

## **A Balancing Act: Re-Opening Provincial Economies while Prioritizing Health Risks to Vulnerable Groups**

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**Matter commented on:** COVID-19 in Alberta and Canada

Despite calls that we are “in it together”, many of Canada’s most vulnerable communities are bearing the brunt of the COVID-19 pandemic. This includes individuals living and working in long-term care facilities, factory workers, homeless and incarcerated populations, and some on-reserve Indigenous communities. In implementing public health measures, policymakers largely failed to prioritize these groups. Rather, many of the strategies for social distancing presumed individual family homes, nuclear family arrangements, access to private cars, workplaces that could transition to online formats, and living conditions where outdoor space was available. As a result, many groups outside this presumed norm were either left behind or inadequately protected during the spread of the virus. In this post, we argue that as provincial governments begin the process of re-opening their economies, policymakers must balance the interests of the broader public with those who live and work in conditions that put them at risk.

### **Vulnerable Groups Disproportionately Affected by Public Health Measures**

Initially, governments scrambled to implement public health measures to flatten the curve with limited thought to the impact of social inequalities. The resulting policies had disparate effects on vulnerable groups and some populations were simply off the radar. As a consequence, COVID-19 has disproportionately affected marginalized groups across Canada.

To date, provincial governments have passed various restrictions as part of their public health strategies. These include mandating individuals who are symptomatic to self-isolate, limiting the size of gatherings, and closing non-essential businesses. All of these were implemented with increasing threats of sanction and police enforcement. However, such decisions have had variable implications for different groups. For example, the mayor of Windsor came under fire for his [decision](#) to stop city bus service. Critics argue that this shut-down makes it difficult for lower-income people to access grocery stores and pharmacies and to get to jobs in essential services. Provinces were also slow in addressing how social distancing would affect individuals struggling with homelessness. This led to the rushed opening of emergency shelters, where many individuals cannot abide by [physical distancing](#) recommendations and [often lack access to basic facilities](#) like laundry and showers.

Provinces also allocated scarce resources in ways that failed to adequately protect at-risk populations. For instance, while significant effort was put into preparing hospitals for an influx

of cases, continuing care facilities were ultimately the hardest hit, accounting for an [astonishing 79%](#) of Canada's COVID-19 deaths. This tragedy is attributed in part to a lack of adequate staff, personal protective equipment, and testing supplies. Conditions are so bad that [lawsuits](#) have been filed, [criminal charges](#) may be laid, and the federal government has deployed [military assistance](#).

Immigrant workers across a variety of industries have also been hard hit, highlighting many of the [inequities](#) they face in working conditions and the failure of occupational health and safety laws to adequately protect them. For those with temporary immigration status in particular, there are additional barriers to filing complaints under occupational safety laws about dangerous conditions due to fears about losing their work permits.

Nurses and personal support workers, who are overwhelmingly women and disproportionately immigrants and racialized individuals, have [struggled](#) to obtain personal protective equipment, and some allege that they were [instructed](#) to work while symptomatic. These workers are often underpaid relative to their hospital counterparts and many are employed part-time and thus may not have access to sick leave benefits, which incentivizes working while ill to make ends meet. The precarious nature of their work may make them less likely to advocate for their own safety or that of residents.

Meat packing and poultry processing factories across the country have also experienced widespread infection and, in some cases, entire communities are affected. At a single plant in Alberta, Cargill, over [900 workers](#) are infected. This outbreak is also linked to almost 600 cases in the community, [including](#) infections at a nearby long-term care home and a neighbouring First Nation. These workers are also disproportionately immigrants, and many are temporary foreign workers. Their jobs are dirty and difficult, rates of workplace injury are high, and staff often live in close crowded conditions.

Here too governments have failed to respond in a manner that prioritizes worker safety. Workers at Cargill said that as cases started to emerge, they became frightened to come to work in [crowded](#) "elbow-to-elbow conditions." Provinces were slow to respond and reluctant to close factories due to concerns about the impact on Canada's food supply chains. The Alberta government also came under fire for conducting an inspection of the plant via [video](#). Although the plant eventually shut down operations, it re-opened on Monday, despite [urgings](#) from the union and 85% of employees saying they were afraid of returning to work. Some experts have [said](#) that this situation merits a criminal investigation.

As summer agricultural and forestry work begins, similar outbreaks could occur. Ontario has already seen its [first outbreak](#) among farm workers. Temporary foreign workers, who overwhelmingly supply the labour in the vegetable and fruit industries in Ontario, often live in crowded bunkhouses on the farms on which they work, which are conducive to the rapid spread of disease. Work camps are similarly susceptible to infection due to close living quarters, which can then spread to the communities in which workers live. For example, Interior Health in BC identified [19 cases](#) of COVID-19, 12 of whom worked on the Kearl Lake oil sands project in Alberta, and 7 of whom had contact with those workers.

## Groups at Risk as Provinces Relax Public Health Measures

As provinces begin the process of reopening their economies, still more vulnerable groups are at risk of infection due to close living and/or working conditions and poor access to health services. If governments fail to protect these communities as they re-open businesses and services, there are significant risks of new outbreaks, endangering all Canadians.

As public health restrictions are relaxed, guards or others who work in prisons may be at increased risk of community transmission. Should they then bring an infection to work, the virus could spread rapidly through prisons. To date, [290 inmates](#) living in federal correctional facilities have tested positive for COVID-19. Prison guards and incarcerated populations live and work in close confinement, often without adequate safety protections and with only limited media attention or public concern. In an Edmonton institution, the Correctional Service of Canada [censored and punished](#) federal inmates who publicly warned about the impending disaster in Canada's penitentiaries.

Indigenous people, both on and off reserve, may also be at particular risk due to poor access to health services, living conditions that are conducive to the spread of infection, and higher rates of dangerous comorbidities like diabetes and respiratory conditions. As of May 4, there were [151 cases](#) in Indigenous communities across Canada. In urban centres, Indigenous populations make up a disproportionate share of the homeless and incarcerated populations, both of whom are also at high risk for contracting COVID-19, highlighting the intersection of vulnerabilities among affected groups. If previous disease outbreaks are any indication, COVID-19 could prove especially serious in Indigenous communities. For example, during the first wave of the 2009 H1N1 outbreak, Indigenous people represented [27.8%](#) of hospital admissions and 25.6% of critically ill patients in ICUs, despite accounting for only 4.3% of Canada's population.

## Plans to Re-Open Provincial Economies

Several provinces have announced plans to re-open their economies in the coming weeks. Alberta's [staged reopening](#) began over the weekend with the opening of provincial parks and golf courses. On May 4, Alberta Health Services was permitted to resume certain services, as were many health professionals. However, some professional self-regulatory bodies [limited](#) the range of available services that could be provided by their members. As early as May 14, a wide array of businesses could re-open, provided they implement infection control protocols. This includes some retail businesses, personal services, restaurants (at 50% capacity), and daycares (with occupancy limits), among others.

In their enthusiasm to re-open businesses and services, policy-makers must ensure that economic goals are balanced against public health concerns. Many experts agree that [increased testing](#) is essential to lifting public health restrictions. In ramping up testing capacity, policy-makers must ensure that those in high-risk settings (such as prisons or Indigenous communities) are prioritized and that tests are made accessible to those with limited resource or access to cars (such as the homeless population). It is also essential that [data](#) on testing and infection rates are collected within racialized, immigrant, Indigenous, and other vulnerable communities so inequities can be documented and inform policy-making.

Provincial governments must also take immediate steps to address unsafe working conditions. This includes the prompt investigation of outbreaks and erring on the side of caution in temporarily shutting down operations. Protective equipment must also be allocated to those who need it most in the workforce. Finally, individuals should not be compelled to choose between risking infection and not being able to provide for their families. Precarious and low wage workers must be given access to employment benefits should they need to leave work due to illness.

## Conclusion

Provincial governments failed to protect some of Canada's most vulnerable residents in their haste to stop the spread of COVID-19 and protect the economy, particularly those living and working in long-term care facilities and those working in meat processing plants. Other vulnerable groups, such as Indigenous people and incarcerated populations, are at similar risk as governments re-open their economies, given a growing number of outbreaks in these communities, their poor access to health services, and their living conditions, which are conducive to infection. In re-opening businesses and services, it is imperative that governmental choices are not dictated solely by majoritarian and economic interests, but that they also address social inequalities and take substantive steps to protect those most at risk of infection.

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This post may be cited as: Lorian Hardcastle and Naomi Lightman, "A Balancing Act: Re-Opening Provincial Economies while Prioritizing Health Risks to Vulnerable Groups" (May 6, 2020), online: ABlawg, [http://ablawg.ca/wp-content/uploads/2020/05/Blog\\_LH\\_NL\\_Covid.pdf](http://ablawg.ca/wp-content/uploads/2020/05/Blog_LH_NL_Covid.pdf)

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