectors. Like other sectors, continuous recruitment of talent and research fuels advancements in agricultural technology. As COVID-19 increasingly hits the American population, Canada is becoming a preferred destination for new talent that is driving agri-food innovation.¹¹ Equally fundamental and underreported

are the impacts COVID-19 closures, coupled with travel restrictions, have had on delaying much-needed field and laboratory research, along with in-house research activities required to sustain the agricultural and agri-food industry.

Supply Chain, Distribution Networks, and Consumer Impacts

There are several instances whereby COVID-19 business closures have led to questions of what to do with excess food supply and where to distribute or access goods. These instances are not exclusive to Manitoba and are observable across North America. Dumping product, including raw milk, a highly perishable good, was an early response by dairy producers and processors as consumer demand rapidly shrank.¹² Without consumer demand, much of the growing surpluses in dairy, meat, potatoes, and other products across Canada, including Manitoba, were rerouted to food banks with encouragement from the federal government.¹³

Although allowed to continue with essential operations, several food-processing plants, including those in meat processing, as previously discussed, temporarily closed or scaled back production to comply with physical distancing requirements as some plants faced outbreaks among employees. As a result of these closures, processing plants faced backlogs, which led to decreased prices for livestock and most agri-food products. For example, Bill Campbell, president of Keystone Agricultural Producers (KAP), noted there was as much as a 30 percent decline in prices at cattle sales in Manitoba, despite some retail prices experiencing an increase, particularly on premium cuts.¹⁴

Similarly, the closures of other non-essential businesses, such as hotels, restaurants, conference centres, and other businesses in the hospitality sector, resulted in the need to adjust distribution networks for agricultural and agri-food goods. Agricultural products previously allocated to hospitality were redirected to grocery supermarkets, where the initial challenge was getting highly perishable goods, such as dairy, poultry, and eggs, out to consumers.¹⁵ Supply chain disruptions, such as the reallocation of perishable goods from the hospitality sector to grocery markets, are manageable in the long run but are not without short-term impacts to suppliers and consumers, such as a lack of stocked items available in stores. For other agri-products that are destined for

export, like canola, staff within the Government of Manitoba and KAP have watchful eyes trained on activities in ports at Thunder Bay, Vancouver, and Prince Rupert, where the majority of export agri-products are shipped to global markets.¹⁶ Persistent slowdowns and delays in shipping matched with dwindling demands and smaller future contracts signal concern for Manitoba's agricultural export development.¹⁷

Consumers are not isolated from the agricultural-related impacts of COVID-19. Consumers' budgets have shifted to purchasing mostly "essential" goods, with dollars previously budgeted for spending on hospitality services generally being reallocated into supermarket shopping budgets.¹⁸ Consumer access to goods in grocery markets was also impacted. Short-term shortages of frozen, processed foods, and baking ingredients meant that these items were commonly missing from grocery store freezers and shelves, with stores setting itemized limits for their purchase.¹⁹ Shortages likely resulted from processing delays,²⁰ panic buying, and hoarding behaviour of consumers at the commencement of the initial lockdown, as well as increased demand for made-at-home baked goods and meals.²¹

Direct-to-consumer sales have also been impacted. Local farmers who usually rely on farmers' markets continued selling with physical distancing measures in place as these venues were deemed an essential service by the Manitoba government on 8 May 2020.²² For example, distancing and 50 percent occupation rules were enforced with broad public support at the busy St. Norbert market in south Winnipeg. Other direct sales options connecting producers and consumers include selling online, farm gate pickup, home delivery, and crop shares. These business models promoting direct-to-consumer sales in Manitoba saw increased demand during the spring months of 2020.²³ Accessing buyers for local producers is a critical part of the food supply chain. Direct-to-consumer business models provide populations in Canada with secure access to food and simultaneously support the local economy, which is of benefit to both parties, particularly in times of market disruption.

Food Security and Sovereignty

These tumultuous times have many thinking about sufficiency in food, with greater attention to food security, sovereignty, and sustainability. Due to COVID-19, food insecurity in Canada may double from 4.4 million people to possibly 8.8 million by the end of 2020.²⁴ On top of

the pandemic, the subsequent economic downturn means more people are experiencing reduced or lost income. Unsurprisingly, food banks are contending with increased demand. In the short term, as the pandemic is forecasted to persist and temporary public funding shrinks, the needs of vulnerable populations will require more attention.²⁵ In response, Manitoba, along with only a few other provinces, has articulated action plans around food security.²⁶ The Canadian Rural Revitalization Foundation has encouraged all levels of government across the country to provide further supports for Canadians to explore the diversity of education and employment opportunities that exist in agriculture and agri-food.²⁷ These actions and recommendations are a step in the right direction to help alleviate local labour shortages in agriculture, support localized food production, and enhance job markets to improve food security. To aid in mitigating the issue of food waste, better connections are needed between food banks and food producers, who may otherwise be wasting food or losing contracts due to shrinking consumer demand. Expanding federal and provincial tax credits can strengthen local agricultural sectors by enabling farmers to donate goods to local food banks.²⁸ Supports from local governments to community gardens and kitchens, as well as supporting infrastructure for farmers' markets, are valuable investments.²⁹ Manitoba has over sixty community kitchens, and a growing number of community gardens can be found in many municipalities. Government officials are encouraged to support expert advisory groups that promote community food security and to consult rural and remote community members about strategies to enhance local and regional food systems across the province.³⁰

Conclusion

Lessons from COVID-19 have mixed impacts on and implications for Manitoba's agriculture and agri-food industry. This pandemic shows the need to adapt to ensure that everyone in the supply chain and food system can benefit. Certainly, Manitoba's public policy responses to provincial and national issues facing the agricultural and agri-food sector are positively contributing to needed adaptation and, to some extent, a degree of normalcy within this sector, as are the continued investments in agricultural research.

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COVID-19 and the City of Winnipeg

Aaron A. Moore

Since the start of the COVID-19 pandemic, the City of Winnipeg has largely followed the provincial government's lead in fighting the spread of the disease. This relegation to a secondary role contrasts with the leading role the city played in past pandemics, where city investments in hospitals and sanitation infrastructure were key to fighting diseases such as typhoid and the Spanish flu. On this occasion, while the City of Winnipeg has taken some proactive steps in the fight, its main focus has been addressing the revenue shortfalls resulting from the shutdown.

Winnipeg's proactive policies to address the spread of COVID-19 have been few and far between, as the person-to-person nature of transmission of the disease has largely limited the actions the city could take. For water-borne pathogens or those borne by human waste, the city would be the first line of defence against the disease, as it owns and operates Winnipeg's water and sewage system. However, since 1992, when the province placed control of Winnipeg's municipal hospitals in the hands of the health regions, the city's role in combatting and preventing other types of illnesses has diminished.

What is left of the city's policy-making capacity in fighting COVID-19 has largely been pre-empted by the province. Through the Emergency Measures Act, 1987, the Government of Manitoba declared a state of emergency, giving it broad powers to fight the spread of the disease.¹ Among its early orders under the act, the province forced all municipalities to close many of their facilities and offices. The city's

decision to shut down its parks and playgrounds, and to deploy inspectors to impose fines, was one area where it was able to act in the fight.² The Winnipeg Fire Paramedic Service's decision to switch from single-use N95 masks to reusable respirators in order to conserve the limited supply of personal protective equipment was another important policy contribution.³ However, as the province took the lead in shutting down businesses, schools, and other public places, and enforcing social distancing rules, the city's ability to contribute was limited. As a result, most of Winnipeg's policy responses to this pandemic have focused on addressing the fiscal impact of the pandemic.

As with senior levels of government, the city has to balance the needs of the economy against the finances of the city during the pandemic. A focus on shoring up the economy and encouraging a quick economic recovery means limiting job losses and deferring taxes for those who lost their jobs. So far, the city's main contributions in this regard are policies allowing homeowners to apply for property tax deferrals and businesses to apply for business tax deferrals.⁴ Beyond this one policy, however, the city has clearly chosen to focus on minimizing its own fiscal shortfalls resulting from the pandemic.

The City of Winnipeg's finances are in a much better position than those of the provincial or federal governments, as are the finances of most municipalities in the province. Property tax, the main source of revenue for municipal government, is far less volatile or affected by the economic tides than sales and income tax, particularly in the short run. Nevertheless, the city has forecasted operating deficits ranging as high as \$78 million as a result of the pandemic,⁵ due to losses in user-fee revenue for various services, including transit, parking, and golf courses.⁶ While municipalities can borrow in the short run for operating expenditures, their books must balance at the end of a fiscal year. As a result, while the federal and provincial governments have been borrowing heavily to make up for lost revenue, the City of Winnipeg (and all other municipalities in the province) must either raise taxes or cut expenditures by the end of the year in order to balance their operating budgets.⁷

So far, the city has been making cuts while utilizing some of its budgeted reserves.⁸ For instance, while the City of Winnipeg has redeployed many of its workers, it laid off almost 700 staff members⁹—though it began to rehire some transit employees as ridership levels

increase. The city is also planning to continue to draw on money from its reserves and borrow money for capital projects rather than using cash (the city can borrow for capital investments), and is delaying funding for community grants.¹⁰ While these tactics will likely find favour with many property tax payers, it could result in a medium-to-long-run decline in city-run services, and will hinder any economic recovery.

A decision to raise taxes in order to preserve services and some jobs comes with its own pitfalls, however. As of mid-June 2020, the city had received some 235 applications for property tax deferrals,¹¹ while another 295 homeowners opted out of the system for monthly property tax payments, known as TIPP (Tax Instalment Payment Plan). It is possible that these numbers could grow if the economic recovery is uneven or if we enter into a sustained period of economic decline, and an increase in property taxes could well exacerbate the number. However, such an approach might have fewer long-term consequences than the cuts the city is currently making.

The city is planning to work with senior levels of government to expedite the recovery of the city's economy. However, the City of Winnipeg is focusing on addressing its immediate fiscal problems rather than worrying about the future. It is also waiting to hear how much funding it will receive from the federal government, via the province, to "restart the economy," once again following the lead of senior levels of government.¹²

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COVID-19 Policies Increase the Inequity in Northern Manitoba's Indigenous Communities

Stewart Hill, Marleny Bonnycastle, and Shirley Thompson

The COVID-19 risk is higher in most communities in northern Manitoba due to a lack of infrastructure and to poverty.¹ Most people there live in rural and remote First Nations, unlike southern Manitoba's more urban nature. Northern Manitoba is made up of mostly Indigenous communities, the Inineu, Dene, Metis, Anishinaabeg, and Anishininew communities. The few settler towns built around mining or hydro development comprise the minority population, despite their economic and political dominance in the region. This chapter focuses on the inequity of the COVID-19 response during wave one of the pandemic in Indigenous communities in northern Manitoba.

Most rural and remote Indigenous communities lack hospitals, drinking water pipes, adequate housing, all-weather roads, and bandwidth needed for distance education. Spinu and Wapaass write of the socioeconomic and structural inequities of remote Indigenous communities and that the inadequate COVID-19 policy response creates worse outcomes, saying it is “important to look beyond the current [COVID-19] crisis and not lose sight of the broader socioeconomic inequalities facing Indigenous communities—particularly remote communities. These include severe housing shortages, limited healthcare services and resources, and poverty—all of which disproportionately put Indigenous communities at risk. If we do not address these inequalities, we will continue to find ourselves treating the symptoms and not the causes of vulnerability to pandemics.”²

This chapter discusses how the deficient, inappropriate, and short-sighted government policies on COVID-19 in the first wave further entrench the marginalization and risk for Indigenous people in northern Manitoba.³ First, the underfunding of the COVID-19 response in First Nations communities is compared with other communities. Policies in the different sectors are then discussed, emphasizing equity as a concern. Health care, education, food, housing, pandemic planning, and other areas are reviewed to show where policies need to change in these many sectors.

Underfunding during the COVID-19 Pandemic

Despite the significant needs of First Nations during wave one of the COVID-19 pandemic, the federal government provided less to First Nations and northern communities for COVID-19 than to other communities. Of the over \$1 trillion spent on COVID-19 as of 9 October 2020, only \$2.2 billion was designated for Indigenous people and northern populations.⁴ The federal government accounts show only 0.22 percent of the COVID-19 money was earmarked for northern communities (Indigenous and non-Indigenous people) and Indigenous peoples⁵ despite the fact that Indigenous people make up 4.9 percent of Canada's population.⁶ The Indigenous per capita share is roughly fifty times the amount currently provided to Indigenous and northern communities.⁷ The proportional difference in funding is especially glaring considering the infrastructure, education, and employment gaps faced by these communities. Furthermore, these gaps heighten the risk, at present and into the future, of COVID-19 waves, climate change, and other emergencies.

Systemic barriers also limit COVID-19 charity funding flowing to First Nations. While every settler government, including towns, villages, cities, and municipalities, receives "a qualified donee" status, under the Income Tax Act, automatically, First Nations reserves do not and must undertake a lengthy application process, which few do. Thus, First Nations are ineligible to directly receive charitable donations, as foundations must give only to a qualified donee. Thus, the Canadian government privileges settler communities and organizations for charitable foundation funding but restricts this flow to First Nations.

A COVID-19 food grant case study shows the barriers that First Nations face in not automatically qualifying for "qualified donee" status.

After a successful fund application to Community Food Centres by Island Lake Tribal Council to send healthy food and several fishing nets to each of the four remote Island Lake First Nations, finding a qualified donee to receive the funds was difficult. Five qualified donees were approached but were unable or unwilling to flow money, support that would help reduce the 100 percent household food insecurity (68 percent severe) in Garden Hill and Wasagamack First Nations,⁸ compared to 14.6 percent (2 percent severe) for the Canadian population under COVID-19.⁹ A sixth qualified donee, Food Matters Manitoba, did generously help for a small administration fee.

Directly and indirectly, the government ensures that settler societies in southern Canada receive more COVID-19 funding than do Indigenous communities and northern communities. Thus, funding for COVID-19, rather than working towards reconciliation, is entrenching inequity. As well as ensuring sufficient funding to northern Manitoba communities, the federal government should automatically shift the status of First Nations and their government organizations to “qualified donee.”

Education Response to COVID-19

With COVID-19 social distancing, internet access is vital for education, work, and social support. However, the North lacks broadband for most people.¹⁰ Although online classes provide a way to pursue post-secondary and secondary school education during COVID-19, this opportunity is not available in most remote and rural northern Manitoba communities. When many students returned home to their remote and northern communities at the start of the first wave of COVID-19, students could not finish their winter courses due to a lack of internet access. This same issue forces these post-secondary students to take this year off without reliable online access, as most post-secondary programs require remote access.¹¹

With limited or no access to the internet for elementary, secondary, and post-secondary students in these communities, their educational future is uncertain.¹² Some communities cancelled their schools in March 2020 when COVID-19 emerged in Canada. Although the Canadian Radio-television and Telecommunications Commission deemed broadband internet an essential service in 2016, setting a standard of fifty megabits per second download and ten megabits per

second uploads to allow users to stream video, few or no facilities in northern Manitoba's First Nations have this speed.¹³ In Canada, almost 86 percent of households have this quality of internet access, with lower rates in Manitoba, below 72 percent, due to limited access in rural and remote northern communities.¹⁴

For the past twenty years, technology has mediated post-secondary distance education in Quebec's northern communities. Remote and rural Indigenous communities have received distance college, university, and specialized secondary education with dedicated classrooms and local teachers to help people obtain their distance education for the last twenty years. Why not in Manitoba? Although universities and colleges have a mandate to work with First Nations, most remote First Nations lack either in-person post-secondary community programming or remote learning centres. These universities should be actively working with communities to ensure distance education opportunities and community programming but have done very little in most communities.¹⁵

Public universities subsidize education in settler communities, which means education at the University of Manitoba and most other public colleges and universities in Manitoba costs less than \$6,000 per year for most full-time undergraduate studies in 2020. However, these same universities and colleges require a First Nation to provide teaching facilities at no cost and charge cost-recovery of at least \$20,000 to \$25,000 per student per year for tuition to pay for post-secondary programming.¹⁶ This two-tiered system shows that public settler education does not serve First Nations communities. Thus, funding for First Nations-run universities and colleges in Manitoba are needed, including funding for adult education centres with computer facilities for distance learning and support workers.

COVID-19 and Health Care

Most of northern Manitoba lacks the resources to deal with the health impacts of COVID-19. Without hospitals, extended care facilities, or ventilators in most northern Manitoba First Nations communities,¹⁷ limited or no COVID-19 treatment capacity is available on reserve.

The lack of infrastructure and capacity is visible in the emergency response to the outbreak, announced on 4 October 2020, of thirty-eight people testing positive for COVID-19 in the fly-in reserve of Little Grand Rapids. Initially, dozens of people were flown out of this

community, with 1,368 people on reserve. However, this approach was considered unsustainable with growing numbers of people testing positive for COVID-19. The federal government then sent two special isolation tents and a Canadian Red Cross team.¹⁸ Indigenous Services Canada (ISC) has forty-two more isolation tents for Manitoba and Ontario fly-in communities, which may not be sufficient to the need.¹⁹ Eight other Manitoba First Nations reported COVID-19 on 12 October 2020, with sixty known active cases on reserve in Manitoba. Half of those diagnosed with COVID-19 have an underlying health issue.²⁰

More preventative care and wellness programming are needed to build resilience to COVID-19, as people with pre-existing health conditions or weaker immune systems and older people are more at risk of developing complications.²¹ Disease rates on First Nations reserves, particularly in northern Manitoba, are higher than those for other Canadians.²² For example, age-standardized prevalence rates for diabetes in Canada are 17.2 percent for First Nations people living on-reserve, 10.3 percent for First Nations people living off-reserve, and 7.3 percent for Métis people, compared to 5 percent for the general population.²³ Also, hospitalization from respiratory tract infections and asthma are higher for First Nations people on reserve than for other Canadians.²⁴

All health care efforts by ISC for COVID-19 have been reactive, without building long-term capacity or infrastructure in First Nations. Most health workers in Indigenous northern Manitoba communities are not local, but transient. Each trip risks COVID-19 importation, with nurses travelling to northern First Nations communities for three weeks at a time and doctors and specialists (psychologists, dentists, etc.) visiting for a day or two each month. This travel model for nurses, doctors, and other health care workers should immediately shift to require a longer-term stay, as is required for non-local teachers. As well, systemic racism in Canada's health care system kills, a reality made visible with the Brian Sinclair Inquiry in Manitoba and again with the video by Joyce Echaquan in Quebec, filmed before her death.²⁵ This discrimination requires immediate change.

Culturally appropriate care requires local staffing of hospitals, which necessitates a strategic plan to train local nurses, specialized health workers, and doctors. To be effective, this plan should be undertaken by

an Indigenous medical service authority, rather than ISC, to confront the ongoing issue of systemic racism. An Indigenous medical authority is needed to orchestrate health prevention, training, and treatment programs to achieve health equity in northern Manitoba's First Nations and to escape the bias against Indigenous peoples in the health care system. As part of this Indigenous medical system, remote and rural hospitals are needed in First Nations with extended, emergency, and care beds.²⁶

To be culturally appropriate and effective requires traditional medicine for mental and physical health and prevention. Indigenous people's mental health is at high risk due to COVID-19.²⁷ For instance, a recent national survey conducted by the Canadian Mental Health Association provides evidence of the severity of Indigenous people's mental health issues.²⁸ This survey regarding the mental health of vulnerable populations found one in six (16 percent) Indigenous people (eighteen years and older) had suicidal thoughts since the outbreak of COVID-19.²⁹ Government attention and support delay has resulted in a state of emergency for mental health, but such services should be preventative.³⁰ In addition, the pandemic has disproportionately impacted women, who report increased stress and family violence.³¹

Mental health needs to be addressed by educational programming, supports in schools, and the ongoing training of local health workers. The policy of requiring a First Nation to declare a state of emergency after many suicide deaths before providing mental health resources needs to change to follow a preventative model.

COVID-19 Risks Without Adequate Water Systems

Washing hands is vital to prevent COVID-19 but is greatly hampered by water rationing. With the limited water access provided by truck-to-cistern water delivery systems, people frequently run out of water.³² A third of households (31 percent) haul water from the water treatment plant by trucks to cisterns in Manitoba reserves—but this rate is much higher in northern Manitoba.

An additional 20 percent in some remote and rural northern Manitoba households have only barrels, with no water service. O-Pipon-Na-Piwin Cree Nation has 33 percent of its homes using 500-gallon barrels for all their water needs, resulting in households frequently running out of water.³³ God's Lake First Nation in 2019 has

twenty-four homes (10 percent) using water barrels and most homes (164 of 240, or 65 percent) have cisterns, resulting in water quality and quantity unacceptable for human health.³⁴ Barrels and cisterns are breeding grounds for *H. Pylori*, other bacteria, and water-borne parasites,³⁵ which cause infections that worsen COVID-19 outcomes. The inadequate water supply is blamed for the 2009 outbreak of H1N1 in Garden Hill First Nation.³⁶ Garden Hill First Nation, one of Manitoba's seventeen remote fly-in communities, had 27 percent (three of eleven) of those people who died in Manitoba from H1N1, while hundreds became sick.³⁷ The federal government sent body bags and only band-aid fixes to safe water access.³⁸

Safe water, including adequate treatment, delivery, and servicing, is primary to good health, requiring the transformation of all water systems from barrels and cisterns to piped water. As such, water services should be recast under the health portfolio to ensure that water services are funded adequately for prevention. Regular testing of cistern water and water pipes, including testing for *H. Pylori* and other bacteria, would link boil-water advisories and system disruption with human health. A plan for local Indigenous people to replace all existing cisterns with pipes in First Nations is needed, starting with the areas having barrels and older cisterns, to protect against COVID-19 and other pandemics.

To train local people to do this job requires apprenticeship-level courses at secondary schools to provide community-level training. This training is needed as part of a complete overhaul to reverse the dismal failure of the province's apprenticeship program for First Nations people in Manitoba.³⁹ An Indigenous apprenticeship board, separate from that of the province, is needed to arrive at a solution. A not-for-profit service, akin to the Ontario First Nation Technical Services, is needed in Manitoba to advocate for and train First Nations with Indigenous colleges, to create training and water systems in northern Manitoba.⁴⁰

Water systems presently are vulnerable in First Nations during COVID-19. For example, while under lockdown from COVID-19 in May 2020, Wasagamack First Nation had no water in households, schools, and health centres. Across Canada, water systems in First Nations communities lack sustainability planning, with only 2 percent having an emergency response plan, 4 percent having a source water

protection plan, 5 percent having a maintenance plan, and 26 percent having a certified backup operator.⁴¹ In an emergency like COVID-19, an emergency plan or backup operator prevents grave risks.

Food Security and COVID-19

Before COVID-19, food insecurity on Manitoba reserves across Canada was already very high, at roughly half (50.8 percent) of households,⁴² with higher rates in northern Manitoba's remote and rural communities at 75 percent.⁴³ This high rate is getting worse with COVID-19. A recent post-COVID-19 Canadian Community Household Survey (CCHS) found 100 percent food insecurity in two remote communities,⁴⁴ compared to 14.6 percent across Canada.⁴⁵ Food insecurity in northern rural First Nations communities worsened under lockdown on reserves at a much higher rate than for Canada.⁴⁶

As with other funding for COVID-19, less funding was provided for food programming to First Nations than for settlers under COVID-19.⁴⁷ For example, \$1 million went to Manitoba Keewatinowi Okimakanak's (MKO) twenty-six northern and Metis communities, which allowed access to wild food and emergency food to families who were in lockdown in their homes. In comparison, \$100 million from the Canadian government went to charities to address Canadians' urgent food needs, but not one of these charities was Indigenous.⁴⁸ As charities require money to flow to a "qualified donee," many barriers ensure this money remains in settler communities.

Recognizing the problem with food under lockdown, welfare cheques for First Nations in remote communities received \$200 extra to afford the higher prices.⁴⁹ The North West Company received a subsidy directly through the Nutrition North program, as part of the \$2.2 billion going to Indigenous and northern communities, assuming the subsidy makes it to the people. To ensure adequate supplies of thirty-three selected healthy items, without price increases, MKO negotiated a guarantee from the North West Company.⁵⁰

Clearly, at 100 percent food insecurity rates in remote communities, not enough food money is available to Indigenous people in remote communities.⁵¹ Funding needs to flow to Indigenous organizations for sustainable food production/harvesting and emergency food, but without major barriers. On-the-land education, food production,

Indigenous-run food stores, community food centres, and country food programs are needed to ensure a healthy food supply.⁵²

Fisheries policy is one example where the federal government interfered with the different fisheries in northern Manitoba, making commercial fishing no longer possible in most remote communities in northern Manitoba. The federal government created a system that prevented northern Manitoba from feeding itself—as fish could only, until recently, be processed and marketed by the Freshwater Fish Marketing Corporation.⁵³ In 2020, Freshwater Fish Marketing Corporation cancelled pickerel buying, due to low demand during COVID-19, which interferes with their ability to support local fishers, who may in turn be unable to finance their fall fishing/hunting trip.⁵⁴ On 14 May 2020, the prime minister announced the Fish Harvester Benefit and Fish Harvester Grant program by delaying implementation between 24 August 2020 and 21 September 2020. This funding comes too late to finance local fishing, including the nets, boats, motors, money for gas for fishing, hunting equipment, traps, etc., that are needed to ensure local food security. Funding support is needed for fishers to get materials, as they will no longer qualify for employment insurance or make a fishing income. The work of providing fish locally should be counted as employment, but does not typically count for employment insurance.⁵⁵

Housing Crisis and COVID-19

Overcrowded housing is a crisis in northern Manitoba's First Nations reserves, causing a health risk with COVID-19.⁵⁶ In 2016, 8.5 percent of the non-Indigenous population lived in unsuitable housing compared to 37 percent of First Nations people on the reserve, as indicated by the National Occupancy Standard (NOS).⁵⁷ In northern Manitoba, unsuitable housing rates reach 53 percent for both Garden Hill and Wasagamack First Nations. The housing crisis on First Nations reserves is associated with higher rates of diseases, including a fifty times higher prevalence of tuberculosis (TB) for people on First Nations reserves compared to other Canadians.⁵⁸ With COVID-19 being more contagious than TB, overcrowded housing on First Nations reserves poses significant risks for the spread of COVID-19.

Without new houses, overcrowding worsens, which is already a significant problem in northern Manitoba.⁵⁹ Although some training programs are engaging First Nations youth in building homes on

reserve, they are not supported by the provincial government in terms of education or apprenticeship. In Island Lake, the youth trainees in the Mino Bimaadiziwin Homebuilders build homes with local wood, and One House Many Nations offer First Nations tiny homes built by youth. As noted earlier, due to the provincial government's failure with an apprenticeship program for Indigenous people, an Indigenous body must take over programming for Indigenous peoples' apprenticeship if equity is to be attained in the trades.⁶⁰ Education policy must also change to fund building trades apprenticeship programs in First Nations secondary schools and fund post-secondary programs where students can learn trades and build the houses needed in their First Nations communities.

Wave One of the COVID-19 Pandemic and Travel

Northern Manitoba's First Nations and Metis communities delayed any spread of COVID-19 until the fall of 2020 through community lockdowns and restricted travel, requiring anyone coming into their communities to self-isolate for two weeks. The chiefs showed outstanding leadership in setting up roadblocks to restrict travel into their communities to only band members. Although First Nations asked the Royal Canadian Mounted Police (RCMP) to assist with checkpoints at the borders of their reserves, the RCMP were unsupportive. As well, leaders from First Nations communities put into place lockdowns requiring home isolation by not allowing non-emergency workers to travel outside their homes on reserve when the risk is high.⁶¹

In March, MKO requested that Manitoba's Chief Provincial Public Health Officer, Dr. Brent Roussin, issue an order to prohibit travel to northern Manitoba. The travel ban was in effect from 17 April to 26 June and was reinstated in fall 2020 at MKO's request.⁶² Yet, this travel ban did not apply to the HudBay and Keeyask "essential workers." Thousands of resource workers were deemed essential, allowing their travel to northern Manitoba from the United States and other provinces, with non-Manitobans having to self-isolate in a Winnipeg hotel for one week, rather than the recommended two weeks.⁶³ For Manitoba Hydro Keeyask workers at Gillam and other resource workplaces in the north, the MKO request for resource industries to be held in maintenance mode should be honoured, with on-site testing during high-risk periods, such as the fall 2020 second wave.⁶⁴ In the long term, public

policy should require local development to train and hire mainly local Indigenous people in northern Manitoba. Indigenous people make up most of the population in northern Manitoba, but not in the workforce. To have the workforce representative of the population requires a training plan and strict employment targets.

Finally, an agreement with the RCMP is needed to protect First Nations from outsiders who risk bringing in COVID-19. Northern First Nations communities should quickly transition to a tribal policing model, which would assist with community goals, such as a lockdown. These officers need to be trained to engage peacefully with community members around mental health and serve the community's needs. COVID-19 is creating a sense of hopelessness due to inadequate housing and poverty, which compounds abusive situations and increasing suicide ideation and behaviours.⁶⁵

Summary

Inequitable policies put northern Manitoba communities at further risk of COVID-19 and go against section 36(1) of the Canadian constitution to further entrench inequality. Section 36(1) states that the Government of Canada, as well as the provincial governments, have “committed to (a) promoting equal opportunities for the well-being of Canadians; (b) furthering economic development to reduce disparity in opportunities; and (c) providing essential public services of reasonable quality to all Canadians.”⁶⁶

To uphold the Canadian constitution and protect human life from COVID-19, policies need to have equitable outcomes. The federal government is making funding decisions to deal with the COVID-19 crisis without the input or involvement of Indigenous leaders.⁶⁷ Rather than flowing funds to Indigenous-led organizations, this top-down approach misdirects funding away from the communities' needs to settlers.⁶⁸ The colonial funding approaches in the provincial and federal governments against Indigenous people are very entrenched in Manitoba. These governments systematically undermine First Nations systems in favour of the settler medical system, colleges, circuit rider training, and trades apprenticeship boards.

To dismantle the systemic barriers requires a focus on equitable outcomes. The bias is systemic and overt, evident in automatically recognizing every government but First Nations as “qualified donees,” which

funnels COVID-19 funding to settlers. The federal government's lack of funding to First Nations organizations to deliver their own services is problematic. Funding going to publicly funded universities and colleges subsidizing programming and infrastructure in settler communities but demanding pay for service in First Nations, at three times the cost, is unjust. The funding must flow to Indigenous service organizations to see equity in training programs, medical systems, housing, food, economic development, and infrastructure.

At the provincial level, the categorization of resource workers in northern Manitoba as essential workers poses grave risks for neighbouring Indigenous communities. Non-local workers bring risks of COVID-19 from the United States and other provinces when resource industries can instead reduce risks by either going into maintenance mode and/or by employing locals. Risks brought by non-local resource workers demonstrate the need to require essential workers to be local, which also applies to health and trade areas. Capacity building requires strategic planning and strict employment targets for nurses, doctors, health workers, tradespeople, and resource people. Augmenting local capacity is necessary to deliver health care and resource workers where they are needed, as shifting people from one place to another during a pandemic increases the risk of transmission of COVID-19.

Evacuation of the many remote communities in northern Manitoba is a major threat to the health of many thousands of people in northern Manitoba. This threat stems from substandard health care, housing, and water in Indigenous communities in northern Manitoba. In October 2020, Grand Chief Dumas commented that bringing people to hotels in the south does not provide a sustainable solution without addressing the underlying needs and building capacity in First Nations communities.⁶⁹

In conclusion, COVID-19 policies established by provincial and federal governments are making existing inequities worse in northern Manitoba First Nations and will inhibit a just recovery from COVID-19. Inequities by COVID-19 policy cut across every area but can be turned around by building local capacity and infrastructure, as well as Indigenous decision making. Otherwise, these First Nations communities will continue to be at high risk of ill-health and pandemics, including COVID-19. To ensure equity as committed to in section 36(1) of the Canadian constitution, all government levels have

to stop creating barriers to Indigenous-led training, programming, and infrastructure development. Indigenous organizations need adequate funding to combat COVID-19 to deliver equitable programs across the many sectors, which the provincial and the federal governments have failed to do.

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PART 3

POLICY, PANDEMICS, AND PEOPLE

Protecting Our People: Indigenous Sovereignty and Resilience in Manitoba during the Era of COVID-19

Avery Hallberg and Kiera Ladner

In 1492, as the familiar rhyme goes, Columbus sailed the ocean blue. It is also said that in 1492 Columbus and his men introduced the first foreign-born pandemic into the Americas. So began the last 500-plus years of Indigenous nations confronting pandemics on Turtle Island. From the outset of European exploration and colonization, Indigenous peoples have experienced a genocide caused by starvation, removal, policies of extinguishment, and wave after wave of pandemics, syndemics, and epidemics including smallpox, tuberculosis, and measles.¹ Indigenous nations on the northern plains had endured such devastating horrors that by the time treaties were signed in the 1860s and 1870s they had been depopulated by at least 90 percent.²

While Canadians are largely ignorant of this history, scholars such as James Daschuk have exposed how the Canadian government engaged starvation as a policy of placating Indigenous nations and as a means of “clearing” the Canadian plains of Indigenous peoples in preparation for “settlement.” It is therefore not surprising that Indigenous nations sought assistance from the Crown in their negotiation of treaties (viewed as a new relationship between the signatory nations which would allow multiple nations to live and prosper in a shared territory). In Treaty 1 (1871) benevolence and mutual aid were promised as nations worked out the terms of living together with mutual respect and benefit. In Treaty 6 (1876), Nehiyaw/Cree negotiators pressed for

stronger treaty provisions, including a promise of assistance during times of pestilence and starvation and the provisioning of a medicine chest on every reserve.

Despite such treaty promises, Indigenous nations in western Canada continued to be plagued by disease, starvation, and epidemics—most often with little “benevolence” and/or “assistance” from government.³ Needless to say, Indigenous peoples have an equally long history of survival and resilience. In a recent *Shekon Neechie* podcast, Indigenous historians Mary Jane McCallum, Winona Wheeler, and Robert Alexander Innes discussed how this history of epidemics and inequalities in health care facilitate both vulnerability and resilience for Indigenous peoples facing COVID-19 today.⁴ This long history with pandemics and the “collective memory” of dealing with and surviving waves of epidemics grounds communities, creates awareness, and enables resilience. Despite the impacts of residential schools, urbanization, and increased vulnerability due to inequalities and disease, Indigenous peoples are again drawing on the past and their continued resilience to survive the current COVID-19 pandemic. Using data drawn from the oversampling of Indigenous peoples in the Association for Canadian Studies’ (ACS) COVID-19 Social Impacts Network’s online surveys,⁵ this paper will examine the impact of COVID-19 on Indigenous peoples thus far and discuss how Indigenous communities are responding to this crisis. More specifically, this chapter will explore some of the many ways in which Indigenous peoples in Manitoba are demonstrating their resilience and drawing on the past to keep themselves safe throughout this pandemic.

Pandemics: Then and Now

Indigenous peoples in Manitoba have a long history with pandemics. In the most recent past, and long before COVID-19 arrived in Manitoba on 12 March 2020, communities were hit hard by H1N1 influenza in 2009. A total of 2,674 lab-confirmed cases of H1N1 were documented in Manitoba, with Indigenous people accounting for 495 cases (or 18.5 percent of all lab-confirmed cases). This percentage of positive cases was an overrepresentation of the Indigenous population who, during the 2006 census, accounted for 15.5 percent of the total population.⁶ While a 3 percent overrepresentation of documented cases does not seem significant, the overrepresentation was extremely significant when

limited to those who were hit hardest by this virus. The first wave of H1N1 hit Indigenous people in Manitoba particularly hard. Indigenous people made up 54 percent (74) of those hospitalized and 60 percent (25) of ICU patients.⁷ These rates can be partially explained by the socio-economic conditions that are forced upon Indigenous people in Manitoba such that inadequate and overcrowded housing, both on reserve and off, is a significant roadblock to keeping people safe during pandemics (due to inability to isolate) as is the state of housing and the lack of potable water on many reserves.⁸ While Indigenous nations gained much experience in dealing with a modern pandemic during H1N1, the federal government's ineptitude reinforced the belief that Canada could not be depended on to live up to its treaty obligations. The right to health care, assistance, and benevolence went unfulfilled during this crisis, given that several Manitoba First Nations received body bags rather than basic medical supplies and personal protective equipment (PPE), and most received inadequate and substandard supplies.⁹

When compared to their experiences with H1N1, Indigenous peoples have fared better so far with COVID-19, both in terms of virus numbers and public policy. Indigenous peoples in Manitoba have been working hard to keep COVID-19 at bay from their communities.¹⁰ Inadequate and overcrowded housing, both on reserve and off, is a significant roadblock to keeping Indigenous people safe during pandemics, causing an inability to provide isolation space if someone in the home becomes ill. In terms of public policy, Indigenous communities (Métis, First Nations, Inuit, and urban) are dealing with a far more responsive (and responsible) federal government which has shipped and assisted in procuring PPE for communities, deployed extra health care workers, and provided funds for communities to respond to this crisis. The federal government's Indigenous Community Support Fund has thus far provided \$380 million in support for communities and political organizations, such as AMC and MMF, through a needs-based application process, including \$35.9 million for Manitoba First Nations and \$7.5 million for Manitoba Metis applications.¹¹ However, such interventions have done little to alleviate the inequalities and vulnerabilities that Indigenous peoples experience. Instead, these inequalities and vulnerabilities have been exacerbated by the pandemic, leaving many Indigenous peoples and their nations to conclude that they are on their own.

Our data, collected from 1 to 3 May 2020, shows that Indigenous peoples in Manitoba (n=57) are most concerned with the protection of Elders, who they feel are most at risk during the pandemic: 71.9 percent of respondents say the elderly are more affected by COVID-19 than other population groups. Further, Indigenous respondents have shown they understand the consequences of this pandemic by staying at home, leaving only for necessities (89.5 percent of respondents), practising social distancing (91.2 percent), frequently washing hands (94.7 percent), using their elbow when coughing or sneezing (96.5 percent), and staying away from family and friends (73.7 percent reported during the survey that they had not seen family or friends in the past week). Many Indigenous people are preparing for the second wave of COVID-19, reporting the worst of the crisis is yet to come (43.9 percent of respondents). As we look back at how Indigenous peoples have dealt with this first wave and how they are preparing for the second wave, we are keenly aware that inequalities and vulnerabilities have been exacerbated by the pandemic and that many Indigenous peoples are acting on their own—perhaps as an expression of self-determination or perhaps as an expression of the feeling that they are on their own. In any case, Indigenous peoples in Manitoba are demonstrating their resilience as they keep themselves safe throughout the pandemic. Whether that be Chief and Councils creating checkpoints or closing their borders, urban Indigenous organizations supporting those most in need, or returning to the land during the pandemic, Indigenous peoples in Manitoba will come out of this pandemic stronger than ever before.

Resiliency

In the *Shekon Neechie* podcast, Wheeler noted how her community (Fisher River Cree Nation) in northern Manitoba had closed the community to protect itself from the Influenza Pandemic in 1918. Over 100 years later, many Indigenous communities are again drawing from their historical experience and traditional knowledge as they return to the land and from their teachings and traditions as they respond to the pandemic. This strategy or resurgence of traditional practices and well-being has been evident across Manitoba. For instance, Terry Nelson, former Chief of Roseau River Anishinaabe First Nation, has spent time in his community teaching people about traditional medicines and the science behind their uses.¹² Even in Winnipeg, organizations such as

Indigenous Vision for the North End have been providing traditional teachings and medicines throughout the community.¹³ Hunting has also been a self-reliance tool used by communities in Manitoba, especially in the North, to reduce the number of deliveries sent into the communities, thus reducing the possibility of transmission of COVID-19 by outsiders.

The strengthening of cultural ties and reliance on traditional relationships is also evident in our survey data. Relationships are central in Indigenous cultures, whether that be to the land or to each other. Our research suggests that ties in the family are becoming more robust during the pandemic. Three-quarters (75.8 percent) of Indigenous people from Manitoba surveyed say they are supported by their partner well throughout the epidemic, 69.7 percent report feeling closer to their partner, and 60.6 percent of respondents say they are having more meaningful conversations with their spouse since the beginning of the pandemic.

To protect their relations (families, communities, and territories), leadership in many Indigenous communities moved to close their communities (just as their ancestors had in previous pandemics). Acknowledging some semblance of self-determination, the federal government allows Indian Act Chief and Councils to declare a state of emergency in their communities, thereby allowing them to close their borders to outsiders. Numerous communities in Manitoba did so. Sandy Bay Ojibway First Nation, for example, shut down its school and daycare on 12 March 2020. From 22 March until 12 June members of the community patrolled the five entry points to the community and enforced a curfew from 11:00 p.m. to 6:00 a.m. daily. During the lockdown period, visitors were not allowed to enter homes or public spaces, except for delivery drivers. In August, due to a cluster of COVID-19 outbreaks, Peguis First Nation announced all travellers coming from Steinbach and Brandon will be required to self-isolate upon arrival to the community for fourteen days.¹⁴ All communities are not so easily closed, however. Thus, on 1 April 2020, Misipawistik Cree Nation and Manitoba Keewatinowi Okimakanak (MKO) petitioned the province to create checkpoints on Highway 6, one of the only roads that head to the North. Premier Brian Pallister rejected this request, instead deciding to focus on provincial border checkpoints. The First Nations therefore decided to establish a community checkpoint, requiring anyone

(re)entering the community to quarantine for fourteen days. In an announcement welcomed by MKO, the province restricted travel to the North on 16 April. While the travel ban was lifted on 26 June, it was reinstated on 4 September.

Meanwhile, numerous other First Nations sought to exercise their self-determination inside of their territories yet outside of the boundaries of their reserves in order to protect their relations. In other words, they sought to exercise Cree sovereignty and the treaty relationship which envisioned multiple nations living within the same territory as nations, each acting with benevolence and offering assistance during times of need. The best example of this is the Keeyask Hydro blockade that was put up in response to a shift change on the construction site that was scheduled for 19 May. During this shift change, 600 people were to be leaving the construction site while 1,000 people were coming in, including people from different provinces and the United States. The four partner First Nations (Tataskweyak Cree Nation, War Lake First Nation, York Factory First Nation, and Fox Lake Cree Nation) were concerned about the possibility of a COVID-19 outbreak near their communities and thus closed the highway going into the construction site. While Manitoba Hydro insisted they were using a provincially approved plan to conduct the shift change, the stipulations were not enough to make the communities feel safe, especially given that a significant outbreak occurred in northern Saskatchewan in April, resulting in more than 150 cases in Saskatchewan First Nations caused by travel from the Kearl Oil Sands work camp in northern Alberta.

The blockade was set up on 16 May and by 19 May there was an injunction issued by the Court of Queen's Bench of Manitoba, but the communities would not give up. As MKO Grand Chief Garrison Settee explains, "I always believe that the safety of human lives is paramount to anything, and . . . as Indigenous people, we place every human life over corporate interests any day."¹⁵ By 22 May, Manitoba Hydro went into care and maintenance mode at the construction site, leaving only about 100 people on site. The four Nations reached an agreement with Manitoba Hydro on 24 May, ending the blockade.

Much of the action taken by Indigenous peoples confronting COVID-19 has taken place on First Nations reserves, with a focus on returning to the land and its teachings as a way to protect and provide for one's relations. Indigenous peoples off-reserve (representing nearly

half of Indigenous peoples) have also struggled to keep themselves safe throughout the pandemic, learning from the past to live in the present while also creating a resilient future for Indigenous peoples. Much like Indigenous peoples on-reserve, Indigenous peoples off-reserve are finding that COVID-19 is exacerbating existing inequalities and that government programming and services do not necessarily meet their needs. Despite treaty promises of benevolence and assistance, Indigenous peoples feel that they have to go it on their own.

Such perceptions grow resilience while also perpetuating vulnerability. As a result, urban Indigenous people throughout Canada did not access the Canada Emergency Response Benefit (CERB) as frequently as did non-Indigenous people. Statistics Canada data shows that 13.4 percent of off-reserve people claimed the benefit, compared to 18.7 percent of non-Indigenous people. The Eagle Urban Transition Centre said they were persuading people not to apply for the benefit because of its potential of being clawed back later and the future taxes that would need to be paid during the next tax season. As an alternative to the federal program, the Assembly of Manitoba Chiefs (AMC), which runs the transition centre, distributed prepaid credit cards to help with expenses.¹⁶ Families received \$180 and individuals received \$47, far less than what would be provided under the CERB program.¹⁷ Our research has shown that only 15.8 percent of Indigenous Manitobans included in our survey applied for the CERB program even though 33.3 percent reported that COVID-19 has had a negative impact on their capacity to meet their financial obligations and 40 percent of respondents have had a decrease in their income since the beginning of the pandemic. More research is needed to understand why urban Indigenous peoples did not make use of the CERB program during COVID-19. However, it is possible that the lack of take-up is related to the understanding that Indigenous peoples should be dealt with as nations with a differentiated treaty relationship with the federal government, one that is grounded in benevolence and mutual reciprocity.

While the federal government's CERB program has not been utilized, urban Indigenous organizations have been doing as much as possible to mitigate challenges for citizens living outside of reserves. Statistics Canada data shows that 48.1 percent of First Nations individuals with registered Indian status (58,046 people) live off-reserve in Manitoba, with an estimated 84,305 Indigenous peoples living in

Winnipeg including First Nations, Métis, and Inuit individuals residing in the city.¹⁸ Indigenous people in Winnipeg are not exempt from issues like overcrowded housing and lack of access to fresh, healthy food. Thus, several organizations in the city have been working since March to assist these families. Both the Winnipeg and Portage la Prairie Bear Clan Patrol have been delivering weekly food hampers during the pandemic, feeding upwards of 1,500 people a week (with some assistance provided by the federal government). Meanwhile the North Point Douglas Women's Centre and Ma Mawi Chi Itata Centre have provided emergency kits and bagged lunches, respectively.¹⁹ Ka Ni Kanichihk began providing weekly breakfasts and lunches in June and the distribution of craft kits for youth aged twelve to twenty-five. Finally, both the Bear Clan and Mama Bear Clan have been able to adapt their patrols to continue to be a presence in their communities.

Conclusion

While the federal government has far improved its pandemic response since H1N1, when it sent body bags to Wasagamack First Nation along with a shipment of PPE (CBC 2009), there is still room for improvement. Social distancing is impossible in overcrowded homes. Frequent hand washing, a recommendation from Health Canada to prevent COVID-19 spread, cannot happen so long as communities do not have access to clean, running water. But Indigenous leadership is growing, and Indigenous communities are coming to realize that this pandemic is not simply a matter of health inequality or of socio-economic vulnerability. Instead, COVID-19 represents a significant moment in the struggle of Indigenous peoples and their nations for survival, resurgence, and the treaty relationship, with its promises of mutual respect, benevolence, and mutual reciprocity.

As of 4 November 2020, there have been 419 cases in First Nations communities in Manitoba and 574 cases off-reserve affecting First Nation peoples.²⁰ While cases have been confirmed in communities, First Nations have acted swiftly to impose restrictions in their communities to prevent further spread. They have also continued to petition the federal government for access to rapid testing and additional personal protection equipment to keep their communities safe during the second wave in Manitoba.

Notes

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Leading in a Time of Crisis: The Manitoba Metis Federation’s COVID-19 Response Plan

Will Goodon and Kelly Saunders

“Your Metis government is ready, we are moving, and we are going to do everything we can to assist you. You can trust your Metis government to protect you.”¹

These words, spoken by Manitoba Metis Federation (MMF) President David Chartrand in his live Facebook address on 20 March 2020, capture the spirit of the MMF’s response to the COVID-19 pandemic. While the provincial and federal governments were slowly coming to terms with the scope of COVID-19, the MMF quickly recognized the catastrophic impacts that the virus could have on Metis citizens and communities in Manitoba, and the attending need for decisive action. The Metis suffer from respiratory illness, heart disease, diabetes, and other chronic diseases (considered to be particular risk factors for COVID-19) at rates as much as four times higher compared to all other Manitobans.² Moreover, as a result of the social determinants of health, the Metis, along with other Indigenous peoples, are at higher risk of contracting or spreading COVID-19 and developing serious complications from the virus.³

Notwithstanding these risk factors, the Metis, unlike other Indigenous peoples in Canada, are not covered by federal health legislation and are thus not eligible for programs and services delivered by the First Nations and Inuit Health Branch. Known as the “Forgotten People,” the Metis have historically been treated differently from First Nations and Inuit peoples in Canada. The federal government

long refused to accept the Metis as “Indians” for the purposes of section 91(24) of the Constitution Act, 1867, and therefore denied that Canada bore any constitutional responsibility for the Metis. Manitoba, along with most other provincial governments in the country, have maintained that the Metis fall under federal jurisdiction, thus leading to a game of constitutional football between the two levels of government. Although the Supreme Court of Canada would rule in their 2016 decision in *Daniels v. Canada* that the Metis are in fact a federal responsibility under s. 91(24), the Metis continue to be excluded from many programs and services provided to First Nations and Inuit peoples in Canada.⁴ From a provincial perspective, the Metis are able to access Manitoba health services as citizens of Manitoba, but there are no specialized programs or services provided to the Metis as an Indigenous, rights-bearing collective.

It was for these reasons that the MMF knew that it would have to adopt a robust, proactive strategy for dealing with the pandemic and that it could not wait for a response from state governments in order to protect Metis citizens. Indeed, as the first cases of COVID-19 were confirmed in the fall of 2019 in Wuhan, China, the issue was already appearing on the agenda of MMF cabinet meetings.⁵ As the MMF prepared its COVID-19 response plan, its goals were clear: to keep Metis citizens and communities safe; to help ease the financial pressures experienced by many as businesses, schools, and community organizations began to shut down; and to provide reliable, accurate, and up-to-date information on the virus as it spread across the province. The first order of business for the MMF was ensuring that the immediate needs of Metis seniors and other vulnerable people were met. To this end, the MMF began undertaking wellness checks of at-risk individuals and assembling hampers of food and other important items including medications, masks, hand sanitizers, and gloves. By 7 July, over 5,000 hampers would be distributed to Metis homes throughout Manitoba.⁶

On 20 March 2020 the MMF’s \$1 million Health Action Plan was unveiled on Facebook Live. The focus of the action plan was assisting Metis workers, business owners, and students facing financial pressure as a result of the pandemic. Bridge funding was provided for laid-off employees to help carry them over as they waited for Employment Insurance and other federal measures. Grants of up to \$10,000 were

made available for Metis business owners, and the MMF would subsequently build on the action plan with an emergency loan program for Metis entrepreneurs as well as a student employment plan. By July 2020, an additional \$1.7 million in financial supports—over and above the initial \$1 million committed under the action plan— would be allocated by the MMF to support Metis citizens across Manitoba.⁷

The action plan included other measures designed to protect Metis citizens from COVID-19, such as the conversion of two MMF work camps into fully accessible health facilities, along with the purchase of five tiny homes for use as mobile quarantine spaces should the need arise. With MMF dollars, Thunderbird House in downtown Winnipeg was upgraded and transitioned into a COVID-19 testing site, and homelessness organizations were given financial support to help protect the homeless population.⁸ Kitchen facilities at the MMF Home Office were mobilized to make sandwiches for vulnerable Manitobans, and by July 2020 over 20,000 sandwiches would be distributed to help feed the hungry.⁹ The MMF also established its own international supply chains, purchasing masks, surgical gloves, and hand sanitizers, along with bulk food items and freezers. MMF cabinet ministers and their staff worked around the clock, meeting in day-long Zoom sessions and conference calls each week to coordinate the various initiatives taking place around the province.

The MMF's COVID-19 Action Plan involved more than the implementation of new programs and services, as important as these measures were. The MMF also sought to provide Metis citizens with the information and leadership they needed in such a time of crisis, and from a government they could trust. It was critical to the MMF leadership that their people have confidence in them to keep them safe, especially given the lack of trust many Metis feel towards the provincial government. Since 2016, when the Progressive Conservatives were first elected under leader Brian Pallister, relations between the province and the MMF have steadily deteriorated. A series of measures by the Pallister government—including Manitoba's withdrawal from tripartite self-government negotiations with the Manitoba Metis, the cancellation of agreements that had been previously signed by Manitoba Hydro and the MMF, and negative comments made by the premier over the Indigenous right to hunt (which many saw as race-baiting and inflammatory)—contributed to this breakdown.¹⁰ In the words of

MMF President Chartrand, “They (the provincial government) have no respect for the Metis Nation as rights-bearing Aboriginal People. . . . There is no relationship between the province and the MMF.”¹¹

In order to build trust with Metis citizens, the MMF redoubled its communication efforts, harnessing its various media tools (newspaper articles, radio spots, website, Twitter, YouTube, and Facebook) to not only provide information on the COVID-19 Action Plan but to educate people on how to best protect themselves through such measures as quarantining, social distancing, and proper hygiene. Throughout the spring and into the summer President Chartrand, along with other members of the MMF cabinet, held live daily briefings on the MMF’s YouTube channel and Facebook page, updating the public on the state of the pandemic, MMF initiatives, and other important news bulletins from Manitoba Health.

The larger purpose of the MMF’s communication strategy was to build community and provide reassurance in a time of uncertainty. At the height of the first wave of the pandemic, the MMF website and Facebook page streamed live performances by Metis musicians and dancers twice a week, along with other programs designed to educate, inform, and entertain. Ranging from the *Michif Word of the Day* and *Did You Know?* (a weekly series on Metis history) to children’s shows such as *Red River Cart Adventures* and *Meet up with Mason*, these initiatives served to raise the spirits of families isolated at home and also brought the MMF into the daily lives of the people it represents. In September, in the face of mounting concerns over the safety of children in the public school system, the MMF unveiled a new Homeschool Support Program for families choosing to keep their children at home. Through this program Metis families can access online classes in core subject areas taught by certified teachers, independent study options for high school students funded by the MMF, tutoring supports, and home delivery of school supplies to support safe learning environments.¹²

As Canada and Manitoba struggled to come to terms with the challenges presented by the first wave of the pandemic, the MMF took quick and decisive action to protect its citizens. Knowing that it could not rely on other levels of government to provide the necessary supports to keep Metis people in Manitoba safe, the MMF put forth a comprehensive and multifaceted response plan. In so doing, it proved

itself, once again, to be a leading force in Indigenous self-governance not only in Canada but around the world.

Notes

- 1 The Manitoba Metis Federation uses the unaccented version of “Metis” in its official name and documentation. In keeping with this, we have similarly chosen to forgo the accent in our usage of the term in this chapter.
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- 10 See, for example, “Pallister Under Fire for Remarks on Indigenous Men,” *Winnipeg Sun*, 27 January 2017, <https://winnipegsun.com/2017/01/27/pallister-under-fire-for-remarks-on-indigenous-men> (accessed 21 October 2020); “Night Hunting ‘Becoming a Race War’ Says Premier Brian Pallister,” *CBC News*, 20 January 2017,

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Manitoba Child Care during COVID-19

Susan Prentice

Across Canada, the first wave of the COVID-19 pandemic caused “turmoil in the childcare sector, chaos and distress for families, and dilemmas for policy-makers at all levels,”¹ and Manitoba was no exception. The province’s small child care sector was immediately asked to play two roles: first, to keep children, families, and staff safe by closing operations; and second, to assume limited operation to care for the children of essential workers. This was the first policy contradiction, and others followed.

On 17 March 2020, the Manitoba government ordered the suspension of service in all licensed child care centres effective Friday, 20 March—affecting more than 90 percent of the province’s spaces. The directive permitted the small stock of regulated family homes (which care for eight or fewer children) to remain open, while also suggesting some child care centres could continue to operate at greatly reduced capacity if they cared for children of health care and other essential workers. At least three-quarters of the province’s 713 child care centres immediately closed, even as most licensed homes continued to operate.²

There was confusion early on about how shuttered programs would fund their payroll and cover ongoing operating costs. Child care revenue is made up of parent fees and public operating grants, and both sources of funding were vulnerable. The province provided contradictory messages about whether operating grants would continue to be paid to all child care centres or only those that remained open for essential

workers. Some child care programs asked parents to continue to pay fees during the shutdown, although the province “strongly encouraged them not to.”³ There was widespread fear that many facilities in the not-for-profit sector—which operates on razor-thin margins—would not survive closure.

On 20 March, the premier announced \$27.6 million in child care funding, of which \$18 million was earmarked for a new “temporary child care service grant.” This new grant was designed to encourage educators to start up home-based care (with a priority to health care and other essential workers), with each new home eligible for a \$3,000 grant. This initiative was poorly thought out and sector leaders countered, arguing that already existing programs needed fiscal support instead.⁴ By the end of April, just fifteen temporary child care service grant applications had been approved at a total cost of \$45,000, representing 0.25 percent of the \$18 million.⁵ Of the remaining \$9.6 million dollars, \$7.6 million was regularly budgeted operating funding and fee subsidies, while a scant \$2 million was added to help meet health and safety requirements.

Aside from this \$2 million, no additional provincial funding has been made available to make up past and present parent fee shortfalls, nor to cover the extra costs of safe operation. No additional funding has been provided to child care facilities, even though compliance with local public health guidelines (including smaller groups, personal protective equipment [PPE], and enhanced cleaning) has significantly increased operating costs. Child care facilities received minimal PPE. One centre director estimated they had spent over \$11,000 to meet COVID-19 safety conditions (e.g., portable sinks, fencing to separate cohorts, etc.) and received only ten dollars’ worth of PPE from the province.

The abrupt closure of Manitoba’s small stock of child care spots had far-reaching repercussions. Within two weeks, Manitoba’s Families Minister Heather Stefanson was pleading with the sector to reopen, praising early childhood educators and child care centres as “heroes helping heroes.”⁶ Yet, on social networking sites and in the media, the child care community expressed bewilderment and outrage at the province’s lack of support.⁷ A new child care advocacy group, launched under the banner “Childcare Is Essential,” warned that many child care centres were on the verge of financial disaster.⁸

The effects on children and families were mixed. First, children lost their familiar routines and social connections while parents lost the care that enabled them to work or study. Public health guidelines were shifting and inconsistent. Social distancing is impossible for children, particularly young children who require hands-on care. Peculiarly, during the first-wave reopening phase when other Manitobans were required to stay in groups of ten or fewer persons, child care was allowed to be much larger—raising questions about health and safety. Provincial funding for children with additional support needs (from the provincial Inclusion Support Program) faced additional barriers as new and onerous administrative burdens were imposed.⁹

In every phase of the first wave of the pandemic and reopening, all Manitoba parents continued to pay child care fees, even though most jurisdictions made different policy choices. Ontario, Quebec, Prince Edward Island, Yukon, and Newfoundland and Labrador “spent millions” compensating centres for lost fee revenue after making child care free to essential workers. Northwest Territories, Alberta, and British Columbia reduced the cost of care and provided enhanced funding to programs.¹⁰ New Brunswick covered child care costs for parents who had their income affected by COVID-19.¹¹ Manitoba, by contrast, neither reduced nor eliminated fees to any parent, nor provided facilities with extra funding.

Manitoba’s policy response is likely to be particularly detrimental to early childhood educators. Recruitment and retention has long been a pressing issue. Given long years of chronic underfunding and stagnating wages, many early childhood educators were leaving the field pre-COVID-19 and this trend is likely to accelerate post-COVID-19. While some early childhood educators may receive a one-time provincial pay bump through the risk recognition portion of the Manitoba Protection Package, which is dubbed “hero pay,”¹² even this small compensation has not yet been forthcoming at the time of writing.

Nationally, the federal government began to propose action for the child care sector. Laid-off child care staff were eligible for the CERB, and many found the \$2,000 per month benefit was roughly on par with, or even better than, their previous low wages. Eventually, non-profit child care facilities were made eligible for some of the business loans, wage, and rent-relief measures. The Canada Emergency Wage Subsidy

(CEWS) in particular was a lifeline for facilities. Ottawa announced \$625 million in transfers to provinces and territories for child care under the \$19 billion Safe Restart Agreement, as a down payment on a more robust plan.¹³

As the scale and shape of the economic recession emerged, concern mounted about women's disproportionate job losses and slower job recovery—what many are calling a “she-cession.” Even the blue-chip Royal Bank of Canada warned that the pandemic threatens decades of women's gains.¹⁴ Nationally, the pandemic has pushed women's labour-force participation down to its lowest level in three decades: in Manitoba, 11,000 fewer women were employed full-time in June 2020 than in June 2019.¹⁵ Policies to ensure affordable and accessible child care are crucial to enabling women's employment: as the RBC puts it, “women shouldering the burden of childcare more likely to ‘fall out’ of the labour force.” Equally importantly, there must be services for parents and children to use: without sector-specific aid Canada's “fragile early learning and child care services will not survive COVID-19.”¹⁶

COVID-19 exposed Manitoba's social and economic vulnerability in the absence of a publicly funded and publicly managed child care system. While the federal government has begun to grapple with this reckoning, Manitoba has not. The federal Liberal government advocates for child care, crafts multi-year child care agreements, and proposes billions of dollars in new commitments.¹⁷ In contrast, the Manitoba Progressive Conservative party favours private market solutions and smaller government. At the time of writing this chapter, Premier Pallister's government has just launched a review of child care regulations with an eye to “reducing red tape” and awaits a report from management consultants KPMG on how to “modernize” the funding architecture. Child care in Manitoba is caught between opposing visions—the province's preference for market provision versus the federal government's tentative steps towards more public management—and its future is unclear.

Notes

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Manitoba in the COVID-19 Pandemic: Women's Experiences

Joan Grace

Women's experiences during the COVID-19 pandemic stand out in stark ways. In the immediate circumstances, given their presence on the front lines, women are vulnerable to exposure to the virus that also puts their family members at risk. Women's employment in pandemic-affected sectors of the economy in Manitoba and their socio-cultural roles within familial relationships highlight this harsh reality.

Women make up the bulk of workers in the health care sector, the education system, and long-term care facilities. In Manitoba, for example, approximately 90 percent of registered nurses, nurse practitioners, licensed practical nurses, and registered psychiatric nurses are women,¹ and in elementary education they too account for approximately 90 percent of workers.²

Women are more likely to be employed in part-time work situations that lack steady, predictable employment arrangements.³ As Katherine Scott reminds us, workplace gender segregation has situated many women in jobs "involving the '5 Cs': caring, clerical, catering, cashiering, and cleaning," employment which is "directly involved in containing the pandemic and providing needed care and support."⁴ These situations have made women's employment vulnerable to quick layoffs. Extrapolating from a national assessment, Catalyst recently reported that in the first months of the pandemic, from February to April 2020, women's participation in the paid labour force decreased from 61.2 percent to 55 percent.⁵ And during a situation like the pandemic, women

are therefore more likely to meet government emergency benefit (income) thresholds given they work fewer hours and for lower wages than their male co-workers (a difference referred to as the gender wage gap).

As well, women are the primary caregivers of children and of senior parents, the pressures of which became dramatically apparent during the first wave of the pandemic. Being on the front lines in the caring of family members during efforts to flatten the curve meant that women's duties in the domestic sphere (as unpaid workers) have become all the more crucial to the Manitoba economy, yet are likely to continue to be ignored as "formal economic activity" by governments when devising programs and making spending decisions.

All of this is to say that women in Manitoba have experienced the pandemic in harsh ways. Statistics Canada reported in early May that the retail, restaurant, and hotel sectors accounted for 44 percent of job losses in Manitoba, with "young adults and women hit hard."⁶

And there is another hard reality. Women are disproportionately the victims and survivors of domestic and intimate partner violence in the province. Potential violence during the pandemic, especially for Indigenous women, has forced many into vulnerable and often dangerous living situations. Women's Shelters Canada characterizes the situation as "the pandemic within the pandemic."⁷ Because women were unable to seek help, the Manitoba Association of Women's Shelters reported a troubling decrease in the number of calls received since the start of the pandemic.⁸

Manitoba's pandemic responses initially neglected to acknowledge women's economic and social situations. From my review, it was not until later in the summer that the Manitoba Women's Advisory Council provided some family violence safety tips on its website, along with shelter information and a hotline number to call if in crisis. Still, the main COVID-19 provincial website portals, as well as the Manitoba Women's Advisory Council website, have been silent on the effects of the virus on women and have offered no information to women or advice on where to find guidance for the duration of the pandemic. In an encouraging move, on 29 July the province announced "risk pay" for low income, essential, and front-line workers, which certainly will be welcomed by women.⁹

The federal government's responses have been more visibly targeted to women. The Liberal government established the Canada Emergency

Response Benefit,¹⁰ extending it in early May to cover mothers-to-be, and created several benefit programs for students, women entrepreneurs, and women and children fleeing violence. Unlike the province, the lead women's policy agency at the federal level—Women and Gender Equality Canada—provided references to COVID-19 on its website, noting a funding announcement for women's shelters and sexual assault centres during the onset of the pandemic. In the parliamentary arena, on 7 July, the House of Commons Standing Committee on the Status of Women held hearings investigating the impacts of the pandemic on women, hearing testimony from a variety of groups, including Women's Shelters Canada, who spoke on the devastating effects for women at risk of violence.

What have we learned from the impact of the pandemic on women in Manitoba? We can start by acknowledging that women are integral to the continuing health of their families and the provincial economy. Future pandemic and emergency planning must include a systemic, whole-of-society approach to crisis management that specifically attends to gender relations and the realities of women's lives. Consideration could include: strategies for finding and securing safe housing and transition shelters, perhaps in empty hotel rooms, as France did,¹¹ an immediate increase in staff levels for all needed services, and an expanded definition of essential workers in areas of "women's work."

The Manitoba government's striking lack of attention to women's plight highlights the fact that women must continue to engage in coordinated advocacy, as has been their rich history. Lessons can be drawn from the Institute for International Women's Rights (IIWR) located in Winnipeg. The IIWR launched a campaign on 25 May calling on the provincial government to develop a "feminist response to COVID-19,"¹² drawing attention to the gender inequalities of the pandemic. The IIWR, for example, has called on the government to undertake a gender-based analysis of the pandemic, offering policy prescriptions such as protecting public services and working towards a universal child care system.

Gender-based analysis (GBA) could be the guiding framework for future public health strategic planning. As a start, strategic planning under GBA would contextualize women's already vulnerable situations in a province with high rates of poverty and pervasive domestic violence.¹³ A GBA approach would then guide government actors to

consult with women's policy experts and community-based women's groups who know best about women's lives. And, as many women's advocates know, building a viable policy system to address women's experiences as primary caregivers, unpaid workers, labour force participants, and community members means the federal and provincial governments must coordinate. GBA draws attention to the importance of integrating an intergovernmental approach to emergency planning that focuses on policy and program development and associated, targeted financial commitments. A pandemic is no time for jurisdictional disputes, especially for women in Manitoba.

Notes

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Lip Service to the “Vulnerable”: Government Public Policy on Disability and the COVID-19 Pandemic

Diane Driedger

After three months of going out only for groceries, medical appointments, and walks, and working at home and Zooming many times, I—like many others—was seeing a light at the end of the COVID tunnel. As a person who has disabilities and who is immunocompromised, I was happy to see that our governments and the public (by complying with stay-at-home orders) were concerned about “vulnerable people.” This is not a small minority, as 22 percent of Canadians identify as having a physical or mental disability or chronic illness.¹ Manitobans took their civic responsibility seriously and did a great job of flattening the virus curve during the first wave.

I felt heartened, until I learned in April that the Manitoba Government was cutting home care services due to lack of personal protective equipment for home care workers. These services are essential to many people with disabilities and to seniors as well. These were the same vulnerable persons for whom we were all staying inside. All of a sudden, having a clean house, having clean laundry, and taking baths were not essential, according to the Winnipeg Regional Health Authority. Yet, logic suggests that preventing the virus must involve cleanliness. Many disabled persons who are also seniors were without these services for almost four months (April to July). Only in July did the provincial government start restoring these services.² What happened to people with disabilities who needed these services? I suspect

most went without and, in fact, this has affected not only their physical health but also their mental health. Imagine being home alone, not able to do essential cleaning to ward off a virus, and your services being cut. The government believed that family and friends would fill this gap. Many did not have family and friends who could support them in this way.³

However, as the pandemic progressed, the federal government began to provide support for Canadians who could no longer work through the Canada Emergency Response Benefit (CERB) program.⁴ This program will have also benefited disabled persons who were working and laid off. However, since many disabled Canadians are unemployed or underemployed, this missed a great number of people.⁵ Some disabled persons would not have made the minimum \$5,000 in the previous year to qualify to receive CERB support, as they are underemployed due to barriers regarding attitudes and accommodations that disabled persons need to work.

At the same time, a new attitude towards working emerged: the ability to work from home. I have been advocating for and writing about this option for twenty-five years.⁶ I could not believe that all of a sudden most of our society moved to work at home because we were in a pandemic. In the past, I had lost jobs because I asked to work from home (even a few days a week) as an accommodation for my pain and fatigue, because I could not be "part of the team." Now, teams were being built through email, telephone, and Zoom meetings. In fact, this kind of work not only got the job done, it was more efficient in many ways. The disability community is hopeful that this change will resonate throughout our society, and that people with disabilities who need to work from home due to fatigue travelling to work, or who cannot sit at a desk for eight hours a day, will be able to work. Time will tell if this represents a permanent trend.

In the meantime, in March, the Canadian government announced support for seniors, some of whom are people with disabilities, in recognition that there are extra costs to having food delivered and to hiring accessible taxis to attend essential medical appointments during the pandemic. At the same time, the provincial government cut back on accessible Transit Plus services.

On 5 May 2020, the Manitoba government announced a \$200 contribution for seniors. Later that month, on 26 May, the Manitoba

government gave \$200 to disabled people,⁷ but only those on social assistance, which is a means-tested program. Yet, seniors were not means tested because, as Premier Brian Pallister said, they deserved the extra funds for having contributed to Canadian society.⁸ The provincial government has offered no other support for disabled persons to date.

In July 2020, the federal government passed a bill supporting a one-time payment of \$600 for disabled persons. We were the last to be considered. When the original bill was introduced in Parliament in June 2020, we became a political football because our relief was tied in with penalties concerning fraud and CERB funds, and the opposition could not support the bill.⁹ At the end of July 2020, the federal government finally brought support to disabled persons, but only to those who receive either the Disability Tax Credit, Canada Pension Plan Disability Benefits, or disability supports in Veterans Benefits. Yet, only 1.7 million disabled Canadians are part of these programs.¹⁰ Those disabled persons who do qualify are still waiting to receive the \$600 payment as of the beginning of October. Thus, the provincial and federal governments have left most disabled persons—about 4.5 million individuals—behind.¹¹ They were left to pay extra expenses in the middle of this pandemic. These types of public policy decisions from both the provincial and federal government constitute little more than lip service to persons with disabilities during this pandemic.

Notes

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Policy Responses to the COVID-19 Pandemic and Its Effect on Persons with Disabilities: Some Thoughts from Manitoba

Darcy L. MacPherson

The coronavirus pandemic identified in early 2020 has had profound effects on persons with disabilities around the globe. Among the challenges faced by these individuals are higher health risks compared to the general population and compromised living situations, including in long-term care facilities, where quarantine is difficult to maintain. While these personal circumstances are significant, the economic responses of governments can make an already difficult situation even worse. It is these concerns, the economic issues involved in the responses of government, that are my focus in this chapter.

Persons with disabilities suffer from a greater precariousness of employment than do other members of the general population. This means that persons with disabilities are more likely to have their employment status negatively affected by factors like an economic downturn.¹ Further, the Government of Manitoba had already put economic austerity measures in place with respect to public services and decided to continue these during this global health and economic crisis. These two factors mean that the effects of the crisis could have a disproportionate economic impact on persons with disabilities.

Persons with disabilities have been referred to as part of a larger group known as the “worthy poor,”² and are thereby deserving of access to social programs and supports. Nonetheless, Manitoba has been in a period of austerity with respect to its public service for more than four

years. How does this affect persons with disabilities? In some cases, the effect is severe.

In Manitoba, there are two models of service delivery of government-funded supports for persons with disabilities. The first of these is where a regional health authority (RHA), each a government agency, hires staff to provide direct support to persons with disabilities.³ A worker chosen and employed by the RHA will provide care at specific times, consistent with an agreed-upon care plan.⁴

The other service delivery model is referred to as self-managed care (or in some cases, “family-managed care,” if the client cannot manage the staffing and reporting decisions involved).⁵ In this model, the government provides funds to the self- or family-manager. This person is then responsible for hiring the workers and managing the staff, as well as all other obligations as an employer (or the contractual party with an outside contractor).⁶

The current Progressive Conservative government has already enforced a period of austerity⁷ against public employees. This means that the care workers employed by the province’s RHAs had their wages essentially frozen,⁸ effectively depriving provincial employees of purchasing power if they stay in their jobs.⁹ Following the outbreak of the coronavirus pandemic, the government promised more austerity for some members of government-funded institutions.¹⁰ While there was some indication that there may be some relief for certain front-line workers,¹¹ the additional support does not appear to apply to the employees of self-managers.¹² Moreover, this is a one-time payment.¹³ In other words, it is not designed to provide any consistent relief throughout the many months of this pandemic. It is at best a band-aid solution that temporarily eases a long-term structural problem.

The limitations on pay in the wage-restraint legislation¹⁴ do not technically apply to people (such as me) who choose the self-managed care option, since the self-manager is the employer, and not the government. Nonetheless, the Winnipeg RHA has not increased bi-weekly funding to self-managers since December 2015. In other words, the level of funds transferred to the self-manager are effectively frozen as well.

There are several problems with this approach to providing financial support for self-managers.¹⁵ First, to the extent that payments under the two delivery models are linked, self-managers are affected by the

union's concessions to the government, even though they have no say in the process. Whether unionized or not, employees have a say in their working conditions, including pay. Government has to negotiate, and thus has a say as well. Yet, a self-manager has no such say, and this is a key difference between RHA staff and self-managers.

Second, the government is entitled by legislation to define the pay scale for its employees. Whether unionized or not, government employees know that the government is their employer and that they have to negotiate their employment with their employer (either collectively or individually). However, personal-care attendants employed by self-managers have no reason to know that government decisions will affect private contracts since the government is not the employer. The contractual relationship is between the employer (the self-manager) and the employee. Why would the employee think that the actions of government (a stranger to the contractual relationship) will affect their terms of employment?

Third, the power dynamics are different. The Winnipeg RHA, for example, has a large budget (more than \$1.9 billion)¹⁶ for its operations (home care included), so when workers quit, the RHA can redeploy human resources to provide necessary coverage to the clients. Self-managers do not have that flexibility. In my experience, if one has a large number of attendants, each with a small number of hours, many (if not all) of the attendants will typically look for a job with full-time hours. Yet, if one has a small number of employees (typically, a main attendant with full-time hours and a respite attendant on a part-time basis), when one of the attendants leaves the employment, the self-manager does not have a plethora of people from which to draw to fill the void. Personally, I have had more than one attendant quit with no notice. Family and friends have often had to fill the void. The self-manager has taken all the risk, and the government has capped its investment.

To combat this risk, regular cost-of-living increases should be provided by government so long-term attendants do not lose purchasing power over time. If this were done, long-term attendants to self-managers would be incentivized to remain on the job, aware that choosing to work long-term for a self-manager would not create limitations on the "real" value (meaning the purchasing power of the money earned) for the salaries received. Moreover, this simple change is also consistent

with the yearly increase in the minimum wage statutorily mandated in Manitoba since 2017.¹⁷ The austerity measures of the government created a bad situation and the failure to ease austerity in a health and financial crisis exacerbates this situation.

On a different issue, the coronavirus pandemic has a second effect as well. There can be little doubt that the pandemic has created greater unemployment in many advanced economies, including Canada.¹⁸ Generally, persons with disabilities have a more precarious attachment to the workforce than do other Canadians.¹⁹ For those employed, however, employers are required to accommodate the disability-related needs of the person with a disability.²⁰ This means that some of the needs of the employee with a disability can be met through his or her employer. When that person loses their employment due to the pandemic, the need for attendant services does not disappear. This means greater demand on personal attendants not covered by the employer. In many cases, this will mean greater demand on government services. Yet, the Manitoba government still has not loosened the caps on amounts to be spent on attendant wages.

In short, this is not a time for government cutbacks to public services, particularly for those who are already vulnerable due to their condition, vulnerable to their own employees when the employees do not do their jobs properly, and more vulnerable still to a disease that threatens not only their economic security but also their very lives.

Notes

- 1 On this point, see Katie Raso, "Disability and the Job Churn," Canadian Centre for Policy Alternatives, 1 July 2018, <https://www.policyalternatives.ca/publications/monitor/disability-and-job-churn> (accessed 4 October 2020).
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- 6 Winnipeg Regional Health Authority, “Self and Family Managed Care.”
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- 8 The first “sustainability year” provides for a 0 percent increase; the second “sustainability year” provides for a 0 percent increase; the third “sustainability year” provides for a maximum 0.75 percent increase; and the fourth “sustainability year” provides for a maximum 1 percent increase. See paragraph 12(1)(a) of the Public Sector Sustainability Act. In other words, the maximum allowable total increase is 1.75 percent over four years.
- 9 The inflation rate from 2016 through 2019 is more than 7.44 percent. See <https://www.statista.com/statistics/271247/inflation-rate-in-canada/> (accessed 17 August 2020).
- 10 Steve Lambert, “Manitoba Promises Front-line Wage Top-ups, But Cuts to University Funding,” *National Post*, 13 May 2020, <https://nationalpost.com/pmn/news-pmn/canada-news-pmn/manitoba-premier-promises-wage-top-up-for-front-line-workers> (accessed 4 October 2020).
- 11 Lambert, “Manitoba Promises Front-line Wage Top-ups, But Cuts to University Funding.”
- 12 This was reported on 13 May 2020 (see previous note). However, as of the date of writing (4 October 2020), more than three months later, nothing has been reported to me as a self-manager about any plan to ensure that this amount (alleged to be approximately \$1,000 per employee) will make its way to my attendants.
- 13 Lambert, “Manitoba Promises Front-line Wage Top-ups, But Cuts to University Funding.”
- 14 See Public Sector Sustainability Act.
- 15 While a self-manager can pay more if the self-manager wishes, this raises two different issues. First, this assumes that the self-manager actually has the disposable income from sources other than government assistance. Further, it assumes that just getting out of bed in the morning *should* (at least in some cases) cost money out of the self-manager’s pocket. Both of these seem problematic.

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“Friendly Manitoba”?: An Examination of Racism and Xenophobia during the COVID-19 Pandemic

Lori Wilkinson and Sally Ogoe

In the June 2020 edition of *Maclean's* magazine, journalist Denise Balkissoon succinctly states, “COVID-19 and racism are a dangerous combination.”¹ Recent evidence shows that statement is correct and that COVID-19 is not an equal opportunity virus. In Canada, the elderly,² Indigenous peoples,³ and racialized Canadians⁴ have all experienced either higher rates of COVID-19 or the “side effects” of greater job losses, higher incidences of mental health problems, and other issues associated with the government-imposed restrictions on travel, work, and socializing. Racism due to COVID-19 is on the rise too.⁵ In April 2020, the Canadian Union of Public Employees (CUPE) conducted a survey of its members in Manitoba that found 20 percent of Asian-Canadian members reported experiencing racism on the job in the previous month. This is compared to only 1 percent of other CUPE members during the same period.⁶ Statistics Canada data supports their findings, reporting that “the frequency of harassment or attacks based on race, ethnicity or skin colour was three times larger” since the pandemic was declared in March.⁷ Moreover, most of the CUPE employees reporting racism work in the health care services sector, an industry where 44 percent of employees in Manitoba are immigrants.⁸

This chapter provides a brief overview of the extent to which Manitobans have experienced and witnessed racism connected to the

pandemic. Our results reveal a disturbing increase that does not bode well for the health of our province. Luckily, our community has acted; we end our chapter with a short overview of some of the anti-racism activities undertaken during the first wave of the pandemic.

Racism with a Smile: Canada's "Brand" of Xenophobia

As of late July, United States White House documents now officially refer to COVID-19 as the "Chinese virus."⁹ President Donald Trump has used variations of the term, including "Wuhan flu," "Kung-flu,"¹⁰ and other vile variations of overt racism throughout his public speeches and Twitter feeds since February 2020. Canadians like to think that they are above this level of depravity, but we are not. Conservative Party of Canada (CPC) leadership candidate Derek Sloan made widely publicized remarks that questioned the loyalty of Canada's Chief Public Health Officer, Dr. Theresa Tam. Tam was born in Hong Kong and Sloan questioned her ability to be loyal to Canada as a dual Chinese/Canadian citizen.¹¹ Sadly, former CPC leader Andrew Scheer did not acknowledge the racism implied in the statement. Not to be outdone, Alberta Premier Jason Kenney has also joined the loyalty bandwagon and accused Tam of "parroting messages from the People's Republic of China."¹² These racist sentiments and outbursts across the country have served as a catalyst for a petition with over 33,000 signatures calling for Dr. Theresa Tam to be fired.¹³

Far-right and extremist hate groups have also been operating in Canada to spread misinformation and racism. According to anti-racism expert Barbara Perry, accelerationism, anti-immigrant sentiment, and xenophobia surrounding COVID-19 are themes arising in online discussion boards and pseudo-political activities of far right groups in Canada. Accelerationism is the belief that the far right is, in their attempt to facilitate an all-white ethnic state, scapegoating the Chinese by suggesting they are trying to accelerate the collapse of Western society.¹⁴ Like the American president, these extremist groups focus on the geographic origin of the disease and suggest, without factual basis, that the virus was created and unleashed by the Chinese as a way to destabilize the world order. This is a centuries-old tactic dating back to the use of the term "yellow peril" to describe the presence of Chinese people in Canada much like we would describe a plague.¹⁵

The Socio-economic Impact of COVID-19 on Manitobans

On 9 March 2020, our colleagues at the Association for Canadian Studies partnered with Leger Marketing and a number of academics to sponsor a survey on xenophobia and COVID-19.¹⁶ At that time, the survey focused on racism and blame for the creation and spread of the virus. Since that time, the project has grown to a weekly web panel survey of approximately 2,500 randomly selected respondents per week, encompassing all of Canada and the United States.¹⁷

As part of the Week 1 survey (a total sample size of 2,001 Canadians out of which eighty-five are Manitobans) we asked Canadians and Manitobans about their attitudes towards Canadians from various ethnic groups (Indigenous peoples, Jews, Muslims, Asians, immigrants, and refugees) prior to the pandemic.¹⁸ Overall, both Canadians and Manitobans had largely positive opinions, with Manitobans being less xenophobic¹⁹ than the average Canadian on all measures. However, there was much negativity towards certain ethnic groups. While 81 percent of Manitobans viewed Muslims positively, only 72 percent of Canadians felt the same way. Ninety-one percent of Manitobans had a positive view of Asian-Canadians prior to the pandemic, compared with 88 percent of other Canadians. Manitobans had positive opinions about refugees (85 percent) and immigrants (83 percent)—more so than Canadians on similar measures (82 percent for immigrants and 75 percent for refugees, respectively). While one-third (33 percent) of Manitobans were worried about the number of immigrants coming to Canada, that number was slightly lower than the Canadian average (34 percent). Only 21 percent of Manitobans said they were worried about the number of immigrants living in their neighbourhood, compared with 29 percent of Canadians living outside Manitoba. Fifty-four percent of Canadians and Manitobans were worried about racism prior to the pandemic.

Similarly, both Manitobans and Canadians had positive opinions with regard to being in contact with people from Asia or Iran (see Figure 17.1, Week 1 Survey). Most Manitobans (73 percent) are not worried about being in contact with people from Asia or Iran, as compared to 67 percent of other Canadians. This is encouraging, especially during this COVID-19 era in which racist agendas seem to be growing. However, over one in four Manitobans (27 percent) are worried about

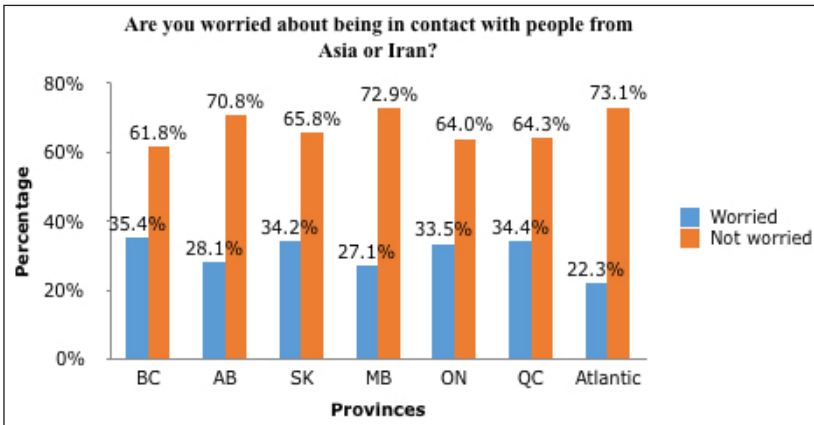


Figure 17.1. Fears of Contact with Asians and Iranians, Canada, 2020.

Source: ACS Weekly Covid-19 Pandemic Tracker (2020).

being in contact with people from Asia and Iran—a number that is deeply troubling. This conveys the need to continue addressing xenophobia and racism as they persist in the province and in the country.

The Chinese are not the only group that have been targeted by xenophobia and racist attacks in the era of COVID-19. Racialized Canadians,²⁰ Jewish Canadians,²¹ and Filipino Canadians²² have all experienced racism and unequal treatment during the pandemic. For instance, the Cargill meat-packing plant in High River, Alberta, has thousands of temporary foreign workers and experienced one of the largest COVID-19 outbreaks, with about 759 confirmed cases among workers. Even though workers of this facility had been cleared by Alberta Health Services, they have become targets banned from entering grocery stores and banks when identified as employees of the Cargill meat-packing plant.²³

Addressing Racism and Xenophobia: The Manitoba Way

During the first wave of the pandemic, several community and activist groups have responded to the rise of racism and xenophobia. The Justice 4 Black Lives rally was a peaceful protest held on 5 June on the grounds of the Manitoba Legislative Building, marking the largest event of its kind in Winnipeg in over a century.²⁴ This was followed by several smaller pop-up protests in the following weeks.²⁵ CUPE Manitoba is actively working with the province’s regional health authorities to help

empower workers to report racism and to develop prevention mechanisms, and they continue to monitor working conditions.²⁶ Immigration Partnership Winnipeg has engaged in a provincial public education campaign entitled “COVID-19 doesn’t discriminate—nor should you!” In addition to billboards, posters, and a wide social media campaign using the #EssentialinMB hashtag, the group has been engaged in vigorous anti-racism education on a number of different fronts, most notably public education and anti-racism art projects held outdoors at various Winnipeg public parks during the summer. In summary, although the rise in racism during the pandemic has been frustrating, there is hope that xenophobia can be eradicated given that the majority of Manitobans are supportive of newcomers and the important work they do.

Notes

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- 7 Steve Trites, "Report to the Socioeconomic Impact of COVID-19 Expert Advisory Panel," *Progress Report for Statistics Canada*, 2020.
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Income Security in a Time of Pandemic: Neo-Liberalism Meets the Coronavirus in Manitoba

James P. Mulvale

Since the Manitoba Progressive Conservative government under Premier Brian Pallister was first elected in April 2016, it has propounded a strongly neo-liberal view of the role of government.¹ Lowering public spending, taxes, and the provincial deficit have been at the top of its political agenda. Income security programs are viewed within this government's neo-liberal lens. The premier has stated publicly that Manitoba's Employment and Income Assistance (EIA) program—social assistance that is the “last resort” for those with no other means of support—is a “benefit that encourages dependency,” and that those receiving it need to be placed “on a path of discipline, responsibility, training and jobs.”²

Shortly after this pronouncement by the premier in early March 2020, Manitoba faced the onset of the worldwide pandemic of COVID-19 caused by the novel coronavirus. The province went into a rapid and comprehensive lockdown to prevent transmission of the disease, resulting in a dramatic slowdown of economic activity. Employment levels fell and economic insecurity increased dramatically. Manitoba's overall unemployment rate stood at 5 percent in February 2020. With the pandemic's arrival, the unemployment rate increased to over 11 percent in April and May, dropping only marginally to 10.1 percent in June as social restrictions were relaxed somewhat.³ In

Manitoba, one in twelve jobs were lost between February and April 2020. Young workers (aged twenty to twenty-four) bore the brunt of this slowdown, with one in five jobs disappearing for this group. The restaurant, hotel, and retail sector, in which 43.5 percent of jobs were lost, was hit especially hard.⁴ This chapter outlines how the federal and provincial governments designed income supports for citizens during the first wave of the pandemic in spring 2020.

Pandemic Responses on Income Security by the Federal Government

In Canada's political system the federal government plays the lead role in income security, with the provinces expected to fill in some gaps. Federal income support programs encompass the contributory social insurance programs of Employment Insurance and the Canada Pension Plan, and a variety of benefits delivered through the income tax and transfer system such as the Canada Child Benefit, Old Age Security/Guaranteed Income Supplement for seniors, and the GST refund for low-income tax filers.

In response to the onset of the COVID-19 pandemic and massive job losses across the country, the federal government rapidly put in place a series of emergency income security measures. The Canada Emergency Response Benefit (CERB) was notable in this regard. This benefit was intended to provide financial assistance to workers losing their jobs as a result of the pandemic but who were falling through the cracks of Canada's complicated and leaky Employment Insurance program. CERB was intended to provide "temporary income support to workers who have stopped working related to COVID-19."⁵ The benefit provided \$500 per week to workers in a broad range of circumstances. These included being laid off, becoming ill, or having to stay home with children who could not go to school or daycare.

There was strong uptake of CERB in Manitoba, with over 258,960 collecting the benefit as of 26 July 2020. Recipients were equally divided between women and men, and almost two-thirds were younger workers of less than forty-five years of age.⁶ In September 2020 the federal government announced the Canada Recovery Benefit (CRB) as a successor program to CERB. The CRB pays benefits for a period up to twenty-six weeks to those who are unemployed due to COVID-19 but are ineligible for Employment Insurance.⁷

Pandemic Responses on Income Security by the Government of Manitoba

In response to the public health emergency of COVID-19, the Pallister provincial government announced an array of targeted and often complicated income supports that were supposed to help Manitobans through the lockdown and economic slowdown of the first wave. These measures were grouped together under the label of the Manitoba Protection Plan (MPP).⁸ The components of the MPP included a one-time payment of \$200 to all seniors aged sixty-five and over (regardless of other income) and to persons with disabilities receiving Employment and Income Assistance (EIA). A “risk recognition” payment was also part of the MPP package. This benefit, dubbed “hero pay,” was targeted to low-income, front-line workers in essential services, such as food distribution and health care, who had to keep showing up for work despite the risks of catching COVID-19. The MPP also included the suspension of interest penalties on unpaid bills for utilities, insurance premiums, and local school taxes, and a moratorium on rent increases, the eviction of tenants, and utility disconnections due to unpaid bills.

A controversial element of the MPP (discussed further below) was the Manitoba Job Restart Program. Manitobans who voluntarily left the CERB program or the Canada Emergency Student Benefit, and who returned to paid work, were promised up to \$2,000 in the form of four payments of \$500 by the Manitoba government.⁹

In an economic and fiscal update delivered on 30 June 2020, the provincial government calculated its total expenditure on all COVID-19-related programs as \$2.1 billion.¹⁰ This grand total included a broad range of items, such as public health measures to contain COVID-19 and infrastructure projects to stimulate employment during the post-pandemic recovery. The proportion of funds spent on direct income support to individuals was relatively modest. The province spent \$30 million dollars on the Risk Recognition Program for low-income workers, thereby leveraging a federal contribution of \$90 million. Additionally, the province spent \$45 million on its \$200 benefit for seniors and \$4.6 million on its \$200 benefit for EIA recipients with disabilities.¹¹

The Calculus of “Deservingness”

The Manitoba government’s “get a job” rhetoric, aimed at allegedly undeserving people collecting EIA, was temporarily suspended with the onset of the pandemic. Nonetheless, assumptions about relative levels of deservingness were strongly embedded in the MPP. At the apex of the “deservingness” pyramid were low-income workers in essential services who carried on with their jobs regardless of the risk posed by the coronavirus, and who were thereby eligible for “hero pay” under the province’s Risk Recognition Program. In the end, and after some delay, a one-off payment of \$1,377 was distributed in late July 2020 to 78,442 workers.¹² Most of these employees worked in retail and lodging (47 percent of recipients), health care (35 percent), social services (12 percent), and transportation (4 percent).¹³

The group that occupied the second-highest level on the pyramid of deservingness were Manitoba’s 225,000 seniors. Along with their \$200 cheques, seniors received a personalized note of appreciation from the premier. He remarked to the media that this initiative was “a decision to try to show support, affection—quite frankly—and respect for our seniors.”¹⁴

Some critics of the Seniors Economic Recovery Credit had a different perspective. The Canadian Taxpayers Federation wanted to ensure that “the right help is going to the right people” and characterized sending \$200 to all seniors regardless of their income or need as “pretty lazy policy.”¹⁵ The Canadian Centre for Policy Alternatives pointed out that “Manitoba could have provided income-tested benefits through Employment and Income Assistance, Rent Assist, the 55-plus program or enhancements to pharmacare.”¹⁶ As a protest against this failure to target support to those most in need, some seniors launched a campaign to urge their peers who did not require extra income to donate their \$200 benefit to environmental groups that were experiencing funding cuts by the provincial government.¹⁷

The third group on the government’s list of people deserving income support during the pandemic were EIA recipients with disabilities. EIA has a built-in differentiation of rates between those with disabilities and those without disabilities. For example, the EIA rate for a single adult receiving “general assistance” is \$820 per month, while the rate for a single adult in the “persons with disabilities” category is \$1,036.

The corresponding rates for a family of two adults and two children under age six is \$2,566 per month in the general category, and \$2,838 in the disability category.¹⁸ In Manitoba, most EIA recipients are also eligible for a housing subsidy called Rent Assist that is not tied to the EIA program.

In general, EIA rates come nowhere near a threshold of adequacy.¹⁹ Regardless of this fact, the Manitoba government followed the logic built into the EIA program in awarding the \$200 COVID top-up *only* to those in the disability category. This group was judged to be deserving of this benefit, whereas EIA recipients in the general assistance category were not. It can be reasonably assumed that *all* EIA recipients, who are some of the most economically marginalized people in Manitoba, struggled with a host of financial and practical challenges as a result of the pandemic. Nonetheless, the Pallister government made a values-based decision to provide a bit of extra help only to a sub-group of EIA recipients deemed worthy: those with disabilities, who comprise only about one third of the EIA caseload.²⁰

There is no need to question the “deservingness” of two of the groups—low-income essential workers and EIA recipients with disabilities—prioritized for extra income during the pandemic. The former group took risks in showing up for work to help get Manitoba through a public health emergency. The latter group no doubt experienced greater challenges in overcoming isolation and meeting their practical needs due to the pandemic. Nonetheless, it is readily apparent in the structure and rhetorical framing of the provincial government’s income support measures related to COVID-19 that ideology-based judgments of deservingness were very much in play. No groups outside this circle of deservingness (such as non-disabled EIA recipients) received help in the form of income supplementation during the first wave of the pandemic.

More broadly, the Manitoba government had no desire to go beyond a modest, one-time payment to the three “deserving” groups in their pandemic-related income support measures. No consideration was given to bolder, ongoing initiatives to ensure adequate income for all Manitobans. Such initiatives might have included raising the minimum wage, facilitating collective bargaining, and revamping the income security system to reduce or eliminate poverty in Manitoba.

Such bold moves by the provincial government would help low-income Manitobans navigate the longer-term recovery from the pandemic and would prepare the province for future health, economic, or environmental challenges.

Kicking CERB to the Curb

As the first wave of the pandemic persisted from the winter to the spring of 2020, Premier Pallister developed an explicit and strong commitment to minimizing Manitobans' use of the federal government's CERB program. In late June, he stated that it was "time to kick CERB to the curb."²¹ To this end, the provincial government announced the Manitoba Job Restart Program. This program would pay people up to \$2,000 (in instalments of \$500) to stop collecting CERB or the associated Canada Emergency Student Benefit and to return to paid employment. The premier claimed that CERB was "preventing some Canadians from returning to work on a full-time basis"²² and was impeding a reopening of the Manitoba economy as the pandemic subsided. The premier was vague when asked about evidence to support this claim.²³

This announcement was welcomed by the Canadian Federation of Independent Business, who complained that CERB "created a disincentive to return to work for some staff" and provided a "summer break" for the work-shy.²⁴ Comparatively, the provincial government's interest in curbing CERB was questioned by the Manitoba Office of the Canadian Centre for Policy Alternatives.²⁵ This group cited low pay, inability to access child care and transit, and continued health concerns on the part of workers as factors that needed to be addressed in restarting the provincial economy in the wake of COVID-19.

Three employers were interviewed on camera by CBC Manitoba²⁶ after the government announced the Manitoba Job Restart Program. They did not cite the CERB program as a reason for not being able to recall laid-off employees. They cited other problems: lack of sufficient work due to restriction on their operations, their ineligibility for wage subsidies, and lack of government help with the costs of extra cleaning of the worksite and personal protective equipment for employees. When applications for the Job Restart Program closed at the end of July 2020, only 4,459 applications had been received.²⁷ This figure can be compared to the 246,440 Manitobans who were receiving CERB at

the end of June 2020. The Job Restart Program certainly did not fulfill the premier's prediction that it might lead to "tens of thousands" of Manitobans leaving CERB and going back to work.²⁸

Manitobans witnessed the curious spectacle of their provincial government spending provincial money to encourage people to stop collecting federal income security benefits. It is clear that the premier's antipathy to CERB as a relatively unconditional and relatively generous income support benefit has deep ideological roots, which he expresses in spirited terms during his contacts with the media. His core political instincts make him react very negatively to income support paid directly to individuals. Yet, his alignment with business interests leads him to readily embrace paying wage subsidies to employers.²⁹ NDP Opposition Leader Wab Kinew pointed out the disingenuousness of the Manitoba government providing wage subsidies to employers at the same time as it was "making hundreds of millions in cuts to Manitoba's public sector."³⁰

Income Security beyond the Pandemic

Governments in general, including the Manitoba government, could see the COVID-19 pandemic as a "wake-up call" to rethink and reconfigure economic security arrangements. We need to ensure that everyone has reliable and readily available income support as we confront ongoing and future public health, environmental, and other challenges. Funding a comprehensive economic safety net for everyone will entail restructuring of our taxation system based on the principles of fairness, equity, and ability to pay. To date, Manitoba's Progressive Conservative government led by Brian Pallister has given absolutely no indication of interest in such a bold new vision for post-pandemic income security based upon a reimagined tax base.

There is evidence of public receptivity to new thinking about income security in the age of pandemics and other threats that we face collectively. Probe Research conducted a public opinion poll of 803 Manitobans in late April 2020 that found 62 percent of respondents supported the introduction of a universal basic income, which would ensure an adequate economic floor for everyone regardless of their status in the labour market.³¹ A majority of respondents in all income, age, and employment sectors supported basic income, although support among those who identified themselves as PC voters dipped to 40 percent.

This poll also indicated that 82 percent of Manitobans were in favour of “increasing tax rates paid by large corporations,”³² and 75 percent were in favour of “higher tax rates for individuals with high incomes.”

It was interesting to note that in the 2019 provincial election campaign, three out of the four parties who were running (the NDP, the Liberals, and the Greens) were advocating some form of a basic income program.³³ However, the Progressive Conservatives were *not* discussing basic income in that campaign, and they were re-elected to a second term in office with a slightly reduced majority.

The global pandemic that arrived in Manitoba six months after the 2019 provincial election may have shifted political discourse and public expectations of government in dramatic ways. The neo-liberal tenets of rugged individualism and labour market attachment at all costs (as embraced and pronounced by Brian Pallister’s Progressive Conservative government) are coming under increased scrutiny. The novel coronavirus may have infected neo-liberal orthodoxies. Our recovery from the pandemic is an opportunity to develop new income security policies based on collective care for one another and a more equitable sharing of wealth and health among all Manitobans.

Notes

- 1 The online *Cambridge Dictionary* defines neo-liberalism as “the policy of supporting a large amount of freedom for markets, with little government control or spending, and low taxes,” which is the sense in which the term is used here. Neo-liberalism contrasts with “classical liberalism” which emphasizes individual freedom and human rights. It also differs from “reform liberalism,” which posits the need for democratic governments to protect individuals and families from the vagaries and inequities of the capitalist market economy through income security programs and public services.
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- 13 Waldman et al., "Front-line Workers to Get Risk Pay This Week."
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The COVID-19 Policy Response for Renters and Persons Experiencing Homelessness in Manitoba

Sarah Cooper and Jesse Hajer

The COVID-19 pandemic is having a profound and destabilizing impact on households across the income spectrum. The disruption has been particularly challenging for renters—many of whom live in unsafe, inappropriate, and unaffordable accommodations—and for those experiencing homelessness. The COVID-19 crisis has layered additional uncertainty and stressors on populations with pre-existing vulnerabilities to poor housing options, including low-income, racialized, and Indigenous communities.

Renters

The COVID-19 pandemic has generated at least two specific burdens for renters. The first is the loss of income associated with record unemployment and a corresponding inability to pay rent. In Manitoba, as in the rest of Canada, the economic retrenchment and shutdowns in response to the first wave of the COVID-19 pandemic led to record levels of job loss and unemployment, with renters and low-wage workers in precarious jobs more greatly impacted.¹

Manitoba renters were already a relatively low-income population before the crisis, with average median incomes approximately half that of homeowners.² Renters in Manitoba also have significantly lower levels of accumulated wealth, with estimates of just one-quarter to one-third of the average household net worth of homeowners.³ As

a result, renters face greater challenges in coping with the economic consequences of the pandemic, as they are less likely to have savings, equity, or other resources to draw from in response to reduced incomes, joblessness, and unexpected costs. This can lead to an inability to pay rent in full or on time, and lead to conflict with landlords.

The second burden is the challenge associated with complying with public health measures related to isolating at home and with physical distancing directives. Renters as a group are already starting from a place of disadvantage. In 2016, 25.8 percent of Manitoba renters (33,720 people) lived in housing that was deemed unaffordable, in disrepair, or overcrowded, and they were 4.7 times more likely to be in housing need than homeowners.⁴ Renters are less likely to live in housing that is suitable for self-isolating and are more likely to report being dissatisfied with housing conditions, for example, with respect to the amount of space, and environmental factors such as temperature, safety and security, and noise, in addition to affordability and energy efficiency.⁵ While the majority of core housing need in Manitoba is due to affordability, one-third is at least partially due to disrepair or inadequate space based on household size.⁶

Renters are also more likely to be in precarious, low-wage jobs that are deemed to be essential during the pandemic (and require exposure to the public), and early indicators suggest that low-income communities with greater concentrations of racialized populations have higher COVID-19 infection rates.⁷ This greater risk of contracting COVID-19 increases the likelihood of needing appropriate space to self-isolate.⁸

The smaller size and lower quality of rental housing presents challenges for renters now having to work, school children, and spend more time at home. The impact of overcrowding and other health issues intensifies. Several stakeholders we interviewed noted how lack of maintenance by landlords, including Manitoba Housing, led to the neglect and worsening of serious problems such as black mould and bedbug infestations. Access to shared spaces such as laundry, social or recreational facilities, and other amenities may be limited or closed. People living in lower-income households, who are more likely to be renters and rely on public services or community organizations for telephone and internet access, childminding, and other needs, are further disadvantaged as these services are restricted.⁹ Domestic and gender-based violence has increased through the pandemic¹⁰ and is likely intensified

for those living in smaller spaces. These pressures, unmet needs, and loss of income compound the challenges associated with navigating the COVID-19 pandemic as a renter.

Individuals and Families Experiencing Homelessness

People experiencing homelessness share some of the population characteristics and challenges of renters, but they also face some unique difficulties. By definition, they do not have access to safe and affordable housing and are some of the most vulnerable members of Manitoba communities. The population of those experiencing homelessness is diverse and homelessness is experienced in varied ways, including living unsheltered in public spaces and residing in emergency shelters, while the “hidden homeless” rely on “couch surfing” or short-term temporary accommodation with friends, family, and acquaintances.¹¹

Like renters, those experiencing homelessness face challenges related to loss of earned income, safety, physical distancing, and lack of services. They also face additional challenges compounded, in many cases, by trauma, addictions, or mental illness. For those who are unsheltered, the impact of reduced access to services is arguably more acute, with lack of access to supports and resources, including basics like handwashing, toilets and showers, and other necessities. This, combined with the fact that people experiencing homelessness also often congregate in “tent cities” for safety, creates significant risk with respect to the spread of COVID-19 should a community member become infected. Those relying on emergency shelters may face similar challenges of being in closely confined spaces, while the hidden homeless face the reluctance and inability of family, friends, and acquaintances to take people in during the pandemic.

The Policy Response

Federal and provincial governments undertook a series of policy responses to address the issues facing renters and those experiencing homelessness, as well as broader income security concerns. Shortly after declaring the COVID-19 state of emergency, the Manitoba government announced a temporary freeze of rents as of 1 April and the postponement of non-urgent eviction hearings. Tenants could now be evicted only for urgent matters due to “impairment of safety or unlawful activities that pose an immediate health and safety risk.”¹² Tenants were

still expected to pay their rent, with the premier noting that this was “not a rent holiday” and that tenants were responsible for negotiating payment plans with landlords if they could not pay rent on time.¹³ The rent and eviction measures were extended multiple times, most recently to 30 September, with indications that this will be the final extension.¹⁴

The province also announced up to \$1.2 million for homeless shelters on 3 April.¹⁵ This funding would expand bed capacity and enable physical distancing at Winnipeg shelters, including Siloam Mission, the Main Street Project, and Salvation Army. This was supplemented by an additional \$760,000 on 26 June to add capacity at the Main Street Project, extend previous additions, and address pressures and funding shortfalls at shelters due to COVID-19, including Samaritan House in Brandon.¹⁶ The province also supported a testing facility targeted for those without shelter and an isolation facility for those awaiting results,¹⁷ while the federal government provided additional support for those experiencing domestic abuse and homelessness through funding for shelters and community organizations.¹⁸

Unlike some provinces, the Manitoba government chose not to support renters (or workers, or social assistance recipients) with a COVID-19–related cash benefit. The Province of Manitoba eventually committed to limited one-time cash transfers to seniors and persons with a disability in the Employment and Income Assistance (EIA) program, but it was criticized for ignoring those most affected by loss of income during the crisis while not income-testing the seniors’ benefits.¹⁹ For the most part, renters were left to rely on federal programs—mainly the Canada Emergency Response Benefit (CERB)—for ongoing income support.

Benefits and Gaps

This section is based on interviews conducted with leaders (executive directors, housing directors, chairs, etc.) of organizations that provide service or support to tenants and/or persons experiencing homelessness.²⁰ Overall, accounts from Manitoba stakeholders who are working to support access to housing suggest the combined federal and provincial government responses avoided the displacement of a large number of renters and increased housing options for people experiencing homelessness. The provincial eviction ban appears to have been effective, although some tenants—often those at risk of homelessness—are

still being evicted due to health and safety concerns. Stakeholders have suggested that the CERB has gone a long way to help those renters who qualified to meet their housing costs. The smaller one-time benefits and the rent freeze had a limited impact on tenants' access to housing, given the modest and temporary monetary impact, but have helped households briefly cover persistent shortfalls and pandemic-related costs.

The additional funding to agencies to support people experiencing homelessness was viewed positively by stakeholders. Federal funds supported purchases of hygiene packages for households and personal protective equipment for staff, and funded modifications to facilities so they could continue to operate safely. Non-profit organizations were also able to use federal funds to place some people in temporary or transitional housing, and some even moved into permanent housing. Stakeholders note that the crisis demonstrates the ability of government to respond quickly and urgently to housing insecurity for those desperately in need of support when it is deemed a threat to the health of the broader population. As temporary support is ending, however, the status quo is returning and those experiencing homelessness are once again being left to fend for themselves.

While the combined government response was deemed relatively successful in mitigating worsening circumstances, stakeholders identified unintended consequences of some interventions, with future implications. With the CERB benefit levels being much higher than EIA, some EIA recipients signed up for the CERB and, as a result, had EIA benefits eliminated. This has compromised housing stability for some tenants. Rent is often paid directly to landlords by the EIA program; with CERB, tenants are responsible for housing costs, and some are not paying their rent. More generally there are some tenants who, knowing they could not be evicted, have chosen to not pay rent. Also, because social housing rents are calculated using the previous year's income, the CERB may increase next year's rents for social housing tenants beyond what they can afford. Finally, there is particular concern about the potential for a large eviction wave this fall when the CERB comes to an end, the provincial eviction freeze is lifted, and renters are unable to make up for accumulated rent debts. The concern is particularly acute for those facing potential repayment of the CERB and EIA overpayments, with the money already spent. Those working with the chronically homeless point to a perfect storm approaching,

just in time for the cold-weather season.

More fundamentally, the pre-existing crisis of unstable and insecure housing for a large number of Manitoba households remains unaddressed. Agency staff point to factors that make it impossible to find safe and appropriate housing, including low EIA rates, racism and discrimination, and the provincial government's retreat from social housing provision. Housing advocates remain focused on long-term solutions, such as income supports sufficient to meet the cost of living and investments in social housing, including solutions to homelessness that are based on permanent housing with appropriate supports.

Conclusion

The federal and provincial governments have taken steps that mitigated the sudden and urgent impacts of the first wave of the COVID-19 pandemic for renters and for those experiencing homelessness in Manitoba. While governments demonstrated their ability to respond swiftly with bold and unprecedented temporary measures, systemic issues related to access to housing and insufficient income supports remain unaddressed.

In the short term, strategies are required to support renters as federal and provincial emergency supports wind down. Governments should ensure that tenants who may owe several months' rent are not summarily evicted and that income supports continue to be available for those who need them. Also, those in low-income households who availed themselves of benefits they may not have been eligible for should not be unfairly burdened with repayment.

In the long term, systemic and permanent changes are required to address ongoing housing need. Safe, affordable, and appropriate housing remains out of reach for a sizable segment of Manitoba's population. Building low-cost housing, including public and non-profit housing, and providing income supports that enable individuals and families to meet their basic needs are essential to ensuring the health of all Manitobans. Programs such as Manitoba's Rent Assist and federal Employment Insurance can be adapted to better respond to short-term income fluctuations and the needs of precariously employed workers.

The all-encompassing nature of the COVID-19 pandemic has illustrated the importance of safe and quality housing as a basic public-health requirement. As governments and other stakeholders move into the next stage of the crisis, the lessons learned to date can inform

concrete and permanent changes to address the vulnerabilities and gaps exposed in housing and income security programs to better prepare us for navigating current and future crises.

Notes

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COVID-19 Policy Responses: Older Adults

Laura Funk

As far back as the 1970s, provincial policy related to older adults¹ was thriving. There was a provincial gerontologist, and Manitoba established Canada's first universal home-care program. In the 1980s, an advisory council was established to promote consideration of seniors' issues. Federally, the Canada Pension Plan, Old Age Security, and Guaranteed Income Supplement, along with other social programs, drastically reduced poverty among older adults for decades.

Into the 2000s, Manitoba's population was aging,² and healthy aging became a dominant concern. The ministry responsible for seniors was amalgamated into the health ministry, and the Manitoba Seniors and Healthy Aging Secretariat was established. Attention to social issues affecting older adults continued as policy makers connected with researchers and communities through the Age-Friendly Manitoba Initiative (AFMI) established in 2008.

Prior to the start of the pandemic, however, the policy arena was shifting. The Manitoba Council on Aging was disbanded in 2017, AFMI leadership was being devolved, and the ministry was reorganized, effectively losing the secretariat and Continuing Care Branch. Manitobans were fortunate, however, to enter 2020 with a relatively robust, publicly delivered home-care program and a low rate (13 percent) of private, for-profit ownership of personal care homes (PCHs) when compared to the national average of 28 percent.³

The arrival of COVID-19 in mid-March 2020 infused older Manitobans' everyday lives with an inescapable, enduring sense of

risk. Evidence circulated of older adults' risk of negative outcomes.⁴ Particular risks of contagion for PCH facility residents were connected to shared rooms, short-staffing, inadequate supervision, low pay, for-profit models, inadequate personal protective equipment (PPE), hospital-to-facility transfers without testing, and staff working in multiple settings.

The province's first responses included prioritizing PPE for PCHs and testing symptomatic PCH residents. Many other strategies adopted an "immobilization" approach, postponing surgeries for older patients, suspending PCH inspections, halting congregate meal programs and adult day programs, and, by 17 March, a visitor ban for the 125 PCHs. The latter was framed as a recommendation, an approach which off-loads responsibility—in this case to PCH managers who could grant case-specific exceptions.

The first COVID-19 case in a PCH (2 April)⁵ prompted stricter staff screening, testing of symptomatic workers, and PPE use. Two more cases (one staff member and one resident) were reported by news media the next day, followed by another staff member later in April. PCH case reporting seemed uncertain. On 30 April, as the province was shifting towards "reopening" and lifting some public restrictions, PCH workers became restricted to one facility. Yet, residents and staff were not universally tested, and only direct service staff had PPE access.

With regards to supports at home, Shared Health recommended in late March that public home-care programs cancel "non-essential" visits (e.g., bathing, laundry), particularly for clients with family "backup." Specific decisions were deferred to office managers and case coordinators. Since workers visit multiple clients daily, the policy was characterized as helping to contain transmission and conserve PPE and staff time (where and how staff were redeployed was unclear). This policy was by no means common among the provinces, and it was challenged by the Canadian Union of Public Employees (CUPE), which emphasized that workers wanted to continue working if they had appropriate PPE and sick policies.⁶ Expanded access to PPE was not more fully implemented until mid-April. How Manitoba's unregulated private home-care agencies responded to the first wave of COVID-19 is also unknown; in mid-May, the media reported that one agency worker had tested positive for the virus.

Home-care cancellation concerns surfaced publicly in mid-April.⁷ Although we know some clients had their services cancelled involuntarily, anecdotal reports also indicate some unknown proportion of clients voluntarily paused service. We know little about the impact of these changes on families. Unlike Alberta and British Columbia, Manitoba did not enhance caregiver supports as a result of the pandemic.

Many assisted living residence owner-operators⁸ also closed these settings to visitors. Around mid-April, some eased restrictions for families who needed to get in to provide care for tenants who had their home supports paused.⁹ Other higher-cost sites used internal staff to this end. Some operators raised concerns that family members might injure themselves providing care or not adequately use PPE.

A Seniors Economic Recovery Credit announced 5 May provided \$200 per senior to mitigate costs related to the pandemic (e.g., grocery deliveries and technology). The political timing was abysmal, as Pallister was simultaneously proposing massive public-sector austerity. Regardless of whether the credit was needed by every older adult, the policy likely stoked feelings of intergenerational inequity and ageism already flaring up during the crisis. The federal government issued a similar credit in July, targeting low- and middle-income older adults.

As visitor bans, service disruptions, and physical distancing persisted, isolation and unmet needs became a particular concern for older adults. Media reports emerged of families unable to see older relatives who were ill, even into June. On 6 July (well into Phase 2), the Winnipeg Regional Health Authority said it would begin to consider restoring some home-care services. Carefully regulated family visits were starting to be permitted for hospital patients and PCH residents (for the latter, 29 May for outdoor visits and 23 June for indoor visits). PCH visits were problematic, however, since complex visit protocols required staff time. Decades of increasing resident needs unmatched by funding increases, plus pandemic-related costs (e.g., PPE, staff, and visit protocols), meant that PCHs needed additional resources. The province announced funds only for overdue fire-safety upgrades.

The provincial pandemic response had two notable flaws in relation to older adults. First, it focused almost exclusively on care services, obscuring pandemic-related impacts on the majority of older Manitobans

(who do not use home care or PCH services). Policy leadership and support for community-based organizations (CBOs) to address older adults' needs (e.g., accessible transportation and food security) were lacking, with the exception of some guidance for seniors' centres. CBOs were left to develop their own responses, including enhancements to the City of Winnipeg's 311 service, a federally funded partnership with CBOs such as Age and Opportunity and United Way. However, the province did launch the website HelpNextDoorMB.ca (25 March), which provides the opportunity for older adults to request volunteer help with groceries, medication pickup, and the like. Seven thousand volunteers signed up over the next several months, but it appears that uptake by older adults was far lower.¹⁰

Second (and a more provocative point), strategies such as visitor bans and home-care cuts reflected a paternalistic, "benevolent ageism"¹¹ that homogenized older adults as vulnerable and needing protection, and disregarded their preferences. This approach can also disempower families, characterized as non-essential in PCHs yet essential at home. Although we cannot disregard age-related risks faced by older adults, policy responses prioritized lockdown and isolation of care recipients rather than expanded PPE, testing, and support for CBOs. Although very few cases affected Manitoba's PCHs in the early days of the pandemic addressed above, in fall 2020 these settings have been some of the hardest-hit, with growing numbers of deaths of PCH residents. Yet we also may never fully grasp the implications of lockdown policies for older adults' well-being, because the effects of disempowerment and isolation are more difficult to measure in concrete ways and may even manifest in different ways within the population. If we are going to be living with COVID-19 into the foreseeable future, we need to engage older adults and their families in developing policy guidance around strategies that balance risk-mitigation with meaningful social and relational engagement. Intergenerational connection is fundamental for all lives.

Notes

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The Military and Manitoba

Andrea Charron

Manitoba has a much larger military footprint than most citizens realize. Indeed, the military presence in Manitoba of more than 5,000 personnel (over 9,000 if we include their family members) is so important to the economy of Manitoba and Winnipeg¹ that both the province and city have formally appointed a special envoy and a military liaison respectively for military affairs. The province also has a dedicated portal to help military families and personnel access resources quickly—everything from changing driver’s licences, to registering for the Manitoba Health Card, to finding child care.² As well, industries in Manitoba, especially aerospace companies such as Magellan and L3Harris, are instrumental to training, operations, and maintenance of various platforms for the Canadian Armed Forces (CAF) in Manitoba and the rest of Canada.

From one of the largest voluntary military contributions by a province (per capita) in the First and Second World War, to the British Commonwealth Air Training Plan (BCATP), and the CAF assistance to the 1997 Manitoba flood response (still the largest deployment of the Canadian Armed Forces since Korea), the military presence in Manitoba is significant and a part of the province’s history and economy.

The CAF and its civilian arm (the Department of National Defence or DND) fall under the federal government’s purview. Yet, it is of significant assistance to provinces and municipalities in times of crises such as fires and floods and it can be affected by provincial decisions,

especially as they relate to health and travel.

During the first wave of COVID-19, the CAF immediately launched Operation LASER—the named operation for all military actions taken in response to a pandemic. Operation LASER has four phases: (1) pandemic preparedness; (2) pandemic alert; (3) pandemic response (of which there are four sub-phases);³ and (4) post-pandemic restoration, which is not expected until a vaccine is available. Chief of the Defence Staff General Jonathan Vance launched Phase 2 on 2 March 2020 and Phase 3 on 13 March 2020. This had several implications for the military in Manitoba.

First, vital operations such as the NORAD mission, search and rescue operations, base safety and security, refuelling, food services, and cleaning, which must operate continuously, had to launch mitigation measures to ensure personnel were protected from the virus. This included creating backup teams to be ready to step in should personnel contract the virus. Some personnel continued to report to their bases because performing certain tasks, accessing specific equipment, or consulting certain classified materials cannot be done from home and there was limited initial ability to work remotely. Like the province, the military rediscovered the importance of their cleaners and food services personnel.

The vast majority of the military stationed in Manitoba, especially personnel in training, had to “work from home.” Since air personnel come from across Canada and internationally to Manitoba to attend certain training courses (e.g., survival courses, pilot training, etc.), their “homes” could be outside of Manitoba. This raised the question of how the military would ensure personnel could return home but then return to resume training when safe to do so, especially in light of rapidly closing windows of opportunity to find civilian or international flights still operating. March is also the beginning of “posting season,” when personnel typically receive information on their new positions, often located in another province or even overseas. This requires them to conduct a house-hunting trip—one week in April or May—to find new accommodations. Before the Government of Canada advised against non-essential travel, General Vance made the decision to delay hundreds of posting messages (meaning personnel would remain in their current jobs and locations) and postponed house-hunting trips and postings of critical staff. Retirements were also put on notice as being

potentially delayed. While Manitoba regional health authorities issued exemptions to the mandatory fourteen-day self-isolation for military arriving in the province who were providing vital services,⁴ this did not extend initially to military in non-vital roles, including relocations (to and from Manitoba) and training.

In the meantime, personnel (regular and reserve forces) not in vital roles but who could be called up to help the province (e.g., in long-term care facilities or to assist with flood control) had to report virtually to local response units that fell under the command of Joint Task Force LASER, whose army commander is based in Kingston, Ontario. As many personnel do not have military-issued phones and only a very few have access to secure laptops to receive classified information, many were in a sit-and-wait scenario. All military in Manitoba and across Canada who were required to work or prepare to deploy were issued non-surgical face masks to be used if called upon. The face masks were made by military personnel and delivered door-to-door. Requests for assistance by the province and city to the military were often unique and of a morale-boosting nature rather than to assist with spring floods, as had typically been expected. For example, 17 Wing was approached to provide a drive-by parade to mark the seventy-fifth anniversary of the liberation of the Netherlands in front of the Deer Lodge hospital, which cares for many veterans from the Second World War onward. At the opposite end of the CAF operations' spectrum, all of Canada held its breath when reports appeared that the CH-148 Cyclone helicopter known as Stalker 22 crashed in the Ionian Sea on 29 April 2020. It was a stark reminder that, despite the pandemic, the CAF never stopped certain dangerous operations.

All military personnel are required to have child care contingency plans called "family care plans" in case they are deployed, but these plans could not anticipate that extended family and neighbours (who are often the family care solution) would be affected by provincial health orders like the travel restrictions. As daycares were closed (except to essential staff, such as front-line workers) the Winnipeg Military Family Resource Centre provided daycare services for vital military personnel working for NORAD or assigned to search and rescue or other essential roles.

Individual training for air personnel in Manitoba resumed 4 May 2020, a decision made by General Vance under the advice of the

Commander of the RCAF Lieutenant-General Alexander Meinzinger, with physical distancing and mandatory personal protective equipment if individuals were closer than two metres. Personnel returning to Winnipeg to resume, complete, or begin training were not exempt from the fourteen-day provincial requirement to self-isolate if crossing provincial or international borders. The mandatory isolation was in keeping with the Canadian Forces General Order (CANFORGEN) issued by General Vance on 29 May, which required military to respect provincial travel restrictions. In practice, the isolation requirement was occasionally interpreted differently on the ground. The barracks at 17 Wing became the solution for military returning to training in Winnipeg from out of province; personnel were restricted to the classroom and to their barracks, and meals were brought to their rooms so as not to risk a virus outbreak spreading among themselves or to the general population. Not surprisingly, conflicting orders from commanders, unique circumstances, and changing provincial travel regulations are bound to create tension and inconsistent interpretations of the “correct” protocol to follow.

The biggest challenge became interpreting “essential personnel” (for which neither the military nor the province has a definition, only guidance) for resumption of services. The military delegated this authority of interpretation first to service commanders and then to division commanders across the CAF, but, of course, the military do not work alone. Discussions with unions to clarify conditions for civilians to return to work were slow in some cases. The final piece of the puzzle was navigating return to work for military personnel (and to try to catch up with force generation, readiness, command changes, and rotations) with the ongoing provincial travel and other restrictions. This tension between the realities of the military, who are subject to federal powers and decisions and have unlimited liability (meaning they accept the ultimate sacrifice of their life if required), but are affected by provincial health orders, highlighted a bias that wearing a uniform meant one was automatically considered essential staff by some military and civilians, even if the job they were doing was not essential at the time. Civilian workers, who fall under federal and provincial labour codes, turned to their unions to make decisions based on collective agreements and regulations. Many civilians were more important than the military in

terms of pandemic mitigation measures and were dubbed the front-line heroes of provincial efforts—a term previously employed exclusively to describe soldiers in combat. This highlights two important reminders. First, military and civilians work side-by-side. Second, the pandemic raised the overlooked but perennial civil-military challenge of negotiating work conditions for different groups of personnel who fall under very different work legislation (the Labour Code of Canada and the Workplace Safety and Health Act for civilian Department of Defence personnel and contractors, and the National Defence Act for military members).⁵

It was not until 1 June 2020, which corresponded to Phase 2 of Manitoba's reopening, that more and more military personnel reported to work physically, albeit as required and with many conditions. House-hunting trips and much smaller change-of-command ceremonies were eventually authorized. Normally, changes of command involve parades and potentially 100 guests; in a time of COVID-19, they became small, mainly administrative, affairs.

Finally, during the first wave of the pandemic, the military was reminded of how unknown they are within Manitoba when U.S. allies, based in Winnipeg, were jeered at and some had their cars keyed by Winnipeggers demanding to know why Americans, with a much poorer pandemic outlook, were “coming” to Canada.⁶ Since Winnipeg is the Canadian NORAD headquarters, Manitoba hosts a number of U.S. military families who are posted here for two to four years. Moreover, because of the Canada–U.S. Status of Forces Agreement, they must keep their U.S. licence plates and are therefore readily identifiable. While COVID-19 has been a struggle for citizens and governments alike, perhaps now is the perfect time for Manitobans to rediscover their military roots and recognize how important the military is to the province.

Notes

- 1 Military personnel's contribution to the economy (excluding family members) is estimated by the CAF Public Affairs Branch at approximately \$290 million, with expenditures at more than \$400 million (statistics provided to author by 17 Wing).
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Parental Mental Health during COVID-19

Emily E. Cameron and Leslie E. Roos

In April 2020, the Hearts & Minds Lab at the University of Manitoba launched the Parenting During the Pandemic Study¹ to examine mental health and parenting challenges faced by parents of young children during the COVID-19 pandemic. Given the diversity of family structures, “parent” was defined as any individual tasked with the primary responsibility for the care and upbringing of a child, including biological parents, stepparents, and adoptive parents. Despite dozens of media articles highlighting the struggles of families,² there has been limited research to date describing the specific challenges faced by families of young children, which is critical to inform public health and policy efforts during this unprecedented time.

During the first six weeks of the pandemic, our data collected from 14 to 28 April 2020 show that nearly one in three individuals identifying as mothers of young children (n=641) reported clinically elevated depressive or anxiety symptoms.³ Risk factors for mental health concerns included a history of mental illness, increasingly stressful events in the past month, current financial strain, younger age, and poorer spousal relationship quality. These rates reflect a two- to five-fold increase in self-reported anxiety and depression compared to past cohorts with similar demographic profiles.⁴ Data collected from 14 April to 26 August 2020 suggest that fathers (n=70) are also experiencing elevated mental health concerns in the context of the COVID-19 pandemic.⁵

While these data originate from online convenience samples which would be subject to possible self-selective sampling, findings

of elevated mental health needs are remarkably consistent across a growing number of publications and nationally representative samples across Canada, the United Kingdom, China, and Turkey.⁶ These figures are especially concerning for young children who are highly vulnerable to parental mental illness due to their near-total reliance on caregivers to meet basic health and safety needs.⁷

COVID-19-related stressors are believed to account for the increased mental health problems in parents. The sudden closure of schools and child care facilities shifted the demand for caring for and schooling children entirely to the home environment. Parents' employment contexts were similarly subjected to change, with many parents trying to work from home, risking family health in essential service positions, or managing economic strain due to job loss.⁸ As a result, financial insecurity is now widespread, ongoing, and expected to increase over time in the context of a global recession.⁹ Yet, common coping strategies for managing increased parental stress, such as informal care from friends or family and access to recreation spaces, are also impacted by COVID-19.¹⁰

Manitobans were not immune to the struggle of juggling parental roles during the first wave of the pandemic. Indefinite school closures¹¹ led to a new family routine for some, with many parents working from home while children were also learning from home.¹² While some families saw parents working from home, many others were affected by the near-doubling of the unemployment rate in Manitoba during the initial months of the pandemic.¹³ A further subset of parents was also facing increasing financial struggles unique to parents, as they maintained child care costs despite daycare closures.¹⁴ As a result, parental mental health was a concern for Manitoban families early on in the pandemic.¹⁵

High rates of parental mental illness—combined with children being home full-time—present multiple potential developmental risks for young children because of children's reliance on primary caregivers to meet basic needs.¹⁶ In our second publication on this topic,¹⁷ we highlight the significant parenting risks associated with parental depression. Parental depression during the first wave of the pandemic was strongly associated with lower-quality parenting (e.g., more parenting stress, fewer positive behaviours, and more negative behaviours). Greater numbers of children in the home, increased child-care needs, and

relationship distress also conferred risk. Additional qualitative findings on the self-described “challenges” of parenting during the pandemic underscored strains on capacities for managing child behaviour and entertainment in the presence of parents’ own mental health concerns, limited social supports, and too much unstructured time.

Exposure to parental mental illness prior to school entry is linked to biological, psychological, and social consequences in children, including adverse birth outcomes, physiological response to stressors, physical injuries, asthma, obesity, developmental delays, and behavioural problems.¹⁸ Parental mental illness is linked to negative parent-child interactions, including harsh discipline and low responsiveness to children’s needs.¹⁹ For parents, mental illness contributes to various health problems and low quality of life, with suicide as a leading cause of death for women of child-bearing age.²⁰ Notably, maternal mental illness is disproportionately experienced in racialized communities that experience both racism and systemic oppression. During COVID-19, there is significant concern and preliminary evidence for an increased risk of negative outcomes for children and families.²¹ Yet, more information and systematic inquiry is needed to inform early intervention programming. Failing to address the parental mental health needs at both the general population and community level will only perpetuate parent-child health inequities, such as those that may be experienced by Indigenous and Black Canadians.²²

The World Health Organization (WHO) and other child welfare leaders have called for systematic funding of parental mental health services in order to build family capacities to promote children’s well-being. Manitoba has yet to respond adequately to these calls to action through relevant policy responses that address child-care needs and which disproportionately impact women.²³ Supporting the mental health of parents is crucial for preventing the harmful effects of pandemic-related stress on child health, while also building family capacities to manage other stressors. Sensitive and responsive caregiving during the first five years promotes children’s ability to self-regulate at both a behavioural and physiological level.²⁴ Parent modelling of healthy stress-management strategies supports children’s ability to cope with strong emotions in ways that promote resilience and social connection.

Although evidence-based treatments exist for parental mental illness, there are notable barriers to accessing care, both generally and

due to COVID-19. This includes physical distancing, the high cost of psychotherapy, closure or modification of existing services, and child-care demands. The translation of interventions currently offered by Manitoba public health into online formats (e.g., new parent support groups and parenting programs) will require investments that balance building an evidence base for their utility with delivering services to parents in need now. Notably, in our research only 25 percent of parents with clinically significant distress reported receiving any mental health services in the past month.²⁵

There is an opportunity to prevent long-lasting intergenerational health impairments posed by parental mental illness by addressing risk factors across multiple levels. At a policy level, priorities should include ensuring families' basic needs are met, such as providing access to healthy food, housing, child care, and domestic safety. Accessible therapeutic options via telehealth and mobile health (i.e., mHealth) models should be implemented and evaluated to support mental health and parenting needs.

In April 2020, Manitoba policy makers demonstrated an understanding of the importance of mental health as part of the pandemic response by investing considerable funds in digital therapy through the *AbilitiCBT* program. However, this program was primarily communicated as a support for the management of pandemic-related fear, anxiety, and stress without specific tailoring to parenting risk across children's developmental ages. The Anxiety Disorders Association of Manitoba (ADAM) also established an anxiety support line during the first wave of COVID-19. While important, these services neglected to expand the focus to additional areas of mental functioning that are especially important for child outcomes, such as parental depression and trauma. Problematically, most existing telehealth models do not simultaneously treat parental mental illness and parenting risks, despite evidence for the importance of addressing both problems. Coordination across health care systems will be essential to harness effective collaborations so individual researchers and developers are not "reinventing the wheel" to address similar problems across contexts.

Investments in parental mental health are expected to yield health and economic benefits by building families' capacities to promote children's healthy development. With this in mind, we are developing

the BEAM Program (Building Emotional Awareness and Mental wellness) to directly address unmet family mental health and parenting needs while building family resilience to stress by using an online psychoeducation and social-connection platform. The program combines best practices in online telehealth programs in a highly personalized and interactive format. Investing in family mental health and parenting support now and on multiple levels, before problems are entrenched, should undoubtedly be part of the COVID-19 pandemic response.

Notes

- 1 The Parenting During the Pandemic Study consisted of a cross-sectional convenience sample. In order to abide by public health guidelines to limit physical contact, adults (age eighteen and older) parenting children under nine years of age were recruited primarily through social media and internet advertisements to complete an online survey using the REDCap data capture tool licensed through the University of Manitoba. Data collection began on 14 April 2020 and was completed on 26 August 2020. Mental health symptoms were assessed using self-report measures and by applying clinical cut-off scores validated to indicate clinically significant depression and anxiety. The study protocol was approved by the University of Manitoba Research Ethics Board.
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The Mental Health Impact of COVID-19 on Manitoba's Essential Workers

Natalie Mota and Kristin Reynolds

The impact of COVID-19 has extended beyond illness and death to include increased psychological distress related to physical health, social isolation, child care concerns, and other related challenges.¹ Essential workers, including health care workers, grocery and pharmacy employees, and transit workers, among others, are not only among those at highest risk of acquiring and transmitting the virus in Manitoba, but they may also be at increased risk of developing mental disorders, such as post-traumatic stress disorder (PTSD), anxiety, depression, problematic substance use, and suicide.² The Province of Manitoba implemented a number of policies following the emergence of COVID-19 in our province to mitigate the mental health burden of its residents.³ Although these efforts are notable, a number of considerations are warranted, based on the voices of Manitobans with experience working on the front lines of the pandemic, in preparation for other probable COVID-19 waves and future public health crises that may occur.

At this time, we know very little about the mental health of essential workers during the first wave of COVID-19 in Manitoba. Early research, conducted mostly in China, found high levels of depression, anxiety, traumatic stress, and insomnia symptoms among front-line health care workers, as well as the presence of specific COVID-19-related distress (e.g., concerns about infecting others, shortage of personal protective equipment).⁴ In a small sample of American grocery workers, substantial anxiety and depression symptoms were found in

24 percent and 8 percent of participants, respectively.⁵ University of Manitoba-based researcher Dr. Leslie Roos led an online survey of Canadian parents of children ages zero to eight years (Parenting During the Pandemic Study; baseline data collected between 14 April and 30 May 2020). Among the 95 participants who were essential workers (53 percent living in Manitoba) and who completed symptom questionnaires, over one-third reported substantial depression symptoms and almost 25 percent reported moderate or higher anxiety symptoms. In another online survey led by University of Manitoba-based researcher Dr. Renée El-Gabalawy (COVID Survey Canada; baseline data collected between 15 May and 15 July 2020), initial findings among 215 essential workers living in Manitoba indicate that 71.6 percent reported moderate or high stress levels. Further, 37.7 percent screened positive for possible PTSD, and 24.2 percent and 16.3 percent screened positive for anxiety and depression, respectively. It is also possible that some subgroups of essential workers may be at particularly high risk for experiencing COVID-19-related mental health problems, such as those sixty years and older for whom the virus would be more likely to be fatal.⁶ These findings are important for Manitobans, as they are the first and only surveys to have examined the mental health-related impacts on essential service workers during the emergence of COVID-19 in Manitoba, filling an important gap in our understanding of their experiences and needs.

The provincial government initiated a number of policies during the first wave to address the potential mental health impact among Manitobans. The most relevant of these included: (1) financial compensation for employees needing to self-isolate due to possible exposure to COVID-19 at work, as well as a one-time payment to support low-income, front-line, essential workers, thereby potentially reducing financial distress; (2) the addition of employment protection for workers needing to take leave related to COVID-19 without requiring a doctor's note; (3) the development of child-care options prioritizing essential workers; and (4) free access to therapist-guided online therapy for all Manitobans ages sixteen years and older, focused on reducing anxiety related to COVID-19.⁷ Additionally, the Canadian Psychological Association (CPA) quickly released guidelines related to providing virtual mental health services in order to continue to safely provide assessment and therapy in accordance with public health policy.⁸ Further,

the CPA encouraged registered psychologists across Canada to consider providing psychological services free of charge to front-line health care providers experiencing COVID-19-related distress.⁹

To better understand the experiences of essential workers regarding access to health care services in Manitoba during the first wave of COVID-19, we analyzed the themes emerging from open-ended questions asked in the Parenting During the Pandemic Study online survey research project. For some respondents, changes to medical and psychological services (e.g., from in-person to virtual or telephone methods) were welcomed and led to improved accessibility.¹⁰ Others noted challenges in accessing health care services during the pandemic, with the most frequent concerns being related to internet connection and availability (e.g., “Internet is sub-par”) creating difficulty in comprehending health information; appointments being postponed or cancelled (e.g., “All appointments have been cancelled and will resume at an unknown later date”; “missed vaccine appointments”); and reduced accompaniment regulations for medical services and appointments (e.g., “Father not able to attend prenatal ultrasound”). Access to mental health services, particularly for respondents’ children, appeared to be limited, with participants noting: “Psychological treatment for our teen was interrupted”; “mental health services [were] unavailable”; “waiting for learning assessment”; and “not getting ABA [Applied Behavioural Analysis] therapy.”

Based on our review of Manitoba policy relevant to mental health during COVID-19, as well as on the findings emerging from the views of Canadian essential workers themselves, the province should be commended overall on its consideration of the mental health needs of its residents during such an unprecedented experience.¹¹ However, we also include several recommendations for future consideration. First, every effort should be made to conduct research on the mental health initiatives related to COVID-19 that are developed so that we can accumulate evidence on the effectiveness of these programs and make any necessary modifications moving forward. Further, the development of new programs should involve the input of stakeholders, the public, and patient groups who are designated as users of the services.

Second, there is existing evidence that targeted psychological interventions are often more effective than those geared towards a broad range of presenting problems.¹² As such, the development and

availability of mental health services that are directly relevant to the unique COVID-19–related challenges faced by essential workers could be a major asset. Examples of such challenges may include fears of transmitting the virus to others, associated social isolation from family and friends, and concerns regarding shortage of personal protective equipment.¹³ Further, common mental health conditions arising among essential workers might include traumatic stress symptoms, depression, and problematic substance use, in addition to anxiety.

Third, although the online nature of existing psychotherapy for Manitobans undoubtedly increases accessibility to services while maintaining public health procedures related to reducing COVID-19 transmission risk, special provisions should be made to ensure access for all essential workers in need of services (e.g., those with internet connectivity issues and/or lack of a confidential space in which to participate in an appointment) so that disparities in mental health care access can be minimized. Further, additional care should be taken to ensure that information is accurately received and understood when appointments occur virtually, as the absence of some typical communication cues (e.g., non-verbal) as well as technical difficulties may increase miscommunication.

Overall, the Province of Manitoba has had a strong response to supporting the mental health of essential workers during the emergence of COVID-19 in Manitoba. However, as we continue in the fight against this virus, we need additional research to better understand the mental health burden among those subgroups of essential workers who have been marginalized and/or disproportionately impacted by the effects of COVID-19 (e.g., older workers; those with chronic health conditions) as well as any unique barriers to accessing mental health care that they may face.

Notes

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Very Necessary: Pandemic Protests and Pedagogies of Possibility

Delia D. Douglas

“Our present landscape is both haunted *and* developed by old and new hierarchies of humanness.”¹

Points of Departure

We inherit the legacy of that which has come before. Through white supremacy and white settler colonial projects we live in a present structured by dispossession, genocide, enslavement, and heteropatriarchy. For Black and Indigenous communities in particular, our freedom struggles intersect in complex and complicated ways owing to these histories of racial violence and their enduring legacies. Black and Indigenous people are both vulnerable and considered expendable, owing to the impacts of systemic racism and oppression, some of which include chronic medical conditions, inadequate access to quality health care, mass incarceration, poverty, food and transportation insecurity, and underemployment.

In March 2020, as much of the world went into lockdown to reduce the spread of COVID-19, the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, described COVID-19 as “the defining global health crisis of our time,”² asserting that “we’re all in this together. And we can only succeed together.”³ However, despite repeated declarations that the virus does not discriminate, U.S. and U.K. infection rates and deaths reveal the racialized element of those vulnerable to the virus. In Toronto and Montreal, for example, Black as well

as immigrant and refugee communities have been severely impacted by COVID-19. Moreover, the findings of a recent study on the effect of COVID-19 on Black Canadians reveal that, compared to the Canadian average, Black Canadians report worse health outcomes related to the virus.⁴ In addition to data governance agreements and processes in place for monitoring and recording the impact of COVID-19 on First Nations and Inuit peoples, on 1 May the Manitoba provincial government began asking questions regarding the race and ethnic identity of individuals who test positive for the virus. However, while the province has not released the racial and ethnic data at the time of writing, the public has been made aware of outbreaks of the virus in a number of First Nations communities.⁵ Furthermore, across the country there have been countless reports of incidents of racism directed at those perceived to be Chinese or of East Asian descent.⁶

In addition, provincial declarations of states of emergency have granted additional powers to police and bylaw officers, which has resulted in enhanced racial profiling and more Black people being ticketed, detained, threatened, and arrested for alleged violations.⁷ Consequently, the application of public health orders mirrors policing practices that disproportionately target Black people under the guise of maintaining law and order.

Here in Winnipeg, Treaty 1 Territory, the ancestral and traditional lands of the Anishinaabe, Cree, Oji-Cree, Dakota, and Dene peoples and the homeland of the Métis Nation, there were three officer-involved shootings over a ten-day period during the first wave of the pandemic (8 to 18 April) that resulted in the deaths of three Indigenous people: Eishia Hudson, Jason Collins, and Kevin Andrews. In April, D'Andre Campbell was fatally shot by police in Brampton, Ontario, and in May, Regis Korchinski-Paquet, a Black Indigenous woman, died after falling from her apartment balcony in Toronto while the police were in her apartment conducting a so-called "wellness check." In June, within an eight-day period in New Brunswick, police shot and killed two Indigenous people, Chantel Moore and Rodney Levi, and in Mississauga, Ontario, Ejaz Ahmed Choudry was killed by the police who had been called because he was experiencing a mental-health crisis.⁸

I Can't Breathe: The Tolerability of Violence

Malcolm X: "That's not a chip on my shoulder; that's your foot on my neck" (n.d.).

I can't breathe

In Minneapolis, Minnesota, on 26 May 2020 while in custody for allegedly distributing a counterfeit twenty-dollar bill, George Floyd, a forty-six-year-old Black American, died of asphyxiation after police officer Derek Chauvin held his knee on Floyd's neck for eight minutes and forty-six seconds. Police transcripts reveal that Floyd uttered the phrase *I can't breathe* twenty times before dying.

Floyd's murder was recorded on a cellphone and, as a result, the whole world watched his fatal encounter with four Minneapolis police officers (three stood by and watched Chauvin).

Before George Floyd there was Eric Garner. In 2014, charged with illegally selling cigarettes in New York City, Eric Garner was placed in a chokehold, repeating the statement *I can't breathe* eleven times before dying.

Breathing is necessary to life. Eric Garner and George Floyd were not the first who were unable to breathe: that began with enslavement. Black people were unable to breathe when they were in the dungeons where they were held captive for weeks—sometimes months—at a time, their bodies commingling with feces, urine, blood, disease, and death. Black people were unable to breathe during the Middle Passage.⁹ In his trenchant writing about enslavement, abolitionist Olaudah Equiano describes the air as noxious and "unfit for respiration from a variety of loathsome smells,"¹⁰ owing to the close proximity of the captives, the attendant heat, sickness, and stench borne of the secretion of bodily fluids.

The Atlantic slave trade involved the forced removal of millions of Africans and created a diaspora, and the trade was fundamental to the economic and industrial development of Europe and North America and the simultaneous underdevelopment of Africa. Although enslavement was formally abolished by British parliament in 1833, this pre-Confederation colonial institution inaugurated a history of systemic anti-Black racism in Canada that is centuries old.¹¹ In slavery's after-life Black people continue to struggle to breathe. Is it any wonder that Black people cannot live, owing to white supremacy, racism, and to the pandemic, given that breath is required for life?

Thus,
I can't breathe
 Is a proclamation . . .
 A declaration . . .
 A metaphor for the wounds/harms/effects of racism.
I can't breathe is also
 A protest statement,
 and
 A call to action . . .
 If not now, then when?

Radical Resistance: Pandemic Protests and the Racial Politics of the Present

“Protests save lives *even* during a pandemic.”¹²

Following Floyd's death, across the United States tens of thousands of people marched in support of Black Lives Matter (BLM) and inspired global protests against police brutality, anti-Black racism, and racial injustice. Across Canada, people organized and gathered to stand in solidarity with George Floyd's family and the BLM movement, drawing attention to racialized police violence, systemic racism, and inequality. In Winnipeg, Manitoba, on 5 June, thousands of people attending the Justice 4 Black Lives rally called for justice for Black and Indigenous people and an end to state violence and racial injustice.¹³ In addition, the organizers of the demonstration at the legislature carried out a series of protests for eight consecutive days beginning 22 June at the Winnipeg Law Courts in recognition of the urgency and pervasiveness of racism and racial inequality in Winnipeg and across the country.¹⁴

At a time when large public gatherings were banned to prevent transmission of the coronavirus, massive crowds of Black and racially diverse groups of people took to the streets, risking their lives. Truth be told, the lives of those who are Black, Indigenous, and people of colour (BIPOC) are already at risk. They are fighting two pandemics that inhibit their ability to *breathe*: racism and COVID-19. Consequently, these public protests are not a choice but a necessity—a matter of life and death. Thus, these demonstrations constitute a stand against racial terror and a rejection of the status quo. Simply put, for BIPOC people the protests constitute an affirmation of their/our humanness

and signal a commitment to build a better future. As physician Rhea Boyd explains, “protest is a vital public health intervention.”¹⁵ Notably, thousands of health care practitioners across Canada and the United States penned an open letter, offering their full support for those who are working to demolish racist institutions, stating, “white supremacy is a lethal public health issue that predates and contributes to COVID-19.”¹⁶ Crucially, the demonstrations have not resulted in an increase in transmission of the virus.

Ways Forward: Meeting Grounds

“We have the power those who came before us have given us, to move beyond the place where they were standing.”¹⁷

Racism is a public health crisis.

The pandemic is a health crisis.

We are in the long crisis. The pandemics of racism and COVID-19 constitute a meeting ground of life and death for BIPOC people. In this context, public protest is very necessary because resistance against police brutality, injustice, and racism already places our lives at risk. Thus, our freedom struggles and our futures are linked; the potential of strategic solidarity against white supremacy and settler colonialism can be transformative.

In sum, protests serve as pedagogies of possibility for more socially just futures. Resistance movements such as Idle No More, #AmINext, #BLM, #Sayhername, #MeToo, and Dream Defenders make visible and affirm the lives of Indigenous and Black women and girls, 2SLGBTQQIA people, and those who live along the gender spectrum as targets of, and resisters to, oppression.

It seems fitting to conclude with the acumen and words attributed to resistance fighter Harriet Tubman, who crossed the colonial boundaries of Canada and the United States in the service of Black liberation: “If you hear the dogs, keep going. If you see the torches in the woods, keep going. If there’s shouting after you, keep going. Don’t ever stop. Keep going. If you want a taste of freedom, keep going.”¹⁸

We . . . can’t stop . . .

We . . . won’t stop . . .

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Recreation, Leisure, and Public Space: Manitoba's COVID-19 Response

Bruce Erickson

On 13 March 2020, the day after Manitoba announced its first case of COVID-19, the city of Brandon took its first steps in responding to the potential spread of COVID-19 and closed the Brandon Community Sportsplex and the Brandon Youth Centre.¹ Winnipeg followed suit three days later by closing its recreation and leisure centres and public libraries.² These quick measures serve to remind us that while the pandemic has had a significant impact on our labour patterns, the field of recreation and leisure was subject to some of the first restrictions. Herein we find one of the ironies of the pandemic: with businesses and jobs put on pause there was an increase of leisure time for many, but the public health regulations left fewer and fewer public places to spend it.

Examining the ways people use, and are restricted from, recreation and leisure spaces highlights how COVID-19 (and public health more generally) is fundamentally about public spaces. Our responses to COVID-19 have an impact not only on disease transmission, but also on our understanding of public spaces and how they should serve the public. A fundamental question here is how to make public spaces safe without losing the social and democratic functions of these spaces.³ This is central to any experience of public space, but changes made during the first wave of the pandemic have made the question of equity central to any analysis of public space and public health. With the virus having significantly different impacts on different populations, and with different levels of choice in how much risk individuals are

willing to endure, the question of how to best regulate public space in a pandemic is not easily resolved. This chapter will provide a timeline of the important policies related to recreation and leisure during the first wave of the pandemic and offer points of analysis of those policies and their implications.

Shortly after Winnipeg and Brandon closed their recreation and leisure facilities the first provincial order under the Public Health Act mandated the closure of all gyms, fitness centres, athletic clubs, and public pools, along with restrictions on public gatherings, the number of people allowed in restaurants, and the closure of live music venues and movie theatres.⁴ Municipalities and school boards closed outdoor play structures the following week. On 30 March, as the provincial public health orders closed the majority of businesses in the province, municipalities closed outdoor fields.⁵ At the same time, Winnipeg opened up its four traditional bike routes (Wellington Crescent, Wolseley Avenue, Lyndale Drive, and Scotia Street) to cyclists and pedestrians, restricting vehicle traffic on those roads from 8:00 a.m. to 8:00 p.m. every day. Manitoba provincial parks (Manitoba Parks) were still open to the public, although washroom facilities and picnic shelters were closed. These restrictions continued throughout April, with a ban on non-essential travel north of the fifty-third parallel (the northern half of the province) coming into effect on 17 April.⁶

As restrictions on recreational activities were some of the first to take effect, they were also some of the first to be loosened. On 30 April, the provincial public health order included outdoor recreational facilities for non-contact activities, including golf courses, tennis courts, and skate parks, in its list of facilities that could operate at 50 percent capacity with appropriate physical distancing.⁷ Outdoor municipal playgrounds reopened shortly after. Camping facilities were also included, and on 4 May Manitoba Parks opened up its campground reservations for the summer.⁸ One noticeable change for Manitoba Parks was the suspension of the life-jacket loan program, which provides life jackets free of charge for users at many beaches throughout the parks system. After being cancelled for public safety reasons, the program was reinstated on 16 July.⁹

On 1 June, Manitoba entered Phase 2 of its reopening strategy, which included the reopening of non-contact sporting facilities, gyms, fitness clubs, spas, and swimming pools, and the ability to travel north

of the fifty-third parallel for campgrounds, lodges, and resorts.¹⁰ Community centres were allowed to offer activities with reduced numbers. Sporting tournaments were allowed but discouraged. Phase 3 followed on 21 June, with increased numbers for public gatherings (fifty people indoors, 100 outdoors) and the elimination of self-isolation for travellers arriving from western Canada and northwestern Ontario.¹¹ Indoor amusement centres (e.g., trampoline parks) were allowed to open at 50 percent capacity, restoring almost all recreational activities that were originally restricted in March. Movie theatres, casinos, and concert halls remained closed until 25 July. By the end of July, summer was feeling somewhat “normal” for most. Outdoor pools were open, team sports were in the field, campgrounds were full, and the beaches were busy. All of these had their new restrictions, but there was a definite sense that public spaces were being returned to general use.

As we go to publication in late fall, Manitoba has the highest per capita infection rate in the country and there are renewed restrictions. Unlike the first wave, these restrictions have not targeted recreation to the same extent. As these restrictions unfold and we look for ways to adequately and ethically respond to the pandemic, there are three important points to make. First, as with other aspects of the pandemic, regulations designed to protect public health within the sphere of recreation and leisure ended up having uneven impacts throughout the population. The life-jacket loan program suspension, library closures, and public pool closures were felt more significantly by low-income households who depend upon these public services. This became clear as the province lifted restrictions but public services did not follow (although private facilities did open quickly). For example, hockey rinks and indoor pools were allowed to open in the second phase, but more than a month passed before those public facilities reopened. The City of Winnipeg opened two indoor public pools for the first time on 20 July,¹² and Brandon’s Sportsplex pool remained closed throughout the summer and into the fall.

Public spaces were subject to increasing surveillance, which is another dimension of the uneven experience of the COVID-19 response. In order to follow through with the public health orders, public officials increased their patrols of publicly used spaces. In Winnipeg, police were regularly patrolling parks and public recreation grounds, and the city initiated the Community Service Ambassador program, in which

furloughed city employees were reassigned to patrol public spaces and promote understanding of and adherence to the public health orders.¹³ This program ensured community-service employees had work during that time, but it should be noted that it is predictable that increasing surveillance of public spaces disproportionately impacts marginalized communities who are often deemed not to belong in public spaces.¹⁴

Second, the recreational reopening strategy highlights the tension between opening public spaces with low transmission risks and opening public spaces for economic gain. In the first phase of reopening, golf courses were included, which provides a balance between these two goals, as a low-risk activity that would drive increased leisure spending. In that phase, campgrounds were allowed to open, yet there was also an advisory against non-essential travel. For example, in the recovery roadmap published by the province, after describing the precautions necessary for campgrounds to open, it stated that “public health officials continue to advise Manitobans to stay home as much as possible to prevent the spread of COVID-19.”¹⁵ The question then becomes: when is travelling to a campground “essential” travel? This is also a question asked by Manitobans travelling to cottages, especially those just across the Ontario border. Given that travelling was not fully prohibited, many people did find their way to cottage communities. Those communities, however, were torn between their recognition of the economic benefits provided by cottagers and the potential danger that an influx of visitors might carry.¹⁶

As a final point, it is worth noting that, due to a number of factors, Manitoba did not experience a significant outbreak of COVID-19 in the spring. With the significant rise in cases in the fall came a different approach to restrictions more focused on geographic- and activity-specific targeting. In our response to the higher numbers in Manitoba, and in any future public health emergency, we should be striving to do what we can to ensure greater consultation and more effective communication to reduce the uneven impact of these regulations.

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Food Distribution during a Pandemic: A Tale of Two Supply Chains

Paul D. Larson

A brief review of recent history suggests that food distributors should have been better prepared for COVID-19. For over twenty years, the World Health Organization (WHO) has warned the world to prepare for a pandemic.¹ Indeed, the last quarter century has seen at least one pandemic and several close calls.

In 1997, the first known human cases of H5N1 were reported in Hong Kong. Six of the first eighteen cases were fatal. There were concerns that the “avian influenza” (or bird flu) would evolve into a pandemic, but it never did. By 2015, there had been 861 cases and 455 fatalities, meaning H5N1 killed about 53 percent of people it infected.² Canada’s only case, in 2013, was fatal. The bird flu was hard to catch, but very deadly for those who caught it.

Canadians, particularly Torontonians, surely remember the severe acute respiratory syndrome (SARS) outbreak, which first emerged in China’s Guangdong province.³ From late February to July 2003, 251 Canadians contracted SARS and forty-three died, comprising a 17 percent fatality rate. Inspired by these events, the University of Manitoba Transport Institute (UMTI) produced a report titled *Manitoba Nutrition Supply in Event of a Pandemic* in 2008.⁴ The central question was: How would Manitobans maintain balanced diets if provincial and international borders were closed due to a pandemic?

During April 2009, the first H1N1 cases were being reported in Mexico and the United States. By late November 2009 the outbreak

was in decline. There had been over 622,482 confirmed cases in nearly 200 countries and territories, and at least 7,826 deaths.⁵ This was a pandemic. Since many countries stopped counting cases, WHO case counts were probably much lower than the actual number of cases. Between 1 and 2 percent of cases were fatal. While H1N1 was highly contagious, it was not terribly deadly.

Food distributors may have reasoned that these events are very rare and usually happen far away, or that viruses like H1N1 are no worse than the seasonal flu. But they may not have considered what would happen if the next virus came to Canada and was worse than the seasonal flu.

The next one is here and it is worse than the seasonal flu. Emerging late last year in Wuhan, China, COVID-19 is considerably more communicable than H1N1 and more deadly. As of 4 October, Canada had recorded 164,471 cases and 9,462 deaths, a 5.75 percent fatality rate. By 4 October, Manitoba had 2,140 confirmed cases and twenty-three deaths due to COVID-19. The good news is that 1,421 Manitobans have, at the time of writing, recovered.⁶

Food Insecurity

Analysts have started discussing impacts of COVID-19 on supply chains,⁷ on grocery stores and consumers,⁸ and on feeding hungry people.⁹ An estimated 12.7 percent of Canadian households suffered food insecurity during 2017 and 2018, with 4.4 million Canadians living in food-insecure households.¹⁰ Food Banks Canada estimates that Canadians made over 1 million visits to food banks in March 2019 despite low unemployment rates.¹¹ In 2020, unemployment rates have surged across Canada. Manitoba's unemployment rate rose from 5.2 percent in February to 11.4 percent in April, based on 84,900 lost jobs.¹² Generally, levels of food insecurity rise with unemployment rates; folks need income to buy groceries.

The first wave of the COVID-19 pandemic had an immediate impact on food security in Manitoba.¹³ The pandemic is making the missions of food banks more challenging than ever. In the face of surging demand, donations are plunging. In April, Winnipeg Harvest, a not-for-profit food distributor in Manitoba, reported that donations of food were down 80 percent from last year.¹⁴

Figure 26.1 maps the interrelationships between for-profit and not-for-profit food supply chains. In for-profit supply chains, farmers ship crops and livestock to food processors that transform raw products into processed, packaged food. From there, products pass through wholesalers and on to grocery retailers, restaurants, and institutions (e.g., hospitals and schools). Large institutions, grocery chains, and restaurant chains often bypass wholesalers and buy directly from food processors. The ultimate destinations in the food supply chain are consumer households. In certain places, consumers can deal directly with producers at farmers’ markets, bypassing all processing, wholesaling, and retailing steps. Some households can also avoid in-store grocery shopping by ordering online for pick-up or delivery.

Food distribution businesses such as grocery chains sometimes hire a “reclaimer,” which picks up surplus food and delivers it to a food bank. Any entity in the for-profit supply chain, from farmer to grocer, can be a donor (if the food is given) or a supplier (if the food is sold) to a food bank. Consumer households can be donors as well. Finally, food banks

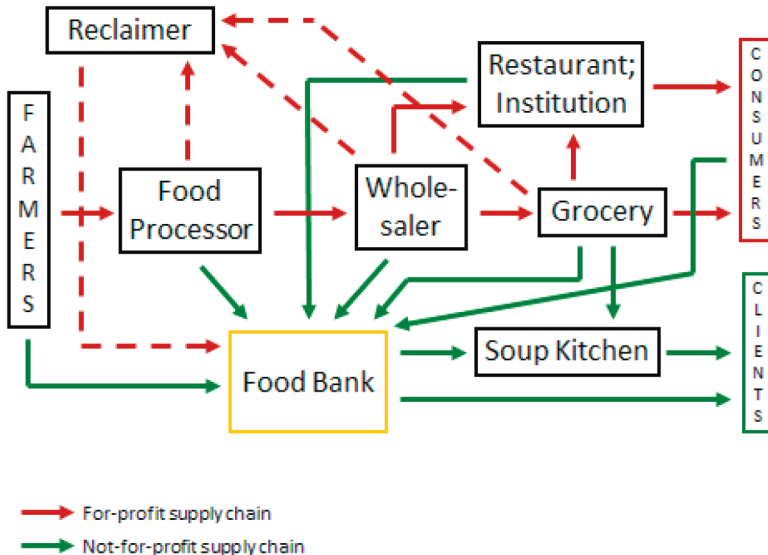


Figure 26.1. Food Supply Chains.

Source: Adapted from Paul D. Larson and Ron McLachlin, “Supply Chain Integration under Chaotic Conditions: Not-for-profit Food Distribution,” *International Journal of Procurement Management* 4, no. 3 (2011): 315–22, <https://doi.org/10.1504/IJPM.2011.040372> (accessed 17 August 2020).

help hungry people by making food available for pick-up, delivering food directly to their clients, or reaching clients indirectly through retail food banks, soup kitchens, or other supply chain members.

Grocer and Food Bank Response

Canadian grocers have been taking action to deal with the first wave of the COVID-19 pandemic, from cleaning and disinfecting, and suspending in-store sampling, to building up inventories of critical items and restricting customer purchase volume (e.g., one package of toilet paper per visit).¹⁵ Grocers in Winnipeg have also been limiting the number of customers allowed in the store, providing hand sanitizer, installing social distancing floor stickers and arrows to guide directional flow, and requiring cashiers to wear masks and/or work behind plexiglass barriers.¹⁶

Early in the pandemic, Canadian grocers launched “hero pay programs,” giving their workers bonuses.¹⁷ On 7 May 2020, the Trudeau government announced a \$4 billion program to top up the pay of essential workers, including grocery workers. The federal government would cover 75 percent of the cost for any province willing to put up the other 25 percent.¹⁸ It took a while, but the Manitoba government eventually joined in with its \$120 million Risk Recognition Program and one-time payments of about \$1,500 to front-line workers, including those in grocery and health care.¹⁹

As noted, food donations to Winnipeg Harvest have decreased from grocery stores and households alike. Clients are allowed into distribution locations like Calvary Temple one at a time to promote social distancing. There is less food available, and now, to minimize handling of food items, clients cannot choose what they want. Each hungry person is simply given a package for the month, containing half the amount of food that would normally last a couple of weeks.²⁰ Thus, half as much food must now last twice as long. As noted in the next section, the federal government has rolled out several initiatives targeted at food insecurity across Canada.

Public Policy Response

The Government of Canada is taking action to assist food producers and distributors, along with households facing food insecurity due to

the pandemic.²¹ The Manitoba Government is also providing support, particularly at the producer level.

The Ag Action Manitoba Program is a \$3 million Manitoba Government initiative. As a Special COVID-19 Response Initiative, the program is designed to assist food processors, distributors, and other industry service providers in mitigating the impact of COVID-19—and to ensure food supply security and agriculture sector competitiveness.²²

Several other initiatives have been put forth by the Government of Canada. The Mandatory Isolation Support for Temporary Foreign Workers Program provides employers (such as farmers and food processors) with \$1,500 per temporary foreign worker to ensure fourteen-day mandatory isolation requirements are met by migrant workers. To help food producers and processors access personal protective equipment (PPE), automate their operations, and respond to other emerging COVID-19 issues, the federal government also created a \$77.5 million Emergency Processing Fund.

The \$50 million Surplus Food Purchase Program facilitates redistribution of unsold food to local organizations serving vulnerable, food-insecure Canadians. In addition, the Local Food Infrastructure Fund provides up to \$100 million to Canadian food banks and other food rescue organizations to ease food insecurity due to the pandemic. The funds are available to purchase food and other necessities, buy or rent equipment and materials, transport and distribute food, hire temporary staff to fill volunteer shortages, and implement safety protocols (such as purchasing PPE).

In addition, as at the time of writing, the federal government is working with several partners to allocate the Local Food Infrastructure Fund. Food Banks Canada is to receive \$50 million, with another \$20 million evenly divided between Second Harvest, Community Food Centres Canada, Breakfast Club of Canada, and the Salvation Army. These organizations will then work with local partners (e.g., Winnipeg Harvest) to reduce pandemic-related food insecurity.

The federal government is also distributing \$9 million through United Way Canada to support various local agencies in providing services to Canadian senior citizens, including delivery of groceries, medications, and other essential items.

Conclusion

In the midst of the pandemic, the resilience of both the for-profit and not-for-profit supply chains continues to be impressive. In Manitoba, the response of food distributors and various levels of government have made a difference. Still, the response has been largely reactive. Many organizations were unprepared or, at best, under-prepared. Looking to the future, recurrent waves of COVID-19 and subsequent pandemics require a proactive approach, based on preparedness, to be adopted by all.

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Architecture as Long-Term Care

Lisa Landrum

Architecture intersects every sector of society. The design of rooms, buildings, and neighbourhoods impacts individual and collective well-being in ways the public tends to recognize only when forced to do so by life-disrupting problems. A pandemic is such an eye-opening problem.

Closed workplaces, shuttered schools, restricted assembly, regulated movement through familiar settings, prolonged domestic confinement—all this has heightened awareness of how built environments mediate social relations and enable or conversely hinder nearly every encounter and opportunity. Quarantine and physical distancing have highlighted how spatial configurations choreograph daily routines, affecting behaviour, comfort, dignity, and happiness.

The pandemic has also exposed and exacerbated pre-existing inequities embedded in built environments. Stay-at-home policies are meaningless, even punishing, for the homeless or those without a safe or adequate home. Self-isolation is impossible in group shelters, shared homes/rooms and overcrowded apartments. Healthy lifestyles are difficult to sustain if living spaces lack daylight, fresh air, operable windows, balconies, yards, and proximity to basic amenities, support services, health care, safe parks, and uplifting natural and cultural settings.¹

It has long been known that environmental conditions influence public health. COVID-19 has underscored this interdependence, while motivating some city-builders to leverage the crisis towards equitable change.² Change requires decisive action. Meaningful transformation,

however, will come not with quick fixes, but sustained investments that value the built environment as essential social infrastructure for long-term holistic care. Architects, designers, planners, and traditional knowledge holders of spatial and building practices can be crucial partners for policy makers in strategizing architectural investments for public health and enduring social prosperity.

Public health crises have always shaped cities: sanitation systems and fresh air and daylight requirements in buildings developed in response to past pandemics.³ What will be COVID-19's lasting urban mark? Increased isolation? De-densification? Heightened surveillance? Imperilled public space? Or expanded greenways, better indoor air quality, healthier workplaces, and more humane social housing? We cannot know for certain, but policies can plot a desired course.

At the onset of the pandemic, building sector concerns were primarily economic. Statistics Canada reported a nearly 50 percent drop in building construction investment in April 2020.⁴ By May, there was significant rebound. As of August, construction in Manitoba seemed on track to financial recovery. Ongoing federal incentives, including the October 2020 announcement of \$10 billion in new infrastructure investments, promise to keep building sectors afloat in the short term.⁵ Design, however, like policy making, happens far in advance of construction and implementation.

Design and planning are inherently forward looking. Accordingly, there has been a flurry of global speculation about COVID-19's impact on architecture and urban design.⁶ Notwithstanding some setbacks, layoffs, and uncertainties, many Canadian design professionals remain busy helping clients reassess short- and long-term needs by strategizing renovations, as well as new layout configurations and service models to prevent transmission and restore public trust in shared space.

In some respects, the pandemic is accelerating established design trends with new relevance. For instance, preferences for adaptable space, barrier-free design, and optimized ventilation—important for reasons of flexible lifestyles, spatial justice, and healthy sustainable environments—are now all the more critical for physical distancing and mitigating virus transmission through contaminated surfaces and airborne particles.

It is too early to say how building codes may change. Yet, it is fair to expect less enthusiasm for tight elevators, narrow corridors, packed

workstations, and micro-apartments; and more demand for features like automatic doors and touchless technologies, healthier building materials, antimicrobial surfaces, superior indoor air quality, and plentiful green spaces. Clients are also likely to seek more broadly integrated design and operational approaches that prioritize environmental health and physical, emotional, and social well-being.

Some agencies have already taken action to incentivize better building. In response to the first wave of COVID-19, the international WELL Building Institute, a global standard-defining company dedicated to healthy communities, launched a new Health-Safety Rating.⁷ The global green accrediting system LEED (Leadership in Energy and Environmental Design) piloted Safety First credits in July 2020 and continues to publish strategies for improving indoor air quality.⁸ The Canadian Green Building Council (CaGBC) published a sustainable recovery plan in May 2020, calling for strategic investments in zero-carbon new construction, energy-efficient retrofits, and green workforce development.⁹ Additionally, hundreds of built environment experts from over fifty countries have petitioned the World Health Organization to advance best building practices as protective measures against transmission.¹⁰

Architecture is itself a form of protective equipment. The role of building design in controlling disease is explicit in health care facilities and infectious disease research centres.¹¹ Though every building should not be designed like a biocontainment lab, there is much to learn from design professionals already dedicated to creating safe, healthy, and inspiring environments in all kinds of settings: schools, libraries, community centres, arts institutions, sporting facilities, performance venues, restaurants, hotels, housing, factories, parks, and more.

How will Manitoba's policies enhance the built environment? Provincial recovery plans include significant investments in infrastructure and construction,¹² yet most funds are directed to roadwork, water, and sewage projects. What if such investments were more holistically conceived and tied to quality-based community-oriented principles, such as the existing climate action plans and Winnipeg's pedestrian and cycling strategies?

Generous funds have been directed to personal care homes,¹³ yet narrowly earmarked for upgrading fire-suppression systems and adding

visitation shelters. Will these investments sufficiently transform facilities still modelled on outdated notions of institutionalized care? What if funding programs engaged concerns of care providers and families, together with evidence-based design solutions, to implement much-needed “pan-systemic” change to transition all care homes to smaller household models?¹⁴

Important allocations have been made for social housing,¹⁵ yet without parameters for meeting energy efficiency and low-carbon targets, and without accommodations for aging-in-place or intra-governmental links to transit-oriented infill strategies. What if housing investments were concurrently bolstering responsible infill, adaptive reuse, and heritage preservation, helping to abate Winnipeg’s environmentally destructive sprawl?¹⁶

The City of Winnipeg finally agreed to create more public restrooms, provoked by the 2018 Pop-up Public Toilet campaign.¹⁷ It is now understood that these facilities provide not only convenient toilets but safe access to hand-washing hygiene in the interest of public health. What if infrastructure spending supported more community-serving pilot projects and trans-sectorial research into healthy environments?

What if governments were commissioning and incentivizing design and feasibility studies for a variety of ongoing and new public health challenges? Studies could address how best to repurpose buildings, particularly if vacated by discontinued leases and more employees working from home? How to optimize indoor air quality in public assembly spaces, especially schools, theatres, arenas, and other facilities hard hit by closures? How to effectively enable inclusive community consultations (while physical distancing) to ensure policy makers are hearing people’s needs?

Government agencies formulate emergency measures to mitigate hazards. What is needed for post-pandemic city-building are interwoven, proactive, and aspirational policies to optimize health—in the broad holistic sense of social and environmental well-being. Architects, designers, and planners strive not just to avoid worst-case scenarios but to promote desirable best-case scenarios, envisioning architecture as an essential provider of long-term care. Together we can plot a course for social infrastructure that supports sustainable, equitable, and resilient communities while fostering hope and joy.

Notes

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EPILOGUE

This book was crafted largely over the summer months of 2020, with the intention of providing an initial assessment of the first wave of COVID-19 in Manitoba. Now, in the first weeks of November, just prior to publication, we find ourselves grappling with a very sudden and highly concerning shift in the pandemic. While Manitoba was viewed with envy by other provinces up until late summer for its low rates of infection, the number of cases have since skyrocketed—meaning Manitoba has become the “leader” in COVID-19 infections in the country. We only need to look at the data from 1 to 5 November 2020, in which 1,456 new cases of the virus were detected in Manitoba and twenty-two people died. These staggering numbers are from only five days of testing and predate the impact of seasonal flu and winter weather, which we know will have significant implications. At this time, the entire province has moved into “code red” restrictions in an attempt to manage the rate of infection, a measure that includes the renewed closure of small businesses and restaurants, many of which are already struggling to survive. Meanwhile, we have seen increasing tensions between the Minister of Health and physicians, nurses, and other front-line health care staff over how the provincial government has responded to the emerging second wave. There is significant public pushback over how the provincial government is dealing with the impact of COVID-19 on education and long-term care, while the government increases its focus on enforcement of public health orders.

Based on the escalating infection numbers in Manitoba, two things are clear: first, the province has moved hard and fast into the second wave of the pandemic; second, warning signs were missed along the way, but more analysis is needed to determine why we neglected these opportunities to better prepare for what lay ahead. Is it the result of

lack of enforcement? Muddled communication from government and health authorities? An unwillingness to listen to experts? A lack of testing sites and staff to administer tests? While we do not know the answers to all of these questions today, this dramatic shift illustrates just how important it is to stop, pause, and reflect about each wave of the pandemic. As the editors of this volume, we hope this book helps us to better understand and respond to this continuing public health, economic, and societal crisis.

Andrea Rounce and Karine Levasseur
9 November 2020

ACKNOWLEDGEMENTS

As the editors, we are deeply indebted to David Carr, Glenn Bergen, and the University of Manitoba Press (UMP) editorial board for their belief in the importance of this book, but also for bringing together disparate ideas and perspectives to address the first wave of the COVID-19 pandemic. The willingness of UMP to make this book available for anyone to download for free underscores the university's role in—and commitment to—sharing knowledge about critical issues. The authors who contributed their time and energy to share their insights, while also dealing with the pandemic, also deserve recognition. We also thank the anonymous peer reviewers for their helpful feedback under very tight timelines.

We are grateful to the Department of Political Studies, University of Manitoba, and to the Dean of Arts, University of Manitoba, for funding to support this book. We would also like to acknowledge the support from the University of Manitoba Libraries for open-access publication. We also owe a sincere thank you to Shannon Furness and Lobarkhon Ibragimova for their outstanding work as our student research assistants on this book.

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Lori Wilkinson is a professor in the Department of Sociology and Criminology at the University of Manitoba and is director of Immigration Research West. Her current program of research centres on the resettlement and integration experiences of immigrants and refugees.