

# Viral Contradictions: Canadian Exceptionalism and Covid-19

By Adrian Murray, January 2021

Canadians [generally see](#) their country as a progressive and cooperative member of the global community across a range of domestic and international policy spheres. At first glance, it appears there is some basis for this view. Canada ranks in the middle of the pack among Organization for Economic Cooperation and Development ([OECD](#)) member states when it comes to poverty and inequality. Among other universal social programs, Canadians especially pride themselves on their [public healthcare](#) system. Canada has also long thought of itself as a [global leader](#) in the international community. It enthusiastically participates in a variety of multilateral spaces, from development cooperation to the United Nations Climate Change Conferences and is often positively associated with defending peace and human rights.

When the pandemic struck this image appeared to hold. During one of the daily briefings given outside his home in March 2020, Prime Minister Justin Trudeau [told](#) Canadians that ‘we are all in this together’ reassuring them that ‘your government has your back.’ Canada’s Minister of International Development Karina Gould also [insisted](#) that: ‘The Covid-19 virus knows no borders. This has been a wake-up call for the world to stand in solidarity and work together. If there was ever a time for countries and governments to support one another and invest in health globally, it is right now.’

Compared to its southern neighbour the United States, which became increasingly unpredictable during the Trump presidency and whose [response](#) to the coronavirus has been shockingly poor, it is perhaps easy to perceive oneself as broadly progressive. Much as it has elsewhere in the world, however, the arrival of the pandemic and Canada’s response to it has intensified the yawning gap between rhetoric and reality, rich and poor and marginalized and not, within and beyond the country. Indeed, upon closer examination, the pandemic has exposed Canada’s domestic and international reputation as rather fictional, and in urgent need of transformation if we hope for a more equitable future post-pandemic.

## Canada’s Pandemic Response

Canada quickly imposed a lockdown in response to the coronavirus in March 2020 which included travel restrictions, financial support for individuals and businesses and investments in public health. This early response was considered one of the more [progressive](#) in the world. However, [critics](#) did point to several technical and political missteps including some initial hesitancy on the part of political leaders to acknowledge the seriousness of the virus and allocate the resources necessary to address it.

Despite these measures, the number of cases and deaths in Canada's first wave of Covid-19 were alarmingly high relative to [its peers](#), largely due to the failure to protect [seniors living in long-term care homes](#). Nevertheless, cases declined steadily from early-May to mid-July across the country. Most provinces reported very low levels of community transmission for much of the Canadian summer despite the dramatic loosening of restrictions, before the second wave began with a vengeance in late September.

A [common refrain](#) from Canadian politicians through both the first and second waves has been how difficult it is to combat the coronavirus and simultaneously 'save' the economy. Enforcing far less stringent lockdowns than those in Australia, New Zealand, South Africa or Taiwan for example, Canadian authorities have by and large sought to mitigate rather than suppress the virus. This was ostensibly in the interests of saving the economy, a strategy which they [remain steadfast in](#). The result has been a long and ever-intensifying second wave which has perhaps only now, at the time of writing in January 2021, reached its peak.

While the result of this rather poorly executed balancing act has served neither side of the equation well, the terrible cost of this strategy has been borne remarkably unequally by the Canadian population. The coronavirus exposed a deeper set of realities in Canada as it spread, which both pre-date and have been greatly exacerbated by the pandemic. Indeed, the impact of the virus and the government's response on Canadians have been mediated by the grim reality of racialized and gendered working-class precarity and settler colonialism in the context of decades of [neoliberal](#) restructuring of public services; such that human life continues to be sacrificed at the altar of the economy as the second wave of the virus rages on.

## Long Term Care and Other 'Essential' Sectors

The virus's most gruesome effect has been on seniors and those with disabilities living in long term-care (LTC) homes and the precarious workers struggling to care for them. Approximately [80% of Covid-19 deaths in Canada](#) have occurred in LTC, the highest percentage in the world and far higher than in peer countries with comparable health systems ([full list of deaths](#) and [data visualizations](#)). Just one of the many gaps in Canada's public health care system, private provision of LTC has grown as the country struggles to cope with an aging population in the context of [decades of austerity](#) and privatization.

Especially troubling is the revolving door between the state and capital in the sector through which politicians who [championed privatization](#) while in office have [enriched themselves](#) after leaving it. Unfortunately, as privatization and [financialization](#) continue in the sector—and despite vigorous [campaigns](#) by [public sector workers](#)—public pension funds [holding millions](#) of shares in for-profit LTC homes have also been implicated in these morbid economic tendencies.

Although underfunding and a lack of [national standards](#) has resulted in substandard care across the sector, the practice of squeezing profits out of low wages, staffing levels and investment in private LTC homes has proved particularly deadly during the pandemic: for-profit homes have a death rate [four times](#) that of public homes. The reliance on precarious workers employed in

multiple locations has especially facilitated the rapid spread of Covid-19. Often working without adequate personal protective equipment or safety protocols, LTC workers have also experienced high rates of infection. As the pandemic wears on, other ‘essential’ sectors of the economy have experienced similar trends.

Perhaps second only to LTC are the [staggering number of outbreaks and infections](#) in manufacturing, logistics, agriculture, industry and energy, which largely remain classified as essential and not subject to the recently tightened lockdown measures in many provinces. As in LTC, many of these workers are paid low wages with no ability to take time off if they are sick. Data from the region housing one of Canada’s largest manufacturing and logistics hubs shows that a quarter of cases found through contact tracing [went to work sick](#). Despite mounting evidence, there remains little to no widespread reporting of outbreaks in workplaces, which are vaguely classified as ‘congregate settings’ obscuring the source of what now constitutes the [largest share of infections](#) in the country’s two largest provinces, Ontario and Quebec. As in LTC, the spread of Covid-19 in these workplaces has largely affected those already marginalized in society including precarious workers, their families and the communities where they live.

## Race, Gender, Migration and the Colonial Present

Coronavirus infections and deaths among essential workers in Canada have undeniably been distributed according to [pre-existing inequalities](#) in the country. Women and racialized people, [overrepresented](#) in care work, have been most affected among LTC workers while the latter constitute a disproportionately [large segment](#) of the workforce in hard-hit sectors like manufacturing and logistics. Perhaps even more egregious has been the treatment of [migrant labour](#), agricultural workers in particular. The coronavirus spread like wildfire in the cramped, substandard living and working conditions endured by farmworkers, who come to work on Canadian farms each year from Central America and the Caribbean. Tied to their employers, workers’ precarious status gives them very little power to contest labour conditions at the best of times, leaving them particularly vulnerable during the pandemic.

The government’s abject failure to adequately respond to the spread of the virus in LTC and large business settings is not only representative of the racialized and gendered distribution of coronavirus infections and deaths but also the economic repercussions of the virus and restrictions. Of the millions of Canadians who have [lost their jobs](#) during the pandemic, low-wage workers, women, Black, Indigenous and other racialized people and those suffering from other barriers to employment have been the [most affected](#).

Of course, this inequitable impact is not limited to the workplace. Long overdue data from Canada’s largest city, Toronto, [clearly shows](#) the virus’s disproportionate repercussions for people of colour, the poor and those made most vulnerable in our societies—a relationship which is sustained [across the country](#). [Data](#) consistently demonstrates that communities home to large numbers of essential workers, especially those with crowded living conditions, have infection rates many times higher than high-income areas. Frustratingly, Canada historically [does not collect this type of disaggregated data](#) and it was a struggle to convince authorities to

start. What is more, many politicians and officials, like Premier of the province of Québec François Legault, continue to [deny the existence of systemic racism](#).

These health inequities are even more pronounced among Indigenous peoples in Canada, particularly those living on reserves where, although [far lower in the first wave](#), the case rate is now [40% higher](#) than in the general population. Many reserves suffer from inadequate access to food, water, housing and healthcare which the Canadian government has long failed to provide even [during the pandemic](#). For example, 57 of these communities are still under long-term [boil water advisories](#), lacking access to clean drinking water. Despite the many obstacles of the colonial past and present, including high rates of co-morbidities engendered by the aforementioned inequities in the social determinants of health, many Indigenous nations have [asserted their sovereignty](#) in responding to Covid-19, [contributing](#) to much lower fatality and much higher recovery rates among Indigenous people.

Similarly, [data shows](#) that Covid-19 disciplinary measures such as fines, [evictions](#), water and electricity disconnections and arrests have [disproportionately affected racialized and Indigenous people](#), particularly women, and others made marginal in capitalist society. At the very worst, we have witnessed the intensification of longstanding inequities as Black and Indigenous lives are snuffed out by state violence during the pandemic. As a result, the words *Black Lives Matter* once again reverberated in cities this past summer—[not only in the United States but in Canada too](#)—as thousands took to the streets in protest.

## The Second Wave Rolls On

And yet even with the most recent restrictions announced in early 2021 to combat Covid-19's second wave escalating to new heights after the winter holidays, little has been done to acknowledge these problems let alone properly address them. For example, low-wage essential workers remain without [paid sick days](#) should they need to self-isolate in the case of exposure to the virus. Indeed, it is only as a result of [campaigns](#) for [rights like these](#) that [some jurisdictions](#) have begun to increase inspections and report workplace outbreaks. Rather, the spread of the virus remains framed as an individual responsibility, with authorities [admonishing residents to stay home](#) as they continue to ignore the spread in workplaces and respond inadequately to the crisis in LTC.

In the case of the latter, despite government intervention to take over management of homes and use military troops to supplement staff in large outbreaks, there has been no effort to reverse privatization. Billions of dollars in federal transfers to provinces [remain unspent](#) while millions were set aside [to fund private security](#) guards outside LTC homes in Ontario. Meanwhile precarious healthcare workers struggle to keep up with the virus in the absence of public investment and as [management refuses to follow public health guidelines](#) putting profit before people. Elsewhere, the virus continues its inequitable spread as new [Variants of Concern](#) have found their way even to remote Indigenous communities.

This approach is consistent with the austerity agenda and creeping privatization that has characterized the last several decades of federal and provincial policy in relation to a wide

range of public services, including [healthcare](#). Shockingly, these cuts have continued during the pandemic. In the province of [Manitoba, public sector cuts](#) early in 2020 were deep while the [shock therapy](#) announced in the province of Alberta later in the year lowered the corporate tax rate far below the Canadian average, slashed spending and clamped down on democratic dissent while privileging the rights of capital, especially the notorious [oil sector](#). Similarly, the Ontario government made [cuts to LTC](#) not only before the pandemic but also during it and has sought to [roll back, and/or suspend workers' rights](#), reportedly in the interests of the public health response.

While businesses of all sizes have without question struggled during the pandemic, these measures have disproportionately benefited big capital as small businesses in the hospitality and other non-essential sectors have been hardest hit. Larger corporations have been better able to secure private financing and better placed to access government Covid-19 subsidies. Unlike many other countries, Canadian supports for businesses have not been accompanied by adequate measures to ensure that they are not used to pad corporate balance sheets or [pay dividends to shareholders](#). The result has been the widespread abuse of Canada's wage subsidy program in particular, which caused an uproar in the Canadian media in late 2020.

### Mitigation Versus Suppression

As the pandemic rages on, Canadian politicians' aforementioned obsession with balancing the economy and public health has been used to throw up a false choice between the two. This binary is closely linked to the widespread adoption of a strategy of [virus mitigation](#) in Canada, which seeks to manage the number of infections such that the health system is not overwhelmed while keeping the economy largely open. Suppression, on the other hand, seeks to reduce community spread of the virus as much as possible—or eliminate it—as countries like [Australia](#), New Zealand and Taiwan have done (an approach that has been used in the Atlantic provinces and Northern Territories of Canada quite successfully). A [closer look at these approaches](#) reveals the reality of this false choice as even in the short to medium term the negative effects on human *and* economic health are far greater with the mitigation approach.

Even now that essential vaccines are being distributed, in the best-case scenario, the entire Canadian population will not be inoculated until late 2021, necessitating masking, physical distancing and other measures to slow the spread of the virus in the meantime. This is yet another reason to opt for suppression over mitigation as thousands will continue to be infected and suffer serious health complications or death until the vaccine takes effect. Indeed, [recent analysis](#) suggests that some 5000 lives could be saved in the first four months of 2021 if immediate action was taken in the new year to suppress the virus in addition to other health and economic benefits. Given Canadian's [enthusiasm](#) for the more stringent mitigation restrictions announced in January, it appears that this failure to act comes at a great cost.

Thus, in focusing all their attention—and that of the public—on chasing the silver bullet vaccine to end the pandemic, authorities limit discussion around the pandemic response to the technical terrain of vaccinology, trade negotiations and logistics and [the failings](#) of whatever ruling political party or jurisdiction. This serves to depoliticize the effects of the coronavirus and

the state response to it on those most marginalized in Canadian society. In the process, measures to control the spread of the virus, like investments in public health, lockdowns and other restrictions, but perhaps more importantly interventions like workplace protections, paid sick days, income supports and affordable and adequate housing and services, among others, fade into the background.

## Wither Canadian Internationalism?

To make matters worse, the vaccine rollout in Canada has been excruciatingly slow, in part due to the enormous size of the country. Supply chain issues [threaten to disrupt future deliveries](#) and the country has fallen behind not only its peers but middle-income countries as well. The precarious nature of Canada's vaccine supply itself is, again, due in large part to the [elimination of domestic vaccine production capacity](#) in the late 1980s as Canada privatized and liberalized its economy.

Despite, and perhaps partially due to this lack of capacity, and in keeping with the aggressive procurement strategies of other Northern nations, conservative estimates indicate that Canada has secured [preliminary agreements](#) for more doses per capita than any other nation on earth—enough to vaccinate all 38 million Canadians [five times over](#)! For all its talk of the necessity of ensuring vaccine availability in the South then, the astonishing number of vaccine doses secured by Canada is clear evidence of [vaccine hoarding](#). Domestic political embarrassment over delays has also led to the country's [recent decision](#) to prematurely access doses from the COVAX facility, a multilateral funding pool designed to maximise vaccine procurement, prioritizing Southern countries.

These are just a couple of examples of how Canada is standing in the way of a timely and adequate response to Covid-19—including [vaccination](#)—in Southern countries. Other barriers include Canada's opposition, alongside other wealthy nations, to the call led by South Africa and India for the World Trade Organization to [waive intellectual property rights](#) related to coronavirus vaccines; similar calls to [cancel odious Southern debt](#); and its stubborn refusal to [adequately increase](#) Official Development Assistance and shift its focus to support the public sector coronavirus response in recipient countries. All this despite the vigorous opposition of Canadian civil-society and solidarity organizations and numerous progressive policy alternatives.

Canada's action—and inaction—around these urgent global issues is particularly rich given its incessant claims to global leadership and continued failure to follow through both [at home](#) and [abroad](#). The devastating implications of its current coronavirus strategy are clear: misguided efforts to save the economy (read: capital), vaccine nationalism, and other responses to Covid-19 of the sort practiced by Canada and other wealthy nations, will only [prolong the pandemic](#) and exacerbate its inequitable health and economic impact, especially given that the coronavirus respects no borders. If Canada wishes to live up to its commitments, it needs to take immediate and significant action to support those made most vulnerable to Covid-19, both in Canada and around the world, and transition to a more equitable and sustainable post-pandemic world.

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