

Compendium  
Recueil d'articles

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**Fondation Pierre Elliott Trudeau Foundation**  
**Compendium: COVID-19 Impact Committee**  
 February 2021

The Foundation's offices are located on the traditional territory of the Kanien'kehá:ka (Mohawk), a place which has long served as a site of meeting and exchange among various nations.

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## Foreword

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Since March 2020, the COVID-19 pandemic has drastically changed numerous aspects of our lives, both as a society and as individuals. In times of crisis, leadership is always critically important. The pandemic has created an urgent need for informed public conversations to help people understand the changing situation.

### COVID-19 Impact Committee

With that aim in mind, the Pierre Elliott Trudeau Foundation created a committee to study the impact of COVID-19. Composed of 12 members—Foundation Alumni, Scholars, Fellows, and Mentors—who are leaders in their respective fields, the committee engages with and informs the public about the many issues that have come to the fore. Between June and August 2020, these experts published 16 articles in *La Presse* and the *Toronto Star* – one of which was published in English and in French – to provide perspectives on the pandemic in their areas of expertise, from ethics and mental health to scientific misinformation and Indigenous and migrant experiences.

The Foundation’s four themes—human rights and dignity, responsible citizenship, Canada and the world, and people and their natural environment—are highly relevant to the current conversation and served as guides for the articles included in this compendium.



### Snapshot of a complex phenomenon

To comprehend our societies, to grasp the need for debate, and of course to be able to put ourselves in our neighbours’ shoes, we must resist binary thinking, or seeing things in black and white. Only an approach that incorporates complex thought, the foundation of every interdisciplinary undertaking, can provide an appreciation of the many dimensions of the dynamics at play. This way of thinking is based on a conceptualization of ambivalence that, according to sociologist Edgar Morin, consists primarily of “understanding the inherent complexity that lies at the very heart of science”.

The uncertainty that characterized all of 2020 is being felt in every sphere and walk of life, from Parliament Hill to our medical and pharmaceutical laboratories and from charities to volunteer organizations, across the country. It is also reflected in the sometimes contradictory messaging of our governments and in our conversations at home. It is striking to see how many facets of life are so deeply affected by that instability. While economic insecurity was an immediate result, other repercussions were more challenging to foresee, such as the impact of physical distancing on mental health and political exploitation of the pandemic.



Like any truly complex issue, the pandemic has shone a spotlight on certain trends, currents, and social phenomena that had been believed to be underground or marginal and brought them into the collective psyche that developed quickly around COVID-19.

### **Interdependence and the democratization of knowledge**

One of the basic values underpinning the Foundation's mission is the democratization of knowledge. Misinformation—whether deliberate or not—and the mistrust of science and scientists, which has gained ground in recent years, took on especially alarming proportions in 2020.

Events involving violence, racism, and confrontations over culture and identity that unfolded this year cannot be considered independently of the current public health crisis. Instead, they are signs of shortcomings that exist throughout our society. They attest not only to the great difficulty we have discussing the issues together in society and to the tendency to look inward that is being intensified by the echo chambers of social media, but also to a whole set of vulnerabilities that are being exacerbated by the pandemic.

These phenomena underscore our social, economic, cultural and environmental interdependence, just as the pandemic is shedding light on the epidemiological nature of that mutual dependence.

The Foundation is fully committed to democratizing knowledge and ensuring a role for the public in advancing our societies through public participation. Intellectuals, and in this case the members of the COVID-19 Impact Committee, must participate in that process by promoting the free flow of information and sharing their views with the public. In this way, they can help strengthen the critical thinking skills of individuals and society, the only true weapon we have to fight misinformation and the prejudices it engenders.

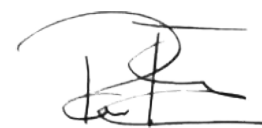
### **The chronology of social change**

One measure of the scope of this pandemic is the constant change we have seen in terms of available information and scientific advances. Whether they are subtle shifts in position or avalanches of new developments, these changes lead in turn to continual adjustments in official messaging, outlooks and collective analysis.

As a result, any examination of COVID-19 must remain a work in progress. These articles should be seen as snapshots of key moments in the unfolding pandemic and will ultimately allow us to trace its timeline and put some of its developments into context.

### **Acknowledgments**

I wish to thank Dr. Vardit Ravitsky, the Chair of the COVID-19 Impact Committee, for her exceptional leadership, and the members of the Committee for their work and devotion toward the general public and their commitment to the democratization of knowledge. By presenting these articles, such distinguished scholars have provided input not only for our collective consideration, but also for the work of the committee. Indeed, their publications gave rise to the idea of issuing a Declaration on the social and ethical considerations posed by the pandemic. In that Declaration, which proposes foundations on which to build better and stronger societies in the wake of the pandemic, the committee will speak not only to the wider public but to decision makers as well, here in Canada and around the globe.



### **Dr. Pascale Fournier**

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## Introduction

### Dr. Mona Nemer

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As the Canadian public quickly learned in March 2020, while the COVID-19 pandemic is primarily a health crisis, its consequences go far beyond that and are profoundly affecting our lifestyles, as well as the functioning of our institutions and our society. Given the scope and diversity of the impacts, researchers from a multitude of disciplines have a crucial role to play in developing and disseminating knowledge and analyses on the effects of the pandemic. As Eric Meslin commented in this collection,<sup>1</sup> knowledge is essential for us, as a society, to solve the problems created or exacerbated by COVID-19, just as co-operation is essential among specialists in different fields.

I gladly welcome the publication of the opinion pieces in this collection written by the members of the Pierre Elliott Trudeau Foundation COVID-19 Impact Committee. They have made quite a remarkable contribution to the sharing of knowledge and informed perspectives with the general public and decision-makers. These articles attest to the leadership that researchers can provide by raising public awareness of facts and ideas that are under-represented in

popular discourse and that might otherwise be overlooked. By so doing, the participants in this initiative are fostering the democratization of knowledge and social dialogue and stimulating public debate, as well as helping to craft solutions that will help us emerge from the crisis.

These contributions to public debate are all the more valuable as they shed light on the inequalities that the pandemic has revealed and put forward solutions that take into account everyone's outcome, especially that of the most marginalized and vulnerable members of our society. As some of the papers point out, while all Canadians are experiencing the impacts of the pandemic, it is not affecting us all equally. Those who experienced marginalization, poverty and discrimination prior to the pandemic are more likely to be suffering the most from the consequences of COVID-19. Drawing attention to this reality is key to enabling us to bridge the gaps in our society.

I commend the committee members on tackling the impacts of the COVID-19 pandemic. As stated by one of the contributors to the collection,<sup>2</sup> health emergency management

<sup>1</sup> Eric M. Meslin, *Translating pandemic data into lessons learned*, *Toronto Star*, August 13, 2020.

<sup>2</sup> Vardit Ravitsky and Eric M. Meslin, *Se frayer un chemin à l'aide de la Science et de l'éthique*, *La Presse*, July 19, 2020.



requires decision-makers to consider evidence from both biomedical and social sciences. And the task is made all the more complex by the trade-offs that must inevitably be made between different conflicting values.

But ethical issues are not just for our leaders. As Vardit Ravitsky<sup>3</sup> accurately points out, the fight against the pandemic confronts all of us with the “ethical imperative to support each other” and encourages us, in the name of the common good, to accept temporary restrictions on our individual freedom. Ethical choices during a pandemic cannot be fully assumed by government authorities. Every citizen must play their part.

According to the Right Honourable Beverley McLachlin,<sup>4</sup> the changes imposed on the operation of our institutions by the health crisis, including our justice system, offer the opportunity to modernize them and integrate technological solutions. The author also notes the emergence of a greater awareness of the fact that legal problems are linked to other problems such as mental illness, homelessness and health issues.

By sharing their knowledge and perspectives on the social and ethical implications of the pandemic

through this series of opinion pieces, the members of the Pierre Elliott Trudeau Foundation COVID-19 Impact Committee have contributed to building a more informed society, better equipped to meet the challenges of today and tomorrow.



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<sup>3</sup> Vardit Ravitsky, [Les impacts sociaux de la COVID-19 : place à la solidarité d'après-crise](#), *La Presse*, June 7, 2020; Vardit Ravitsky, [Let's continue to make the sacrifices we must make — willingly](#), *Toronto Star*, August 5, 2020.

<sup>4</sup> Right Honourable Beverley McLachlin, [On ne peut plus ignorer la crise de la justice](#), *La Presse*, July 5, 2020.

# Discover

# Inspire

# Change



## 03.

## Members of the COVID-19 Impact Committee

## MEMBERS OF THE COVID-19 IMPACT COMMITTEE

### Acknowledgements

With thanks to our media partners *The Toronto Star* and *La Presse* for each featuring this series of articles exploring the long-term social impacts of the pandemic which were written by the members of the COVID-19 Impact Committee.

Thank you to all committee members for dedicating their time and expertise to helping us all make sense of the pandemic and its implications across our society.





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Public Health  
04.  
Santé publique





# Return to sport should be about safety, not prizes

This article first appeared in the *Toronto Star* on July 6, 2020.

Many Canadians are keen to see the reopening of high performance and professional sport. Athletes, coaches and support staff want to return to training and then competition. People whose livelihood depends on high performance and professional sport being active want to get back to work. Spectators want to once again enjoy cheering on their favourite athletes and teams.

But how should this reopening happen in the face of an ongoing pandemic? To answer this question, we must first get clear on the values that should guide decision-making. First and foremost, any plans to return to high performance and professional sport must be consistent with public

health and include an explicit commitment to follow the lead of public health authorities.

Any return must protect the health of athletes, coaches and support staff. Participants must be assured that all reasonable risk-reduction measures will be taken by sport organizations. Return must be developed through the lens of safe sport. We have only recently begun to confront the true depth and breadth of abuse and harassment in sport, in particular sexual abuse and harassment. Where safety cannot be protected (e.g., if rules about minors always being accompanied by at least two adults cannot be followed due to physical distancing requirements), return to sport should not be allowed.



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Return must also be developed through the lens of clean sport. Canada has international commitments to ensure drug-free sport. Drug testing had to be paused because it could not be conducted under the public health restrictions. Return should be restarted only insofar as it complies with the Canadian Anti-Doping Program.

Attention must also be paid to Canada's constitutional value of equality and commitment to non-discrimination. Some athletes, coaches and support staff are more vulnerable to COVID-19 infection or serious adverse consequences if infected. How can their physical condition be accommodated?

**“Attention must also be paid to Canada’s constitutional value of equality and commitment to non-discrimination. Some athletes, coaches and support staff are more vulnerable to COVID-19 infection or serious adverse consequences if infected.”**

For example, should they be given access to facilities with no or fewer other athletes present even if that reduces the total number of training

hours available for all athletes? Should a later return to training and competition be taken into account in team selections?



Finally, the value of solidarity must be a part of any return plan. The COVID-19 pandemic has called on all Canadians to pay a price in order to try to protect each other and our

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health care system. This has certainly been felt by many in relation to the loss of access to gyms and other sports facilities. Ongoing cleaning and physical distancing requirements will force us to ration access.

We will need to revisit some of our past assumptions about privileged access to sports facilities. For example, should high performance and professional athletes be given priority access over those who need the facilities for physical rehabilitation? Should university varsity athletes be given exclusive access to the gyms typically reserved only for their use over other students whose mental and physical health could be enhanced by access to those gyms?

Under conditions of shortages of testing kits, components, and services, should high performance athletes be given priority access to COVID-19 testing? It is true that historically there has been an uneven distribution of access to facilities, goods and services for high performance and professional athletes in Canada. But now, in the time of increased scarcity, how should we understand the concept of the common good? How does it relate to the pursuit of medals and world championships?

Like so many, I want to see the return of high performance and professional sport. I would love to see the Canadian women's soccer team take the field, to see Bianca take the court, and to hear "We the North" ring out

again. But the plan to get there should be developed with our eyes not on the prize, but on ensuring the return is safe, clean, equitable and infused with a commitment to solidarity and the common good.



## COVID-19 and triage protocols

**This article first appeared in *La Presse* on July 12, 2020.**

We may be just a few months away from a second wave of COVID-19.

At the provincial level, policymakers and clinicians are working diligently to prepare ethical and scientifically-based intensive care triage protocols, in order to mitigate the risk that the healthcare system becomes overwhelmed by the demand for resources.

As the only province with an approved triage protocol, Quebec is a leader in this regard.

Quebec's protocol has strong points that the other provinces should imitate. But it also has flaws that should be corrected before the arrival of the second wave.

Like most protocols, the Quebec model tries to maximize the number of people who will survive by following a utilitarian formula: all patients are considered, but they are prioritized according to their short-term mortality risk. Those with a low short-term mortality risk have a higher priority level. In other words, the highest number of patients possible are treated, but as resources become scarce, more and more patients with a high short-term mortality risk are excluded from intensive care.

Unlike many other protocols, the Quebec model avoids scientific error by taking into account the special features of COVID-19 (as opposed to past pandemics). Initial research results suggest that patients suffering from the coronavirus take longer than most others to



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respond to intensive care treatment. In addition, the SOFA score, a frequently used clinical assessment method, may not be reliable for assessing the mortality risk associated with COVID-19.

### Two mistakes that need fixing

Several international protocols - for example, those of Italy, Switzerland and New York - have not taken these recently exposed features of COVID-19 into account. As a result, patients on the verge of recovery in these locations could be prematurely discharged from the intensive care unit. These recovering patients may be denied intensive care due to an unreliable assessment measure. The potential human cost of scientific error is huge. This is a cost that the Quebec protocol avoids by adopting a flexible reassessment procedure and rejecting the use of the SOFA score.

**“These recovering patients may be denied intensive care due to an unreliable assessment measure. The potential human cost of scientific error is huge.”**

However, from an ethical standpoint, the Quebec protocol makes two errors. First of all, it discriminates on the basis of disability. Eligibility criteria at the final triage phase exclude patients with a severe cognitive impairment due to a progressive illness or a

functional disability assessed using the clinical frailty score.

The problem is that although these criteria correlate with reduced life expectancy, they do not necessarily correlate with the short-term mortality rates targeted by the protocol. Reduced life expectancy or perception of quality of life are highly inappropriate and discriminatory triage criteria. The Quebec protocol must be explicit and evidence-based to ensure that short-term mortality risk is the only triage criterion.



Secondly, the Quebec protocol has the subtler and more insidious side effect of reinforcing stereotypes and prejudices that perpetuate racism, classism and other types of pervasive discrimination. When two patients are “of equal clinical status” (present the same short-term mortality risk), the Quebec protocol does not immediately resort to a random lottery. It gives first preference to patients with more remaining years of life and second

preference to healthcare and social services workers. These tiebreakers are more than arbitrary - they are discriminatory.

Incarcerated, Black and Indigenous populations, as well as persons with disabilities, have a below-average life expectancy, and are underrepresented among healthcare and social services workers and overrepresented among other essential workers. While a quid pro quo for the essential service of healthcare workers may provide a certain sense of ruthless justice, it devalues the essential services provided by many workers in the long-term care, grocery store, transportation and construction sectors, to name just a few. This criterion includes healthcare workers who cannot be exposed to an increased risk of COVID-19 and excludes essential non-healthcare workers who are exposed to a higher risk.

Quebec should continue its leadership on the triage issue and amend its protocol. It should remove discriminatory triage criteria and opt for a random lottery among patients presenting an equal short-term mortality risk. It can then serve Quebecers by providing a clinically and ethically defensible tool and set an example for provinces and territories that do not yet have - but should have - a protocol.

# Writing the story of COVID-19: why investing in public health matters

This article first appeared in the *Toronto Star* on July 22, 2020.

“WARNING!!!” reads the first page in the popular children’s “Choose Your Own Adventure” book series. “You and you alone are responsible for what happens in this story.”

Much like Choose Your Own Adventure books, our lives during COVID-19 are stories that are written along the way and our decisions — both individually and collectively — could lead to a variety of unknown outcomes. While we all face difficult decisions, nobody is more attuned to the consequences of these decisions than our public health leaders who grapple with an unfamiliar threat under constantly evolving circumstances.

Ideally, all the necessary information to make the

“correct” choice would be readily available, but often public health leaders must act within narrow timelines. For example, even now, questions remain about the role children play in transmitting COVID-19, yet most provinces closed schools ahead of March break. In the absence of perfect information, public health leaders advised caution. Schools closed, lessening the spread of COVID-19, but also disrupting millions of students’ education as well as their parents’ work schedules.

As our understanding of COVID-19 advances, so must our policies and actions. For instance, our understanding of the value of masks has changed. Before we knew about presymptomatic or asymptomatic transmission, mask-wearing was not encouraged. The concern was



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that mask wearers would potentially feel protected from the virus, detracting from important physical distancing efforts. While a non-medical grade mask may not protect wearers from COVID-19, we now know that mask-wearing can limit transmission. This makes it necessary to rethink the best practice around mask-wearing in public places.

Revising advice is not a sign of weakness or indecisiveness. Rather, it means our public health leaders are responding to and relying on the most up-to-date information.

Scientific evidence is only one factor that influences policies. Our public health leaders must also consider stakeholder insights, citizen values, affordability, and feasibility of implementation. While no evidence exists to anticipate the effectiveness of total border closures in containing COVID-19, demand from the public, pressure from the provinces, and border closures around the world all led Canada to bar entry to most foreign nationals. Border closures demonstrates the tremendous pressure governments face and their desire to act on citizens needs and expectations.

Finally, our data systems determine how effectively we can respond to public health emergencies. Data collection in Canada is limited by existing infrastructure and delayed interjurisdictional sharing. Data-driven decisions are further complicated

because health data in Canada are rarely available in real-time, making even the most seemingly obvious decisions tricky.



Initial COVID-19 diagnostic testing in many parts of Canada was limited to a small group of people, those who had recently travelled or had come into contact with a confirmed case. Data on race, socio-economic status and other important factors were not systematically collected. Limited testing likely delayed the confirmation of community transmission. Only with increased testing capacity we are now gaining better information on the extent of infections, how to mitigate and contain their spread, and the impact of race and socio-economic status on level of risk.

In other words, decision-making during a pandemic is fraught with complexities, and we cannot start over if we do not like the ending.

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**“Scientific evidence is only one factor that influences policies. Our public health leaders must also consider stakeholder insights, citizen values, affordability, and feasibility of implementation.”**

Ultimately, well-resourced public health systems and research are the best tools for informing decisions and ensuring effective pandemic responses. This includes having public health professionals, laboratory capacity, upstream prevention efforts, data infrastructure, and research on what works, for whom, and how.

Yet while we scaled-up our public health systems after the 2003 SARS outbreak, more recently several provinces have divested, making all of us more vulnerable to the COVID-19 pandemic than we were before or than we needed to be.

If the COVID-19 pandemic teaches us anything, it is that societies around the world have chronically underinvested in their public health systems. The good news is that we get to decide each year how powerful public health will be, through our governments’ annual budgeting processes. That means there is still time to reverse course and write a new story before the next pandemic comes our way.



## Translating pandemic data into lessons learned

**This article first appeared in the *Toronto Star* on August 13, 2020.**

Disasters and tragedies provide the opportunity to learn: hospitals conduct mortality and morbidity rounds to understand unexpected deaths; transportation authorities dispatch teams to determine why planes or trains crash; environmental protection agencies review spills and outbreaks.

Common to each is the need to identify errors, sometimes to find fault, often to recommend changes in policy or practice that will prevent or reduce the likelihood of a repeat in the future. Some of these recommendations are phrased as lessons learned.

Arguably, we have been at the COVID-19 lesson learning stage for weeks. Many assessments

are now underway with more to come, a good sign of willingness to learn. But learning about something is not the same as learning a lesson that will be adopted.

Less than six months ago, COVID-19 and the novel coronavirus that causes it were mysteries. With unprecedented speed, scientists learned many of the virus’s secrets, from the shape of the protein spikes on its outer shell, to the time that aerosolized droplets containing it remained in a room after a sneeze. Epidemiologists know more about the disease impact on different age groups, racialized groups, Indigenous communities, prisoners and nursing home residents. Health-care providers know more about the medicines that may work; researchers know more about those that don’t.



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MENTOR 2020

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In time, we'll know more: schools will know the effect of returning students; governments will know more about their economic support programs; businesses will know more about consumer spending and supply chain resilience; and (hopefully) we'll all know about the effectiveness of vaccines.

But, if history is a guide, it will take until the next pandemic to assess what, if anything, was actually learned that was implemented to reduce the impact of a future pandemic. We understand that effecting lasting change in a pluralistic society is hard. Priorities change, budgets change, political commitments change.

We recognize there's a difference between collecting data, organizing it into understandable information, and translating it into the knowledge needed to make informed policy. Evidence can inform policy but ethical and social values influence its pace and scope. These are hard to balance.

**“If history is a guide, it will take until the next pandemic to assess what, if anything, was actually learned that was implemented to reduce the impact of a future pandemic.”**



COVID-19 affects not just our health-care system, but also employment, commerce, food security, travel, environmental protection, international trade, public safety, foreign affairs, and transportation, among others. There is no single lesson that can be applied across every sector, which may prevent systemic change.



These may be daunting impediments, but they need not be.

COVID-19 may be a wicked problem, but experts from the health sciences,

natural sciences, social sciences, humanities and engineering communities are “working the problem.” So too are public organizations, advocacy groups and concerned citizens. By leveraging collective thinking we can shrink the gap between what is known and what isn't. We should not succumb to skepticism about the value of knowledge in digging our way out of the toughest social problems. It is a massive resource to be deployed.

No one can be an expert in everything. Not everyone reads the scientific literature in its original form, the economic recovery plans in detail, or the evaluations of clinical trial data in order to decide whether a vaccine will work. It is depressing to see misinformation spread faster than the virus, but we can still rely on trusted intermediaries, colleagues, media and others to convey accurate information. The operative word is trust. COVID-19 is a case study in figuring out how to trust those who know more than you do. It may be one of the hardest lessons to learn.

It is frustrating to see policies change: masks no, masks yes; businesses opening in our province, but not yours; full-time school, on-line school. It leaves the impression that it's all guesswork, spur of the moment thinking, and even worse — a method of governance that should not be repeated. We should resist this

cynicism. Greater transparency about how decisions are made can reduce the perception of arbitrariness. Let's begin with the presumption that policy decisions are motivated by public best interests.

COVID-19 can teach us these lessons and more.





Social Inequalities  
05.  
Inégalités sociales





# The Social Impacts of COVID: Government Duplicity in Addressing Systemic Racism

This article first appeared in *La Presse* on June 14, 2020.

The Canadian government is being duplicitous when it comes to systemic racism. It calls for the elimination of all forms of racism yet practises it on a broad scale against First Nations and other groups.

Since the start of the pandemic that has ravaged the lives of so many Canadians, the Treasury Board has distributed billions of dollars for much-needed social and economic support. This prompted my mother, who lived through the Great Depression and World War II, to ask “Where did all this money come from and why didn’t it materialize when First Nations first called for clean drinking water and equitable services for children and families?”

For decades, the federal government has invoked a lack of resources for its inequitable funding of services on First Nations reserves, despite clear evidence of the contrary. This has resulted in poor socio-economic, educational and health outcomes for First Nations people. In 2016, the Canadian Human Rights Tribunal found that the underfunding of First Nations child services on reserves constitutes racial discrimination, and it ordered an end to it. This was followed by nine orders of non-compliance, including a 2019 decision that found that racial discrimination persists against more than 165,000 First Nations children on reserves in Canada, and that it constitutes a “worst-case scenario” of children’s deaths and the unnecessary separation of thousands of families.



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This litigation has dragged on for 13 years as Canada has fought tooth and nail against the demand for equality for First Nations children, often relying on legal procedures to bolster its position. This has not prevented it from acknowledging its role in residential schools and the Sixties Scoop. Several court decisions related to its non-compliance are expected. I wonder what the Government of Canada has really learned from the role it played in residential schools.

Faced with growing, but often short lived, public pressure, the federal government relies on a strategy of providing some funding to address inequality, but not enough to end it. In the meantime, it calls on First Nations to “be patient” and appreciate the “good first steps” that the government is taking to “close the gap.”

The government claims that ending inequality is “complicated,” but it does not explain how it has achieved basic fairness for other Canadians.

This complacency towards “partial equality” has toxic consequence. Underfunding is so severe that First Nations peoples are among the most at risk from COVID-19, and the least prepared to deal with it. It is difficult to wash your hands when you don’t have running water, or to maintain physical distance when you are living in overcrowded homes.

Prime Minister Trudeau rightly denounced racism in the United States last week and knelt at a Black Lives Matter demonstration in Ottawa. But

he refused to comment on the fact that an Inuit man was struck by an RCMP vehicle and then tackled by five officers, even though he posed no obvious threat to the public or the police. His government also used COVID as an excuse to indefinitely postpone his government’s response to the national inquiry into murdered and missing Indigenous women and girls.

**“Underfunding is so severe that First Nations peoples are among the most at risk from COVID-19, and the least prepared to deal with it.”**

Meanwhile, First Nations, Métis and Inuit women and girls are still dying. Last week Chantel Moore, a 26-year-old First Nations woman, was killed by police in New Brunswick during a “welfare check.” The Prime Minister of Canada has made general remarks about racism, but he has failed to implement existing solutions to address the fact that Indigenous people in Canada are among the most likely to die in a police shooting.

Politicians like François Legault, Doug Ford and Jason Kenney refuse to acknowledge that systemic racism exists in Canada. They minimize the role their respective governments play in perpetuating it. For example, in 2019, the Viens Commission on allegations of police misconduct

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against Indigenous women in Quebec concluded that there is systemic discrimination. The National Assembly apologized to Indigenous peoples and then proceeded to challenge in court the constitutionality of a law that would confirm the right of Indigenous peoples to administer their own child welfare services. In the meantime, the vast majority of the recommendations of the Viens Commission have not been implemented and Indigenous women and girls in Quebec continue to suffer.



Protesters in the U.S. and around the world rightly speak out against systemic racism. I hope they succeed, and that Canadians who applauded the Prime Minister have moved beyond rhetoric to confront systematic and state-sponsored racism in Canada. The federal government's financial support against the effects of COVID clearly shows that it has always been possible for the government to end its racial discrimination of First Nations. It is time for the public to remind politicians that if you kneel against racism, then you must stop perpetuating it.



## Imagining the world after COVID-19 in a pluralistic and intersectional way

**This article first appeared in *La Presse* on June 21, 2020.**

Since the start of the pandemic, the pre-existing multidimensional inequalities of our world have been starkly brought to light by COVID-19. First, ethno-racial and age-related disparities were a direct cause of many coronavirus-related deaths in North America, and furthermore, the foreign national status of temporary residents like agricultural migrant workers, “guardian angels” and foreign students exposed the precarious nature of their situations in Canada and Quebec, while also limiting their access to aid measures available to Canadian citizens and permanent residents.

If there is one lesson we can draw from this, it is that the existence of these inequalities, which are structural and systemic, will require our

governments and our civil society to adopt a pluralistic and intersectional vision in imagining a post-pandemic world.

### **A pluralistic state vision of public policy**

A pluralistic view of the world — based on a multiplicity of ways of thinking and acting — must acknowledge the ways in which socioeconomic and political disparities between high-income nations, like Canada, and poor or middle-income nations, have determined vulnerabilities and responses to the COVID-19 pandemic.

A pluralistic view of the world also needs to take into account the devastating effect of state immigration policies, like deportation, and differential (even inhuman) treatment of temporary residents, asylum seekers, and other migrant



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individuals in the fight against the spread of the virus.

**“A pluralistic view of the world — based on a multiplicity of ways of thinking and acting — must acknowledge the ways in which socioeconomic and political disparities between high-income nations, like Canada, and poor or middle-income nations, have determined vulnerabilities and responses to the COVID-19 pandemic.”**

Indeed, forcible confinement of non-residents on airplanes during deportation, or in inhuman conditions on agricultural farms, are issues that will require serious attention from states when they devise their pandemic response measures.

Furthermore, states whose imperialist and colonialist past are still having harmful impacts on former colonies that have attained “independence”, like Haiti, must reconsider the way they manage international relations and foreign policies vis-à-vis these countries.

In order to tackle the issues that will arise post-pandemic, we are also

going to need to rethink international political relations, and current norms and structures of governance, pertaining to the global economy on a regional and national level. All this, while combating practices that violate the rights of marginalized individuals, like migrants and racialized Black individuals, for instance.



### **Civil society’s intersectional response**

The state’s pluralistic vision needs to be complemented by an intersectional response from civil society, as part of a framework of responsible citizenship. This is

essential for understanding how our sociodemographic attributes like “race”, income, gender, sexuality, nationality, employment category, place of residence, language spoken and political affiliation, among others, influence our perceptions of the world and our actions as citizens.

This kind of response will be vital if we wish to hold states accountable for their promises to make changes after the pandemic.

Indeed, human history has shown us that societal transformation does not come solely through the enactment of new laws and new public policy, but also from fundamental cultural shifts in ways of thinking, ways of doing and ways of acting within civil society.

Without profound cultural changes in our attitudes, and a willingness to adapt our current perceptions and ways of acting to the pluralistic and multicultural world we live in, any attempts at societal transformation that will come after the COVID-19 pandemic are doomed to failure. To take one example, the recent deaths of Black and Indigenous individuals at the hands of white police officers in the United States and in Canada demonstrate how the legacy of racist systems that segregated whites and Blacks, and whites and Indigenous peoples, is killing our non-white populations at a frenetic pace.

For us to be able to respond to major post-pandemic challenges, we will

need more than politically correct discourse, especially of the kind that leads to no concrete action, from our governments and civil society organizations. In bringing about post-pandemic change, we must rigorously, and in a scientific manner, confront discourse that aims to deny the structural and systemic conditions that marginalize certain segments of our population, most notably Blacks and Indigenous peoples. We also must show how such discourse favours the status and quality of life of other categories of people, in other words the white ruling classes.

In this respect, the post-pandemic era should not be one of temporary stopgap initiatives, but rather a time of structural and systemic changes. Our post-pandemic response must make room for some uncomfortable discussions about systemic and institutional racism, such as anti-Black racism, that permeate so many facets of our lives.

In order to bring about real change in the world, our governments and civil societies must now have the courage to face our histories - and our present - marked as they are by colonization, the removal of property and land, oppression, exclusion and the marginalization of certain groups for the benefit of others. That is a precondition for establishing of values of living together, of justice and of reconciliation.



# Pandemic has exposed Canada's mistreatment of newcomers

This article first appeared in the *Toronto Star* on July 15, 2020.

The unprecedented COVID-19 crisis has exposed the multi-dimensional inequalities that structure Canadian society and many other countries around the world. In Canada, the pandemic caused the death of thousands of elderly, Black, and low-income Canadians, and affected large numbers of racialized immigrants, asylum seekers, and temporary foreign farmworkers.

While many Canadian citizens and permanent residents have been able to access government programs to alleviate the socioeconomic impacts of the pandemic, the temporary status of foreign workers and international students has worsened their

precarious situations by limiting their access to Canadian relief programs.

The exclusion of temporary foreign workers from government relief programs and COVID-19 death toll among racialized foreign residents shine a negative light on Canada's international reputation as a world leader with respect to immigrant and refugee resettlement.

The arduous COVID-19 context, however, provides Canadians with an opportunity to reflect on what it means to socially, economically and politically include immigrants, refugees, and temporary residents into Canada's immigration-driven economy. Canadian policy-makers and civil society should re-examine how newcomers integrate into this country,



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which relies on a continual flow of immigrants for its economic stability and growth.

**“The exclusion of temporary foreign workers from government relief programs and COVID-19 death toll among racialized foreign residents shine a negative light on Canada's international reputation as a world leader with respect to immigrant and refugee resettlement.”**

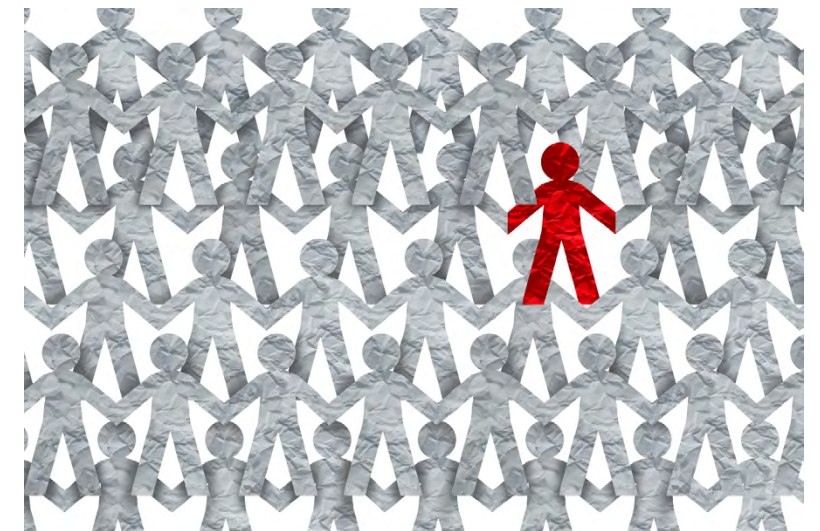
The social, economic, and political inequalities that affect the integration of immigrants, refugees, and temporary residents in Canada require that governments and civil society adopt a pluralistic and intersectional vision to think about immigration in the post-pandemic world.

A pluralistic vision of immigration — based on a plurality of ways of thinking — should combine a top-down approach of immigration policies with bottom-up consultations among resettlement organizations, immigrants and refugees. This vision will allow policy-makers and civil society to consider newcomers' social integration into Canada beyond their mere economic benefit to the country. It will allow addressing immigrants

and refugees' specific concerns about social ties, social risks, stigma, and socioeconomic impacts during the pandemic.

This means that policy-makers should reconsider the exclusion of temporary foreign workers and international students from government relief measures, especially as many of them may have been essential workers during the pandemic.

Policy-makers should reassess the differential or even inhuman treatment of asylum seekers in Québec, migrant farmworkers in Ontario, and detained undocumented migrants in fighting the spread of the virus. It is critical to rethink the forced confinement of foreigners on agricultural farms in inhuman conditions.



This pluralistic vision will also be important to implement policies to palliate the nonrecognition of

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foreign credentials and the “Canadian experience” requirement that have limited newcomers to find employment prior to the COVID-19 pandemic.

An intersectional vision of immigration is imperative to understand how the lives, job opportunities and outcomes, as well as the mental and physical health of immigrants and refugees in Canada, are impacted by their sociodemographic characteristics, such as “race,” income, gender, sexuality, nationality, employment, residential zones, language spoken, political affiliation, among others.

This vision will be vital for civil society to hold federal, provincial, and municipal governments accountable for their promises of post-pandemic change. Indeed, human history has shown us that social transformations do not only stem from the enactment of new laws and public policies, but also from a profound cultural change in civil society’s ways of thinking and behaving.

Part of civil society’s cultural change requires that Canadians recognize the vital contribution of immigrants, refugees and other temporary residents as some of the heroes of the pandemic and the backbone of the Canadian economy and labour force during this crisis.

Bottom-up consultations with immigrants and refugees will allow

policy-makers to address how social, economic, and political inequalities have impacted the lives of permanent and temporary residents in Canada. These consultations will allow Canada to include the lived experience of permanent and temporary residents in its immigration policy.

As immigration is vital to Canada, the country should continue ensuring decent living conditions for its foreign residents who have contributed billions of dollars yearly to this country’s economic growth and stability.

## Protecting Human Rights in a Pandemic

**This article first appeared in *La Presse* on August 9, 2020.**

It is crucial that our societies undertake a serious self-critique on the respect of human rights in relation to the pandemic. It would be too simplistic to contend that the failures of the authorities were inevitable given the circumstances.

### **Obligation to Guarantee the Right to Good Health**

States must respect and ensure human rights for all, even during emergencies, as stipulated in various international legal instruments. For example, they have an obligation to ensure the effective enjoyment of the right to health. Although this obligation is progressive and may be subject to certain limitations, including available resources, authorities must

nevertheless take immediate and necessary action to ensure the best possible enjoyment of this right.

The recent decisions of the Inter-American Court of Human Rights, the international human rights tribunal for the Americas, are very enlightening in this regard. They remind us that States must organize and ensure health services in such a way as to preserve the dignity and autonomy of patients, reduce the impact of the illness, and improve the quality of life in accordance with international standards and principles of accessibility, acceptability and adaptability.

Among other things, this obligation requires that authorities diligently supervise the delivery of care within an adequate and accountable



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regulatory framework. Obviously, this requires significant state intervention, including in terms of the resources deployed.

### **A Brutal Reminder of the Significance of the State's Involvement**

The pandemic has reminded us how significant a role the State plays in guaranteeing these rights. The major failures observed in recent months in the institutions responsible for caring for Quebec's seniors are very telling.

How can we reconcile the obligations described above with the State's disengagement from the health sector in recent years? This stance is incompatible with the criterion of progressivism that international law requires with respect to the protection of economic and social rights, which, in turn, requires that the effective enjoyment of these rights improve, not diminish, over time.

### **Being Responsible for the Most Vulnerable**

As reiterated by the Inter-American Court, States are responsible when they violate human rights and must provide reparations to victims. Obviously, it would be counterproductive to demand the impossible from the authorities by holding them accountable for all omissions. A State's responsibility is presumed when, among other things, the authorities knew or should have known of the existence of a situation

that posed an immediate and certain risk to the life or integrity of persons, and they failed to adopt measures that could reasonably be expected to prevent or avoid such a risk.



To achieve this, it is necessary to take into account the specific situations of vulnerability faced by some people, including the elderly

and those suffering from chronic illnesses. According to the Court, it is incumbent upon the State to adopt special healthcare measures to ensure the autonomy and independence of the elderly and to provide them with effective and continuous care, without discrimination.

### **Equitable Recovery**

In addition to undertaking a retrospective self-critique, it will be important to plan for a return to "normal." The recovery will bring with it many challenges, not the least of which is the setting of priorities, especially with respect to providing the services necessary to ensure respect for economic and social rights. In doing so, it will be essential to respect the right to equality and non-discrimination for all, while, again, taking into account specific situations of vulnerability that some people are exposed to. The recovery will require the State to foot the bill for the extraordinary expenses incurred during the pandemic.

**“The recovery will bring with it many challenges, not the least of which is the setting of priorities, especially with respect to providing the services necessary to ensure respect for economic and social rights.”**

The temptation will be great to reduce the State's commitment in various sectors and to curtail certain services in order to redirect public funds towards this expense.

Not only will it be necessary to avoid past mistakes caused by the disengagement discussed above, but it will also be crucial to ensure that any approach that is adopted respect human rights, especially those of the most vulnerable, who often depend on these services.

### **Concrete Multilateral Action**

We have the responsibility to demand that all members of society be able to effectively enjoy their rights and that States be accountable in this regard, including before international bodies. Given the relevance of advances in the inter-American system, some of which were discussed here, and to ensure better external oversight of compliance with international standards in this area, it is high time for Canada to join the principal instrument for the protection of human rights in the Americas, the American Convention on Human Rights, and to recognize the compulsory jurisdiction of the Inter-American Court so as to allow victims to resort to it.

# Inequality means we're not all in this together

This article first appeared in the *Toronto Star* on July 29, 2020.

**“A nation should not be judged by how it treats its highest citizens, but its lowest ones”**

**Nelson Mandela, Long Walk to Freedom**

For many of you reading this article, your days have been pretty similar: a hot shower, breakfast, maybe some morning exercise, and getting ready to work from home. You may have not noticed, but if you currently have access to enough nutritious food, safe and stable housing, hygiene and health care, and secure employment, you are part of the world's most privileged population.

Your normal routines are advantages millions of Canadians simply cannot afford. Particularly those who are marginalized.

Even before the COVID-19 pandemic, one of seven people in Canada was living in poverty, and one of eight Canadian households struggled to put food on the table. This is shocking and shameful. The COVID-19 pandemic has only exposed a range of pre-existing vulnerabilities and inequities in Canada.

For example, Canada has been dealing with epidemics of chronic homelessness and drug overdoses for several years. In any given year, about 235,000 Canadians experience homelessness. People living with mental health conditions, physical disabilities, or substance use disorders make



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up a large part of the homeless population. So are those fleeing family violence, those with a history of incarceration, and Indigenous people.

**“Even before the COVID-19 pandemic, one of seven people in Canada was living in poverty, and one of eight Canadian households struggled to put food on the table. This is shocking and shameful. The COVID-19 pandemic has only exposed a range of pre-existing vulnerabilities and inequities in Canada.”**

Moreover, the opioid crisis continues to destroy communities across Canada. Between January 2016 and December 2019 alone, 15,393 Canadians have died because of opioid-related overdoses. These statistics clearly point both to the existence of public health and public policy emergencies, and to our inadequate responses on various socio-political levels.

I often wonder: what kind of an “emergency” can be allowed to last for years? Would COVID-19 be allowed to go on for several years, devastating our communities' mental and physical health, without an appropriate government response?

Unfortunately, COVID-19 has been extra nightmarish for marginalized communities in Canada. It undeniably affected all of us, but it is important to recognize that it is not the “great equalizer,” and we are not all in this together.

Looking back at other major pandemics such as the Black Death (1347-1351; death toll: ~200M), Cholera (1817-1923; death toll: ~1M), HIV/AIDS (1981-present (death toll: ~32M so far), or H1N1 influenza (2009; death toll: ~575,000), we see that we have actually never been affected the same by a pandemic or a health emergency. Impoverished, malnourished, and marginalized populations have always suffered disproportionately higher number of infections and deaths.



Several pandemics later, conditions have improved, but not as much as hoped. As a society, we seem to have passively accepted health inequities among marginalized Canadians. This



is unacceptable, inhumane, and unethical.

Indeed, we are to blame for creating system-level social, economic, and political structures that enforce sexism, racism, classism, ageism, xenophobia, and other discriminations. Such structures often intersect with each other and contribute to access gaps in education, health, employment, and housing among people living on the edges of the Canadian society.

Fortunately, COVID-19 has also created opportunities for self-reflection, and prompted discussion of how we treat marginalized populations. The pandemic showed us that challenging the status quo is essential in tackling the inequalities we see today across Canada.

Certain policies and interventions implemented at different scales across North America have proven both feasible and practical. For example, housing the homeless in safe, secure, and affordable places; providing 24/7 food bank services to those who are dealing with food insecurity; facilitating access to safer supplies of drugs and substance use treatment services for people living with substance use disorders; providing basic monthly income for low-income households; increasing the minimum wage; and decreasing the flow of people into jails while increasing the flow of “non-violent” and “low-risk” people out of jail.

These interventions and services should not be viewed as Band-Aid solutions or radical measures for desperate times. They should not disappear after the pandemic subsides. There is nothing radical about housing the homeless, preventing drug overdoses, feeding the hungry, increasing minimum wages, or reducing prison populations. These measures are urgently needed and are simply humane. They should be our “new normal” in Canada moving forward.

# Discover

# Inspire

# Change



Misinformation and Myth  
06.  
Désinformation et mythe

The pandemic in the  
collective imagination

La pandémie dans  
l'imaginaire collectif





# We cannot fight misinformation with bad science

This article first appeared in *La Presse* on June 28, 2020.

A wave of misinformation has engulfed all aspects of this pandemic. Support for pseudoscientific remedies has led to public confusion, deaths and financial losses. Conspiracy theories on the origin of the virus – from the idea that it is a bioweapon to the belief that it is caused by 5G technology – has enabled an ideological polarization of public discourse and helped erode people’s confidence in public health authorities, who are trying to promote the necessary prevention strategies.

The aggressive fight against the dissemination of misinformation has become a public health priority. A growing body of research shows that this fight can be effective if done

right. But we cannot fight misinformation if the public has no faith in relevant scientific data and the public entities who use this data to develop policies.

**“We cannot fight misinformation if the public has no faith in relevant scientific data and the public entities who use this data to develop policies.”**

Unfortunately, the recent rash of scientific controversies and communication problems has made it increasingly difficult to rely on “good science” as a cure for the infodemic.



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It is therefore urgent that researchers, research institutions, clinicians, public health authorities and the media pay more attention to three key elements (rather obvious, but apparently overlooked) of scientific policy.

First of all, science must be done well. One of the fastest ways to create confusion and lose public trust is to publish weak studies that are of inferior quality or, worse still, fraudulent. Unfortunately, this happens far too often in this era of panic publication – as illustrated by the recent widely publicized research on the dangers of hydroxychloroquine. The study, based on questionable and unverifiable data, was published in the popular magazine *The Lancet*. It was quickly retracted, but too late to prevent the damage caused to public trust.

In short, the desire for quick results and high impact during a crisis situation should not lower or erode scientific standards.

Secondly, science must also be effectively communicated. Much of the evidence around the pandemic remains uncertain. Given this reality, it is vital that public presentations – whether in a public health recommendation, in the popular press or on social media – be honest regarding the actual state of the evidence and the limits of the methodologies used.

Exaggerating the capacity of science is almost always a mistake.

In fact, much of the fuss around hydroxychloroquine is the result of the American president’s enthusiasm for a small, methodologically flawed study. The ensuing noise about the claimed benefits led to unjustified and increased public expectations. (In Canada, for example, despite the lack of good clinical data, 23% of Canadians – and 30% of Quebecers – wrongly believe that the medication is effective.) The scientific hype also helped fuel useless and potentially harmful prescriptions, as well as questionable public investments in continued research, including clinical trials.



Research has shown that the public can indeed accept the truth about scientific uncertainty, whether it concerns mask-wearing, asymptomatic transmission or potential therapies. In fact, being explicit about unknowns and the limits of knowledge can actually boost the credibility of scientific information, as well as public

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confidence and understanding. Lack of transparency will inevitably create confusion and a loss of trust.

Lastly, we need to clarify that science is a process - and not a list of immutable facts. It is constantly evolving and, as a result, public health recommendations will evolve – and should evolve - as well.

By avoiding overly dogmatic language about science-based policies, such as those on mask-wearing, we can curb public frustration (and the resulting loss of trust) if science and recommendations change.

Good science is essential in the fight against the dissemination of misinformation. But it must also be presented to the public in a logical and respectful way. As shown by a recent study, the way in which we manage the dissemination of science during the pandemic will have long-term effects on the public's relationship with science. Further reflection is needed on how to effectively communicate trust and honesty.



## The COVID-19 “infodemic” – Debunking works, if it’s done right

**This article first appeared in the *Toronto Star* on June 19, 2020.**

No, no, no! 5G technology didn’t cause this pandemic. The coronavirus is not a bioweapon. And drinking bleach is a (very) bad idea and is not an effective treatment (please don’t do this).

Fake cures. Wacky conspiracy theories. Political polarization. The pandemic crisis has resulted in the spread of an unprecedented amount of misinformation. The tsunami of misleading noise flowing from this “infodemic” has resulted in deaths, financial loss, property damage, and heightened stigma and discrimination. It has also facilitated an erosion of trust in key institutions and added to the already chaotic information environment.

There’s a growing recognition that we need to take active steps to fight the spread of misinformation. This should include regulatory action by entities like Health Canada to shut down fraudsters pushing unproven treatments and prevention products. (You can’t, despite marketing to the contrary, “boost your immune system” with a colonic, an IV vitamin infusion or a chiropractic adjustment.) And we need social media platforms – where much of the bunk is disseminated – to take more meaningful and evidence-informed actions.

But we also need to forcefully and clearly counter misinformation whenever we see it. We need healthcare providers, public health officials, scientists, and, really, everyone to get involved.



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It's important to start with the recognition that debunking does work. There's a common refrain that there is no point correcting misinformation because the exercise is futile and even harmful because it will cause a "backfire effect" – that is, it will cause people to become more entrenched in their views.

This concern, which is largely based on a much publicized 2010 study, has been found to be greatly overstated. In fact, the backfire effect is likely a relatively rare phenomenon. It should not scare us away from countering hogwash online, in the media and during our daily interactions.

But in order for debunking to work, it must be done well. Luckily, there is more and more research that tells us how to best frame a message to effectively counter misinformation.

First, use good, independent facts that reflect the body of evidence on a topic. Studies tell us that highlighting the scientific consensus on a topic can make a difference. But it's also important to note that as the relevant science evolves (and it almost always does) the associated public recommendations will (and should!) evolve too.

Second, provide clear, straightforward and shareable content. Think about how your debunk will look on social media. And avoid the use of academic and scientific jargon – it undermines the message and may cause the public to disengage.



Third, be nice, authentic, empathetic and humble. There are certainly times when a bit of snark is warranted – such as when you are calling out a celebrity for exploiting the pandemic to push unproven products (I'm thinking of you Tom Brady, Jim Bakker, and Dr. Oz). But research tells us that aggressive language is viewed as being less credible. Indeed, it is important to genuinely listen to people's concerns both as part of respectful engagement and as a means to learn more about the forces driving the spread of misinformation.

Fourth, consider using creative communications strategies, including art, graphics, video and stories. Humans are wired to respond to narratives. This is one reason that a compelling testimonial can (unfortunately) overwhelm the scientific evidence. But we can also use stories to get across the good science.

**“It is important to genuinely listen to people’s concerns both as part of respectful engagement and as a means to learn more about the forces driving the spread of misinformation.”**

Fifth, make the correct information the memorable part of the debunk, not the misinformation or conspiracy theory.

Finally, the general public, not the hard-core science denier, should be your audience. It is very difficult to change the mind of someone who has gone all-in on a conspiracy theory. Don't waste your energy. But we can stop their conspiratorial rhetoric from infecting others in the general public.

Debunking is not a magic bullet. Changing minds is hard. It requires time (and good timing), resources, patience, and meaningful public engagement. But creative counter-messaging does work and should be viewed as an essential part of a more comprehensive strategy that includes regulatory responses, better oversight by (and of) social media platforms, and the teaching of critical thinking and media literacy.

We also need to encourage the embrace of a culture of accuracy. Much of the misinformation is out

there because people share it with friends, family, and on social media. Simply nudging people to pause and consider the accuracy of content can make a real difference.

Please, check before you share!

# Let's continue to make the sacrifices we must make – willingly

This article first appeared in the *Toronto Star* on August 5, 2020.

In the early days of COVID-19, thousands of passengers and crew members were quarantined on the cruise ship Diamond Princess as the virus ripped through it, eventually infecting 17 per cent of those aboard. Not allowed to disembark, their basic liberties restricted, they committed no crime yet effectively became prisoners. They were expected to make extreme personal sacrifices.

Shortly after, we were all expected to make similar sacrifices when we were told to stay home (other than essential workers, who made even larger ones). We accepted this new reality and complied as even heavier burdens piled on. Our medical procedures

were postponed. We were not allowed to care for relatives. Some of us lost loved ones without being able to say goodbye. Yet we accepted all this as necessary and ethically appropriate measures to “flatten the curve.”

Now, as we emerge and open up society, we are asked to wear masks in public for the same purpose. For most of us, this is a small sacrifice compared to these previous ones, a mere inconvenience. Yet, the reaction has been contentious and polarizing. In the U.S., protests against mask mandates have even turned violent. A recent poll shows less than half of Canadians wear them when in public.

Where does the opposition to masks come from? Several explanations have been proposed.



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First, confusion and uncertainty regarding their efficacy in preventing transmission.

Second, compliance fatigue.

Third, masks are seen by some as exacerbating racial tensions and their use is politicized. Even during the 1918 influenza pandemic, they fuelled resistance and political division. The social psychology of masks is complex.

But another explanation, the perceived impact on our liberty, has implications for many other current and future sacrifices we will be asked to make.

The response to the pandemic marked a dramatic shift from the usual ethics framework that underlies our social contract as a liberal democracy. We are used to living in a society that puts individual liberties at the forefront of social norms and policies. Limits on our liberties usually need to be justified by serious reasons and backed by evidence.

**“We are used to living in a society that puts individual liberties at the forefront of social norms and policies. Limits on our liberties usually need to be justified by serious reasons and backed by evidence.”**



Pandemic ethics turn the tables. Suddenly, the common good justifies limits on individual liberties that normally would not be acceptable. Acts of solidarity, usually seen as a choice, become a matter of survival, and can be imposed.



All this is justified as a temporary measure, to tackle an emergency. A crisis cannot become a chronic situation because this would mean the loss of our essence as a liberal society. As we emerge, we find ourselves in an ethics grey zone, where our individual and policy decisions are made based on evolving evidence and shifting norms. We must navigate complex waters.

Citizens and policy-makers struggle with uncertainty. Implementing nuanced and evolving policies is more challenging than straightforward directives. What makes this reality even more challenging is that the end is not in sight. We already realized

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this is not a sprint but rather a marathon.

We are in the uncomfortable grey zone where we must negotiate daily the level of sacrifice we are willing to make. But we are still far from familiar ethics grounds, from our liberal comfort zone, where our liberties, autonomy and privacy prevail. We are stuck with fifty shades of ethical justifications.

On the backdrop of these complex shades of grey, the call for solidarity is even more urgent. Not every ethically appropriate choice we will be asked to make in the coming months can — or should — be enforced by law. Social norms will have to play an enormous role in reshaping this temporary social contract as we emerge from pandemic ethics.

Whether it's masks, contact-tracing apps, limiting our travel or favourite social and cultural activities, we will be asked to make sacrifices. If we comply, there will be no need to enforce them by law. If we play our part, we will avoid going back to extreme restrictions and the heavy economic toll they entail.

Canadian society has traditionally prided itself in having a strong basis of solidarity. Let's continue to do what's right.



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Ethics and Justice  
07.  
Éthique et justice





# Finding our way using science and ethics

This article first appeared in *La Presse* on July 19, 2020.

Those who are old enough may recall where they were on January 28, 1986, when the *Challenger* space shuttle exploded shortly after take-off, killing all seven astronauts, including a teacher. Other people might recall the World Trade Centre bombings or the Lac-Mégantic train disaster.

At first glance, COVID-19 has little in common with such visible, sudden and devastating events. The scale of the pandemic eclipses these events in terms of deaths, people affected, and the potential impact on the global economy.

A pandemic is also different because it unfolds over a long period of time. Declaring a pandemic is not based on observing it on television.

Rather, it is a political decision supported by evidence and underpinned by judgement calls. The WHO declared a pandemic on March 11, 2020, after extensive research, consultation and deliberation. The same will be true when the WHO announces that the pandemic is over.

But there are similarities.

First, when complex disasters occur, whether it is an aerospace disaster, a terrorist attack or a global pandemic, we must resist the temptation of thinking they were caused by a unique event that could have easily been avoided.

In the case of the *Challenger* disaster, we could say that the cause was an O-ring that became brittle in freezing temperatures, as physicist and Nobel Laureate Richard



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Feynman demonstrated at the time on television by dipping a similar seal into a cup of ice-cold water.

But as the Presidential Commission investigating the accident revealed, it was a complex series of prior actions – decisions, policy guidelines, priority setting and a culture of risk-taking – that also led to the disaster. This complicated context was less about facts than about values. What is an acceptable level of risk? What level of safety is safe enough?

## A VALUES-BASED CONTEXT

We can trace the origins of a pandemic to a specific time and place, such as the first infected patient or the transmission of a virus from an animal to a human. As with *Challenger*, the origin of COVID-19 cannot be summed up to just its appearance in a public market in China.

Knowing that this is the starting point is not the most important thing. Rather, it is essential to understand the complex values and political considerations involved in developing our response. It is therefore not surprising that the response to COVID-19 has varied, often dramatically, across regions and countries.

Secondly, the pandemic is currently at its peak. We know more than before, but we still have a lot to learn and many important decisions to make. Will our current efforts be enough to overcome COVID-19? Will the virus

make a comeback? Will COVID-19 become one more relatively common seasonal ailment easily managed by our health system? Will a vaccine stop the virus?

This is a frustrating time for policy makers as well as for the public, because we dislike uncertainty. We prefer black and white, but reality usually appears in shades of grey. Political decisions, such as opening schools and businesses, the right approach to wearing masks, and travel restrictions are difficult enough, even when solid evidence is available.



But in the middle of a pandemic, evidence emerges and evolves gradually. A potential drug seems promising, then a clinical trial is discouraging. When the evidence is incomplete or ambiguous, evidence-based decision-making can become more of a slogan than a strategy.

Thirdly, when we use evidence-base to make policy decisions, we must also consider the ethical principles and values we apply and that we have been debating for centuries:

maximizing well-being and benefits, promoting equity and justice, avoiding unjust discrimination, protecting the disadvantaged and most vulnerable, maintaining transparency in decision-making, telling the public the truth.

**“When the evidence is incomplete or ambiguous, evidence-based decision-making can become more of a slogan than a strategy.”**

However, a list is not a recipe. There will be conflicts – for example, between protecting public health and freedom. Balancing these ethical considerations is complex, but of utmost importance. They are the basis of our social contract, a contract that will be put to the test during the period of uncertainty ahead.

Finally, one of the unacknowledged victims of tragedies is trust: trust in science, trust in government, trust in other members of our community. Making decisions that affect the well-being and safety of others – whether they are astronauts or citizens – is an immense responsibility. Good decisions generate the greatest trust. It will be difficult to find our way in the shadows of doubt. Ethics and evidence can help us see more clearly.



## The social impacts of COVID 19: Make way for post-crisis solidarity

**This article first appeared in *La Presse* on June 7, 2020.**

In recent weeks, solidarity was everywhere. It was expressed by healthcare and front line workers, who put their lives on the line and sometimes paid with their lives to care for others.

It was expressed through individual sacrifices, such as being apart from loved ones, not being able to take care of them and having medical procedures postponed, or through the heartbreaking cases of people who, due to quarantine, lost a loved one without being able to say goodbye. In solidarity, many are out of work and we have all paid a huge economic price for reducing the number of infections and deaths and protecting the capacity of the

healthcare system to meet the most urgent needs.

We could call this “solidarity in times of crisis”. But what awaits us in the months and years to come is “post-crisis solidarity”. In the next phase, faced with an unprecedented global economic crisis and probably millions on the brink of starvation, while still struggling with the virus, we will ask ourselves what role solidarity should play in meeting the needs of the most vulnerable here and throughout the world.

The impact of COVID-19 has not been equal. From what we know to date, those suffering the highest rates and worst consequences of the infection are those who have endured discrimination, marginalization and poverty long before the pandemic. This unequal impact



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is embedded in a pre-existing reality characterized by structural injustice and extraordinary inequities. The pandemic is forcing those who have chosen to close their eyes to keep them wide open.

**“The impact of COVID-19 is not the same for everyone. The people who suffer the highest rates and worst effects of the infection are those who were enduring discrimination, marginalization and poverty well before the pandemic.”**

As some have pointed out, the pandemic is an x-ray that reveals what is normally hidden. It is a magnifying glass amplifying our social failures.

It is shining a painful light on the continuing condition of disadvantaged and vulnerable groups whose ongoing suffering is now exacerbated: the elderly, First Nations communities, the Inuit and Métis, racialized and ethnic groups, incarcerated persons, migrant workers, asylum seekers, refugees, persons with disabilities, the poor, the homeless, and women and children suffering from domestic violence.

Populations who always suffer, but often in obscurity, are now becoming

more visible, because in a pandemic, our connectedness is more explicit. If they cannot be cared for, we are all at increased risk. In this regard, a pandemic virtually *forces* solidarity, because the most ethically appropriate thing to do also becomes a matter of self-protection and self-preservation.



The ethical imperative of mutually supporting one another becomes a biological imperative for survival, since the risk for us and our families is determined by the ability of all those around us to respect the same public health measures. A pandemic is therefore a unique opportunity to use the visibility of our “epidemiological connectedness” to examine our social agenda and moral commitments.

Our ethical responsibilities and duties lie with the vulnerable people in our own region, province and country. But they also extend beyond. The pandemic has shown us how, in today’s interconnected world, the spread of the virus ignores nations

and borders. This means that long-term, we cannot protect our national interests without taking those around us into account. Therefore, by promoting the wellbeing of others, we are protecting ourselves.

This crisis can teach us to break down the walls between “us” and “them”: the rich and the poor, the old and the young... but also between high- and low-income countries.

But this lesson is not obvious. So far, in certain cases, the pandemic has made these walls even more powerful by fueling racism and fear, which in turn led to conspiracy theories and finger-pointing. However, we must build a future based on cooperation and partnership, not shaped by division. This requires a commitment from each of us as engaged Canadian citizens, but also a political leadership that is prepared to take advantage of Canada’s position in the world to support international governance mechanisms that serve global justice and promote the common good.

Difficult times lie ahead, during which our resilience will be sorely tested. We will be under economic strain and our disputes may escalate. However, we must heed the lessons of this pandemic and maintain our commitment of solidarity and compassion, in order to build a society in which everyone can thrive.

# Why you should care about access to justice

This article first appeared in the *Toronto Star* on June 29, 2020.

We live in a time of uncertainty and unravelling. Recent events have profoundly shaken the complacent assumptions that once grounded our worldview.

We assumed our world was healthy and that medical advances would look after us. COVID-19 destroyed that assumption.

We assumed racism and the divide between the rich and the poor would be rectified. Racially inspired shootings and the responding fury in the streets showed us that we were profoundly wrong.

And we proudly proclaimed that we lived in a just society. And now we know some of us don't. Canada's legal system is widely

admired. The World Justice Project ranks Canada overall ninth of 128 nations. Not bad. However, when we drill down to justice on the ground, Canada ranks 56th — bleak for an advanced nation that prides itself on justice.

What good are rights if you can't enforce them?

We need to face the facts — Canada is suffering from a justice crisis. More than 15 years ago, I called the crisis out when, as chief justice of the Supreme Court, I started talking about access to justice. The response stunned me. Hundreds of women and men contacted me with their own stories of unattainable justice.

So, things aren't perfect, you say, get over it. Not so easy. Behind every email, every letter I received, was a story



## The Right Honourable Beverley McLachlin

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FORMER CHIEF JUSTICE OF CANADA

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**TORONTO STAR**

**thestar.com**

THE RIGHT HONOURABLE BEVERLEY MCLACHLIN

of injustice and loss. Parents seeking access to children, caught up in processes that never seemed to end. Children at risk, left in dangerous situations for months while those in charge waited for court dates. People who had lost their jobs, people injured by negligent drivers, people desperate to stave off what they saw as unjustified eviction notices.

The cost of unresolved legal needs is great, in terms of the suffering it inflicts, but also in terms of loss to society. Unresolved legal problems often overwhelm those involved. They become less productive, running from procedure to procedure; they sometimes lose their jobs. Their health, mental and physical, deteriorates. Relationships deteriorate.

COVID-19 is the great revealer, showing us the cracks in the infrastructure of justice that judges, lawyers and justice officials have been frantically working to paper over. Pre-COVID, courts and tribunals were typically working to the maximum of their capacity and beyond, struggling with delays and backlogs. Post-COVID, they found themselves literally unable to cope.

How do you file documents when the courthouse doors are closed? How do you run a trial when people can't enter the courtroom? How do you manage a jury trial when the jurors can't listen to the evidence and deliberate together?

As a result of COVID-19, Canada is being forced to confront the justice

crisis full on. A system that we thought could maybe cope with a bit of rule tinkering and the odd cash injection was revealed for what it is — stressed beyond its means and unable to provide effective and timely solutions to legal needs.

If we do nothing, we risk discrediting an already weakened justice system and betraying our image of Canada as a just society. How will we respond to the crisis COVID-19 has revealed? First, we must acknowledge that it is time to bring the justice system into the 21st century. Technology is not a magic cure and can create problems of its own. How, for example, does a judge hear a matter remotely when the parties have no online access? But there is a growing consensus that we need to equip our justice institutions with the infrastructure required to do justice in the modern world.



Second, the new justice system that will emerge from COVID-19 must be focussed not only on the

THE RIGHT HONOURABLE BEVERLEY MCLACHLIN



grand principles of the law, but on furnishing on-the-ground justice to those who need it. How can the court or tribunal best help women and men resolve their problems? How do we deal with the reality that legal problems twine inextricably with other problems, like mental illness, homelessness and health concerns?

**“The new justice system that will emerge from COVID-19 must be focussed not only on the grand principles of the law, but on furnishing on-the-ground justice to those who need it.”**

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Third, we must be prepared to spend what is required. For far too long, the justice sector has been starved of resources. Money spent on justice will pay off in reduced costs of health care, law enforcement and running over-populated prisons. As important as health care and education may be, so is an effective justice system, truly able to serve the needs of citizens. Canadians need justice, and Canada should be a just society. Now is the time to make it happen.

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## Conclusion

### Dr. Vardit Ravitsky

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FELLOW 2020



In March 2020, the hustle and bustle of our world came to a screeching halt. A global pandemic, a notion that we hoped would stay in the realm of fiction, changed our lives almost overnight. Now, a year later, we pause to consider what we have been through and what lies ahead. The pandemic has been teaching us so much: about public health and epidemiology, about the ability and limits of science, about the tension between individual rights and the common good, about solidarity in action.

However, it also taught us some painful lessons about who we are, as a society. It exposed inequities and systemic injustice, persistent discrimination, and the weakness and fragility of some of our most fundamental social structures. As we move forward with the hope of recovering and rebuilding, we need to keep these lessons in mind.

Members of the COVID-19 Impact Committee of the Pierre Elliott Trudeau Foundation represent some of the leading voices in Canada in their respective fields. Sharing their unique perspectives on the lessons of the pandemic with the Canadian public through the opinion articles grouped in this collection, they strived to make a difference, in real time. But these perspectives remain invaluable as we look ahead and consider what it means to emerge from a crisis of these proportions, not just to 'go back to normal', but rather to change what we used to consider 'normal'.



Writing about our justice system, the Right Honourable Beverley McLachlin reminds us that going back to the levels of access we had before the pandemic is not good enough. She calls for a profound change that would provide Canadians affordable, accessible, and timely civil justice. Writing about some of our 'chronic' public health issues, such as homelessness and the opioid crisis, Mohammad Karamouzian argues that to address such issues we should resist 'band-aid solutions' and endorse system-level long-term change to our social, economic, and political structures.



Writing about the vital contribution of immigrants, refugees, and other temporary residents, Carlo Handy Charles calls for a cultural change to address the profound socio-economic inequalities impacting their lives. Writing about the complexity of decision-making during a pandemic, Steven Hoffman calls the Canadian government to invest appropriately in public health systems going forward,



to allow us to be better prepared for the future.

As the opinion articles in this collection demonstrate, the pandemic can be our teachable moment, a turning point towards a society that rejects and resists discriminatory structures, that invests in preparedness, that adopts nuanced policies informed by emerging evidence.

The pandemic has evolved quickly. These articles reflect the authors' perspectives at a specific moment in time and, just like our knowledge and understanding regarding the pandemic, the views expressed may have changed or evolved since the time of publication. Notwithstanding, Committee members' engagement demonstrates their commitment to understanding the impact of the pandemic from its earliest moments, to contribute to public debate. These articles were thus meant to inform how Canada may emerge from the pandemic stronger than before.

We thank Committee members for their dedication and intellectual generosity, as they shed light on diverse aspects of our lives and inspire us to rethink, reinvent and reorient our future.



**Dr. Vardit Ravitsky**  
Chair, COVID-19 Impact Committee



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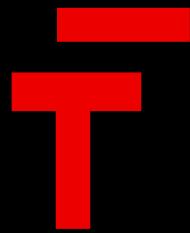


The Pierre Elliott Trudeau Foundation is an independent and non-partisan charity established in 2001 as a living memorial to the former Prime Minister. In 2002, with the support of the House of Commons, the Government of Canada endowed the Foundation with the Advanced Research in the Humanities and Human Sciences Fund. The Foundation also benefits from private donations. By granting doctoral Scholarships, awarding Fellowships, appointing Mentors, and holding public events, the Foundation encourages critical reflection and action in four areas important to Canadians: human rights and dignity, responsible citizenship, Canada and the world, and people and their natural environment.

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