

Wide-spread Testing for COVID-19 in Public Interest

Dr. Mara Fridell

MASS TESTING FOR COVID-19 would allow communities and societies to reduce uncertainty, permitting appropriate, targeted, flexible policy across institutions and circumstances, as opposed to crude population isolation and immobilization policing. Increasing testing would permit confidence in restoring institutions like camps, day cares, and schools that allow women to reengage and balance their productive, paid work, a requirement for most to live in expensive, unequal capitalist countries. It would provide the assurance to seek travel relief from extended, unhealthy-confining winters, as the Hawaiian islands for example open up this fall to tourists who have tested negative. Yet in Manitoba, as throughout Canada and the US, decisionmakers have neglected mass testing. This disinterest threatens working-class and smallholder families, freedom, and economy, women's welfare, youth health and mental health. It cripples our preventative health capacity.

We know well that Manitoba has a very long, harsh winter that keeps the population confined indoors for most of the year. Thus, with normal, high levels of human interaction, the province is annually afflicted with severe flu outbreaks. Developed



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under the previous NDP provincial government, Manitoba had the advantage of contagion-managing infrastructure, including 200 ICU beds, a public testing facility Cadham Laboratories, and further testing capacity in the public university, which was deployed on COVID-19 testing in March 2020.

The province moreover had the luxury of time to increase testing capacity, because it turned out that its isolation reduced COVID-19 transmission to and within the province. With leadership mobilizing mass testing, a lockdown that produced an extreme version of natural Manitoban winter and geographic isolation could have been efficiently replaced with mass testing, allowing for an efficient economic and social restoration that could have advantaged the province relative to other regions with more difficult pandemic conditions. In late March, Cadham and the University of Manitoba labs did increase testing capacity; but decisionmakers allowed testing to dwindle as it became apparent by early April that there would be few COVID-19 cases in the province. The provincial government even transferred public funds to Dynacare, an acquisitive private testing conglomerate that had expanded from Ontario.

Regrettably, this low pandemic impact did not mean restoration of social and economic institutions under the provincial government's command. Within the context of low COVID-19 impact, the provincial government chose to maintain suppressed, selective testing (of health care workers, people exhibiting COVID-19 symptoms, and cross-border travelers), in favor of manipulating the global emergency discourse and fear. Low COVID-19 impact provided the provincial government the time and space, alongside a plausible threat of morbidity and mortality, to implement their pre-existing austerity goals.

The result has been, as elsewhere, the widespread popular diffusion of narrow population-management mentality, pathologizing and displacing recognition of complex humanity and its fuller conditions for thriving, and in particular in Manitoba, a sprawling orgy of austerity and public institution mining and dismantling.¹ Yet we are not at the heart of capitalism, or even trying to capitalize on our advantages; and our province is more complex than a business or a church. To work on a level higher than serfdom and colonialism, we *need* to recognize *public* value here.

Although some governments, from Iceland to Germany to Vo, Italy to South Korea to Kerala to New Zealand have prioritized humane pandemic policy, and dug into mass COVID-19 testing to good effect, Atlantic Anglo-American regions have over relied on population policing and isolation-and-immobilization biosecurity strategy that has decimated mental and physical health, women's productive work, and the economy. The US brutally demonstrates that biosecurity has continued state terror upon expropriated communities of colour. Why maintain this dysfunctional reflex in this moment of great change?

Two UK epidemiological strategy teams, including the Imperial group, ran influential computer models of various responses to COVID-19 transmission from January through

March. These models avoided geographic, population density, and transit centrality variables, so would not represent the salient, uneven distribution of COVID-19. In late January 2020, the National Health Service instructed the strategy theorists to stop modeling mass testing, arguing they did not at that moment possess sufficient mass-testing capacity; and the UK government decided not to devote resources to mobilizing mass-testing capacity.² Eschewing the mobilization of testing capacity, the UK government instead embraced the population isolation-and-immobilization biosecurity approach, which was commonly romanticized as a war-mobilization effort³—but because of its policing bias rather than because it mobilized the production of resources to fight the enemy, a virus rather than humanity. In some isolated biosecurity regions, like the Hawaiian island of Kauai, the biosecurity mortality rate (suicide, recreating alone) was five times the rate of COVID-19 mortality this year. Along with a recent Public Health Ontario report on the negative impacts of isolate-and-immobilize pandemic management,⁴ such cases suggest that we can expect to see the lagged health consequences of inhumane biosecurity policing and austerity as well. How have we mobilized our resources to moderate these?

Manitoba healthcare has staggered under \$120 million in budget cuts since 2017, with urban hospital emergency rooms, women’s clinics, and remote health stations wiped out, hundreds of nurses chased out of the province, and millions in the public budget redirected to consultants.⁵

In the early months of 2020, testing in Manitoba was limited by a lack of reagent, which Cadham lab overcame by making their own, and then a lack of swabs, glorified cotton sticks. But production of such simple supplies can be mobilized and finessed—for example, where face masks were scarce and hoarded in April, today there is a glut; and instead of throwing up their hands in the face of proprietary test inputs scarcity, the Francis Crick Institute went back to the drawing board, developing and sharing basic testing designs that didn’t require the inputs in high global demand.⁶ Scientists have argued that advanced economies, including the beleaguered US, now have the capacity, and should be ramping up COVID-19 molecular testing. “We’re still operating on the mindset of a testing scarcity,” bemoans Ashish Jha, Director of Harvard’s Global Health Institute. He estimates conservatively that at a minimum, the US COVID-19 testing rate should almost double, which is well within US labs’ capacity. Ann Kiessling, Director of the Bedford Research Foundation lab, sees testing-lab use languishing. She believes that for safer day care, school, women’s work, and public transit restoration, labs could test children and workers frequently or periodically.⁷ Even while testing labs have languished, media have broadcast political wailing over test scarcity this summer of COVID-19 spikes in Southern US cities.

In the US, however, most public officials just aren’t mobilizing. Testing can have high costs for politician and public health decisionmakers lobbied by the pharmaceutical industry. For example, Sweden’s infamously high June transmission

rate is a statistical byproduct of having identified thousands of asymptomatic and mild cases by ramping up contact tracing and testing. This spike permitted their political rivals to viciously attack concerted Swedish efforts to stay human. Thanks to testing and tracing, however, Swedes emerged with a much better understanding of the disease, and in a few weeks, by the beginning of July reduced their realistic COVID-19 new-case rate by 97%.⁸ We also cannot forget that the US still serves as *the* market to the globe; and vaccine developers are depending on its laissez-faire approach to COVID-19 to maintain a vaccine market, where other regions have minimized that market by instead reducing COVID-19 with luck and policy mixes.

But the costs of biosecurity can be severe. Minnesota's public health official in charge of mobilizing testing, Daniel Huff, managed to secure an arrangement with Mayo Clinic and the University of Minnesota to increase testing capacity. In April they publicly announced that they had mobilized the capacity to test 20,000 Minnesotans/day.⁹ But leaders thereafter decided to abandon mass-testing in favor of maintaining the population policing and economic-suppression biosecurity strategy, as it had been originally planned by the Red Dawn biosecurity strategy team organized by the US Department of Homeland Security.¹⁰ By late May, as with other regions outside the hardest-hit COVID-19 core metropolises, the biosecurity strategy was somewhat relaxed in Minnesota to allow for more economic activity. But as elsewhere, Black and Indigenous mortalities and unemployment, women's unemployment, mental health, and general economic destruction were severe biosecurity casualties. The pandemic disruption exposed the bitter fruit of policing-based population management. In early June, with support from the US Executive, the heavily-armed regional and national militarized police and militaries launched a brutal warfare campaign on American civilians, when Minnesotans erupted to disrupt the flow of legalized extrajudicial killings of civilians by police.

Conforming with the US biosecurity policing and commercial vaccine priority, some local media likes to amplify those elements within the medical or research community that will cite false-negative testing or coronavirus mutation, in order to maintain a case against increased and mass molecular testing. But because, practically, mass testing has been sufficiently reliable in other regions,¹¹ and most of the scientific and public health fields view SARS-CoV-2 as a tractable, comparatively moderate mutator,¹² the animating anxiety for health decisionmakers is resource scarcity. In Manitoba, beleaguered and politically-gagged public health experts worry that, given the austerity agenda of the provincial government, increased or mass testing will divert resources from other crucial prevention programs necessary in an extractive tributary economy with a legacy of both mass and racialized poverty, in a contemporary context of growing inequality. In such vexed contexts, medical doctors like the University of Southern California's Michael Hochman would prefer to minimize testing to the symptomatic in disease-spike moments. This minimalist alternative could be reasonable—a focus on

universalizing affordable, simple behaviours such as hand washing, spatial distance, good old California outdoor living, and especially mask-wearing in public.¹³ The UK's *Lancet* medical science editors additionally underscore the paramount importance of infection prevention and control in closed and immobilizing residential facilities like long-term care homes and prisons. But this menu of behavioural adaptations, even coupled with ideal, negligible COVID-19 incidence in our region, has not convinced our authorities to redesign and restore camps, day care, school, and university, and reduce the massive disruption to women's productive jobs and the economy. Having sat on testing, perhaps "saving it up,"¹⁴ leaders have not developed, and we have not benefitted from, sufficient testing capacity in North America.

Favoring the policing-and-austerity heavy biosecurity strategy expanded and prolonged population isolation and immobilization, as well as politically-manipulable fear. The commitment to biosecurity and vaccine markets have meant that basic virus testing infrastructure has been neglected, most egregiously in low-COVID-19 regions like ours where the information provided by coronavirus mass testing—as has been shown from Vo, Italy to Iceland to Germany and on—can avert the epically-destructive economic, social, and political consequences of biosecurity policing and austerity.

In Manitoba, we have the public labs and know-how, we have testing capacity, and with provincial coordination, we can ramp it up. We don't need the political party in charge to throw away our money, patronizing private lab CEOs' fortunes. If this government were entrepreneurial rather than predatory, we would be looking at our hapless neighbors to the south as customers delivering revenue to our public lab, helping maintain its capacity for handling future epidemics. If we have access to testing, we can pursue universal, quality, public child care to enable parents to do paid work. We can let children socialize, play, and learn from each other and teachers in semi-structured environments with safer health protocols. We don't have to replace public transit with Uber exploitation and pollution. We can prepare for any future COVID-19 spikes and subsequent novel coronaviruses, and we *should* prepare because humans do not develop permanent immunity to coronaviruses,¹⁵ and the contributing conditions to novel virus generation and transmission—the economic requirement that impoverished people supplement their commodity income from uncommodified nature—are baked into capitalist inequality.¹⁶

We have to face how much is at stake. Political parties are in the business of reaping prefabricated consensus; they are not in the business of preventative healthcare, and inhumane prejudices and privatization can still allow them to ruin the economy and related human health. We have to recognize our institutions' specializations, their strengths and weaknesses, and build upon them both to restore our welfare and to better navigate oncoming problems. Like the flu, some novel pandemics and epidemics could hit our remote communities harder. Though testing seems like someone else's technical responsibility, with expanded testing, we can pivot and begin

to address future viral disruptions, as well as a lot of social and economic problems. The facilitating context is that we have to establish for Manitoba Public Health and Cadham Lab, in legislation, funding and more independence serving a *prevention* mandate. If you have felt fear, anxiety, and indignation during the pandemic, then you can understand how such prevention-capacity is crucial, and crucial to institute when we can.

The first shot might be free, but due to our loss of immunity as well as virus mutation, coronaviruses will require repeated vaccination, which will cost. No matter how profitable for someone, a COVID-19 vaccine is unlikely to be able to stop subsequent coronaviruses and other viral epidemics and pandemics, and particularly not in the hole of inequality and inegalitarianism dug by unbounded reliance on policing and austerity. Manitobans need to come together and press back upon our leaders, to prioritize expanding upon our strengths and skills, funding university inquiry and intelligence that maintains engagement with the complex requirements, limits, and developmental potential of humanity; establishing a greater degree of independence and funding for Manitoba Public Health to pursue preventative health campaigns; and funding Cadham and university labs to expand testing, to enhance our capacity to identify contagious individuals in epidemics and pandemics, selectively treat them, and restore them and improve our social and economic conditions more efficiently. We must reduce high-damage, policed isolate-and-immobilize biosecurity to a very temporary, limited *last resort* tool, rather than a malingering crutch for a collapse of public values and constructive planning. Such leadership can launch world-leading expertise and further opportunities for Manitobans.

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References

- Beale, R. 2020. "Short Cuts: How to Block Spike." *LRB*, May 21: 10–11. <https://www.lrb.co.uk/the-paper/v42/n10/rupert-beale/short-cuts>.
- Blyth, M. and A. Tooze. 2020. "The Ultimate Hidden Black Swan." *Real Vision Finance*, May 11. <https://www.youtube.com/watch?v=HqFiebHjEsA>.
- Boffrey, D. & K. Willsher. 2020. "Schools reopening has not triggered rise in Covid-19 cases, EU ministers told." *The Guardian*, May 18. <https://www.theguardian.com/world/2020/may/18/french-minister-tells-of-risks-of-missing-school-as-more-pupils-return-covid-19>.
- Butler, J. 2020. "Follow The Science." *LRB* 42 (8). <https://www.lrb.co.uk/the-paper/v42/n08/james-butler/follow-the-science>
- Chakraborty, A. 2020. "Johnson Says This is War. But His Response to COVID Is Laughably Inadequate." *The Guardian*, March 18. <https://www.theguardian.com/commentisfree/2020/mar/18/boris-johnson-covid-19-response>.
- Cheong, I. 2020. "The Experience of South Korea with COVID-19," Chapter 12 in *Mitigating the COVID Economic Crisis: Act Fast and Do Whatever It Takes*. R. Baldwin and B. Weder di Mauro, eds. CEPR Press.
- Chernomas, R. & I. Hudson. 2020. "Moving Forward in A Post-Pandemic Economy." *The Winnipeg Free Press*, June 10. <https://www.winnipegfreepress.com/opinion/analysis/moving-forward-in-post-pandemic-economy-571152732.html>.
- Cran, T. and M. Burks. 2020. "Mayo Clinic Expects COVID-19 Antibody Test to be Ready Monday." *MPR News*, April 1. <https://www.mprnews.org/story/2020/04/01/mayo-clinic-expects-covid19-antibody-test-to-be-ready-monday>.
- CRIAW. 2020. "Women in Canada and COVID-19," April 7. bit.ly/2JLqFOk.
- Das, L.T., E.L. Abrahamson, R. Kaushal. 2020. "Reopening US Schools in the Era of COVID-19: Practical Guidance From Other Nations." *JAMA*, June 30. <https://jamanetwork.com/channels/health-forum/fullarticle/2767982>.
- Davis, M. 2020. *The Monster Enters: COVID-19, The Avian Flu, and the Plagues of Capitalism*. OR Books.
- Dutchnews.nl. 2020. "Use Crisis to Make Post Corona Society Fairer and Sustainable, Say Scientists." April 13. <https://www.dutchnews.nl/news/2020/04/use-crisis-to-make-post-corona-society-fairer-and-sustainable-say-scientists/>.
- Eckerle, I. & Meyer, B. 2020. "SARS-CoV-2 Seroprevalence in COVID-19 Hotspots." *The Lancet*, July 6. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31482-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31482-3/fulltext).
- Emeruwa, U.N. et al. 2020. "Associations Between Built Environment, Neighborhood Socioeconomic Status, and SARS-CoV-2 Infection Among Pregnant Women in New York City." *JAMA*, June 18. <https://jamanetwork.com/journals/jama/fullarticle/2767631>.
- Folbre, N. 2020. "The Care Theory of Value." April 8. <https://blogs.umass.edu/folbre/2020/04/08/the-care-theory-of-value/>.
- Folkhalsomyndigheten. 2020a. "FAQ About COVID-19." <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/>.
- Folkhalsomyndigheten. 2020b. "The Swedish Strategy." <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19--the-swedish-strategy/>
- Folkhalsomyndigheten. 2020c. "Bekräftade Fall i Sverige — Daglig Uppdatering." <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/bekraftade-fall-i-sverige/>

- Goertzen, B. 2020. "COVID-19 & Health Care: Austerity Will Do More Harm than Good." *CCPA-MB Fastfacts*, May 26. https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2020/05/COVID-19_and_Health_Care_Austerity.pdf
- Gollier, C. 2020. "Optimal Group Testing to Exit Covid Confinement." *Econfp*, March. <https://econfp.org/policy-brief/optimal-group-testing-to-exit-the-covid-confinement/>
- Gonsalves, G. 2020. "Testing, Testing, 1-2-3 Testing." *The Nation*, April 16. <https://www.thenation.com/article/society/coronavirus-testing-social-distancing/>.
- Gonsalves, G. & A. Kapczynski. 2020. "The New Politics of Care." *The Boston Review*, April 27. <http://bostonreview.net/politics/gregg-gonsalves-amy-kapczynski-new-politics-care>.
- Hagan, S. 2020. "Canada Unexpectedly Adds 290,000 Jobs on Gradual Reopening." *Bloomberg*, June 5. <https://www.bloomberg.com/news/articles/2020-06-05/canada-unexpectedly-adds-290-000-jobs-on-gradual-reopening>.
- Hajer, J. and L. Fernandez. 2020. "Austerity and COVID-19: Manitoba Government Creating, Not Solving, Problems." *CBC*, April 21. <https://www.cbc.ca/news/canada/manitoba/manitoba-government-economy-covid-19-1.5539666>.
- Hamilton, J. 2020. « Why Death Rates from Coronavirus Can Be Deceiving. » *NPR*, March 27. <https://www.npr.org/sections/goatsandsoda/2020/03/27/821958435/why-death-rates-from-coronavirus-can-be-deceiving>.
- Huff, D. 2020. "Comparative State and Private-Sector Mobilizations toward COVID-19 Testing (RNA and antibody) and Immunization." WebEx Interview with the Assistant Commissioner, Health Protection, Minnesota Department of Public Health. April 14.
- Humphries, W. 2020. "Fears that Cheltenham Festival May Have Spread Coronavirus Throughout Country." *The Times UK*. April 3. <https://www.thetimes.co.uk/article/cheltenham-festival-spread-coronavirus-across-country-vbzmn5p9q>.
- Katz, D.L. 2020. "Is Our Fight Against Coronavirus Worse Than the Disease?" *New York Times*, March 20. <https://www.nytimes.com/2020/03/20/opinion/coronavirus-pandemic-social-distancing.html>.
- Klein, N. & M. Hasan. 2020. "Coronavirus Capitalism." *The Intercept*, April 7. <https://theintercept.com/2020/04/06/live-mehdi-hasan-naomi-klein-coronavirus-capitalism/>.
- Kramer, E. 2020. "Mass Testing for COVID-19: Economics, Politics, and Policy Options." *Economic Blogs.org*. March 30. <https://heterodox.economicblogs.org/angry-bear/2020/kramer-covid-19-economics-politics-policy-options>.
- Lakshman, M. 2020. "My Son Peed Onscreen in a Zoom Call, and Other Tales of a Working Parent." *The Walrus*, July 7. <https://thewalrus.ca/my-son-peed-onscreen-in-a-zoom-call-and-other-tales-of-a-working-parent/>
- Lett, D. 2020. "PCs Pay Price for Pallister's Pandemic Performance." *Winnipeg Free Press*, June 19. <https://www.winnipegfreepress.com/local/pcs-pay-price-for-pallisters-pandemic-performance-571375702.html>.
- Lynch, L. 2020. "Lessons from COVID-19." Interview with A. Yalnizyan and Farah Schroff, *CBC Early Edition with Stephen Quinn*: June 8.
- Mazzucato, M. 2018. *The Entrepreneurial State: Debunking Public vs. Private Sector Myths*. New York: Penguin.
- Morton, C.J., A. Kapczynski, H.M. Krumholz, J.S. Ross. 2020. "To Help Develop The Safest, Most Effective Coronavirus Tests, Treatments, And Vaccines, Ensure Public Access To Clinical Research Data." *Health Affairs*, March 26. <https://www.healthaffairs.org/doi/10.1377/hblog20200326.869114/full/>.
- Nundy, S. & K.K. Patel. 2020. "Self-service Diagnosis of COVID-19—Ready for Prime Time?" *JAMA*, March 16. <https://jamanetwork.com/channels/health-forum/fullarticle/2763264>.
- Omarova, S.T. 2020. "Money in the Time of Coronavirus: Crises, Bailouts, and the Case for a National Investment Authority." *Just Money*, April 1. <https://justmoney.org/s-omarova-crises-bailouts-and-the-case-for-a-national-investment-authority/>.

- Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2020. "Negative Impacts of Community-Based Public Health Measures During a Pandemic (e.g., COVID-19) on Children and Families." Toronto, ON: Queen's Printer for Ontario. <https://www.publichealthontario.ca/-/media/documents/ncov/cog/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf>
- Pancevski, B. 2020. "Some Nations Look to Mass Testing for Faster Way Out of Coronavirus Crisis." *Wall Street Journal*, April 1. <https://www.wsj.com/articles/some-nations-look-to-mass-testing-for-faster-way-out-of-coronavirus-crisis-11585758518>.
- Patel, N. 2020. "The US Now Has More COVID-19 Tests Than It Knows What to Do With." *MIT Technology Review*, June 27. <https://www.technologyreview.com/2020/06/27/1004545/us-covid-19-coronavirus-test-capacity-unused-available-reopening/>.
- Peterson, E. et al. 2020. "Comparing SARS-CoV-2 with SARS-CoV and Influenza Pandemics." *The Lancet*, July 3. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30484-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30484-9/fulltext)
- Red Dawn. 2020. "The DHS Red Dawn Biosecurity Strategy Group: FOIA'd Emails." *New York Times*. <https://int.nyt.com/data/documenthelper/6879-2020-covid-19-red-dawn-rising/66f590d5cd41e11bea0f/optimized/full.pdf>.
- Saplakogu, Y. 2020. "How Fast Can the Coronavirus Mutate?" *Live Science*, March 6. <https://www.livescience.com/coronavirus-mutations.html>
- Scott, K. 2020. "70% of All Job Loss Has Been Imposed on Women." *Behind The Numbers*, April 10. <http://behindthenumbers.ca/2020/04/10/women-bearing-the-brunt-of-economic-losses-one-in-five-has-been-laid-off-or-had-hours-cut/#can>.
- Semrad, T. 2020. "Utah's Economic Plan: Stick with Social Distancing while Expanding COVID-19 Testing, Medical Research and Aid." *Salt Lake Tribune*, March 24.
- Sethuraman, N. et al. 2020. "Interpreting Diagnostic Tests for SARS-CoV-2." *JAMA*, May 6. <https://jamanetwork.com/journals/jama/fullarticle/2765837>.
- Shi, L., et al. 2020. "Prevalence of and Risk Factors Associated With Mental Health Symptoms Among the General Population in China During the Coronavirus Disease 2019 Pandemic." *JAMA*, July 1. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767771>.
- Taylor, P. 2020. "Susceptible, Infectious, Recovered." *LRB* 42(9).
- Wallace, R., A. Liebman, L.F. Chavez & R. Wallace. 2020. "Covid-19 and Circuits of Capital." *Monthly Review*, May 1. <https://monthlyreview.org/2020/04/01/covid-19-and-circuits-of-capital/>.
- Wilt, J. 2019. "The Devastation of Manitoba: An Autopsy of Pallister's Austerity Regime." *Canadian Dimension*, August 28. <https://canadiandimension.com/articles/view/the-devastation-of-manitoba>.
- Wood, J. 2020. "The World Health Organization Has Called on Countries to 'Test, Test, Test' for Coronavirus - This is Why." *World Economic Forum*. <https://www.weforum.org/agenda/2020/03/coronavirus-covid-19-testing-disease/>.
- Wright, T. 2020. "For Women Aged 25- 54, Job Losses Due to COVID-19 are 2x Those of Men - And Likely Worse for Racialized Women." *Huffington Post*, April 10. https://www.huffingtonpost.ca/entry/coronavirus-women-federal-support_ca_5e908094c5b6cac1e812872d.
- Yalnizyan, A. 2020. "No Recovery without a She-covery." Statement to the House of Commons Standing Committee on Finance and the Government's Response to the Pandemic, June 4. <https://atkinsonfoundation.ca/atkinson-fellows/posts/no-recovery-without-a-she-covery/>.
- Zylke, J. & H. Bauchner. 2020. "Mortality and Morbidity: The Measure of a Pandemic." *JAMA*, July 1. <https://jamanetwork.com/journals/jama/fullarticle/2768085>.

Notes

- 1 Chernomas & Hudson 2020; Hajer & Fernandez 2020; Lett 2020.
- 2 Butler 2020.
- 3 Chakraborty 2020.
- 4 Ontario Agency for Health Protection and Promotion 2020.
- 5 Goertzen 2020; Wilt 2020.
- 6 Beale 2020.
- 7 Patel 2020.
- 8 Folkhalsomydigheten 2020b and 2020c.
- 9 Huff 2020; Cran & Burks 2020.
- 10 Red Dawn 2020.
- 11 Cheong 2020; Das 2020; Gollier 2020; Gonsalves 2020; Huff 2020; Kramer 2020; Pancevski 2020; Semarad 2020; Sethuraman 2020; Wood 2020.
- 12 Butler 2020; Huff 2020; Peterson et al 2020; Saplakogu 2020.
- 13 Patel 2020.
- 14 Patel 2020.
- 15 Beale 2020.
- 16 Davis 2020; Wallace, Liebman, Chavez & Wallace 2020.



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