

SPIN DOCTORS

HOW MEDIA AND POLITICIANS
MISDIAGNOSED THE COVID-19 PANDEMIC

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EXCERPT

INTRODUCTION

“The Black Death acts only as an *exaggeration* of the class relations; it *chooses*. It strikes the wretched, it spares the wealthy.”

—*Jean Paul Sartre, Search for a Method*

It didn't occur to us to cancel our March Break plans. When I flew to Toronto from Los Angeles on February 29, 2020, someone at the meeting I was attending suggested our annual conference might need to be cancelled. She worked in the airline industry and I thought she was being dramatic. While the world would change less than two weeks later, on March 2, I didn't yet feel it. COVID-19 was still thousands of kilometres away.

We left Toronto for Philadelphia on March 3. Aside from the giant jugs of hand sanitizer in the hotel lobby, everything was normal. Museums and bars were open. We watched the Flyers play against the Colorado Avalanche, my first live NHL game. Like thousands of other Quebecers, we flew home on planes that very well could have had COVID-19 cases in the cabin, a threat from the United States that was barely evident by the time we returned on March 7.

That next week, school was only in session three of five days. There was a PD Day, a snow day and then nothing. School was cancelled. My partner, who was on sabbatical at Penn State, rented a car and drove north through Western New York State just as the border was closing, hands clutching the steering wheel through a barrier of disinfecting wipes as he listened to American talk radio insist that COVID-19 was just a hoax. In the space of a year since that day he fled, of the 2.6 million residents of Western New York, more than 2200 died from COVID-19 and more than 101,500 people caught it.¹

We all have our own memories about where we were at the start of the pandemic. March 2020 will be tucked away forever in our minds as a time where everything ground to a halt and our dreams and plans for the foreseeable future turned into dust. If I close my eyes, I can still see the May I was supposed to have, the concerts in July, the four weddings, the fun.

But that's not how life works in a pandemic; it becomes 100% oriented towards surviving, trying to rebuild a life based on our new circumstances. I was transformed into a stay-at-home mom, with the rhythm of a day that moves slowly and very quickly at once, arriving at the end with the singular thought: *I hope I didn't get COVID-19 today*. Wake up the next morning; do it all again for as long as it takes.

Regardless of where on Earth one found themselves — whether aboard a container ship, working in a hospital, mine or factory, fleeing war, famine or injustice or in “lockdown,” whatever the local version of lockdown meant — the pandemic was a giant shock to every system. It stretched social safety nets thin, left a trail of millions dead and very few unscathed communities around the globe. The United Kingdom and the United States were countries where leaders boasted about how ready and capable each were to handle a pandemic. But they were led by bumbling elitist men, both whom were infected with COVID-19 and whose individualistic, strongman approach to leadership collided with the reality that the pandemic needed a collective approach. Despite the fact that each country had healthcare systems premised on very different models (one that is primarily public versus one that is primarily private), the outcomes were both alarming: by June 30, 2021, in the U.K., there were 4,830,418 total infections (7247 infections per 100,000 people) and 128,162 deaths (192.29 deaths per 100,000 people),² versus 33,343,961 total infections (10,159 infections per 100,000 people)³ and 604,656 total deaths in the U.S. (184.2 deaths per 100,000 people).⁴ By comparison, Canada's infection rate death rate was 3767 per 100,000 people and 70 deaths per 100,000 people.⁵

Canada often contrasts itself to the U.S. and the U.K. and based on these figures alone, Canada fared better. Except even saying this depends on how the numbers are spun. Canada's case-fatality ratio as of July 1, 2021, was 1.9%, higher than the U.S.' rate of 1.8%. Canada may have been better able to control the spread of the virus but when people were infected, from February 2020 until July 1, 2021, the number of people who died as a result of their COVID-19 infection was slightly higher than in the U.S.⁶ Unlike Australia, Canada followed infection patterns of the U.S. and the U.K. and there are important lessons to be gained from Canada's experience for both nations, just as there are lessons Canada can learn from the U.K. and the U.S. The pandemic in Canada had the potential to be an explosive moment of change: in an instant Canadians could see that money was available to help people out of poverty; that the state had the

power to make massive new social programs in a matter of weeks. This demonstrated that the excuses that underpinned the previous four decades of neoliberalism were lies. There was no reason whatsoever that similarly large changes couldn't be implemented in non-pandemic times, and activists saw that the moment was ripe to start talking about these changes.

Every social problem embedded within Canadian society was torn open by the pandemic. From ableism to ageism, from racism to poverty, from the environmental crisis to healthcare, COVID-19 upended the myths that had allowed problems to fester for so long. With the right social movement structure, the right spark, or the right confluence of events, much of what underpinned Canada's status quo could have come crashing down. But governments allowed the pandemic to get worse, and in so doing, entrenched the status quo much deeper. The status quo guarantees profits for private companies, even in the provision of essential needs like food. It sees Indigenous lands as free and open for the taking to enrich a small group of white people. Its labour market is so deeply racially segmented that the lowest-income workers are the least white, the highest-income workers are the most white, and the profits extracted from the poorest workers cause incredible stress and hardship. Canada's status quo: where social services have been so viciously hollowed out over forty years of neoliberalism that the only thing holding it together is the sheer will of workers.

The neoliberal period in Canada was marked by massive divestments in Canada's social safety net. All Canadian political parties played a role in this divestment, but the turning point was the Chrétien–Martin budget of 1995. The status quo can trace its origins to that moment, where deep cuts to social spending undid years of welfare-state reforms, undermined public healthcare and created the social crises that COVID-19 so easily exploited.

This book is a snapshot of the first eighteen months of the pandemic. In the hopes that what has just happened is never erased from public consciousness, I have detailed, as best I could, the period of time from January 2020 until June 2021. In this time, according to official figures, 26,338 people died and 1,416,319 were infected. Behind these numbers, an untold number of lives were changed, new chronic illnesses developed and the course of history was profoundly altered. Any analysis needs start and end points, so even though Canadian officials are warning the population about a fourth wave at the beginning of August 2021 as I write

this line, and as the pandemic rages on around the globe, I've limited my analysis to the time period in between January 2020 and June 2021. As such, it's written in the past tense, even though it's quite possible that the pandemic remains in the present tense the moment you find yourself reading this paragraph. I recognize that what comes next in fall 2021 may very well upend my educated guess that the period of mass deaths in Canada ended on July 1, 2021. Still, a critical analysis of media and politics during the first eighteen months of the pandemic in Canada can provide insights and lessons that we can and should carry forward, regardless of what the future holds.

This book examines the tension between the problems that COVID-19 laid bare and the work that politicians and media did to ensure that as little as possible would change, in spite of how badly Canadians need change. Politicians and journalists did this in very different ways, of course. There isn't evidence of widespread collusion between politicians and the press. To characterize the relationship between journalists and politicians during the pandemic as cozy would be inaccurate. They didn't have to be. Critical voices in Canadian media are systemically excluded by media owners. And so, when critical journalists were needed the most, they were mostly writing for small independent publishers, without the institutional backing that is needed to take on a government during a crisis. This was truest for opinion journalism, where the most insightful and critical opinions were most often found in the virtual pages of independent outlets. It was independent journalists who followed the death counts, factory outbreaks and local spread, and tied social services underfunding and profiteering directly to the disastrous outcomes detailed in this book. It was independent journalists who made the most compelling arguments in trying to answer why governments failed to contain COVID-19: governments failed only insofar as they failed to stop human suffering. They succeeded in their true priorities: protecting the profits and operations of corporate Canada while keeping this mostly out of sight and out of mind from Canadians suffering through pandemic measures and illness. Breaking pandemic management down into a question of protecting class interests was not something Canada's mainstream journalists were able to do, even if some of them were sympathetic. Canada's mainstream media is just as invested in protecting Canada's status quo as are Canada's politicians, and in this moment of crisis, they naturally found themselves on the same side.

Canadian media is more concentrated than it ever has been, and in 2020 it shrank even further. Media owners had a huge financial stake in how governments managed the pandemic. Most daily newspapers in Canada are owned by Postmedia. The publicly traded company is owned by Republican-linked Chatham Asset Management, hedge fund manager and Republican donor Leon Cooperman and German-based Allianz, which is an asset management and insurance company. Postmedia itself has direct connections with Conservative politics. For example, just before he ran for Ontario politics, Rod Phillips was its CEO. During 2020–2021, he held positions of Minister of Finance and Minister of Long-term Care. The other big media owners are Bell, Corus, Rogers and Québecor — all companies that rely on governments to protect their operations to be able to generate profits. Rogers and Bell in particular received a windfall with government aid programs, while also making lots of money from a subscriber base that needed telecommunication and Internet services as they isolated at home. Rogers, Bell and Québecor combined netted \$8.64 billion in profits in 2020, while Corus had a \$607 million loss. Media owners had a direct financial interest in how politicians reacted to the pandemic and their journalists were one way they could help spin the pandemic to their benefit.

Politicians exploited the fact that during the most confusing times of the pandemic, they would be able to get away with things that normally would have been unacceptable: making lockdown announcements at difficult times for journalists to cover, creating expensive new social programs in just a few weeks and enacting policies specifically meant to protect and enrich the business class. While some of their actions were good, on the balance, their actions would cause harm to average people while leaving Canada's elites in a better place than when the pandemic started. In choosing to protect the status quo over the safety of individuals, Canada's political emergency response could not stop COVID-19. In fact, it ensured it spread among the most marginalized people. It would be disastrous in Indigenous communities. It would ravage racialized neighbourhoods while white neighbourhoods had fewer cases and better access to testing. It would force people to put themselves and their families at risk to continue to supply Canada's beef exports to the world. It would make the rich even richer. For politicians, the stakes were high, especially as this rare moment left them exposed to a potentially historic uprising of Canadians fed up with the status quo.

Day to day, journalists were paid to explain what was happening. They replaced jargon with plain language. They reported on daily numbers, press conferences and briefings; researched, analyzed and dug into issues. But it was rarely deep enough. At the same time, there was tremendous pressure on journalists that constrained reporting even further. While many journalists did what they could in very difficult circumstances to try and extract answers from politicians, their bosses benefitted if those answers were dampened or buried. From some corners of journalism, it was clear that journalists identified more with the politicians they covered than with the population they served. Many columnists heaped praise upon provincial leaders for their steady hands and sage decisions in columns that would read as if they were written directly by political staffers.

In 2020, media bosses eliminated thousands of journalism jobs. Journalists had to work from home, with fewer resources, fewer colleagues and the same challenges as everyone else related to infection control, schooling and caring for loved ones. Where politicians had their gilded suburban lots and little threat to their existence, most journalists wrote through their own anxiety, never knowing if the hammer would fall on them when their paper was sold for the third time in just a couple of years, or if their managers would lay people off again because of persistent government underfunding. The beginning of the pandemic was the moment for journalism to demonstrate its worth in Canada and far too many media owners saw it as a good time to fire, downsize and even close up shop completely.

I imagine there will be a few journalists who will balk at the idea that they participated in spinning any part of the pandemic. But Canadian media's corporate interests didn't change during the pandemic. Issues like vaccine hesitancy and rollout were over-reported while information about ownership of private care home residences or racist healthcare systems was consistently under-reported. Canadian journalism's natural default is to defend Canada's status quo. From the CBC's vacant nationalism and nostalgia, to a refusal of media organizations like the *Globe and Mail* to accept that there has been genocide in Canada, mainstream media was not going to transform into a bastion of critical, intellectual thought overnight, especially considering prohibitive funding and resource constraints. Media owners are allergic to critical journalism at best and hostile at worst. The critical investigations that did happen should have helped to

challenge how other journalists reported about workplaces, food processing, residential care and government planning, but it couldn't — it was hived off from the day-to-day, uncritical reporting that created a tsunami of media coverage so overwhelming that many people found it easier to tune out than to read everything.

Much of the analysis in this book is based on how I experienced March 2020 to June 2021 not just in my day-to-day life but also in the interpretations I read. This information formed the foundation for how I've been thinking about the pandemic, but it also created the breadth, and limits, of my own research. On April 13, 2020, after having recorded an episode of the podcast I co-host with Sandy Hudson called *Sandy and Nora Talk Politics*, I realized that deaths were increasing so quickly in long-term care that there would need to be a record of this that was easy to reference. I asked on Twitter if anyone was doing this already, and the answer seemed to be no. That night, I made a public spreadsheet that accounted for 250 deaths that I could find by searching through media reports alone.

Every night thereafter, I added to the list. To do so, I combed through news websites, public health unit data, provincial ministry websites and obituaries to try and get a picture of just how many people were dying in residential care. And to my surprise, I was the only one doing it. Every night I would read between twenty to fifty sources trying to account for Canada's dead. By the time I had finished writing this book, I had read nearly thirty thousand articles and web pages from news organizations and public health units from across Canada.

So much of COVID-19 reporting relied on two sources, at most: a public health official and a politician. If the article explored something more in-depth, it would usually feature a doctor or an academic. Isaac Bogoch, Samir Sinha, Brooks Fallis, David Fisman, Abdu Sharkawy, Jennifer Kwan, Irfan Dhalla, Michael Warner and Vivian Stamatopoulos became media regulars, explaining epidemiological curves, outbreaks within long-term care, new COVID-19 restrictions and the progression of vaccines. So did Dan Kelly from the Canadian Federation of Independent Business (CFIB), one of the loudest voices advocating to protect profits at all costs. The overwhelming focus on profits, at the expense of individual and community well-being was done through highlighting Kelly's voice specifically and consistently during 2020. In general, reporting didn't really evolve, each article reading as if it could have been written in May 2020, September 2020 or June 2021. There was no innovation in how a

story was told: instead, it was a daily stream of data and some analysis, all contained in a very strict set of political parameters.

And confoundingly, the data didn't get much better over the course of the pandemic either. In some cases, it even got worse. Death statistics were often approximative, incomplete or totally absent. It made analyzing provincial data very difficult. News organizations routinely made data errors or reported on death and infection rates from a current outbreak with no mention of previous death and infections that had happened at the same facility. The data errors helped to feed the emerging anti-lockdown, anti-vaccine crowd who tried to demonstrate that foggy data was proof the pandemic was entirely made up. The pandemic started with journalists and politicians united in their criticism of China's approach to containing the virus, both levelling charges against the nation of suppressing information. And yet, data suppression was a major problem in Canada too, hiding and obscuring everything from the origins of outbreaks to the numbers of deaths from outbreaks within Canadian hospitals. Data changed from region to region, day to day. Death counts were added to and subtracted from, and data was obscured through debates about whether or not a death caused indirectly by COVID-19 should count as a COVID-19 death. The lack of information was another of many tactics that were used to distract from understanding a full picture that should have been clear and easily communicated: the oppressive structures that are baked into Canada's economy and society need to be transformed if we want to keep communities safe and secure.

While the breadth of my nightly research underpinned my understanding of the pandemic, analyzing how journalists spun the pandemic required intense research that was specific to the topics in this book. I tried to be as broad as I could in my sources referenced. I reference 579 articles from 136 news outlets, written by 423 journalists. At 115 references from 30 different regions or divisions, CBC/Radio-Canada is the most cited news source, followed by CTV national and regional stations (82) and Global national and regional stations (52). There are ten French-language sources referenced, 11 sources from B.C., 17 from the prairie provinces, seven from Atlantic Canada, 13 from Québec and four from the territories. Importantly, 29 sources are independent media outlets, many who have been founded in just the past five years. Newfoundland and Labrador and Prince Edward Island do not feature prominently, nor do the territories, partly because infection levels were so impressively

kept low in each jurisdiction, and partly because Canada's population centres took up a lot of space, as they tend to do. While my research is not exhaustive, I have tried to ensure that I am fairly reflecting the way in which each chapter's theme was generally covered in the media from January 2020 until June 2021— the period of onset and mass death during Canada's pandemic.

Telling this story is impossible if it isn't told through the experiences of how we lived it. It wasn't a theoretical exercise; the pandemic had material impacts on Canadians, and analyzing these impacts required that people were understood as being connected to their work, home, family and community lives. The most common ways in which journalists spun the narrative to protect the status quo was to zoom in very closely on an individual and tell a story through them. Through this frame, the pandemic became individualized. Struggles were detached from broader social forces and therefore solutions were elusive, difficult to understand or far too complex to be seriously considered. This had a very big impact on how people came to understand the pandemic: worker deaths were explained through obituary-style features that rarely held anyone accountable for a death; deaths in residential care were broadcast through the voices of sons or daughters or friends in mourning; the plight of a frontline worker was used to illustrate the struggle of working through a pandemic, though the profits that were extracted from their labour were almost never mentioned in the same article. It atomized people, erased the connection that they had to a broader community and made it impossible to understand how COVID-19 was so deftly moving from individual to individual. After all, those community connections were so critical to being able to understand community spread. It's no wonder that community spread was one of those nebulous terms that we never really got a proper sense of, despite the fact that it was frequently talked about by politicians and journalists.

Each of these chapters follows one month from March 2020 until March 2021 and each month is anchored by a theme, though the information contained within each chapter is not limited to each month. While time felt meaningless for many people in 2020, it was often measured by waves, moments that were unique to Canada and didn't align necessarily with waves in other countries (nor did these waves even overlap from region to region within Canada). When I refer to the first wave, I mean between March and June 2020. The second wave started in September

2020, intensified in November and December 2020 and calmed down by February 2021. The third wave started before the second wave really ended in February 2021 and ended by June 2021.

The way that the pandemic was explained at the start would set in motion so much of how it would be explained throughout. In the chapter covering March 2020, I examine how the earliest discussions of the pandemic would lay the foundation for how politicians and journalists would frame COVID-19. The intense focus on China helped to obscure the responsibility that Canada held for not being prepared for a pandemic. This set off a marked rise in anti-Asian racism and made it acceptable for politicians to avoid responsibility for the actions they took or didn't take.

In the chapter covering April 2020, I explore the carnage in residential care. Residential care was in such rough shape before the pandemic that it should have been obvious COVID-19 would be devastating if it got inside the walls of Canada's thousands of residential care facilities. By April, Canada was dealing with an undeniable crisis. The confusion around what was happening, made possible especially thanks to a lack of uniform data and clear reporting that consistently named who was responsible for the operations of each facility, made it hard to understand how these facilities could have been better protected, even improved.

By May 2020, the first mass workplace outbreaks were being reported in meatpacking facilities in Alberta, and journalists placed the spotlight on food processing industries. In this chapter, I examine the combination of low-paid work, workers who have precarious status and an overrepresentation of racialized workers that created the conditions for food processing to be one of the industries hardest hit by the pandemic. Racism underpinned the brutal conditions within Canada's food industries, and I explore the racial impact of COVID-19 even further in the chapter covering June 2020. Though data was hard to come by, the impact of the pandemic on racialized communities was undeniable by June, and yet, journalists rarely wrote through a racialized lens to help explain how COVID-19 was impacting whom the most. Politicians didn't enact targeted measures either, even after data did become available that demonstrated the toll COVID-19 was taking on racialized communities in cities and small communities across Canada.

As the summer months moved people outside, politicians started talking more about the role personal responsibility played in reducing case numbers. In the chapter covering July 2020, I examine how politicians

used this narrative to shift focus off workplaces and family dwellings as a source of COVID-19 spread, and onto individuals. This both rendered action ineffective, as individuals alone didn't have what they needed to stop COVID-19, and it reformulated responsibility from a collective one, tiered by how much power a group of people had in society, to solely an individual one. The COVID-19 alert app played an important role in this, sold to Canadians as an effective tool to stop the spread of the virus, while evictions continued, housing continued to be unsafe and people were forced to continue working. The personal responsibility narrative dovetailed with the government's most important aid program, the Canada Emergency Response Benefit (CERB), which was intended to help individuals weather the pandemic. When CERB was supposed to end in August 2020, it threw thousands of people into chaos, as they scrambled to try and find a way to supplement their income. In this chapter, I explore how the government managed CERB while also deciding to reward employers with a mass cash transfer called the Canada Emergency Wage Subsidy (CEWS), which came with very few strings attached and tied worker aid directly to the whims of their employers. The government did all of this while not demanding that managers take extra precautions for their workers during the pandemic or mandating paid sick leave, a rallying cry that united activists from all across Canada.

The chapter about September 2020 examines the way in which schools became a proxy war to make arguments that were both for and against public health orders. Schools became a symbol for how seriously a jurisdiction was taking COVID-19 spread. The start of school year 2020 coincided with the 2020 harvest, which put the spotlight again on seasonal migrant workers and how badly their bosses treated them, during the pandemic. In the chapter covering October 2020, I examine how the successful and relentless advocacy of migrant workers and their allies allowed this issue to pierce through a media landscape that was still mostly ignoring the role that workplaces were playing in spreading COVID-19. The Seasonal Agricultural Worker Program (SAWP) took centre stage, as advocates pushed journalists to explore horrible living and working conditions that gave rise to COVID-19 infections and employer reprimand.

By November 2020, the world had its first hope that a vaccine wasn't too far away. In this chapter, I look at how the vaccines were reported and how journalists too often promoted narratives about vaccine hesitancy more than they explained how the vaccines were being made. This helped

to fuel the rise in far-right, anti-mask/anti-vaccine movements, which politicians did not take seriously as extremist movements, and which journalists gave far too much airtime to. Politicians argued over how fast vaccines could be distributed to Canadians and the Canadian government purchased more vaccines per capita than any other country in the world, lining up with other Western nations to oppose waiving IP rules around vaccine development, blocking information — and safety — from flowing to poorer countries. Neither issue received as much coverage as the anti-mask/anti-vaccine protests, and this lack of information allowed for politicians to make vaccine demands that were impossible or ridiculous simply to boost their political popularity.

In the chapter covering December 2020, I examine the pandemic through a gendered lens. Women, especially disabled and/or Black, Indigenous and racialized women, bore the brunt of the economic losses that the pandemic dealt. While this received a lot of media coverage relative to other issues, like the impact of COVID-19 on disabled people, the coverage rarely sought to put forward fundamental solutions or hold politicians to account. Politicians mostly offered platitudes, even as the statistics were showing a marked rise in gendered violence and frontline agencies were crying out for help. Disabled women were especially made to be vulnerable during the pandemic, given very little income support and few services. I explore this further in the chapter about January 2021, which looks at disability more broadly and how journalists and politicians nearly entirely erased disability from the public discussion of who is most threatened by COVID-19. Instead of disability or chronic illness, the term “comorbidity” became more popular, signalling to Canadians that avoiding the worst outcomes of a COVID-19 infection was as easy as not having an underlying health issue.

In the chapter about February 2021, I look at the role that workplaces played in spreading COVID-19. Politicians often directly or indirectly hid the impact that workplaces had on spreading COVID-19, and it wasn't until after Canada was well into the second wave that journalists finally started examining the role that large, congregant workplaces played in propagating COVID-19. But it wasn't as if workplaces were entirely erased: small businesses became the stand in for Canada's economy in media, erasing large congregant work settings and thus distorting where COVID-19 was most serious, confusing Canadians about what kind of workplaces were more susceptible to COVID-19 spread.

The final chapter, which covers March 2021, examines the elephant that is lurking in most of the pages of this book: how the media industry fared during the pandemic, trying to fulfill its mandate while bosses hacked away thousands of jobs. By March 2021, there had been one year of job losses within media agencies. Journalists were under pressure to report on the health crisis of the century while they also faced increasing attacks from their own media companies. Cuts to the media industry had profound impacts on the quality and depth of local news, the breadth of national news and the ability that media had to hold anyone to account for the existing issues laid bare by COVID-19.

There was an overreliance by some to describe the pandemic as being a moment of intense fog. This fogginess allowed politicians to spin a narrative they preferred to tell, one that shaped how Canadians understood what was happening, who to blame and, critically, how to stop it. But that narrative was incomplete, and sometimes downright misleading. And journalists, far more often than not, repeated politicians' talking points thereby contributing to this fog and making it very hard for Canadians to keep up with the news: what was happening, what did it mean and who was responsible? There were very few individuals who were able to cut through it and explain plainly what was happening, and many of those voices are featured in this book.

In her 1978 essay, "News as the reproduction of the status quo: a summary" Gaye Tuchman, a sociologist renowned for her analysis of media and bias, describes how the way in which news is framed is similar to a window frame: "Characteristics of the window, its size and composition, limit what may be seen. So does its placement, that is, what aspect of the unfolding scene it makes accessible."⁷ Journalism is necessary not only because it creates the frame through which people understand current affairs, but also because in so doing, journalists can create understandings and tendencies that permeate throughout a population. While straight reporting shouldn't be in the pursuit of changing politics directly, it also shouldn't be in the pursuit of not changing politics either. What it must do is give people a window with the fullest possible view of what is happening. The window that journalists construct has enormous consequences on how people understand the world around them. During the pandemic, structural and social forces meant that journalists far too often crafted a tiny window frame, looking out over only a part of the story, and Canadians were left with a small fraction of the knowledge that the moment demanded they

have. Critical journalism — that is, journalism that specifically targets power — was sorely missing, and Canadians were worse off because of this. Knowledge had the power to create new political understandings and movements, or it had the power to confuse and confound an audience desperate to understand what was happening and why. Far too often, the knowledge made possible by journalism was the latter.

The spin started early — even before COVID-19 had arrived in Canada — and it set in motion a dominant media frame that didn't question fundamental problems with Canadian society, even though those problems are what allowed COVID-19 to run wild, ending lives and permanently altering others. Politicians chose to protect the status quo at all costs. And journalists covered the news in the way that they usually do — with some criticism but not much, and certainly not enough to arm people with the knowledge necessary to adequately hold their leaders to account.

March 2020

THE PANDEMIC EMERGES

Cases: 28

Deaths: 0¹

March 2020 was the month that never seemed to end. As the world approached March 2021, across popular culture and social media, many people said we had never really left March 2020, the month where everything stopped. Plans that had been put on hold had either evaporated or, in incredible optimism, pushed ahead by one year, and then pushed ahead by another. For Canadians, March 2020 became the dividing line between the old world and the new, and people clung to this line not knowing where the next line was — whether one that demarked the end of the pandemic and the beginning of a new world, or maybe a return to the old. Or worse.

Global attention was turned to the Diamond Princess cruise ship. After the market in Wuhan China, the Diamond Princess would become the second most famous superspreader event in the world. Journalists looked for the local angle — find a Diamond Princess passenger who was a citizen or who spoke the same language, and get them live to air from their tiny quarantined cabins. COVID-19 spread among the 3711 passengers, and infected individuals from at least 11 different countries.² As the ship was docked in Yokohama, Japanese public health officials had the responsibility to coordinate with passengers and crew, get seriously ill passengers off the ship and impose public health measures to try and control the spread. Of the 256 Canadians on board, 47 caught the virus.³ On February 28, the first citizen of the United Kingdom died. Nearly a month later, the first citizen of Canada died. The Diamond Princess monopolized early news of the coronavirus and showed the world early on that the virus didn't care about nations and borders. The globe was in this struggle together, whether politicians acknowledged this or not.

As journalists gathered stories related to the Diamond Princess and Wuhan, there was very little introspective reporting about how Canada

was managing what would soon become a full-blown pandemic. Canadians had no idea that our response was lagging as a result of bad public policy decisions and missteps from public health and political responses. Instead, media clung to the narrative that COVID-19 and China were inextricably linked. The cover of *Maclean's* announced, "China's efforts to stop the Coronavirus have failed," in alarming font superimposed over a gas mask.⁴ When COVID-19 finally came to Canada, it didn't come through the channels that we were warned to be wary of. It came from the countries Canadians travel to most, during a time of year notorious for travel.

COVID-19 was scary. It was unknown. In the fog created by these unknowns, the way in which COVID-19 was framed in early 2020 would set up how it was written about for the following 18 months. The first opportunity to frame the pandemic didn't come from journalists or politicians, though. It came through public health officials, mostly chief medical officers of health, who spoke directly to the population addressing questions about COVID-19, what it might do and how people could keep themselves safe. Except even they didn't really know the answers to these questions. The unknowns were filled in with innuendo about China and people were told to stay calm. Politicians exploited both messages for political gain and journalists reported mostly uncritically. Journalists were forced to create a new kind of journalism on the fly: pandemic journalism, which had to sort through a mix of anecdotes, ever-changing data, competing priorities and policies and experts who often agreed, but sometimes did not. This new kind of journalism became increasingly self-referential, like news that modeling predicted next month's case growth, which generated another story later on based on whether or not the models were correct. Politicians announced measure after measure and journalists became their amplifiers, teaching us about social distancing, contactless shopping and what we knew about the daily COVID-19 case counts.

We would find out later that COVID-19 entered Canada not through China, as had been what we were told to expect, but from the U.S., the U.K. and Austria. We would also find out that Canada, once a global leader in pandemic early-warning research, had effectively turned off this early alert system in 2019 through interference and mismanagement of the Global Public Health Intelligence Network (GPHIN). This created a vacuum within global pandemic monitoring that, had it been working as it was supposed to, might have found COVID-19 earlier, giving the world

more time to prepare. We will never know how many lives during the first wave could have been saved, if only we had better understood the threat that faced us in February 2020, just as Québec started its March Break.

On February 29, 2020, I caught a CNN headline on a TV at Los Angeles International Airport: “Trump gives update after first coronavirus death.” The man was in his 50s, from Washington State and it wasn’t clear where he came in contact with the virus. He hadn’t travelled. He hadn’t been in contact with anyone who had had COVID-19.⁵

I was in a high-risk location: a busy international airport in the United States. Not many travellers were wearing masks, me included. Like tens of thousands of Quebecers, I had no sense of just how close we came to finding ourselves among the thousands of unlucky ones who would bring COVID-19 back to Québec from their March Break trip. British Columbia already had six cases by February 20.⁶ On February 27, Québec recorded its first official case: a woman had light symptoms after returning from a trip to Iran.⁷ Even though COVID-19 had reached Canada, politicians and journalists still talked about the virus as an existential threat from abroad: the Diamond Princess and Wuhan. It had barely hit Italy by then; only a few small towns had been locked down for a week by February 29.⁸

In February and March, China loomed large in COVID-19 coverage partly due to the fact that China had the most experience with this new and frightening virus. Everything known at the time about symptoms, hospital overcrowding, the seeming randomness with which the virus kills and overall case fatality rates came from China. Globally, journalists and politicians relied on medical reports and journalism from within Wuhan to translate what might happen in a local setting. The first wave of the virus in China peaked at the start of February and by the end of the month, daily new cases were considerably lower, thanks to China’s aggressive pandemic mitigation policies.⁹

After February 25, cases announced outside of China exceeded the number of cases announced within the country.¹⁰ The first cases that would propel Canada’s first outbreaks came from the U.S., Austria, England, India and Italy. By the time there was another fatality outside of B.C., four people had already died at Lynn Valley Care Centre, a facility in North Vancouver that was home to Canada’s first outbreak, and one of B.C.’s deadliest. Canada’s fifth death happened at a Barrie Ontario hospital; a 77-year-old Muskoka man who had caught COVID-19 from a close contact.¹¹ Despite the intense focus on China, and the way that media and public officials

focused on the possibility of spread of the virus from China, the first four people who died in Canada were victims of a long-term care system that would colossally fail over the next two months, and the fifth contracted the virus from a close contact.

OBSESSED WITH CHINA

From the start, the North American obsession with China allowed politicians to lay blame at the feet of a foreign government rather than take responsibility for how unprepared for a pandemic North America really was. This obsession also drove media analysis, justifying a deluge of coverage on Wuhan, their farmer's markets, Chinese government authoritarianism and what that government may or may not have hidden. It was easier to blame the Chinese than it was to ask why Canada's pandemic stockpiles were depleted or how many post-SARS policies were still in effect.

Death came to North America far earlier than was first reported. The first death was nearly a month earlier than the first official death announced on February 29, 2020. Patricia Cabello Dowd of California died suddenly from a heart attack on February 6. Dowd had not travelled and had no contact with someone known to have had COVID-19. Her death, announced months later at the end of April, was proof that there was some level of community spread in the United States, gone undetected by state public health officials.¹² The morning of Dowd's death, CBC Radio's *The Current* featured two segments on COVID-19: one that looked at spread on cruise ships and included an interview with Diamond Princess passenger Kent Frasure and the second focused on China. They promoted the second segment like this: "we hear from people in Wuhan who say the Chinese government has played down the coronavirus outbreak at home."¹³ The intense focus on China from Canadian journalists left little room to examine North America with similar attention, including posing similar questions about the North American response, and what officials might have been holding back from the public. On February 26 in Washington State, two people died in a nursing home from COVID-19, at a location that was nearby the hospital where the February 29 death had occurred.¹⁴ Nursing home deaths would become far more important to Canada's story than anything happening in China, and yet, nursing homes received barely any coverage in February, as I explain in the April 2020 chapter.

As the virus started to spread into other parts of the world, English-language journalists covered the pandemic as if it were a threat coming from overseas that could be battled if it appeared on a country's shores. By the time the virus had established itself in Canada, cases were mostly linked to travel, especially from the United States. But the U.S. was still not front-of-mind for public health officials, politicians or journalists. On March 5, *Global News* reported, "People travelling from China or Iran are being asked to self-isolate for 14 days, and Henry said anyone who has travelled elsewhere and is feeling ill should also stay home."¹⁵ Even though the article mentioned that there was at least one case from Seattle and that cases there were skyrocketing, Provincial Health Officer Bonnie Henry reminded British Columbians to be careful about travel, specifically naming China and Iran, and not the United States, as locations that necessitated a 14-day quarantine. Politicians, public health agents and journalists focused on China — what Chinese officials knew, what they should have done and the ways in which Western leaders thought China had been negligent.¹⁶ At a March 9 press conference, where Canada's first COVID-19-related death was announced, *Bloomberg* reported that B.C.'s Minister of Health Adrian Dix said that of the 32 people in B.C. who had COVID-19, only five had contact with China. Compare that to "several" transmissions related to the Lynn Valley Care Centre outbreak and 16 connected (directly and indirectly) to Iran, and it's clear that the rhetoric of where COVID-19 was coming from did not match where the vast majority of people caught it.¹⁷

It was a big mistake to frame this pandemic in relation to China. That was clear in February, when the World Health Organization (WHO) created the name COVID-19 to avoid linking the illness to China.¹⁸ And even though journalists often acknowledged that focusing on China was a problematic frame, they did little to stop the racist narrative to become a key part of the pandemic story. Had journalists spent as much time focusing on the U.S. that they did on China, how would Canadians have understood this virus differently?

This racist frame gave many Canadians, including me, a false sense of security that travel that wasn't to China was safe. When a woman who was the sixth case of COVID-19 in B.C. was found to have travelled on an Air Canada flight from Montréal to Vancouver on February 14, it was becoming clear that global spread was more severe than Canadian officials expressed publicly: "officials were surprised when they learned the woman

had only visited Iran, and not China or neighbouring countries that have seen the bulk of COVID-19 cases.”¹⁹ *CBC News* reported that around the same time, Iran only had 28 confirmed cases and five deaths. The *BBC* found later, in August, that Iran more likely had ten times the number of deaths at that point.²⁰

It was impossible for Canadian media to know where and how the virus was spreading, but had journalists asked similar questions about Canada’s response that they did about China’s response, there would have been an important shift in how the dominant narrative framed the pandemic from the start. The obsession with COVID-19 and China had two important spin-off effects: it masked a much larger threat, and it gave cover to racists to spread anti-Asian sentiment. By not challenging politicians or public health officials, and instead focusing on China, Canadians had no idea just how easily COVID-19 was about to walk through our doors, thanks to people coming home from U.S. or European-based March Break vacations and rising community spread. And, as individual actions became the sole mechanism promoted by government to slow COVID-19 transmission, Canadians were primed to see COVID-19 purely as an individual threat, rather than one that would exploit the holes in social solidarity and infect whole communities of people.

COMMUNITY VERSUS INDIVIDUAL THREAT

Once COVID-19 had established itself in Canada, the first major story of the pandemic was how the virus was ravaging long-term care. The virus preyed on the cracks in Canada’s social services and found its way towards the most marginalized Canadians: disabled, elderly, racialized and poor. In the early days, the rare moments of media criticism were reserved for foreign governments, while Canadian politicians in positions of power were given the benefit of the doubt.

On March 5, British Columbia announced “a major jump” in cases with eight new ones. Some cases were linked to travel from Seattle, but one was B.C.’s first case of community transmission.²¹ The community transmission case was a woman who worked at Lynn Valley Care Centre, a facility where the majority of staff were Filipina care workers and who were not immediately informed that COVID-19 was circulating in their facility.²² Lynn Valley was also the site of Canada’s first COVID-19 fatality. The outbreak lasted until May 5 — one day short of two months. Fifty-two elderly residents and 26 staff were infected, and 20 people died.²³ The Lynn

Valley Care Centre outbreak should have forced media across Canada to pivot from telling an international story, based mostly aboard cruise ships or in China, to one that would focus on the capacity of an underfunded and profit-driven care system to protect Canadians from the virus. There should have been reporting about the links that these facilities have to communities and community spread. But instead, a narrative emerged from journalists that hived off long-term care from the rest of society. This created a divide between the vulnerable on the inside and the less vulnerable outside, with very little attempt at challenging government to do something before COVID-19 spread too quickly.

From the outset though, deaths were consistently reported with additional information that told the majority of Canadians to not worry too much about the virus. Under a generalized fog of pandemic-related fear, journalists rarely reported anything further than what public health had announced, and the information about whether or not someone had an “underlying health condition” would relay the message to all Canadians to absorb this information differently: be relieved if you have no underlying health conditions; be scared if you do. The rhythm of daily press briefings didn’t allow for more in-depth reporting and, in March, many journalists were also stretched to their limits trying to keep themselves safe while reporting on the crisis. But the template used to report death — gender, age range and underlying health issues — got Canadians used to the idea that COVID-19 was really a problem for a specific kind of person, probably someone of a different age, gender or physical condition than they were, as I explain more in the chapter covering January 2021. Usually relying on comments made by public health, a victim’s other medical issues were front-and-centre in the information about where they caught COVID-19 and how they died. *Global News* reported B.C.’s first death like this, “[Bonnie] Henry said the patient, a man in his 80s with underlying health conditions, passed away Sunday night.”²⁴ The article only quotes Henry, a pattern that would become the norm for daily reporting.

In the early days of the pandemic, if journalists weren’t talking about the virus and its evolution in China, they were reporting what Canadians could expect once it eventually came to Canada. Transmission started slowly in Canada, and in the first months of 2020, it wasn’t at all obvious that the economy would grind to a halt in March. Officials walked a line between reassuring the population that basic precautions, like handwashing and not going into work sick, would be enough to slow the spread of

the virus but also telling them to take the risk seriously. But they didn't impose new public policies that would make fulfilling their requests possible; they didn't mandate that employers give workers paid sick leave, even though unions had been calling for that especially in Ontario where Doug Ford cancelled the two paid sick days previously introduced by the Liberal government.²⁵

Right after the B.C.'s first COVID-19 death, Adam Miller wrote a feature for *CBC News* arguing there was no need to panic over the virus. "While tragic for those close to the victim, the man's death should not be used as a way to justify panic for the majority of Canadians who are not at risk of severe complications from COVID-19, experts say," he wrote. Miller quoted figures from the World Health Organization (WHO) to show mortality rates were tied to the age of the patient, and older patients were far more likely to die from COVID-19. He said the overall death rate seemed to be 3.4%, then reminded readers this is still significantly higher than the seasonal flu.²⁶

Miller wasn't alone in how he framed the illness. The day before Miller's article was published on March 10, *Bloomberg's* Amanda Lang asked Michael Gardam, a doctor who had been involved in Toronto's response to SARS and H1N1, this question:

From the point of view of who sickens and dies from this virus ... it seems for many people to be a benign event. Obviously, three percent is not an immaterial number. Do we know whether treatment has helped saved lives, or whether fatalities are a done deal, in other words there is a population that is vulnerable to begin with?²⁷

Gardam reminds Lang that during a pandemic, the focus cannot be on the potential individual impact of a virus. Most important is how the collective responds to a threat to protect people who might be vulnerable to the virus. "From a population perspective," Gardam said, "it's still a very big deal."²⁸

Despite this warning, many journalists had a difficult time parsing the difference between individual and collective threat, messaging that left the public confused about how serious the pandemic might be. The frame that COVID-19 wasn't all that serious further marginalized those folks for whom COVID-19 *would* be that bad. Telling Canadians that they, individually, will be fine enabled people to come to a similar conclusion as Lang: okay,

3% isn't nothing, but is it really that serious? The personal was privileged over the collective and, as Gardam pointed out, the consequences would be dire if the population couldn't find a way to understand this virus.

Within the first year, COVID-19 would kill more than 22,000 in Canada.²⁹ As predicted, the majority were older and living in residential facilities. Canadians didn't understand this threat from a community perspective: What does community spread actually mean? How does the virus go from household to household, through workplaces and other gathering spaces? What role does poverty, low-waged work or disability play in who is put most at risk? These questions were never entertained in March 2020. Instead risk was repackaged to be an individual calculation. As Miller's article's headline said, "80% of those infected with COVID-19 will have mild symptoms," so there was no reason for me to panic.³⁰ Less than one week later, Québec's school system was shut down completely.

This frame prepared Canadians for a virus that wasn't that bad — and when it turned out to be worse than "not that bad," a new genre of reporting grew from it: the life and struggles of people who had long-term COVID-19 symptoms. Journalists regularly came back to long-haulers, as they called themselves, to warn that the lingering effects of COVID-19 are mysterious and, in many cases, debilitating. The problem was that these portraits never looked at the collective impact that entire communities of people dealing with long COVID-19 might be. They never asked what the economic impact would be within an apartment complex where there had been multiple outbreaks. And the reporting rarely gave Canadians an idea of what should be done to mitigate the long-term effect of the virus. There were no national discussions about supports for people who have long-term or lingering symptoms. There were no promises of extended paid leave for people who, after months, still couldn't work. And rarely did the prospective of long-term effects make it into the discussions about why we need to protect communities from getting COVID-19 in the first place.

Every major national news outlet wrote stories that featured the struggles of one or several long-haulers. Some surveyed the scientific literature or examined where Canadian research was. They all warned Canadians to take COVID-19 seriously or else risk becoming a long-hauler, but none of them discussed what might be done for people like the ones they featured. For example, Audrey Vanderhoek told *Global News*, "I think there's a bit of a delusion that it's not going to get you until it gets you. And then your world completely changes."³¹ The B.C.

nurse and COVID-19 survivor had symptoms for months after her May diagnosis. At the end of the video, she suggests that B.C. set up special medical care for long-haulers, like providing body scans to see if the virus impacted people's organs. The clip didn't pick up on the idea, instead focusing on Vanderhoek's daily struggle. *Global News* featured two other long-haulers six months into the pandemic, and each are cast in the same frame: patients talking about the frustration and difficulty of living with COVID-19 for far longer than the popular narrative had said they should have.³² *CTV News's* Avis Favaro, Elizabeth St. Philip and Brooklyn Neustaeter interviewed two long-haulers whose neurological symptoms stopped them from working; they ended the feature examining a research initiative by Canadian neuroscientists who are hoping to learn more about the illness.³³ Rather than focusing on ideas to help people who have chronic COVID-19-related conditions, like Vanderhoek suggested, the stories stayed close to the personal narratives of the daily struggle to live with a chronic illness. These long-hauler features missed the opportunity to talk about long-term paid sick leaves, rehabilitation, public supports for long-haulers, official data collection of their experiences and symptoms. Crucially, they neither brought into the conversation voices of people who live with other chronic conditions, nor identified what they've been demanding for years to help mitigate the challenges of life with a chronic condition in Canada. There was little written to try and start a conversation about what more chronic illness among the general population will look like: what will happen to the folks who cannot work or who need workplace modifications? What about workers who caught COVID at work — what responsibility do employers have to compensate and accommodate these workers? And critically, how does government policy consider any of these questions? Even as the number of people with long COVID-19 increased, the long-hauler focus never asked any of these questions.

All of the reporting — whether it was assuring Canadians that they would probably be okay or it was analyzing individual impacts of the virus — was premised on the assumption that the most important unit in the conversation was the individual. Journalists didn't ask about how to manage the illness as a worker, or the impact COVID-19 might have on a person's ability to commute, do their job, care for their family or loved ones. It was hyper individualized, while also erasing those who would be most hurt by the illness as a sad footnote to an overall not-terrible

story. It refused to look at the health of society from a larger perspective. By reporting COVID in a workplace, a seniors' residence or a low-income neighbourhood, journalists made it easier for others to ignore how COVID-19 behaved in ways that were deeply linked to larger systemic issues. For two months, even after the first victims died in long-term care, Canadians rarely heard about what a community infection might look like, even if early on experts like Michael Gardam reminded journalists that the key to understanding a pandemic is not to simply look at the potential individual effects it might have.

EMERGENCY MEASURES

Pandemic reporting focused very closely on everything that was known about the illness, but journalists also needed to cover the political response too. The images from Prime Minister Justin Trudeau's March 11, 2020 press conference capture a moment in time that would soon look completely bizarre. Trudeau was flanked by four people: federal cabinet ministers Chrystia Freeland, Patty Hadju and Bill Morneau, and Theresa Tam, Canada's top public health officer. No one was socially distanced; no one was wearing masks. Trudeau's hair was cut short — hair that would eventually come to illustrate the passage of time, as it grew longer and longer over several weeks of daily briefings. Despite the normal look of the press conference, it would be the last time ministers would stand so close together, or appear without their masks when more than one person spoke, for more than a year.³⁴

That day, Trudeau announced his government was creating a billion-dollar COVID-19 response fund. "Let me be clear," he said. "No one should have to worry about their job if they have to be quarantined. No employer should feel like they have to lay off a worker because of the virus. We can support you and we will."³⁵ The fund would pay for short-term business loans, faster access to EI, more personal protective equipment and money for medical research. The tone was reassuring but still made it clear Canadians were facing an imminent threat. The announcement focused on economics alone and sent a signal to the corporate world that they shouldn't panic. It also tried to tell average Canadians this too, except by March 11, it wasn't clear what kind of aid people would actually need. This was a moment of rising cases and new deaths, but beyond acknowledging the pain that families were experiencing at that moment, Trudeau didn't mention anything further related to community health.

Later that day, the NBA announced that it was cancelling all games. It was the moment that the threat of COVID-19 became extremely clear. NBA officials saw what many — businesspeople, other sports league officials and politicians — didn't yet see: the time was now to shut down mass gatherings. This set off a cascade of cancelled sporting and cultural events, including other professional sports leagues. Two days later, Trudeau held his first of what would be dozens of press conferences outside, as his wife, Sophie Grégoire Trudeau caught COVID-19 during a trip to England.³⁶ On March 13, Trudeau announced his government would suspend cruise ship season and recommend that people limit their travel, but he didn't announce any new measures or limit large gatherings. He assured Canadians he was working for them and promised that help was on its way.³⁷ The same day, six of Canada's largest universities closed, parliament closed and Canada's 300,000 federal public servants were asked to work from home.³⁸ The next few weeks were a blur of cascading announcements: shutdowns by provincial governments and new measures that the federal government hoped would keep Canadians afloat but also locked securely away.

The pace of news in this time was dizzying, and media coverage stuck closely to reporting to government announcements. Even comments from the opposition parties were rare, perhaps related to the success with which Trudeau wielded the term “team Canada,” a way to insist on national unity to get through the crisis together. The CBC's Aaron Wherry captured the general mood:

But the potential points of stress and friction are many. What's happening now might be compared to the experience of wartime — the sort of war that includes a massive domestic effort. In a matter of days, huge portions of Canadian society have shut down, if only temporarily.³⁹

Wherry pointed out that the stock market picked up 1200 points the afternoon of March 13, Trudeau's first socially distanced press conference, though warned, “But that is just one afternoon. Trudeau might need to prepare Canadians for a long and difficult haul.”⁴⁰ *Might* indeed.

Trudeau controlled the message very effectively. Every day at 11:00 a.m. EST, he addressed the nation, carried live on the *CBC* and *Radio-Canada*. Provincial premiers started to do the same thing, later in the day, and so Canadians who were at home could tune into non-stop COVID-19 updates,

with announcements separated by noon call-in shows usually asking a specific question related to how people were doing. The daily ritual of press conferences examining latest numbers and new emergency measures allowed Canadians to have a rhythm of normalcy in a chaotic and scary time — that is, Canadians who found themselves at home. Those who had to keep working outside the home through these weeks relied on their employers to implement government directives. If the directives were weak, the measures were weak too. On March 25, when the Liberals' \$107-billion emergency spending bill was passed, journalists reported a new wave of stories, intended to help Canadians make sense of the aid and support that was there for them, and how they could access it.

At the same time that governments were announcing new measures at rapid speed, there were also warning signs that Canada was perhaps not as prepared as it should have been. Decisions to clear hospital beds to make way for a rush of COVID-19 patients took priority over taking stock of where Canada was most vulnerable. The dominant public health message became “do your part to plank the curve.” Social distancing went from two words that had never been put together to a requirement for keeping oneself and others safe. Media played a key role in spreading this information. They examined what social distancing was intended to do and aired articles and promotional ads about handwashing and watching out for signs of COVID-19. The rapid shutdown of the economy did help to “plank the curve,” but not for everyone. The differential impact of these measures were enormous: lowest income workers were shut out of aid programs; inequalities were built into the wage subsidy; disabled Canadians were given nothing despite elevated risk if exposed to COVID-19; mortgage relief was offered to businesses and landlords but not people who had rents to pay. In Toronto, one of the few jurisdictions where such data was available, planking the curve only worked to slow the spread of COVID-19 among the highest income, white residents.⁴¹ Attention to long-term care was also inadequate — unacceptable not only because the following months would be the most deadly moment for Canadians since the Second World War but also because the first victims of COVID-19 had already died, and it was already clear that residential care would pose a significant problem for containing the virus. These were the stories that so often didn't get added to the national-level analyses of daily announcements, statistical updates or incessant reminders that we should wash our hands and not touch our faces. As the rest of this book explores, the impact of such thin analyses

helped the virus to do maximum damage, while Canadians called out for help, suffered quietly or sought answers from less-than-ideal sources, especially from the organized far right.

GLOBAL PUBLIC HEALTH INTELLIGENCE NETWORK

One of the biggest barriers to a coherent and effective pandemic response was the structure of Canada in and of itself. Journalists and politicians referred to federal-provincial relations and division of power to explain, defend or justify why a measure could or could not be implemented. Jurisdictional manoeuvring was often used as the excuse for why a pandemic plan would be impossible: a federal plan either violated the constitution by encroaching on provincial jurisdiction, or a provincial plan would be impossible as it encroached on federal jurisdiction. As health-care is mostly provincial jurisdiction, funded and coordinated through the Canada Health Act, it was often not very clear how far the federal government could go with their relief measures. Governments used this unclarity to their benefit; politicians from different levels of government shadowboxed with one another through passing the buck or calling for another jurisdiction to do more. But there was one area where the federal government had full control; they were wholly responsible for the failure of the Global Public Health Intelligence Network (GPHIN), Canada's early warning pandemic system, to catch COVID-19 as soon as it likely would have been, had it been working properly.

In July, Canadians learned for the first time the extent to which the federal Liberals had altered Canada's early-warning pandemic system, thanks to in-depth reporting from *Globe and Mail* journalist Grant Robertson. Robertson reported on the GPHIN, an agency once the envy of the world, and how it was restructured and managed nearly out of existence by May 2019. The GPHIN was a little-known group of scientists who acted as an early warning system for global pandemics. Robertson wrote, "Between 2009 and 2019, the team of roughly 12 doctors and epidemiologists, fluent in multiple languages, were a prolific operation. During that span, GPHIN issued 1,587 international alerts about potential outbreak threats around the world, from South America to Siberia."⁴² The group had been already established by the time SARS emerged, but Robertson described how it was still mostly an experiment — getting the right mix of machine learning and collaboration internally to spot early warning signs around the globe. The SARS outbreak created a moment for the GPHIN to become so good at what

they did that, by the mid-2000s, it was able to detect outbreaks around the world from observing a change in behaviour or a price increase in a certain commodity. The WHO called the GPHIN, “a crucial service — the ‘cornerstone’ of Canada’s pandemic response capability.”⁴³ Its website, last updated on March 15, 2017, before the GPHIN was restructured, described the network like this: “GPHIN has a broad public health scope. Presently, it tracks events such as disease outbreaks, infectious diseases, contaminated food and water, bioterrorism and exposure to chemicals, natural disasters, and issues related to the safety of products, drugs and medical devices and radioactive agents.”⁴⁴ This early warning system “went silent” in May 2019, as the department was restructured to examine domestic threats — a task it wasn’t set up to do.⁴⁵

In the first three months of 2020, as global COVID-19 infections were on the rise, nearly no Canadian news organizations reported on the GPHIN. The first mention of the network appeared in an article written for *CBC News* by Murray Brewster on April 10, 2020. It interviewed intelligence officials who argued that Canada’s failure to spot the pandemic was an intelligence failure rather than a public health failure. Brewster reported that the medical intelligence division of the Department of National Defense had warned about the pandemic in January 2020. He quoted Michael Wark, a professor from the University of Ottawa: “We didn’t have the early warning we needed, and we didn’t have a system to deliver it.” Brewster then mentioned the GPHIN: “Wark said that, despite the best intentions, the [GPHIN] is hobbled by other countries’ reluctance to share data and the accuracy of open-sourced media reports in a country where an outbreak occurs.”⁴⁶ Two days later, Jim Bronskill from the *Canadian Press* featured Wark in an article that asked the same questions as Brewster. Wark argued the same thing, but the article made no mention of the existence of GPHIN. Bronskill reported,

Wark argues careful analysis of intelligence, including satellite imagery from allies, could have revealed signs such as China’s military movements, the sudden setup of medical facilities and activities around funeral homes — “a picture of the crisis that clearly the Chinese authorities, in the early days, were not anxious to publicize.”⁴⁷

This would have been work that the GPHIN, when it was functioning properly, would have done.

The assumption that Canada needed to gather intelligence is rooted in understanding certain foreign entities to be hostile. While neither report explicitly states this, references to China not sharing information, being dishonest about the pandemic or possibly even trying to cover it up told Canadians that they should be wary and suspicious of China. Approaching global pandemic monitoring through this frame assumed that Canada's allies would be happy to share emerging pandemic information with Canada, and enemies would have to be surveilled for Canada to find out. Pandemics don't exist like that, though. No country is going to be immediately ready to announce to the world that they have a pandemic within their borders. Even Canada was late to announce COVID-19 as a pandemic inside its own borders, and by June 2021 could still not offer an accurate death count from the illness. GPHIN's strength was that it was established to assume that politicians in all countries are reluctant to tell the world they have a problem; they identified pandemics mainly through what they could learn about citizen behaviour rather than relying on official statements. The clash between the intelligence strategy, which views the world through the lens of ally and enemy, and the way the GPHIN collected data — by scanning thousands of data points and using machine learning to interpret them and give public health experts and the WHO an early warning of an emerging pandemic — is ideological. And unfortunately, the former fed racist, anti-Chinese campaigns that have underpinned the proliferation of conspiracy theories questioning the very existence of the pandemic at all.

The history of the GPHIN goes back to 1994, when CNN International reported that there had been an outbreak of pneumonic plague in Surat, India. Information was being reported by a 24-hour news channel before it was officially announced by a local government, and this gave the founders of the GPHIN an idea: they could analyze news from around the world to understand where pandemics might be happening before a government made any official announcement. They set up the GPHIN in 1997 as an experiment to see if a multilingual, early response monitoring team could detect an outbreak through local news reports and other information gathering before a country declared an outbreak. They worked closely with the WHO and eventually became a key partner in the Global Outbreak Alert Response Network. In a 2006 paper, it was estimated that GPHIN provided 40% of the WHO information it collected on early outbreak warnings. The paper concluded:

By internalizing health news within global health surveillance, GPHIN has made it more difficult for nations to conceal information about outbreaks of potential international significance. GPHIN's online early-warning outbreak combined with WHO verification has responded to the challenge of new forms of global health media and enhanced the effectiveness and credibility of international public health to name and act on infectious disease outbreaks.⁴⁸

The GPHIN was supposed to do exactly what Wark said it wasn't set up to be able to do: get around the reluctance countries have to share official information about local outbreaks. And aside from this cameo in a piece about military intelligence, no other Canadian media outlet wrote about the GPHIN in English or in French until Robertson's investigation in July 2020.

The story of death of the GPHIN reads like so many other government programs that were mismanaged into destruction. In 2018, the Liberal government wanted the GPHIN to change how it worked. With such a small budget (just \$2.8 million), funding was always threatened, and its international focus, wrote Robertson, left them vulnerable to being cut:

The problem, say several past and present employees who spoke to *The Globe*, is that GPHIN was populated by scientists and doctors, yet largely misunderstood by government. Senior bureaucrats brought in from other departments believed its resources could be put to better use working on domestic projects, rather than far-flung threats that may never materialize.⁴⁹

Scientists within the GPHIN, who were used to sending out alerts instantly, were stymied by new management that stalled alerts to the point where they eventually stopped coming out altogether. By December 30, 2019, the international aggregate news source ProMed reported that there was a mysterious respiratory virus circulating in China. Public Health Agency of Canada (PHAC) officials told Robertson at the *Globe* that senior PHAC officials had been briefed on the situation as early as December 31. Soon after, GPHIN scientists were following it, though they were more used to being the ones who officially alerted the world. Robertson reported,

But as GPHIN analysts filed their internal reports, they began to face pushback within the department. They were told to focus

their efforts on official statements, such as data from the Chinese government and the WHO. Other sources of intelligence were just “rumours,” one analyst was told. “They wanted the report restricted to only official information.”⁵⁰

There was incredible time lost between these notices and convincing PHAC officials to take the pandemic seriously. By February 26, the same day two people at a nursing home in Washington state died from COVID-19, the PHAC still listed Canada’s threat level at “low.” It wasn’t until March 16, days after Trudeau was in isolation and Canadians were dying from community-acquired COVID-19, that the alert was raised to “high.” Robertson quoted Wark in his July report, who said, “This is where GPHIN was meant to perform such an important role, as the collector and filter for decision making.”⁵¹ Easy to say perhaps in July, though obviously less clear when he was interviewed by *CBC* and the *Canadian Press* in April.

The impact of GPHIN’s demise is impossible to gauge, but it does point to a systemic problem in journalism. Journalists relied far too much on official information and didn’t look deep enough to see how Canadian officials were botching Canada’s early-warning pandemic systems. Though Brewster’s first article wrote about the GPHIN in such a way that it sounded as if it no longer existed, he followed up with a more in-depth piece about GPHIN on April 22, 2020, 12 days later. In this piece, a technology upgrade and funding challenges were blamed for hamstringing the GPHIN, though Robertson’s investigation months later would show that that wasn’t the whole picture.⁵²

The failure of GPHIN after more than a decade of good work should have been the scandal that dominated much of the news that surrounded the federal government’s pandemic response. In his feature, Robertson quoted epidemiologist Michael Garner who tried to gauge the impact of this systems failure: “It’s not easy to know the consequences of such decisions, but Mr. Garner, the former senior science adviser at Public Health, says he believes Canada’s early response to the outbreak — which has been criticized for being slow and disorganized — was a product of the many changes he saw made to the department.” And then he quotes Garner directly: “Not to be overdramatic, but Canadians have died because of this.”⁵³ He’s right. Canada lost two months of potential preparation time, and public health agencies found themselves scrambling when it was clear that the virus had spread much further than anyone had thought. Would Québec have cancelled March Break? Would better quarantine measures

have been in place for people arriving from international travel? There would have been more time for schools, long-term care facilities and workplaces to prepare, and Canadians could have been better informed about the level of risk that was staring them down.

Despite Robertson's damning investigation, it barely made a ripple in Canadian politics. Most political reporters were obsessing over the WE Charity scandal, and aside from Brewster few other media outlets pulled at any of the threads from the *Globe* investigation. The next mention of the GPHIN in media reports came again from the *Globe and Mail* just over two weeks later, when Robertson reported that the agency has started again to issue alerts.⁵⁴ On September 8, Minister of Health Patty Hadju announced that there would be an independent review of what happened with the GPHIN, which was widely reported across media outlets. Hadju told CTV *Power Play*'s Evan Solomon that not only did she not know about the changes to the GPHIN, no political staff knew either. She said the decision was purely administrative within the PHAC.⁵⁵ In November 2020, Hadju ordered a review into what happened with GPHIN. The review committee issued an interim report on February 26, 2021 that provided an overview of the history of the GPHIN, and confirmed much of what Robertson's investigation had found.⁵⁶ The committee's final report was released in July 2021, and made 36 recommendations for how to improve how GPHIN operates.⁵⁷

We will never know the impact that a functioning GPHIN may have had on Canada's COVID-19 response, but the lack of attention this network received in the media was a good example of the danger posed by shrinking newsrooms and coverage driven by governments' official updates. Why did the GPHIN, a group whose job it was to monitor global pandemics, get so little attention from journalists during a pandemic? American news site *The Hill* featured the GPHIN in an article about how social media and other unofficial reports have become key to identifying emerging global health trends. The short piece was published on February 6, 2020, and said,

Decades after it was created, GPHIN has become an important tool for global public health officials to monitor and track diseases quickly —sometimes before they are officially acknowledged. Some countries are reluctant to report epidemics in the earliest phases, mindful not to create a panic and also worried about possible economic impact.⁵⁸

In doing a survey of innovative ways to track pandemics that didn't rely on official government sources, *The Hill* found the GPHIN and introduced other emerging tools that people were using. Clearly, there were at least a few journalists around the world who had their eyes on the GPHIN. But even if this little-known group eluded most Canadian journalists, Robertson's investigation should have triggered more analyses about what happened internally — but it didn't. It wasn't until politicians started talking about investigating what happened at the GPHIN that other journalists started writing about it and even then, barely. Newsrooms oriented toward covering every word that health authorities issued, or every press conference delivered by a politician, combined with fewer overall resources to report the news and folks working under stressful and bizarre conditions perhaps explain why the GPHIN wasn't investigated until July 2020. Why no other news agency picked up on the threads of Robertson's investigation, however, is much harder to explain.

During the early days of the pandemic, journalists regularly asked politicians and public health officials questions no one could answer: How long will this last? Would schools be open before June? Will we get to celebrate Ramadan with others? Will my wedding in August still be on? Public health officials answered honestly: We can't know. Politicians found more creative ways to respond, lest being honest hurt their political popularity. There were so many unknowns, and journalists were under a lot of stress to tell the story right. But media made mistakes: playing down the threat to give Canadians the false feeling that the virus was on the other side of the world; individualizing the consequences of the virus and therefore allowing the solutions to also be individualized; adhering too closely to officials who passed off COVID-19 as not being too bad for a majority of people; and not looking at what systems Canada had in place that should have given us, and the world, an early-warning alarm about the pandemic. In early 2020, journalists focused on what the Chinese government was or wasn't hiding, while never examining Canadian politicians with the same scrutiny. They kept articles narrowly focused on the idea of personal threat rather than looking more broadly at systems, clusters, workplaces and congregate settings. This narrative would collapse in the weeks and months ahead, when thousands of Canadians died in their residential care facilities thanks to a combination of systemic failures, inadequate planning and ableism. The narrative

had, up until then, given able-bodied Canadians a pass to not take the threat as seriously as they should have.

Of course, it wasn't just that politicians didn't act quickly enough. They also did very little to insist that the most vulnerable locations within Canadian society were ready to withstand a pandemic. This was no more obvious, or deadly, than in residential care facilities. The lack of attention, planning and political measures intended to stop COVID-19 from spreading would lead to a death count beyond the imagination of most Canadians. Facilities already known to treat Canada's most vulnerable people — individuals who need regular care to meet their basic needs — would become locations of incredible callousness.