

The Shock Doctrine in Manitoba

How the Provincial Government
Pushed Privatization and Weakened
Democracy During COVID-19

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The opinions and recommendations in this report, and any errors, are those of the author, and do not necessarily reflect the views of the publishers or funders of this report.



A previous version of this report indicated there was no privatization of healthcare services prior to 2018, this has been corrected.



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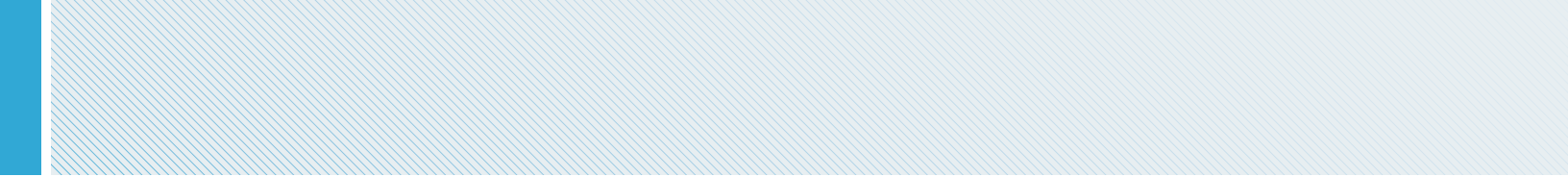
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5	Introduction
7	Democracy and Provincial Governance
9	Health Care System
13	Privatization of Air Ambulance Services During COVID
15	Business
16	Childcare
17	Conclusion
18	Appendix A
20	Bibliography
23	Endnotes



Introduction

The Shock Doctrine is when governments exploit a crisis, like a pandemic or natural disaster, to establish controversial and questionable policies while citizens are too distracted by the crisis to respond and resist effectively.

WITHIN THE FIRST few weeks of March 2020, the COVID-19 pandemic threw Manitoba into disarray. To contain the deadly Coronavirus, public health ordinances closed gathering places and nonessential activities were halted. Manitobans were told to social distance and stay home. At the same time, essential services like health care were stretched beyond their breaking point. The Province of Manitoba started to respond to COVID-19 with new policies and initiatives. By April 2020, CCPA Manitoba Research Associate Patrick Falconer observed the government’s emergency protections were remarkably pro-corporate and some circumvented established democratic norms. Falconer argued that Manitoba’s response to COVID-19 was showing signs of becoming what Canadian author and social activist Naomi Klein terms “The Shock Doctrine.”¹

The Shock Doctrine occurs when neoliberal and undemocratic agendas are rapidly advanced in moments of societal trauma and disruption. This is caused by national and international crises, when a citizenry cannot effectively hold governments in check.² A prominent example of the Shock Doctrine, in Klein’s view, was the rapid privatization of schools in New Orleans after Hurricane Katrina. Less than two years after the disaster, the New Orleans public school system was stripped of 97 percent of its schools as a group of neoliberal proponents led by Milton Friedman took advantage of a distracted public and fragmented education unions.³ The COVID-19 pandemic is one such shock that continues to reverberate throughout Manitoba; it has permitted rampant privatization of public services and digression from democratic

norms. These changes have often been rushed through while Manitobans had limited abilities to respond due to the health burden, stress and isolation brought on by COVID. The Shock Doctrine's effect on Manitoba will remain long after the pandemic's surface-level disruptions dissipate.

The problems of the privatization of public goods and services are well-documented, and include increased costs; lower quality services; reduced public accountability; fractured distribution and reduced flexibility (Greenwood 2014) (Reynolds et al 2016) (Friends of Medicare 2019) (Cordelli 2020) (Elliot 2020). For more details, please see Appendix A.

The COVID-19 Shock Doctrine is only one dimension of Manitoba's decades-long shift towards an ever-increasing neoliberal restructuring. For example, a recent report published by CCPA Manitoba entitled "Hard Infrastructure, Hard Times: Workers Perspectives on Privatization and Contracting out of Manitoba Infrastructure," details the ongoing privatization of provincial infrastructure and transportation services within Manitoba.⁴ The Shock Doctrine is a necessary component to understanding neoliberal public policy in Manitoba; it is one important piece in a larger puzzle. It represents an unprecedented embrace by the Manitoban government of privatization and an erosion of democratic norms and procedures.

These trends in privatization and democratic erasure can and should be reversed. Klein argues that a society which better comprehends the inner mechanisms of the Shock Doctrine builds up resiliency.⁵ Such resiliency will allow Manitobans to examine with fresh eyes the new and often undemocratic norms established by the COVID-19 shock, in order to help those concerned with neoliberalism insulate the province against future shocks.

The following report documents instances of the Shock Doctrine during COVID-19 in Manitoba in the following areas: democracy and provincial governance, health care, business and child care.

Neoliberalism is a political approach that favours free-market capitalism, deregulation, and reduction in government spending.

The problems of the privatization of public goods and services are well-documented, and include increased costs; lower quality services; reduced public accountability; fractured distribution and reduced flexibility.

Democracy and Provincial Governance

THERE ARE A number of instances where the provincial government rushed through legislation, or did not provide information on legislation, thereby eroding democracy in Manitoba. In April 2020, the province approved legislation allowing for provincial park passes to be distributed by private companies. This privatization clause was sandwiched between new rules allowing fishing licenses and park passes to be distributed digitally within the same bill and was rushed through alongside numerous other emergency bills designed to protect Manitobans from the COVID-19 pandemic.⁶ Because the distribution of park passes is being contracted out, private companies can now regulate entrance to provincial parks. At least two private contracts for park management have since been established. One of the locations, St. Ambroise provincial park, has since seen a two to threefold jump in campsite rental rates.⁷

In November 2020, the provincial government tabled 19 new bills in the Legislature by title only. There was no text to the bills provided for the public to review, breaking from democratic norms and undermining the public's ability to participate in the democratic process.⁸ This action was publicly critiqued by the grassroots organization Communities Not Cuts. It was also denounced in an open letter published in the Winnipeg Free Press signed by five former provincial and federal legislators from the Progressive Conservative, Liberal, and New Democratic parties, as well as a prominent

Manitoba academic expert in intergovernmental affairs. They criticized the withholding of information as cause for “serious concerns regarding significant departures from legislative norms.”⁹ Among those bills was Bill 49, which, when passed in April 2021, significantly disempowered the Freedom of Information Act, allowing government agencies to disregard requests for information if deemed too broad, too systematic, or if they are “otherwise not made in good faith.”¹⁰ In this catch-22 scenario, the government’s departure from democratic norms also diminished the right to freedom of information, making public information increasingly more difficult for Manitobans to obtain in the future.

In Spring 2021, the departments of Health, Family Services, and Education continued to part with legislative norms by presenting budget estimates that were approximately 70–80 percent shorter than previous years.¹¹ Comprehensive budget estimates are critical democratic documents laying out how departments plan to allocate funds in service of their mandates, allowing the public and opposition to ask questions and for clarification. This left Manitobans in the dark regarding the government’s financial plans for the following year, at a time of increased privatization within the medical system, when transparency was increasingly critical.

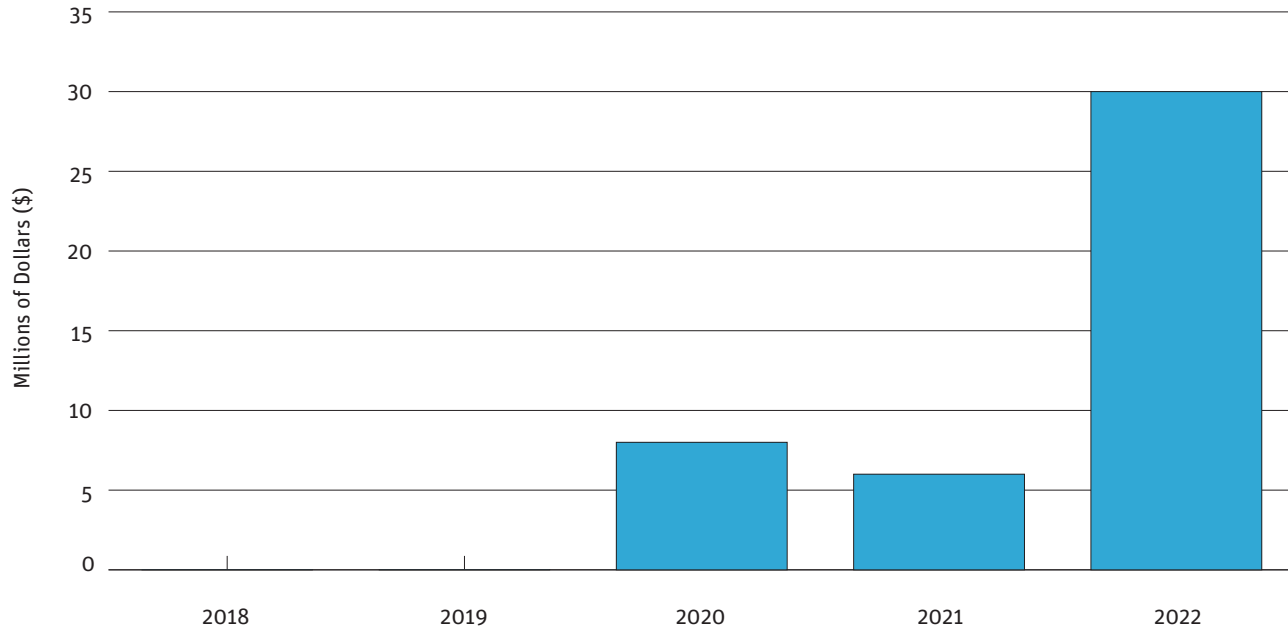
Health Care System

THE SHOCK DOCTRINE has played out in the Manitoban Medical System in four major areas: Provision of Medical Services, Staffing, Long Term Care, and Healthcare tie-ins.

Medical Services

- From 2015–2017, the provincial department of Health, Seniors, and Active Living disclosed no private contracts over \$10,000 for medical services. During 2018 and 2019, one private non-for-profit firm, Community Therapy Services Inc., was contracted for medical services by the department for approximately \$67,000.¹²
- In 2020 the department’s contracts with for-profit private firms for medical services amounted to approximately \$8,100,000.¹³ The department disclosed contracts with five for-profit firms, Vision Group Canada, Cardio 1, Prota Clinic, Maples Surgical Centre, and Western Surgery Centre.
- In 2021, the Department of Health, Seniors, and Active Living increased medical service contracts with for-profit firms by approximately \$6,400,000.¹⁴ Among the extended contracts were those of Cardio 1, Maples Surgical Centre, Vision Group Canada, and Western Surgery Centre.

FIGURE 1 Value of New Contracts for Medical Services Between Manitoba and For-Profit Firms



- In 2022, from January to August, contracts with Maples Surgical Centre, Western Surgery Centre, and Vision Group Canada were increased, and new contracts were created with Aqua I Laser, Cerebra Medical, and Men’s Health Clinic amounting to a total increase of approximately \$30,200,000.¹⁵ As of yet, the contracting out of medical services has shown no reliable signs of cessation.
- The provincial government has also signed three contracts with private clinics in Ontario, North Dakota, and Ohio to offload Hip and Knee Surgeries.¹⁶ The provincial government repeatedly refused to release cost estimates for these contracts.¹⁷
- In total, contracting out for private medical care increased to at least \$30 million in 2022.

Staffing

- In 2021–2022 the Province spent \$40.9 million on private agency nurses to staff public hospitals and medical centres, up more than 50 percent from 2020–2021, which saw \$27 million spent on private agency nurses.¹⁸ Instead of fixing the economic incentives which push nurses and other healthcare professionals from the public system to private agencies, the province is increasingly relying on private support and has asked private agencies to propose solutions to ongoing staff shortages exacerbated by the pandemic.
- In March 2022, Brenda Martinussen, previously an executive at a for-profit home healthcare company, was appointed to the Shared Health board of directors, an act the Manitoba Health Coalition condemned as undermining the integrity of Manitoba’s public health system.¹⁹ The provincial government has sought more pro-corporate representation on provincial governance boards, evidenced by the continued service of at least two Shared Health board members who previously worked with private pharmaceutical firms, as well as two former executives for Manitoban telemarketing companies, both of which have “significant investment in private virtual health care” according to the Manitoba Health Coalition.²⁰

Long-Term Care

- In response to a deadly COVID-19 outbreak in Revera Maples Long Term Care Home which claimed 54 lives, the provincial government commissioned “The Stevenson Review” which led to a provincial investment of over \$16 million dollars in long-term care.²¹ Instead of specifically building up public long-term care infrastructure, Manitoba has doubled down on for-profit solutions to dangerous gaps in services to elderly and disabled Manitobans.
- The provincial government has placed Personal Care Home representatives on the Health Incident Command Structure.²² While tightening reporting and response structures is critical to ensure a safe home care system, it also points to increased private interests being represented in provincial policy, reflecting the increase in representation of pro-corporate interests on the Shared Health board.

Health Care Tie-Ins

- In March 2020, Morneau Shepell was contracted for \$4.5 million to provide virtual Cognitive Behavioral Therapy during the pandemic.²³ In an op-ed in the Winnipeg Free Press, clinical psychologist Drek Dawda and Director of the Centre for Applied Ethics, Neil McArthur explain that this substantial funding was inappropriate when local clinicians have the capacity to deliver this service, and were struggling for revenue due to COVID-19. Dawda and McArthur ask, “At a time when local therapists are facing a revenue crisis due to the pandemic, will this program allow Morneau Shepell to establish a lasting dominance in the provision of mental health care in Manitoba, at the expense of the province’s independent providers — and, importantly, using our province’s public funds?”²⁴ Alongside the representation of formerly private telecommunication executives on the Shared Health board, the expansion of virtual healthcare during the pandemic has accelerated the privatization of Manitoba’s healthcare systems.
- In April 2020, Dynacare, a private laboratory, was contracted to provide two-thirds of COVID-19 testing in the province, while there was no significant expansion in public lab capacity.²⁵
- From 2020 until 2022, 24-7 Intouch was contracted to support the Manitoba Government’s COVID-19 response.²⁶ The only contract with 24-7 Intouch disclosed for that period by the province is for approximately \$74 million.²⁷

Privatization of Air Ambulance Services During COVID

Manitoba was the only province to airlift high acuity COVID patients out of province.

IN SEPTEMBER 2020, Air Ambulance Services were privatized and transferred from Provincial LifeFlight to STARS, a private firm.²⁸ Privatization of Government Air Services began in 2018. The assets required to run specialized services like Provincial Air Ambulance Services are specific and require long-term exclusivity with private sector contractors, resulting in no cost-savings to taxpayers. In order for profit to be made, however, providers may cut corners.

During the third wave of the pandemic in the Spring of 2021, Manitoba airlifted acute-care COVID patients out of the province due to a lack of intensive-care unit beds. 57 patients were airlifted out of the province to Alberta, Saskatchewan and Ontario in total, and 12 of them died.²⁹ Manitoba was the only province to airlift high acuity COVID patients out of province.

On May 25th, 2022, acute care patient Krystal Mousseau, 31, of Ebb and Flow First Nation, died after an attempt to airlift her from Brandon to a hospital in Ontario. Jon Younes, Manitoba's chief medical examiner, conducted a critical incident investigation, which found the private transportation team did not have sufficient equipment or training to transport Mousseau and that she was not receiving the correct amount of medication she required.³⁰ Dan Roberts, a critical care physician and professor of medicine at the University

of Manitoba and the provincial opposition called for a public inquiry into Mousseau's death.³¹ Dr. Roberts wrote:

“Krystal’s death was unexpected and should not have occurred. Such catastrophes almost invariably involve multiple system failures. These often include communication breakdowns, equipment failures and deficiencies in safety procedures and training.

The Province and the chief medical examiner did not agree to this call for a public inquiry.

Pandemic Response Inquiry Needed

The Manitoba government’s Health System Transformation, which began in 2017, led to extensive cuts, privatization and weakened the capacity throughout the critical care system prior to the arrival of COVID-19. Privatization weakened the healthcare systems’ ability to respond to the influx of patients during COVID-19. Privately-run long-term care homes like Maples Long Term Care and Parkview Place The Manitoba Health Coalition, and former Clerk of the Executive Council of Manitoba David McLaughlin, called for a public inquiry into the Manitoba government’s response to the COVID-19 pandemic.³²

Business

IN APRIL 2020, 24-7 Intouch was contracted for \$4 million to assist businesses and nonprofits in applying for federal wage subsidies and the Canada Emergency Business Account at the beginning of the pandemic.³³ This was announced before Manitoba had announced any direct support to Manitoba businesses or nonprofits. It was unclear why Manitoba set up a system to access federal funds when businesses and non-profits could apply directly to the federal government for these funds via the Canada Revenue Agency website.

Childcare

IN MARCH 2020, the Manitoba government announced the Winnipeg and Manitoba Chambers of Commerce were to distribute \$18 million to private, family-home childcare providers to offer child care in their homes. It was unclear why this money could not have been dispersed by the public purse, as is normal practice. By April 2021, less than \$5 million of this was spent.³⁴ Meanwhile, non-profit childcare centres' operating funding has been frozen in Manitoba since 2016. Non-profit child care centres comprise 90 percent of all licensed child care spaces.³⁵ The province offloading the distribution of aid programs to 24-7 InTouch and the Winnipeg and Manitoba Chambers of Commerce represents an embrace of the Shock Doctrine: reducing financial visibility, accountability and advancing private interests in response to the worst shock to Manitoba's economy in years.

Manitoba's civil service is intended to have the human resources necessary for the government to function and to provide public services. Due to staffing cuts, however, currently, the civil service cannot meet current demand. From 2016–2021, 2,644 positions have been eliminated from the Manitoba civil service — a cut of nearly 18 percent.³⁶ Instead of halting cuts to the public civil service, Manitoba opted to contract out to the private sector for the delivery of services.

Conclusion

During the pandemic, at least \$208 million dollars of government funding were routed through for-profit firms for various purposes, a number that in reality is likely much higher.

FROM HEALTHCARE TO child care, the COVID-19 shock provided the Manitoba government with the means to privatize formerly public services, and paved the road for further privatization, much of which is still ongoing. During the pandemic, at least \$208 million dollars of government funding were routed through for-profit firms for various purposes, a number that in reality is likely much higher. Public service infrastructure is a critical component of a healthy economy and society. However, in Manitoba, the COVID-19 shock continues to threaten that critical infrastructure.

Appendix A

Why is the Privatization of Public Goods and Services a Problem?

IT IS IMPORTANT to distinguish between public and private services in the context of privatization. Public services are understood as being fundamental to the well-being of all citizens. These services should not be produced and allocated by the private market. Rather, responsibility for provision should fall to the government, which can work towards equitable access, for example, to healthcare in Canada. Privatization refers to contracting these services to private firms that theoretically fulfill the government's responsibility to its citizenry. However, privatization often leads to numerous problems:

1. Increased Costs

Privatization often hides true costs. While a temporary cost reduction can occur when contracts are first implemented, these gains often disappear in the long term.³⁷ Additionally, seemingly saved costs often come from wage reductions or lost jobs in that sector, undercutting people's livelihoods.³⁸ For example, in 2013, the City of Winnipeg terminated its P3 (private-public partnership) model for the construction of the South District Police Station. New low-interest rates meant that the city could save \$9.7 million over the next 30 years by purchasing the project outright, and other Winnipeg infrastructure projects followed suit shortly after.³⁹ However, had the project always been public, costs would have been even lower. The primary argument for

privatization is that it reduces public costs, but this conclusion often relies on short-term fiscal analysis, which fails to take into account the full picture.

2. Lower Quality Services

Guided by a profit-seeking motive rather than a desire to promote social good, private firms often deliver lower-quality services. Following Saskatchewan's decision to privatize some surgeries, wait times improved slightly and then increased dramatically as the proportion of patients receiving hip replacements within the nationally recommended time dropped from 80% in 2016 to 66% in 2018 and finally to 43% in 2022, the worst rates of any province.⁴⁰ Public services must be properly provisioned and allocated, a process the private market will always threaten to undermine.

3. Reduced Public Accountability

Privatization leads to reduced public accountability as for-profit firms are not accountable to the citizenry.⁴¹ The citizenry has a right to public services and should therefore have the right to transparency regarding how public services are provisioned to ensure their equitable and efficient distribution. However, contracts between government and private businesses are typically confidential, opening the door to mismanagement at the expense of effective and fair allocation. Although proponents of privatization argue that installing proper checks and balances can lead to the proper provision of public goods under privatization, this paradoxically leads to an increase in public expenditure as governments pay private corporations to carry out a function and then install costly oversight administration on top.⁴²

4. Fractured Distribution and Reduced Flexibility

Privatization fractures the provision of public services and reduces the ability of governments to adapt to changing circumstances. For example, a UK-based study observed that the increased use of private healthcare providers impeded contingency planning, resulting in extreme strains exacerbated by the COVID-19 pandemic.⁴³ Privatization hinders our collective ability to coordinate and ensure that everyone receives fair and equitable access to public services.

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