

# Intelligence MEMOS



From: Daniel Schwanen

To: Premier Doug Ford and Health Minister Christine Elliott

Date: October 14, 2020

Re: **COVID-19: WE HAVE MET THE ENEMY, AND IT IS (IN) US**

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“The numbers are unforgiving.”

With that statement, Quebec Premier François Legault closed down bars and restaurants and imposed additional restrictions on activities in group settings, in a large swath of the province, including Montreal and Quebec City, on September 28, and also urged no unnecessary travel to and from these regions. The geographical reach of these restrictions was subsequently extended, as new cases of COVID-19 rose to levels last seen in the spring.

Ontario similarly acted last week. While its active case load per capita remains less than half that of Quebec, its rise in cases now also resembles April. Across Canada, as across much of Europe, after our summer lull, we are well into the dreaded second wave of COVID-19.

This time, restrictive measures are more targeted than at the peak of the spring wave, both geographically and in terms of restricted activities. This degree of relative precision and restraint is enabled by sharply stepped up testing, allowing better visibility of hot spots, by greater knowledge about how the disease spreads, and by investments in safety by businesses, public entities and individuals, as well as local measures such as face covering requirements in stores, transit, etc.

This has meant that bars and restaurants, cultural venues, gyms and similar businesses, and in-person social gatherings, have borne the brunt of the new restrictions, while governments try to enable most other businesses and schools to remain open, for fear of an excessive hit on incomes, educational opportunities, and caregivers at home – not to mention public morale.

About the only hopeful thing that can be said about this wave, across Canada as across the world, is that the disease has been far less lethal in recent months than it was in the spring.

Even so, rising cases mean additional stress on medical resources at a time when seasonal flu is expected to hit, and hospitals and clinics work through the backlog of procedures and tests postponed during the first wave. Inevitably, they mean a rising death toll – and sure enough, this is now happening.

Jurisdictions that waited too long to take action to limit social contacts in the face of a rising second wave – those with higher case and death rates than the spring, like the Australian state of Victoria or Israel – had to impose severe lockdowns and even broad economic shutdowns in order to turn back their second wave.

In those jurisdictions, as night follows day, restrictions have or are in the process of beating down the second wave. Closer to home, jurisdictions that took action without waiting to reach such dire circumstances, such as BC and Quebec, which re-imposed some restrictions before Ontario did, cases seem to have plateaued (though authorities warn that it's still too early to tell).

The lesson: The longer we let the virus spread, the more boxed in authorities will be, and the more widespread and costly eventual measures to contain it will be.

Directionally, therefore, Ontario surely did the right thing.

But could it have been doing things better?

It is becoming apparent around the world that success comes more easily when the broad public heeds, and internalizes, guidelines driven by public health decisions. A policy that accounts for the danger of pandemic fatigue can be a major ingredient separating successful from less successful efforts at controlling the pandemic at a reasonable cost in terms of other indicators such as income, schooling, mental health, or postponed surgeries.

Our neighbours to the south provide an immediate object study in this, and are in places grappling with a third wave as a result of many members of the public – and some in authority – deciding not to follow the most reliable evidence available, that would allow the pandemic to be less painfully contained.

But even in Europe, low levels of co-operation with rules or guidelines have startled experts. The poignant appeal by the head of Israel's public health ministry, as the lockdown was re-imposed, potentially echoes everywhere.

“Nothing will help. No plan and no model will help if everyone in the public decides for themselves what they do and what they do not do. Whether weddings or sitting in pubs without masks on top of each other or anything else...We need the public to put on a mask and not be in crowds. We will leave the lockdown if the public is with us.”

This speaks directly to the question of personal, as well as business and institutional collective responsibility, in tackling the virus.

And experience around the world has shown that personal responsibility can more reliably be exercised when authorities provide:

- A policymaking framework that is clear and coherent, predictable and consistent over time, and can be shown to have a good chance of reducing the prevalence of the disease;
- Communications that are clear, useful and timely;
- Reasons for tailored application of measures to those in specific occupations or areas that are transparent, and directly related to what is needed to limit the spread of the disease or the cost of containing it;
- Support to those who have to directly and disproportionately bear the cost of restrictive measures.

Ontario, like other jurisdictions, can almost certainly do better in these respects by continuously examining practices elsewhere, and how well they have worked. I will explore some key examples in a subsequent Memo.

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