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COVID-19 in Alberta

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In *Asian Security Practice*, Muthiah Alagappa addresses *practices of security* through four questions: who is to be secured?; what core values must be protected?; what are the types of threats?; and what is the nature of the security problem? On the basis of this, one might then consider various approaches to the security problem thus defined.[1] From this, one might perhaps extrapolate a general observation: that *security* is a sentence that might be written many different ways. He later presents a table, "Security with Adjectives,"[2] which could be used to illustrate this extrapolation in greater detail. While his focus, and those of the other authors in the volume, is broadly on the more traditional elements of security thinking, he also leaves room for such issues as environmental security (including ecological and climate security), various referents, and varying levels of analysis. While our focus here is on one sub-national jurisdiction within one state, it is clear from even the most casual observation of international news regarding the COVID-19 pandemic that the aspects, processes, and problems thus revealed might, *mutatis mutandis*, be of interest with respect to other phenomena with security implications within the scope of his thinking.

[1] Muthiah Alagappa (ed.), *Asian Security Practice: Material and Ideational Influences* (Stanford: Stanford University Press, 1998), pp.16-17.
[2] Ibid., pp. 694-695.

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The security consequences of disease cannot be doubted, even by hard-core "traditional" security students: the plague in Athens in the early Peloponnesian War,[3] plagues elsewhere in the ancient world, the Black Death,[4] and the role of sickness in Cortez's conquest of the Aztecs[5] (much less the broader colonization of the New World), are only a few examples which come readily to mind. In Africa, on the other hand, diseases may have contributed significantly to keeping the colonial presence smaller and thus more vulnerable to local nationalism. ("Beware, beware the Bight of Benin, where few come out though many go in." Kwame Nkrumah, the first Prime Minister of Ghana, I believe once proposed a monument to the mosquito.) The Great Influenza of 1918 affected both sides in the final months of the Great War.[6] On a smaller scale, there is a reason why pitching dead bodies (animal or human) over walls was one tactic in siege warfare, or why, until recently, disease was probably the greatest killer in armies in the field. Whether in their international or in their domestic politics and, in the intertwining of the two, the consequences of disease have affected the affairs of states. While the effects of COVID-19 may not yet rise to the mass deaths of earlier cases (at least in developed and semi-developed states), the mitigating effects of modern science and medicine being as they are, the consequences for state security – much less the security of individuals – are already notable. This alone justifies an examination of

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[3] Thucydides (Rex Warner, trans.), *The Peloponnesian War* (Harmondsworth: Penguin Books, 1954), Bk 2, Chap. 5, pp. 123-129. Donald Kagan, *The Archidamian War* (Ithaca, NY: Cornell University Press, 1974), pp. 70-100. Kagan concentrates on the plague's effects (among other factors) on the conduct of the war and Athenian morale. By contrast, Thucydides' account is largely focused on its domestic and social effects.

[4] McNeill suggests that the Black Death disrupted the pattern of periodic eruptions of steppe horsemen, giving time for firearms to develop and counter their battlefield superiority. William H. McNeill, *The Pursuit of Power: Technology, Armed Force, and Society since A.D. 1000* (Chicago: University of Chicago Press, 1982), pp. 59-60.

[5] Bernal Diaz del Castillo, one of the conquistadors, notes the death from smallpox of Cuitlahuac, Montezuma's immediate successor. Padden provides further commentary: he cites Cortés' estimate that 60,000 survived the siege of Tenochtitlán, while 240,000 perished, of which "about 100,000 were military casualties, the balance dying of disease and privation." Bernal Diaz del Castillo (Genaro García, trans.), *The Discovery and Conquest of Mexico, 1517-1521.* New York: Farrar, Straus and Cudahy, 1956, 3p. 28. R.C. Padden, *The Hummingbird and the Hawk: Conquest and Sovereignty in the Valley of Mexico 1503-1541.* New York: Harper and Row, 1967, quoted p. 224.

[6] See, e.g.: Rod Paschall, *The Defeat of Imperial Germany, 1917-1918.* New York: Da Capo Press, 1994, pp. 134, 158-159, 183; Alexander Watson, *Ring of Steel: Germany and Austria-Hungary at War, 1914-1918* (London: Allen Lane, 2014), pp. 307, 339, 528; Nick Lloyd, *Hundred Days: The end of the Great War* (London: Viking, 2013), pp. 10-11, 18-19, 78, 222: John Terraine, *To Win a War: 1918, The Year of Victory* (London: Macmillan, 1978), pp. 84, 233 (Note 82).

the domestic and international effects of COVID-19, not just in terms of health but also in its economic, social and political aspects.

On the international level, effects on state relations are readily seen in accusations surrounding the origin of the pandemic, in "vaccine diplomacy" as makers of vaccines start to supply those states unable to produce their own (or in the slow provision of those vaccines), in disruptions in armed forces (for example on board naval vessels), and in effects on travel and trade. On the national and sub-national levels, the challenges to governments as they attempt to cope are many and varied. Politically, we have seen governments shaken by the effects not only of COVID-19 but also by the social and economic fissures produced, revealed or exacerbated by the pandemic and in responses to strategies to cope with it. The election of Joe Biden as US President, and the incredible rancour and division over U.S. federal, state, local and individual responses are only one set of telling examples, with comparable stories occurring in other states. The Democratic victory in November 2020, with its broader foreign policy ramifications, is a reminder of the linkage (already seen in the election of 2016) between domestic and foreign policy. Other governments will similarly be challenged – whether in Brazil, Canada, the United Kingdom, France, Germany, India, China or Russia. Some will survive, some will be strengthened, but others will be weakened or even fall.

Why Alberta?

But why Alberta? In the most general terms, the pandemic produces its effects on the local, indeed on the individual, level, and these aggregate to the national and the international levels. Variations in the local effects will affect the higher levels, for example via political consequences transmitted to the national level, or if local control efforts fail and provide a locus for new mutations of the virus. Variations in government and social responses, especially in countries organized along federal lines (above all where healthcare is primarily a matter of sub-national jurisdiction) will produce not only the possibility of comparative cases of the pandemic's effects as such but also of the efficacy of official responses to it and of the ramifications of both. A starting point could thus be the examination of a particular case.

More pragmatically, one may readily anticipate that there will be a plethora of studies of the international implications of the pandemic. Among countries likely to be singled out, the United States, Britain, and other major European states, China, Russia, India, and Brazil could well be dominant attractors. On a purely Canadian scale, one might anticipate various studies of its effects on and implications for Canada as a whole. Even within Canada, it would seem at first glance quite likely that the larger provinces – Ontario and Quebec – would attract the most and the initial attention. If smaller countries – like Canada – are likely to attract less attention except from local scholars, and if within that the larger provinces are likely to attract more attention than the smaller, there is room, it would seem, for a look at one smaller province.

Yet Alberta considered in its own right also presents some interesting properties as a focus for studies of the political, social and economic implications of the pandemic and of the government's response. In a federation such as Canada, where health is primarily a provincial responsibility yet the federal government also has some presence, we might expect not only variation among provinces but also some tension between the federal and provincial levels of government. In the case particularly of Alberta, this is compounded by long-standing more general tensions between the two levels, especially in periods when a Liberal government is ascendant in Ottawa. In Alberta, this tension has been manifested periodically in recent years by pseudo-separatist ("Wexit") movements on the right, attacks on federal policies especially regarding oil pipelines and climate change, and broader attacks on policies depicted as unfairly penalizing the province (equalization payments from the federal level to provincial governments being notable here). A further element in this is that Alberta is a stronghold of the federal Conservative opposition party and indeed has become its intellectual and political home base (though facing difficulties in moving outside of the Prairies). The federal election of 20 September 2021 ultimately producing no great shift in seats from the previous Parliament, saw the Liberals pointing to Alberta's response to the pandemic precisely as a point of attack against the federal Conservatives. It also saw resistance to pandemic responses bolstering the new, further-right People's Party of Canada, which although winning no seats still inflicted some marginal cost on the Conservatives.

The changing internal politics of Alberta also offers an interesting setting. The provincial government faces not only the pandemic considered by itself but also a

complex political and economic situation in which it must balance strong and contradictory pressures in trying to find an approach to the pandemic that is both medically efficacious and politically acceptable. Conservative political parties, under various names, have for decades dominated politics in the province, but in recent years have faced both internal and external challenges to their continued domination. These have become particularly apparent in the last decade. While rural, particularly southern, Alberta is a consistent conservative stronghold, the picture in the two main population centers is more complex. Edmonton, the provincial capital, has been fairly reliably somewhat favourable to the Liberals and the New Democratic Party (NDP) in both federal and provincial politics. Calgary, the petroleum and financial center, has been more staunchly conservative, but a split on the right contributed significantly, under the first-past-the-post system of election, to the success of the provincial NDP in Calgary in the 2015 provincial election. The United Conservative Party (UCP), a merger of the previous Progressive Conservatives and the farther right Wild Rose parties, emerged later and secured a victory in the 2019 election. On the level of municipal politics, however, both Edmonton and Calgary have resisted efforts by conservative forces to dominate civic politics.

The current economic situation in the province provides an additional set of considerations. The UCP and its conservative predecessors have long depended on revenues from the petroleum sector to provide a high level of services accompanied by low taxes and low or no provincial debt. If petroleum prices fell, the response has been typically to cut spending and services in an attempt to cut budget deficits and debt and to lower taxes to attract further investment in the province. Since 2015, that key sector has been in a slump, leading to deficit budgeting and higher debt, which the UCP is now striving to correct largely through its traditional approach. (As well, drought conditions in the Summer of 2021 hit the agricultural sector.) The collapse of oil prices has also produced large-scale unemployment in the province, from which it is only starting to recover – but how much of a recovery is still a question as the pandemic continues. Other issues in the sector continue: the cancellation of the Keystone XL pipeline into the US (and problems with other Canada-US pipelines) can be seen as a threat, while purely Canadian pipelines have also faced very grave challenges. The provincial government, and economic actors within the province, are now beginning to

emphasize the need to diversify the economy. Policy actions related to the pandemic which threaten economic activity in the province will exacerbate this situation.

The compound of tensions with Ottawa, responses to the budgetary problems, and responses to the pandemic have generated dissatisfaction to the right of the UCP (resistance to vaccination and to other measures has generally been stronger in Alberta than elsewhere, and pressure to keep businesses open has been strong), while also threatening it to the left. Successfully balancing the political pressures within its base to avoid another split against the need to handle the pandemic is proving a difficult challenge. The Premier's leadership is now clearly being challenged. Meanwhile, the provincial NDP has seen considerable growing support.

The Course of the Pandemic in Alberta

The course of the pandemic in Alberta, and the broad course of the response, has in large degree followed a familiar pattern. In its 2021 *Annual Report,* the Public Health Agency of Canada noted four national-level waves in the pandemic: January - August 2020; August 2020 – February 2021; February – August 2021; and the fourth wave beginning August 2021.[7] Allowing for variation in the specific province of Alberta, and measuring from trough to trough in terms of daily recorded cases, one arrives at a somewhat different periodization. The following is a rough description of the initial four waves, and the situation for the fifth (omicron) wave at the end of December 2021.[8]

1. The initial outbreak began roughly March 2020, reaching a peak (336) of daily confirmed cases on April 23. Active cases (2806) peaked on 2 May. Peak non-ICU (non-intensive-care) hospitalization (67) on 30 April, (a second peak – 73 – came on 2 July), peak ICU hospitalizations (23) on 1 May, and peak daily deaths (6) on 21 April. By the rough end of this wave in mid- June, there had been 7450 confirmed cases and 1404 deaths.

[7] Public Health Agency of Canada, *A Vision to Transform Canada's Public Health System: The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2021* (Canada: Ministry of Heath, 2021), pp.11-12. Bratt also has a slightly different periodization.
[8] The data here is from https://www.alberta.ca/stats/covid-19-alberta-statistics.htm. Specific numbers may vary as the data is corrected from time to time.

2. The second wave started building in mid-July 2020 and died down by early- to mid-February 2021, but still with about 200 daily confirmed cases. The peak for daily confirmed cases (1872) was on 4 December 2020, and the peak for active cases (19,711) was on 16 December 2020. The peak daily non-ICU hospitalizations (736) were around 4 January 2021, and peak daily ICU hospitalizations (181) around 21 December 2020. The peak daily deaths (30) were on 2 January 2021. The peak percentage of ICU beds devoted to COVID patients (108 patients; 37.1 percent of capacity) was on 28 January 2021. By 1 February 2021, there had been 124,696 active cases and 1759 deaths.

3. The third wave seems to have begun roughly in March 2021 and receded in late June. The peak for daily confirmed cases (2389) was on 30 April, while the peak for active cases (24,761) was on 10 May. The peak non-ICU hospitalizations (567) were on 11 May, and the peak ICU hospitalizations (184) was on 18 May. The peak percentage of ICU COVID beds (184 patients; 68.4 percent of capacity) was on 18 May. By the end of June, there had been a total of 231,962 active cases since the start of the pandemic, and 2303 deaths.

4. The fourth wave in Alberta seems to have started in roughly mid-July 2021. The daily confirmed cases peaked on 16 September(1976) and 12,868 active cases, non-ICU hospitalizations peaked (869) on 27 September, and hospitalizations on 28 September (266). ICU COVID beds peaked (222) on 13 September at 77.6 percent. Deaths peaked at 28 on 2 October. The trough for cases was on 5 December, at 184. The total for cases from the start of the pandemic to 21 November was 337,081. Total deaths as of 5 December numbered 3273.

5. The fifth (omicron) wave alters the usefulness of some of these numbers, due to the following factors: the omicron variant seemed, on the one hand, to be milder in its effects but far more infectious; the effects of vaccination in lowering rates of infection and the seriousness of its consequences among the vaccinated; the shifting of the testing and reporting regime, including the rise of home tests and the restriction of provincial testing to those with symptoms. Measuring from 5

> December to the end of 2021, on 31 December non-ICU hospitalizations were 355 while ICU hospitalizations were 57. On 31 December 20.3 percent of ICU beds were COVID-occupied. The daily confirmed case count on 31 December was 4355, with 1 death on 31 December. By 31 December, there had been a total of 370,805 cases and 3323 deaths. By early to mid January, 2022, Alberta was restricting PCR testing to high-risk individuals and selected others only, as its testing capacity was being overwhelmed. Albertans were told that the real case numbers were likely several times higher than those reported. For 7-9 January, 17,577 new COVID cases were reported, with 635 hospitalized patients and 72 in ICUs.[9] As of 9 January, the total confirmed cases numbered 412,829 and the total deaths were 3344.

As was the case elsewhere, the first wave, in particular, hit the elderly (especially those in long-term care) and especially those with certain co-morbidities. As response measures, better treatments and vaccinations (phased in to favour those seen as particularly vulnerable) have taken hold, the initial surge of deaths has receded somewhat, and the demographics of those afflicted have shifted. By the fourth wave, a younger population and above all the unvaccinated have significantly accounted for hospitalizations and deaths. Additional doses (booster shots) started to become available in the Fall of 2021. In late November, vaccinations began for those aged 5-11.

Other patterns visible elsewhere have also developed in Alberta. Cycles of restrictions, relaxations, re-impositions of restrictions and again relaxations have tested both public patience and the healthcare system. In Calgary (this writer's home), the restrictions in response to the first wave seem to have been met with a degree of social solidarity and even good humour. I recall my mother-in-law receiving a socially-distanced birthday greeting courtesy of the local fire station. By the second and later waves, much of this had dissipated, with polarization now a significant factor even as most of the population seemed to favour and follow the measures taken (and the relaxations!). Vaccinations began somewhat later in Canada than elsewhere, since the country has little or no vaccine production capacity and had to contract – and compete – for foreign production. Vaccinations began in early 2021, as the second wave was

[9] "Omicron tsunami confines PCR tests to high-risk cases: Hinshaw" Calgary Herald, January 11, 2022, p. A3.

receding, but by the end of the third wave, the rate of vaccination was declining. As of 31 December 2021, 78.2 percent of eligible Albertans had received one dose, 72.4 percent had received at least two doses; 22 percent had received three doses.

By the end of November 2021, things seemed to be looking up. The fourth wave was receding and vaccinations were progressing. On the economic front, employment was improving, and higher petroleum prices and rising production were improving both the economic recovery and provincial revenues. On the other hand, while relaxations of restrictions in time for the holiday season were welcome, the possibility that this could trigger the fifth wave was recognized. And then there was the omicron variant. There were also signs of fatigue with respect to public health measures such as masking, social distancing, capacity restrictions, and the like.[10]

Our Authors

The articles which follow cover some aspects of interest in understanding the COVID-19 pandemic in Alberta. Fedir Razumenko provides a retrospect of the institutional consequences for public health in Canada of the Great Influenza, and some notes on the effects of modern technology with respect to both new vaccines and the "origins" problem of COVID-19. William McAuley discusses, from a broad security perspective, decision-making, infrastructure and public order aspects of the Alberta response. Duane Bratt looks at political aspects of the pandemic in the province.

[10] One is reminded here, however, of words attributed to Leon Trotsky: "You may not be interested in war, but war is interested in you."