

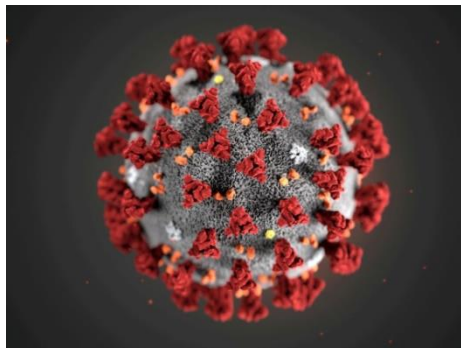
The road to Canada's COVID-19 outbreak, Pt. 2: timeline of federal government failure at border to slow the virus

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The ultrastructural morphology exhibited by the 2019 novel coronavirus which was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China, is seen in an illustration released by the Centers for Disease Control and Prevention in Atlanta, Georgia, on Jan. 29, 2020. SUPPLIED / Reuters

Part. 2, February, 2020: Trudeau and federal officials argue border controls might stigmatize some Canadians and upset China

In February 2020, the COVID-19 spread out of Wuhan China and around the world. More and more countries brought in strict border controls, including Taiwan, but in Canada federal officials and the Trudeau government argued strenuously against such border measures.

In [Part 1](#), we looked at Canada's initial response, contrasting it with the decisive actions taken in Taiwan to control the spread of the virus at their borders. In Part 2 of our series, we dig into the key debates and statements made in Ottawa during this next phase of the outbreak.

Feb. 1: The [WHO now reports](#): "The main driver of transmission, based on currently available data, is symptomatic cases. WHO is aware of possible transmission of 2019-nCoV from infected people before they developed symptoms...Transmission from asymptomatic cases is likely not a major driver

of transmission. Persons who are symptomatic will spread the virus more readily through coughing and sneezing.” Canada now has four cases, all linked to travel from China.

Feb. 1: Justin Trudeau speaks at large Lunar New Year celebrations in Toronto and addresses COVID-19 outbreak: “There is no place in our country for discrimination driven by fear or misinformation,” Trudeau says. “This is not something Canadians will ever stand for.”

Feb. 2: Justin Trudeau’s office issues a public statement on COVID-1: “The government remains fully engaged on the issue, and will do all that is necessary to ensure the safety of Canadians, both at home and abroad ... The Prime Minister remarked on his visit yesterday to Toronto where he celebrated the Lunar New Year with Chinese Canadians and again underlined the importance of Canadians’ support for each other, and of combatting fear, stigma, and racism.”



China’s early response to coronavirus is ‘see no evil’ (Cartoon by Malcolm Mayes) /Malcolm Mayes

Feb. 2: Nearly one fifth of Canadians say they would move if a person who appeared to be Chinese sat beside on them on a bus, given fears that they might contract coronavirus, according to a new poll. These attitudes average out to 18 per cent of respondents countrywide, and are most prevalent in Quebec, where 23 per cent said they would move seats on a bus, according to the DART & Maru/Blue Poll. They were the least prevalent in B.C., where 11 per

cent of respondents said they would deliberately avoid someone they thought was Chinese, even if the person didn't appear sick. The poll, commissioned by Postmedia Inc., comes at a time when politicians have expressed concerns over racist attitudes toward Chinese-Canadians, based upon the mistaken idea that there's a link between ethnicity and the likelihood of carrying the virus. "The notion that Canadians of one ethnic background would be more likely to carry a virus that doesn't exist in Alberta is just misinformation," says Alberta Premier Jason Kenney.

Feb. 3: Conservative MP Matt **Jeneroux** in the House of Commons: "Other countries are taking proactive measures by declaring a public health emergency. Other countries are cancelling all flights into and out of China. The United States said it is implementing these measures to increase its ability to detect and contain the coronavirus. Why has Canada not done the same?"

Health Minister **Patty Hajdu** replies: "Here in Canada we have very different processes in place than in the United States. For example, we do not need to call a public health emergency here because we already have the structures, the systems and the authorities to spend appropriate dollars necessary to respond, treat and maintain our public health systems."

Hajdu also scolds opposition MPs: "One of the interesting elements of the coronavirus outbreak has been the spread of misinformation and fear across Canadian society. That was actually noted by an interviewer on the weekend. In fact, she asked me how Canadians can be assured that they are getting the right information. One way might be if the opposition does not sensationalize the risk to Canadians and allows Canadians to understand where they can find a wealth of information."

Feb. 3. NDP MP **Don Davies** at health committee, asks Dr. **Theresa Tam**, Canada's chief officer for public health: "The United States has implemented emergency measures to temporarily deny entry to foreign nationals who have visited China in the 14 days prior to their arrival. Restrictions also apply to U.S. citizens who have been in China's Hubei province in the two weeks prior to their return to the U.S. Upon their return, those citizens will be subject to a mandatory quarantine of up to 14 days. They'll also undergo health screenings

at selected ports of entry. In light of your comment earlier that the time to contain is now — I think that was your wording — and that it's very important that we get a good grip now, shouldn't Canada be taking similar protective measures now, following the precautionary principle, to make sure we're doing everything we can to contain this virus at the earliest possible opportunity? If not, why not? Why aren't we doing that?"

Dr. Tam continues to defend Canada's policy of screening for symptomatic passengers only from Hubei province and voluntary self-isolation for only those sick individuals: "The most effective piece of containment, of course, is at source, in China itself, where you're seeing some of the extraordinary measures that are being taken. As you move further away from that epicentre, any other border measures are much less effective. Data on public health has shown that many of these are actually not effective at all. We are doing some of those and adding those layers, but each of those layers is not a complete barrier, if you like. We have provided travel health advice from a health perspective to indicate to travellers to avoid the province of Hubei and to limit non-essential travel to the rest of China. That advice is provided to travellers...WHO advises against any kind of travel and trade restrictions, saying that they are inappropriate and could actually cause more harm than good in terms of our global effort to contain."

Feb. 3. Bloc MP **Luc Thériault** asks: "Dr. **Tam**, you said earlier that enhanced controls might do more harm than good. What did you mean by that?"

Tam then spells out a key rationale behind the WHO policy: "I think one of the members asked about travel bans, stopping people from actually travelling. The reason the World Health Organization doesn't recommend something like this is that, in general, it may do more harm than good. I think someone mentioned what the United States was doing. If you stop traffic entirely, there are a number of issues. The international community must come together in solidarity to contain. Having measures that very negatively affect a certain country that's trying very hard to do its best can impede whether this country in the future will ever share anything transparently with others. China posted the virus genome very quickly. What are they getting out of it? I think the idea is to support China. Obviously, the number of flights has already been

reduced, because nobody is actually going to China, but Canada has not closed its borders. It's using these layers of measures to screen people coming in, in order to keep movement across the border. The other thing is that if you're going to support China's efforts, then medical aid, such as teams or supplies such as masks, gowns or something else, must continue to flow. For all those reasons, the World Health Organization will never recommend doing that, except in very exceptional circumstances. As I said, the border measures that are most effective are at source, in China."

Feb 3: Liberal MP **Sonia Sidhu** asks: "My next question is for Public Safety. Can you describe what steps your organization is taking to ensure that border measures implemented in response to the novel coronavirus outbreak do not promote stigma or discrimination?"

Denis Vinette, Vice-President, Travellers Branch, Canada Border Services Agency, replies, "First and foremost, our officers, from the time they're hired through their training ... go through extensive sensitivity training with regard to cultures and how they will come into contact with people from all over the world. This particular situation, notwithstanding all the training they undertake, is really a public health situation, so all individuals entering the country now at 10 airports are questioned. It is not discriminatory in terms of nationality. It is for all travellers arriving from abroad... Right now we are concentrating on Wuhan in Hubei province and identifying those individuals so we can do the health assessment that's expected of us at the border, and if it is deemed necessary, we can refer to the Public Health Agency of Canada. It's something that our officers have been attuned to in practice, and it is certainly something that we have been reinforcing in light of the particular events of this day.



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A new viral threat revives an old one: racist
scapegoating

[cbc.ca/news/politics/...](https://www.cbc.ca/news/politics/)



Feb. 4: CBC columnist Rosie Barton worries virus outbreak will lead to racism against Asian Canadians: Fear breeds all sorts of inexplicable and irrational reactions. Part of the job of public health officials and elected officials in times like these is to fight fear-fuelled misinformation and false rumours. It's the job of journalists, too, since good information can offer a strong shield against irrational fear. Which explains in part why Prime Minister Justin Trudeau marked the Lunar New Year at an event in Scarborough at a Chinese banquet hall — greeting people, hugging people, shaking hands and eating the food.

Feb. 4. Prof. **John Mackenzie**, a member of the World Health Organization's emergency committee, blasts China's cover up of viral outbreak as "reprehensible" and tells the Financial Times: "I think [China] were very quick to let WHO know . . . about it being a novel disease, they were very quick in being able to isolate the virus and share the genome sequence but I think on some of the more government public health type issues, they have been rather recalcitrant."

Feb. 4: Canada's Special Advisory Committee on Coronavirus recommends that air passengers from Hubei province be asked to voluntarily self-isolate upon arrival in Canada, the Toronto Sun reports. At the same time a group of Canadians from Wuhan coming in on a government plane were to go into a 14-day quarantine, a stricter approach than for commercial travellers. In a letter to Hajdu, Dr. Tam said: "There is a need to maintain public trust in Canada's response to the Coronavirus. Currently there are perceived differences between advice to travellers from Hubei province on commercial flights and planned measures for repatriation from Wuhan, China."

Tam went on to say that Canadians who were rescued from the city of Wuhan were at a greater risk of spreading the disease given the concentration in the city, Brian Lilley of the Toronto Sun would later report in April. "Canadians may question a voluntary approach since there is no ability to enforce or ensure compliance. However, there is anecdotal evidence that individuals who have returned are already self-isolating."

Feb. 7. Doctor Li Wenliang, who was muzzled in China for first bringing attention to the virus, dies from COVID-19 infection.

Feb. 7: In Taiwan, foreign nationals with travel to all of China, now including Hong Kong or Macau, in the past 14 days, are banned from entry. Foreigners must see an immigration officer and cannot use e-Gate (quick entry). Also, a Taiwanese couple is fined NT\$300,000 (USD \$10,000) for breaking the 14-day home quarantine rule.

Feb. 9: Canada expands its COVID-19 screening requirements for travellers returning from affected areas to 10 airports across 6 provinces, putting in place the same voluntary self-isolation for symptomatic people, but for no one else.



Tourists wearing protective masks take a selfie in front of the Trevi's Fountain after two cases of coronavirus were confirmed in the country, in Rome, Italy January 31, 2020. REMO CASILLI/REUTERS

Feb. 11: Travellers entering Taiwan must complete an accurate health declaration form or be fined up to NT\$150,000 (US\$5,000), Wang reports.

Feb. 11: The WHO issues a new statement of travel bans, opening the door for some restrictions: "Evidence on travel measures that significantly interfere with international traffic for more than 24 hours shows that such measures may have a public health rationale at the beginning of the containment phase of an outbreak, as they may allow affected countries to implement sustained response measures, and non-affected countries to gain time to initiate and implement effective preparedness measures."

The WHO advocates for containment, "including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection."

Feb. 12: In Taiwan, the government declares that violators of the mandatory home isolation regulations will be fined up to NT\$300,000 (US\$10,000); violators of home quarantine regulations will be fined up to NT\$150,000 (US\$5,000), Wang reports. Cases of severe influenza that tested negative for influenza since Jan. 31 are to now be retested for COVID-19.

Feb. 14: In Taiwan, Taipei City, the government tracks down three Hong Kong visitors who disappeared for almost a week without undergoing quarantine. Each is fined NT\$70,000 (US\$2,350) and transferred to specially assigned quarters for medical isolation. The Entry Quarantine System launches to fill out health declaration form electronically and allow for faster immigration clearance.

Feb. 14. Dr. **Deena Hinshaw**, Alberta's chief medical health officer, says that anyone returning from international travel with healthy symptoms will be tested, first a swab taken, then they'd be isolated until results came in a day or two. But she empathizes with those who were worried, before gently calling them to their better selves: "As a third generation Albertan, one thing I know is that we pull together to help our neighbours, from opening our communities to those fleeing from forest fires to pitching in to help clean up after floods. History shows us we are stronger together ... It is important to focus our efforts on the virus, not on people. One way you can help is by remembering that people's risk is not based on their ethnicity or country of origin ... Whatever the future of coronavirus, we are stronger together. Don't let the virus divide us."

Feb. 19: Canada now has eight cases, seven of them confirmed from China, one still under investigation. Federal health authorities decide to start collecting personal contact information from inbound Hubei travellers which can be used by public health officials to follow up with people if an outbreak emerged, the CBC's John Paul Tasker would later reveal in an April post. "Between Jan. 22 and Feb. 18, 58,000 travellers arrived in Canada from China — 2,030 of them were coming from Hubei province. Only 68 were pulled aside for further assessment by a quarantine officer and only three passengers were actually flagged for a medical exam — the other 65 passengers were sent away with a pamphlet."

Feb. 20: Canada confirms its first case related to travel from outside of mainland China.

Feb. 20: **Patty Hajdu** tweets out travel update: "While the risk to Canadians remains low, if you are returning from a region with a confirmed case of

#COVID19, and you are unwell or unsure of your health, I encourage you to self-isolate and notify local health officials.”

Feb. 26: At Health Committee, **Jeneroux** asks about a statement **Tam** had made to CTV on Feb. 24: “She stated that the more countries are infected, the less effective and feasible it is to close our borders. I am curious if this is some sort of admittance that the government should have shut down the borders when China was — from what we understood at the time — the only country that was heavily infected.”



Airline Industry infected by coronavirus. (Cartoon by Malcolm Mayes) /Malcolm Mayes

Dr. **Howard Njoo**, Deputy Chief Public Health Officer, Public Health Agency of Canada replies to **Jeneroux**: “Not at all. We certainly understand that border measures are just one layer in a multi-system approach to preventing and hopefully controlling the spread of COVID-19 in Canada. It’s never been understood or recognized that border measures alone will stop it. We know that with this disease — as with many other infectious diseases — there is something called an ‘incubation period.’ Someone could actually be harbouring the disease, virus or bacteria and come into Canada feeling totally well, having no symptoms at all, and then only declare and come forward with symptoms once they have actually entered the country.”

Njoo insists Canada is doing well: “We have contained the virus. There have been 12 cases to date in Canada. That’s a relatively low number compared to other countries. All of the cases, I would say, are isolated or at least isolated to travellers coming to Canada or their very close contacts. Nine of the cases coming to Canada were all linked to travel to China. Now the three most recent ones — which is quite interesting in many ways — are linked to travel from Iran.

Njoo shoots down idea of closing borders: “Let me respond to the previous comment about the border measures. I can’t speak for Dr. Tam — I’m sure she’ll have the opportunity to maybe clarify or speak for herself in terms of border measures — but it’s not about closing the borders. From a public health perspective, closing the borders has never proven to be effective in terms of stopping the spread or the introduction of disease into any country. I think what Dr. Tam might have been thinking about with the border measures was in terms of looking at what’s happened in other countries, such as Italy now, and the spread to many other countries and regions. The supplementary border measures that we’ve had up to date include giving additional information to travellers from China, from Hubei province. You can imagine how if that list gets expanded — to Japan, South Korea, Italy and so on — obviously, there will be a trickle-down effect in terms of what provincial authorities may need to follow up on.”

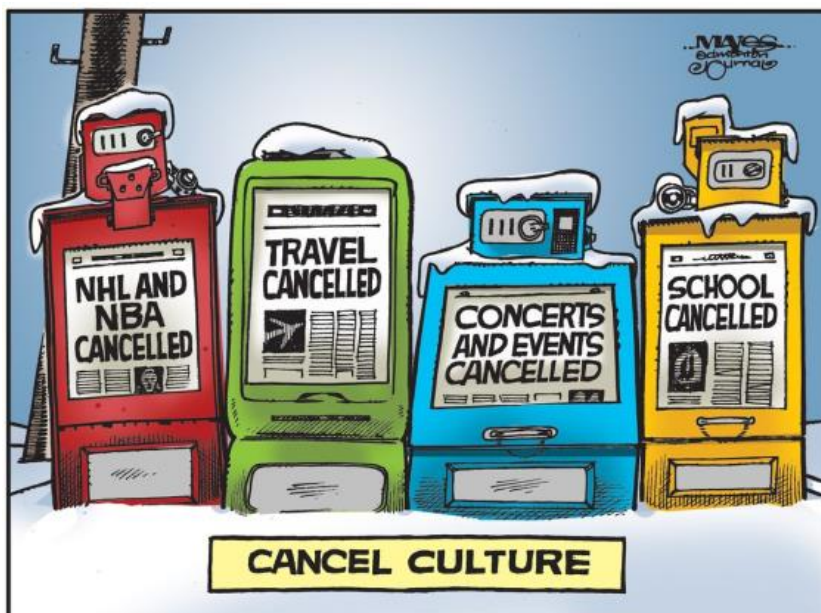
Njoo also adds: “At the same time that Canada is still maintaining its containment posture, if I can put it that way, we’re also starting to prepare for a possible pandemic. We can’t do this with our eyes closed and not recognize what might happen weeks and months from now, which has nothing to do, maybe, specifically with Canada but with what’s happening internationally.

“To give you an example of the kinds of things we’re looking at — I think it’s the same for other countries around the world — should there be widespread transmission in Canada and in many other parts of the world, we would be looking at such measures as what we call “social distancing.” Do we need to start looking at cancelling mass gatherings and public events? Would there be things like looking at what we need to do with schools, and students attending schools, and people sick in the hospitals and so on?

“That’s all in the future. We’re certainly not there yet, but we are actually taking a close look and making sure we’re prepared for that.”

Feb. 26. NDP MP Jenny Kwan brings up the case of a traveller from affected Iran arriving in British Columbia at a time when Canada has no screening of travellers from Iran: “Given that this is the case, there are now notices in schools in British Columbia about this, precisely to the point.... Their screenings could be missed. A person could be asymptomatic or have mild symptoms and be missed because they are not travelling back from Hubei province, and now that person is in an area in British Columbia potentially wider than what we anticipated to begin with.”

Feb. 26. Liberal MP **Marcus Powlowski** asks **Njoo** if the screening measures recommending self-isolation were done only from travellers from Hubei, Province.



Cancel culture arrives amidst Coronavirus. (Cartoon by Malcolm Mayes) /Malcolm Mayes

Njoo says: “The direction or the advice for self-isolation is for travellers coming back from Hubei province, but for mainland China up to now, there’s also been advice given that they should be monitoring for symptoms in the

next 14 days — obviously, that's if they've come from mainland China in the past 14 days — and that, should they be coming down with symptoms consistent with COVID-19, they should contact local public health ... We will now go forward and give that same advice to travellers who come back from the other six countries that we're now adding to what we call an 'affected region' list — Hong Kong, Singapore, Japan, Italy, Iran and South Korea."

Feb. 27: A group of 23 Chinese-Canadian doctors signed an open letter urging a 14-day quarantine for everyone returning to Canada from China and other COVID-19 hotspots, reports the Canadian Medical Association Journal. Dr. Stanley Zheng, who drafted the letter, said the current policy of only quarantining people who have been in Wuhan, at the epicentre of China's outbreak, won't go far enough to contain the virus, given large outbreaks elsewhere. "This is about containing the virus, this is about isolation of the virus, not isolation of people. It has nothing to do with discrimination whatsoever. It's a global fight against this virus. Let's contain it if we can," said Dr. Stanley Zheng of Toronto told the National Post, noting he and his colleagues are on the front lines, serving patients daily who have just returned from China.

Feb. 27. In the Council of Foreign Affairs blog at Foreign Affairs magazine, Asian studies research associate Michael Collins criticizes China's response, digs into that country's close links to Dr. Tedros Ghebreyesus of the WHO, and calls for better decision-making and guidelines from the WHO: "The WHO's weak response to China's mishandling of the COVID-19 outbreak has laundered China's image at the expense of the WHO's credibility. The rate of infection in China appears to be declining, but the risk of a global pandemic is increasing. The time is ripe for clear leadership from the WHO based on science not politics."

Feb. 29. The WHO issues its latest statement, continuing to advise against travel restrictions to countries experiencing COVID-19 outbreaks. It explains this measure, saying that such restrictions may help some countries early in an outbreak to prepare, but: "In general, evidence shows that restricting the movement of people and goods during public health emergencies is

ineffective in most situations and may divert resources from other interventions.”

It also says such disruptions would be disruptive to countries experiencing an outbreak. “Travel bans to affected areas or denial of entry to passengers coming from affected areas is usually not effective in preventing the importation of cases but may have a significant economic and social impact.”

The WHO downplays temperature screening as an effective tool. “Temperature screening alone, at exit or entry, is not an effective way to stop international spread, since infected individuals may be in incubation period, may not express apparent symptoms early on in the course of the disease, or may dissimulate fever through the use of antipyretics; in addition, such measures require substantial investments for what may bear little benefits.”

In total, 39 countries have now reported significant travel restrictions to the WHO, ranging from denial of entry of passengers, visa restrictions or quarantine for returning travellers.

The timeline continues to events of March 2020 (click [**here**](#)).

<https://edmontonjournal.com/news/politics/the-road-to-canadas-covid-19-outbreak-pt-2-timeline-of-federal-government-failure-at-border-to-slow-the-virus-2/>