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A Healthy Future

Lessons from the Frontlines of a Crisis

PURICH BOOKS

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Introduction

> **It may seem a ridiculous idea, but the only way to fight the plague is with decency.**
>
> – Albert Camus, *The Plague*

The most informative moment of the COVID-19 pandemic in Saskatchewan – the most revealing statement in hundreds of hours of Zoom meetings, press conferences, and livestreams – came down to twenty seconds of silence.

From the beginning of the pandemic and through each subsequent wave, Saskatchewan's chief medical health officer, Dr. Saqib Shahab, was the face and voice of the provincial COVID response. He stands out for how he framed the early days, for occasional statements that clashed with downplaying by his political masters, and for long absences from the public eye that revealed as much about the government's intentions as did the initial daily press conferences. That most striking moment, however, came at the peak of the fourth – or "Delta" – wave, when Saskatchewan's ICUs were overwhelmed to the point that we had to ship patients out of province and ship Armed Forces medical staff in to assist with the local disaster.

During a press conference in which he outlined how intensive care admissions would increase in the weeks ahead, Shahab said, "We've gone

so far. We just have to pull along for the next few weeks or months. It is distressing to see what is happening in our ICU and hospitals. And I'm sorry." He stopped for a moment, then choked out, "It's a very challenging time." *Saskatoon StarPhoenix* health reporter Zak Vescera then asked an unusual question: "This wasn't the question I was planning on asking, but Dr. Shahab, are you okay?"

What followed was hard to hear, even though nothing was said. Something about that moment, that particular question, broke through Shahab's renowned composure. For just over twenty seconds, Saskatchewan's chief medical health officer choked back tears and struggled to find his voice. He was not okay, and there was no way to hide it.

Many of us have been there, stoically bearing a burden, able to keep pushing through as long as you're serving the needs of others. Then, when someone does you the kindness of asking you about yourself, the exhaustion hits home and emotions and tears you didn't know were there spring to the surface. In that moment, Dr. Shahab was expressing, against his will, how frustrated and sad he was.

Once he could speak again, Shahab said, "All the evidence is out there. And it's very distressing to see unvaccinated, young, healthy people ending up in ICU and dying ... To see young lives lost through a vaccine-preventable disease – how can we accept this in a country where we've had vaccines available for everyone ever since July?"[1] Along with the reality that people in a wealthy, developed country were refusing a safe, free, effective vaccine, what other frustrations went unspoken, whether it was government interference, health system limitations, or his own fatigue and burnout after a year and a half of spotlights and sleepless nights?

Dr. Shahab's moment of emotional honesty made international headlines. The *Guardian* reported, "Top Saskatchewan health official moved to tears by unchecked COVID spread."[2] Whatever specific blend was troubling him, on that day Shahab channelled what people everywhere were feeling. In his silence, we could hear the exhaustion of health care workers burning out with no help in sight and the grief of people mourning loved ones or afraid for their own health. On some level, his despair gave voice to all those wondering how the worst of our politics had won out when we'd had a chance to make people's well-being a

priority again. The experience in Saskatchewan, in our small corner of the country, was a model of the challenges playing out around the world.

A Doctor in Politics

We're all in this together, but we have to stay apart. For many of us, these contrasting notions of solidarity and separation shaped our experience of the pandemic. Crises reveal how strong we can be when challenged and the fragility of so much that we take for granted. *A Healthy Future: Lessons from the Frontlines of a Crisis* explores the story of what happened with COVID-19 in Canada, with a particular focus on Saskatchewan. Our experience of the pandemic can help us understand our strengths and weaknesses and how that knowledge can help us improve the political choices that determine health outcomes.

A deep dive into the stories of one place can tell us about the whole country and the world, just as the story of one patient can tell us about a disease and a health system. This book draws on public events, my personal experiences, and the stories of people whose lives were affected by COVID-19. Some of these stories come from media reports, but most come from interviews with those involved or their family members. The chance to be part of people's lives through medicine, in intimate moments of birth and death, sadness and joy, is an incredible privilege that continually teaches me about what matters most in life. I'm grateful to those who were open with stories that aren't easy to tell and for their permission to share them to shed light on what we can learn from the frontlines of COVID-19.

In February 2021, I was giving vaccines at Merlis Belsher Place, the Saskatoon hockey arena that had been converted into a field hospital (thankfully never used for that purpose) and then a mass immunization centre. A ninety-eight-year-old woman was my first patient of the day. The lower half of our faces were covered by masks, but I could tell, in the way we've all gotten good at telling, that she was beaming. She chatted to me about her childhood, her life on the farm and later in the city, and about the days of the CCF and Tommy Douglas. She had witnessed first-hand the flowering of a political movement coming out of the

Second World War, where ordinary citizens demanded their share of the nation's wealth in the form of social programs. Universal health insurance, or Medicare, was the crown jewel. She apologized for talking so much (unnecessarily, of course; I was charmed) and said it was her first real outing in almost a year. Her eyes lit up as she talked about seeing grandkids and neighbours again.

Later that same month, while on the COVID-19 internal medicine service at Royal University Hospital (RUH), I was called to the observation ward to pronounce the death of an eighty-eight-year-old man from Saskatoon. Before coming to the hospital, he had been living independently, still driving, still making all his own meals. He had been very careful during the pandemic, doing his best to stay safe. His bad luck was catching the virus from someone who came to help him with a few chores at home. I looked into his eyes, checked for his pulse, and confirmed that he was indeed gone. I then sat down to fill out the appropriate paperwork. At the front of his chart was the phone number of his daughter in Alberta. It was five in the morning, but the note said to call any time. She knew immediately who was calling and why. Through her tears she described the heartbreak of losing her father without having been able to visit, without being able to say goodbye.

Family doctor and political leader is an unusual combination, and one that has coloured my experience of the pandemic. After being elected as a Member of the Legislative Assembly (MLA) in Saskatoon Meewasin in 2017, I kept doing occasional clinical shifts, filling in at my former practice at the West Side Community Clinic or helping out at REACH, the refugee clinic run by my wife, Mahli Brindamour, and her colleagues in pediatrics and family medicine. When I became leader of the New Democratic Party (NDP) of Saskatchewan in 2018, I switched to an inactive medical licence and stopped doing any clinical service. Then along came COVID-19, and it was clear that we would need all hands on deck and that anyone who could help out should step up. I called the College of Physicians and Surgeons of Saskatchewan and started the process to sharpen my skills and pitch in where I could.

The path to family medicine and social democracy wasn't obvious growing up. My two older brothers, Miles and Jim, and I were raised on

a farm near Courval, Saskatchewan – population never more than twenty in my lifetime and single digits for a long time now. For those with a sense of Saskatchewan geography, if you draw a line from Mossbank to Mortlach, our farm is where that line crosses Highway 363 between Moose Jaw and Gravelbourg. It was a mixed cattle and grain farm while we were growing up, then switched over to just grain (durum, lentils, chickpeas, canola, etc.). My father operated it for over thirty years. Jim is the farmer now. As kids, we took the bus to school in Coderre, twelve miles to the east. Later we moved to Moose Jaw, where I attended St. Agnes School and Vanier Collegiate for the end of elementary and high school.

After an unfocused first attempt at the University of Saskatchewan – and the grades to match – I took some time off to work and to think. I decided that life is short, eternity long, and that I wanted to do something good with my time in the world. I wanted to serve, to help the people most in need, and I became interested in health and in social justice. I'm aware that's a term that's been much maligned, but in my world view, faith, and profession of medicine, there is no higher calling than to work to make the world more fair and to have a "preferential option" for the poorest and most vulnerable among us. I thought briefly about politics at the time, attracted to the chance to influence policy for the greater good, but decided I was too impatient. I thought medicine would mean a more immediate impact, that I could see the change in people's lives in real time rather than wait decades. I had the idea that the job of a doctor is making friends all day. You sit down with people, hear their stories, help in whatever way you can, and go away having made a meaningful connection.

With that new goal in mind, I started over at university, much more motivated to study hard. After a couple of tries, I convinced the College of Medicine to give me a shot. In medical school, we learned the clinical and communication skills we would need to serve our patients well. We also learned about the social determinants of health, the upstream factors – political factors – that have the biggest impact on health. As Director-General of the World Health Organization Tedros Adhanom Ghebreyesus recently wrote, "Health does not begin in clinics or hospitals any more than justice begins in law courts or peace starts on the battlefield. Rather,

health starts with the conditions in which we are born and raised, and in schools, streets, workplaces, homes, markets, water sources, kitchens, and in the very air we breathe."[3] More than any lecture or article, it was time spent volunteering or studying in Brazil, Nicaragua, India, Zambia, and Mozambique, as well as Northern Saskatchewan and inner-city Saskatoon, that brought those lessons home. You can't see real poverty, see the gross unfairness of a world where so many are born without any chance of a healthy life, and look at health as just a matter of doctors and nurses, hospitals and pharmacies ever again.

After completing my training in Saskatoon, I practised as a family doctor for a decade. First, I worked as a locum physician, filling in for a week or two in small towns like Kelvington, Arcola, Leader, and Maidstone, with the intimidatingly full-scope practice that is rural medicine. I worked for the College of Medicine setting up the Making the Links program, giving students an opportunity to learn in Northern Saskatchewan (Île-à-la-Crosse, Buffalo River Dene Nation, Pinehouse), at the SWITCH clinic in inner-city Saskatoon, and in rural Mozambique. For several years before getting elected, I worked as part of the team at the West Side Community Clinic on 20th Street in Saskatoon, with a focus on obstetrics, HIV, and addictions medicine.

And that naive notion of making friends all day? Well, it was exactly right. I loved getting to know my patients, counselling them through a tough time, meeting their new baby with them, even saying goodbye with their families when it was the end. There were so many beautiful, sad, joyful, and funny moments. At the same time, the frustration was constant, especially when working with underserved communities. As much as I could help out with a prescription or a referral, with good advice or just a listening ear, patients go back to the conditions that make them sick in the first place. Unless we're addressing the root causes of illness, we see a revolving door for the health system and constant and chronic illness for people and their communities.

The legendary German pathologist and statesman Rudolf Virchow once said that "Medicine is a social science, and politics is nothing more than medicine on a large scale."[4] I took that concept to heart, first running for leader of the Saskatchewan NDP in 2009 and again in 2013,

finishing a close second in both races. Between those contests, I wrote a book called *A Healthy Society: How a Focus on Health Can Revive Canadian Democracy.*[5] I then worked with a team to start Upstream,[6] an organization dedicated to promoting the concept of the social determinants of health as a guide to improving our political choices, and helped establish the Division of Social Accountability at the University of Saskatchewan's College of Medicine.[7] In 2017, I ran for an NDP nomination and then in a provincial by-election to become the MLA for Saskatoon Meewasin. Once elected, I was surprised and pleased to discover how much the two roles had in common: meeting people, helping in small ways, advocating for change. Making friends every day carried over into public life. Of course, in politics you make enemies as well, exposing yourself to much more scrutiny and controversy, taking positions and making decisions that cannot please everyone.

While the line between politics and medicine is porous, the irony is not lost on me that *A Healthy Society* came out as I was leaving medicine for electoral politics and this one follows on my leaving political office to return to medicine. I was elected leader of the Saskatchewan NDP in March 2018. Two years later, after scrambling as best I could up the steep learning curve of the job, I found myself in what we all found ourselves in: a global pandemic. COVID-19 disrupted our lives in ways we couldn't predict and still don't fully comprehend.

A family doctor leading the opposition in what would turn out to be arguably the least scientifically informed pandemic response in the country was a role that was at once uniquely challenging and so appropriate as to be a bit too on the nose. While continuing my work in politics, I returned to medical practice, helping out with vaccine delivery, COVID assessment, hospital care, and clinics in the community. Through multiple waves and the political demands of legislative sessions, a provincial election, and the daily news cycle, I did my best to maintain the focus on the health of the people I was there to serve. In *A Healthy Future,* I speak from that vantage point of family doc turned politician turned strange mixture of both, telling the story of COVID-19 in Saskatchewan and Canada and exploring how what we learned from the experience should inform our next steps.

Moving Upstream

In *A Healthy Society*, I argued that health should be our primary goal. The best measure of success of any government is the quality and distribution of good health among the people they have been elected to serve. If that's the goal, then we have to ask, What policy choices will help us achieve it?

There's a classic public health parable that imagines child after child floating helplessly in a river and people realizing that they need to do more than fish them out. They need to head upstream and find out who keeps chucking the kids in the water in the first place. The story of the babies in the river is not a new one; it's a stitch in time, an ounce of prevention, a fence at the top of the cliff rather than an ambulance at the bottom. Folk wisdom and empirical evidence agree: keeping people healthy is much less expensive and much more effective than treating the sick. When we address the root causes of illness, we relieve the stress and pressure on the systems of reaction, the emergency rooms and surgical suites, the shelters and food banks, and we move our city, province, or nation further away from illness and despair.

The social determinants of health, using the Canadian list compiled by York University professor Dr. Dennis Raphael, are income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety net, health services, geography, disability, Indigenous ancestry, gender, immigration, race, and globalization.[8] These are the upstream factors with the biggest impact on whether people will be sick or well, whether their lives will be short or long. Former Saskatchewan premier Roy Romanow spoke of this concept as the third revolution in public health: "Historians tell us that we have had two great revolutions in the course of public health. The first was the control of infectious diseases, notwithstanding some recent challenges. The second was the battle against non-communicable diseases. I believe that the third revolution is about moving from an illness model to focusing on all the things that promote well-being."[9]

When we undertake interventions that decrease income inequality, we also decrease heart disease and stroke. When we tackle food security, we

tackle diabetes. When we improve literacy, we improve life expectancy. We save lives, and we save money. Investments today pay off over time in lowered health, social services, and justice costs, in economic productivity. This is not a new idea; the body of evidence for it is overwhelming. The problem is those two words, *over time.* The savings may be enormous, the quality of life for the beneficiaries incredible, but those investments, just like putting money in your savings account or RRSPs, come at the expense of today's spending priorities. How do we convince people, particularly those who feel their elected positions depend on today's purchases, not tomorrow's savings, that the payoff is real and worth the wait?

Usually, when we talk about that investment in literacy paying off in life expectancy, that's a ten-, twenty-, or forty-year payoff. The return on investment is enormous, but the realization is long. And then along came COVID-19, and the risk-and-reward, call-and-response curve went from decades to weeks or even days. Choices about public health measures like masks and vaccines could mean the difference between life and death, between inconvenience and disruption and a completely overwhelmed health care system. A mask mandate on Monday decreased transmissions in a week, hospitalizations in two, and deaths in four. A new variant ignored in June overwhelmed hospitals in September. The river was flowing so fast.

We learned so much, so quickly, and then seemed to unlearn it even faster.

Like no other time in our collective memory, COVID-19 has laid bare just how much health matters. When our health is threatened, everything else grinds to a halt. We know this in our own lives, whether it's staying home when sick or shifting our priorities completely when a loved one is seriously ill. In 2020 we saw this on a grand scale as the entire world went on sick leave. And just as how well you can take care of yourself and your family is determined by what kind of supports you have at work and at home, how well countries were able to care for their people said a lot about their resources and priorities. Returning to Raphael's list, it's clear that COVID followed that same distribution, affecting those living in poverty or without social support much more, and leaving those with stable housing and a good education less at risk. New diseases are very good at finding pre-existing fault lines and exploiting them.

The Trouble with Normal

By the end of 2022, nearly 50,000 people had died from COVID across Canada, with nearly 2,000 of those in Saskatchewan. The latter number may not seem so high, but in a province of 1.2 million, it puts us at the third-highest death rate in the country, well above the national average. It also means nearly everyone in the province knows someone who died or was hospitalized with a serious illness, or lost someone they loved to COVID. And it may be far more. Dr. Tara Moriarty of the University of Toronto has been calculating excess deaths throughout the pandemic and estimates that thousands of COVID-19 deaths have gone undetected or unreported.[10]

It may be years before we have the final tally of official and estimated deaths, but one thing is clear. Whatever the number, it's too high. Canada was hit far worse than necessary and Saskatchewan was far from unscathed, with among the worst second, third, and fourth waves in the country.

Variants and vaccines changed the game. People have lost the masks, ditched the distance, and moved on. You'll notice I don't say "gone back to normal," because so much of normal wasn't great, and that's been revealed by the havoc the pandemic played with our lives. COVID didn't cause the problems in our emergency rooms, our ICUs, our long-term care homes, our homeless shelters, our schools, our town squares. It revealed those problems, exacerbated them, made them – at least for a time – impossible to ignore. "At least for a time" is the operative phrase here. "Brain fog" is one of the symptoms described post-COVID, but there is also a time fog that has affected us all. Things are moving so quickly that we have a hard time remembering the present, let alone the past few chaotic years.

We need to peer back through that fog to understand what happened if we are to learn and apply the lessons of this age-defining period. The collision of a worldwide infectious outbreak, ecological devastation and the resulting natural disasters, and a destabilizing war in Europe has led some to describe the current moment as an era of polycrisis. Stories from the frontlines of the COVID crisis – from those whose lives were on the line to those charged with leading us through troubled times – help us

learn lessons we can't live without as we face an increasingly uncertain future.

COVID-19 has been devastating, disruptive, tragic, and confusing. There's nothing we can do to undo the trauma of this disease or bring back the lives claimed. We can honour them by insisting we take the time to learn from the loss. Our great task now is to refuse the temptation to turn it all off and move on as quickly as we can, and to instead dig into what went wrong, what went right, and how we can use what this moment taught us to do better. Our task is, as always, to build a healthy future.

First Wave

MARCH–AUGUST 2020

What's true of all the evils in the world
is true of plague as well.
It helps men to rise above themselves.

– Albert Camus, *The Plague*

Total cases in Canada	129,594
Total cases in Saskatchewan	1,622
Deaths from COVID in Canada	9,139
Deaths from COVID in Saskatchewan	24

Provincial Public Health Measures

March 13, 2020	Public gatherings restricted to 250 people
March 16, 2020	Hospital and long-term care visitors limited to essential visitors only
	International travellers required to self-isolate and self-monitor for fourteen days upon return to the province
March 18, 2020	Provincial state of emergency declared
March 20, 2020	K–12 classes suspended
	Public gatherings restricted to twenty-five people
	Mandatory fourteen-day self-isolation for positive cases and close contacts
March 25, 2020	Public gatherings limited to ten people
	Non-essential businesses and public facilities closed
March 26, 2020	Private gatherings restricted to ten people
May 7, 2020	School year cancelled

Gathering Clouds

November 17, 2019	First known case of COVID-19 is detected in a fifty-five-year-old man from Wuhan, China
December 7, 2019	Wuhan doctors record first suspected case of human-to-human transmission of COVID-19
January 13, 2020	First case of COVID-19 outside China is found; a woman in Thailand is quarantined
January 15, 2020	The World Health Organization (WHO) describes coronavirus as transmissible from person to person[1]
January 21, 2020	First case of COVID-19 in the United States is found in Washington state
January 25, 2020	Canada reports first case of COVID-19 linked to travel in Wuhan

From time to time, we hear of local outbreaks of known deadly illnesses like cholera or Ebola, or the emergence of new viral illnesses popping up in other parts of the world. Often, in the midst of our busy lives, we pay no attention at all. Perhaps in a better moment we get curious, read a little bit more, maybe donate some money to a relief organization or to medical research. We might even have a flash of guilty gratitude that it's not happening here. But for the most part, an outbreak or epidemic

halfway around the world is someone else's problem, and we have problems of our own that are taking up our time. It's human nature to attend to what's close at hand and tangible, not to some far-off country to which we have no personal connection. Today has enough trouble in it, and our immediate surroundings do as well.

In the spring of 2020, a whisper from across the world, the leap of a single subcellular organism from another species to ours, disrupted human life in every corner of the planet. The first days of the coronavirus crisis set the pattern for how Canada would respond and how badly our communities would be impacted. As a doctor in the house, practising politics through a health lens, I found myself in a unique position. My view, heavy as it is on the events in the Saskatchewan legislature, may seem narrow, but it reveals how things started and the patterns being formed that would play themselves out over the entire pandemic.

The whisper started a long way away, and at first seemed to have little to do with our lives here in Canada. The first known case of an atypical viral pneumonia, later attributed to a novel coronavirus that would come to be known as SARS-CoV-2, was detected in a fifty-five-year-old man from Wuhan, China, in November 2019. On December 7 of the same year, doctors in Wuhan recorded the first suspected case of human-to-human transmission of the virus. My local newspaper, the *Saskatoon StarPhoenix*, had its first story on coronavirus on January 10, reporting that "a mystery virus has been identified as the cause of a cluster of nearly 60 pneumonia cases in China that have put health authorities around the world on high alert."[2]

A woman in Thailand was quarantined with coronavirus on January 13, the first case outside China. On the 21st, the first case was confirmed in North America, in Washington state. And less than a week later saw Canada's first case: a traveller from Wuhan tested positive in British Columbia. No one could say whether we were dealing with something that would spread quickly around the world, like H1N1 in 2010, or that would be deadlier but more easily contained, like the earlier coronavirus outbreaks of SARS in 2003, or something else entirely. What was clear was that the situation was changing rapidly and, rather than an isolated local concern, was destined to be a global disruption.

The lightning-fast transmission of a new disease to an unprepared world was, of course, the most striking evidence of that interconnection. But we also saw worldwide shifts in consumer demand and disrupted supply chains. We all remember shelves empty of toilet paper as panic buying in parts of Asia spread around the world. We saw food supply chains disrupted, as restaurant closures changed markets overnight and outbreaks in meat-packing plants in nearby states and provinces left shelves empty. This threatened supply in places like Saskatchewan that – despite producing enormous amounts of food – have lost much of the capacity to process it to the point of consumption. And, in later months, new variants of the virus would emerge in countries that had been overwhelmed by COVID-19, endangering the recovery of places that had initially been more successful in their control of the virus. This further demonstrated that in a global pandemic, our local efforts matter, but so do the efforts (and support for them) in every part of the world.

I won't pretend to have had any understanding of what that first word of a new illness in China would mean for Saskatchewan, Canada, or the world. No one did. But on January 25, the first case of what was then known as the novel coronavirus was confirmed in Canada, and I was concerned enough to phone the office of then Saskatchewan minister of health Jim Reiter and ask about our province's plan. He invited me and NDP health critic Vicki Mowat to meet with him and Dr. Saqib Shahab, Saskatchewan's chief medical health officer (CMHO).

I didn't know Dr. Shahab well at the time, though our paths had crossed once or twice. We first met as part of a provincial discussion on how to address the province's HIV crisis. (Saskatchewan still leads the country in new HIV cases per capita, three times the national average and nearly double the rate of the next highest province.[3]) I also knew of him through his son, Izn Shahab, who is completing his residency in neurology. As a medical student, Izn worked with me on a study that explored the social factors behind "no-shows" – the patients that book appointments but for some reason don't make it to the clinic.[4] Little did I know how much we'd all get to know Dr. Shahab, and CMHOs across Canada, and what prominent and important roles they would play in all of our lives in the weeks and months ahead.

In that first briefing, Minister Reiter assured us that work was underway on a plan to respond to the pandemic that built on the 2009–10 HiNi pandemic response. He also offered regular updates and collaborative work in response to the coronavirus. I left the meeting with some hope that, at least on this one issue, we could be guided by evidence, set partisanship aside, and work together on behalf of the health of the people we were elected to serve.

The minister's avowed commitment to get ahead of the coronavirus did not translate into action. Later we would learn that not a single extra dollar was spent in public health[5] – a sector that had seen repeated cuts over the preceding decade – prior to the declaration of a state of emergency on March 18. We also learned that essential equipment like ventilators and hospital beds had not been ordered until mid-March,[6] and in some cases not until after a state of emergency had been declared. Epidemiologist Dr. Nazeem Muhajarine was critical of those choices, saying, "We are flatlanders. We can see storms brewing miles ahead. And we knew this storm was brewing since early January. If you're a good farmer and you can see the storm coming you protect your flock, you take what steps are needed to protect your crop, your flock, everything."[7]

The biggest barrier to preparation and collaboration was that, while the rest of the world was planning for a pandemic, Premier Scott Moe and the Saskatchewan Party were planning a snap election. The Sask Party had started as a coalition of right-of-centre Liberals and Progressive Conservatives who had to change their name after nearly bankrupting Saskatchewan under Grant Devine. Back in 2007, the day after Brad Wall was elected premier, he announced his plan to fulfill his election promise of set election dates. It's something he still refers to as evidence of how governments should behave, citing it as recently as fall 2020 as evidence that "they did what they said they would do."[8] It was a valuable change, one that could level the playing field and, as Sask Party cabinet minister Don Morgan said, "remove some of the political gamesmanship and voter cynicism we have seen in the past."[9]

Just over a year earlier, Scott Moe had stated his commitment to following the set election date legislation and his appreciation for the fairness it represented. But that commitment was out the window as Sask Party strategists thought they had a chance to surprise the opposition,

and it was full steam ahead for a spring election. The plan was to deliver a budget in mid-March to kick off an April election, and it was the worst-kept secret in the province. Candidates were nominated, ads were running, Elections Saskatchewan was booking space for polling stations (we would later learn they found themselves competing with the Saskatchewan Health Authority (SHA), who were trying to book the same spaces for COVID testing),[10] and we were all preparing for the door knocking, handshaking, rallies, and debates to follow. Needless to say, there was a surprise in store for us all, but it was a lot more impactful than a snap election.

A Global Emergency

January 31, 2020	WHO declares the novel coronavirus a global emergency
February 6, 2020	Canadians are evacuated from Wuhan
February 7, 2020	Dr. Li Wenliang, early COVID-19 whistleblower, dies from the virus in Wuhan
February 10, 2020	Worldwide COVID-19 death toll surpasses SARS at 900; the virus is present in twenty-seven countries
February 11, 2020	WHO names coronavirus SARS-CoV-2 and the illness it causes COVID-19
February 26, 2020	Virus spreads quickly around the world; Iran and Italy are hit hard
February 28, 2020	Scott Moe cites coronavirus as reason for possible early election call
March 9, 2020	First Canadian dies after contracting COVID-19 at Lynn Valley Care Centre in North Vancouver
	Italy enters nationwide lockdown
March 11, 2020	Federal health minister Patty Hajdu calls COVID-19 a "national emergency and crisis," and urges people to stay home[11]
	WHO declares COVID-19 a pandemic

March 12, 2020	US president Donald Trump suspends air travel from Europe
	NBA and NHL suspend seasons
	Asymptomatic transmission of SARS-CoV-2 is reported
	Ontario closes schools
	Sophie Grégoire Trudeau, Tom Hanks test positive for COVID-19
	Ottawa unveils $1 billion in pandemic funding
	First presumptive COVID-19 case is found in Saskatchewan

On March 12, I was invited to address the delegates at the annual convention of the Saskatchewan Association of Rural Municipalities (SARM). It's no secret that the political fortunes of New Democrats in rural Saskatchewan have been disappointing in recent years, meaning this could be a tough crowd. In fact, it had been many years since a leader of the Opposition had been invited to speak, and on an ordinary day, I might have been nervous about the reception.

On an ordinary day, I would have started off talking about my own rural roots, about growing up on the family farm in the Rural Municipality of Rodgers, near Courval, where my brother Jim still farms today. I might have spoken about working as a family doctor all over rural Saskatchewan and the frustration of how decisions made in the legislature, not in the emergency room, make the biggest difference in people's health. I'd have talked about how we need to work to address upstream factors if we want to keep people healthy. I would have then described how our plans would improve life in rural Saskatchewan compared with those of our opponents. You know, a standard political speech. Ordinary.

But this was no ordinary day. It was something completely new. This was March 12, 2020, the day it hit home that all of our lives had changed. We didn't yet know how much, or for how long. We still don't, I suppose. But that day in March we knew it had hit for real.

The day before, the World Health Organization had declared COVID-19 a pandemic. A pandemic is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people."[12] That classification made it clear: the new coronavirus would not be confined to one part of the world. It would spread everywhere.

The first confirmed case of COVID-19 in Saskatchewan was announced that day, found in a resident in their sixties who had just returned from Egypt. The first Canadian had died from the virus a few days earlier. Then US president Donald Trump, after initially dismissing the virus, had banned air travel from Europe. The upcoming Juno awards in Saskatoon were cancelled. The NBA season was suspended. Tim Hortons had cancelled Roll Up the Rim. It was a very big deal.

I told the audience that it was not a time to panic, not a time to buy a lifetime's supply of toilet paper, but that it was time to act. And I described an idea, novel on that day, that we'd all get used to hearing: it was time to flatten the curve.

There are two possible distribution curves for infections in an outbreak: either one that spikes, meaning the virus is reaching those it will infect quickly, or one that is long and flat, meaning it's moving more slowly through the population. With all the cases at once, the high spike curve, you get higher mortality, more health care workers are sick, health care services are overwhelmed – it's a disaster.

When the cases are spread out over time – the flat curve – more health care resources are available, there are potentially fewer cases overall, and there is lower mortality for those who do get sick. We may even be lucky enough to get into the vaccination and dedicated treatment window, as scientists everywhere, including at the VIDO-InterVac vaccine lab at the University of Saskatchewan in Saskatoon, were already hard at work seeking cures and vaccines.[13]

Key to that goal was another concept that was brand new to our vocabulary then but now seems so obvious: social distancing. We would later talk more of physical distancing, as we tried to emphasize avoiding the contact that could lead to infection but still reaching out in other ways to avoid loneliness and separation. When it came to distancing, Saskatchewan had some natural advantages. My favourite COVID T-shirt

was one that read "Saskatchewan, physical distancing since 1905." On my family's farm, the next neighbour is a couple of miles away. Even in our largest cities, we don't have the density of the world's metropolises. While the number of people living in unstable housing has risen in recent years, most people in the province live in safe, clean housing. These factors protect us, but only if we're careful, only if we do everything we can to reduce community transmission and make the extra efforts to keep the virus out of congregate living settings like homeless shelters, long-term care homes, and prisons.

In my speech to SARM, I called on the government to invite municipal leaders like the delegates present and their urban counterparts, First Nations and Métis leaders, leaders in K–12 and post-secondary education, in health, labour, and business to form an all-party, all-hands-on-deck table to start our response to COVID off right. Of all the calls to government that went ignored and unanswered during that period, this was the biggest missed opportunity. It was the moment we went into silos and guaranteed the political polarization of the pandemic response.

Thinking back to that day in front of SARM, with a crowd of hundreds of people from every corner of our province, it's wild to imagine how we went overnight from gatherings of that size to many months apart. Despite the challenging message, people were ready to hear it. At that moment, while we were sending everyone to their separate corners, there was a heightened sense that we were all in this together. That we were about to face something massive and that it was going to take all of us. That in the face of such a challenge, there was a chance to look beyond whatever we thought divided us toward a common goal of getting through this with as many of us alive and well as possible. This has been challenged since, as missed opportunities and misinformation have reinforced and even worsened pre-existing polarization. Still, thinking back to that moment, to that supposedly tough crowd listening intently and ready to do what was necessary to keep themselves and their neighbours safe, reminds me that there is common ground and common purpose in most of us if we are willing to seek it out.

The separation of the months to follow made that harder, as we didn't find ourselves in rooms full of new faces. We didn't shake hands with strangers. We didn't get to do the classic Saskatchewan social dance of finding out whom you know in common, how few degrees of separation there are between each of us. We now have work to do to make those connections again, and hopefully an even greater appetite to make them.

On that day, however, I urged everyone to skip the handshake. I joked that as a politician that was an extra burden: working the room is half the job description. It was indeed strange to, for the first time, refuse an outstretched hand. We all want to show each other respect and attention with a friendly, hearty handshake. But as one of the reeves reached out by reflex, I slid my hand in my pocket, said an awkward thanks for having me, and headed back to the legislature.

Just the day before, on March 11, I'd seen Jeremy Harrison, the minister of the economy and one of the main decision-makers in the government benches, walking out to the MLA parking spaces in front of the Legislative Building. I caught up with him as he was climbing into his truck and urged him, for reasons of public safety, to reconsider the snap election. He brushed it off, saying something like it's always the same – Zika, West Nile Virus, there's always something that's going to kill us all and nothing ever happens.

Our opposition team had asked about this several times in the Legislative Assembly and, while Premier Moe had changed from his original position that the coronavirus epidemic was a good reason to call a snap election, he was digging in his heels on his plan to go to the polls that spring.[14] The members on his side hadn't just resisted being responsible and calling it off: they'd laughed out loud at the idea, heckling the very notion that we should be concerned. The minister for rural and remote health yelled, "What if, what if," from his seat, as though the notion of acting to prevent a disaster was ridiculous. The minister of finance referred to me and my Opposition colleagues as "Doctor Doom and his whole caucus of gloom."[15] One gets used to this behaviour from the

government members – the legislature is not a civil place and having a large majority brings out their schoolyard bully tendencies – but it was shocking to hear at such a serious moment.

The idea that, in the context of an emerging, dangerous infectious disease, we would send people door to door shaking hands, holding rallies, and then all gathering in polling stations on election day was inconceivable. If you were looking for a way to make sure the virus spread as quickly as possible, that's what you'd do. It's the opposite of physical distancing and would have been tremendously dangerous, not only for Saskatchewan but for the containment efforts of the entire country. Public health physician Dr. Anne Huang boldly wrote a public letter calling on the government to stop this foolish plan, describing elections as "exercises in reducing social distances" and making it clear that "containing COVID-19 requires a massive societal response, strong government leadership and social-distancing measures. Calling a snap election this spring has the potential to expose a lot of people to the virus and will make a coordinated response in Saskatchewan more difficult."[16]

Of course, the election wasn't our team's only, or even our main, concern. Above all, we wanted to see a plan to keep people safe and to make sure our health care system was able to handle the strain of an onslaught of new admissions. When Vicki Mowat asked about a plan, it turned out the minister of health had not followed up on his commitments from our earlier meeting: there wasn't one. Despite his repeated claims in the house that there was, our office learned through a freedom of information request that it wasn't the case. Instead, a mad scramble at the ministry that night had produced a few slides of a PowerPoint presentation showing a warmed-over version of the H1N1 strategy being presented as a master plan the following day.[17] This is the pattern that would continue throughout the pandemic, a government that would overestimate its preparedness while downplaying the seriousness of the threat.

Along with a plan for prevention and a response to health system challenges, we called for a budget that reflected the new world we were in. But there too we saw a government reluctant to let go of the world they thought they were living in, a world where they were presenting a balanced budget and had everything handily in control. The problem was that the budget had been finalized weeks before and reflected neither

the worldwide economic crash nor the need for massive expenditures to support Saskatchewan people.

Now there's no question this was a very difficult time to be preparing a budget. It was a difficult time to be planning for a new, dangerous viral illness. Mistakes will be made. That's normal. The challenge for governments of all stripes is to find out how we can move beyond "everything I do is good; I can show no weakness" to "we are giving this everything we have and would like your help to do it better." A tremendous amount of goodwill and a real opportunity to do better was wasted in the hyper-partisanship of our current polarized public discourse, and the planned snap election set us off on the wrong foot from day one.

It didn't have to be that way, and there were already Canadian examples of a better approach.[18] Dwight Ball, premier of Newfoundland and Labrador, established an all-party committee that included the leaders of the provincial opposition parties. Opposition leaders were included in Prince Edward Island's "COVID-19 response table." And on March 12, the day after the first case of COVID-19 was discovered in the province, New Brunswick premier Blaine Higgs swore the leaders of the three opposition parties – one of whom didn't even have a seat in the legislature – into his cabinet as part of a committee that included the ministers of public safety, social development, education, and health. That spring and summer, the different party leaders met and, under the confidentiality of cabinet, decided together on the best course of action. Notably, New Brunswick had one of the country's best responses to COVID-19 as part of the Atlantic Bubble.

Regina Leader-Post columnist Murray Mandryk suggested a similar approach here in Saskatchewan. "The buy-in to the tough-but-justifiable measures imposed by the Saskatchewan Party government needs to be accompanied by an entirely different all-party approach to governance that brings in not only NDP Opposition Leader Ryan Meili but also major civic leaders like Regina Mayor Michael Fougere and Saskatoon Mayor Charlie Clark."[19] University of Regina professor Howard Leeson went further, evoking the First World War unity cabinet and writing that "Premier Moe should immediately constitute a special cabinet committee that deals with the coronavirus in its entirety. This committee should operate unlike other cabinet committees. It should be

staffed only in part by traditional civil servants but should bring in a wide variety of advisers from the whole community. It should include the leader of the Opposition, Ryan Meili, since he is a medical doctor."[20]

Our initial meeting with Dr. Shahab and the health minister had given me some hope that we might see some such cross-partisan collective action. I don't know if this collaboration didn't happen as a hangover from the snap election planning, a shift in focus to the now coming fall election, or simply a super-majority government whose ministers frequently say in question period that they will "take no lessons from the members opposite." While there would have been a need for criticism and difference along the way, some of the polarization and animosity – not just between ruling and opposition parties but between Saskatchewan people – could have been eased with a signal of unity. That inability to put partisanship aside gave the people of Saskatchewan an unbalanced COVID response and contributed to the poor outcomes and heightened social tension that would follow.

Heading Home

March 13, 2020	Canadians are advised against all non-essential international travel
	Toronto Stock Exchange sees largest single-day drop since 1940
March 16, 2020	Dow Jones sees largest drop in history
	Major national travel restrictions go into effect
	Saskatchewan schools to close March 20
March 17, 2020	Alberta and Ontario declare states of emergency
	Trump tells Americans to avoid gatherings, eating in restaurants; oil prices plummet; deaths in Italy continue to rise; France goes into lockdown
March 18, 2020	State of emergency declared in Saskatchewan
	Gatherings of more than fifty people are banned
	Fitness centres, casinos, and bingo halls are ordered closed

March 18 was our last day in the legislature that spring. States of emergency had been declared in Alberta and Ontario. Saskatchewan and the rest of the country soon followed suit. This included a ban on gatherings over fifty, which meant it only made sense to end the session. This is something on which both sides of the house could agree. There would be time to figure out how to resume the work of the legislature, but now it was time to go home, be safe, and set an example. Question period the day before had been a sombre affair, ending with promises to work together.

The spirit of collaboration never took root, with things taking a strange turn in Regina that day. Despite being clear that a budget written in January made no sense in March, the government insisted on plowing ahead, at least partially. Their plan was to instead release a half budget, one that described expenditures but didn't include revenues, then adjourn the assembly. I don't know of any example of something like that being done before, here or anywhere. A budget that announces what will be spent without saying what was being gained or borrowed is simply out of step with the principles of fiscal management and the rules of the legislature.

Early that morning, Jeremy Harrison (the same government house leader who thought we were overreacting to COVID-19 and compared it to Zika and West Nile) called Cathy Sproule, the opposition house leader, and told her there was suspected community transmission of COVID-19 and the government would declare a state of emergency. I'll never forget the sense of betrayal we felt that day. Here was a government that recognized things were bad enough to declare a state of emergency, something none of us had ever seen in our lives, but wanted to put off the announcement until after their feel-good half-budget press conference and farewell speeches in the house. I texted the premier the following, hoping he would change course:

> We understand that the government has had information of increased case numbers and community transmission since last night. If this is the case, it's irresponsible to keep this information from the public. People are at work and in situations of public exposure. I expect this information to be released immediately. The Minister and the CMHO and you, as premier, have a duty to inform the public now.

He didn't respond and they went ahead with their media event as though nothing had changed.

Once the word was out, plans for big speeches in the assembly were shelved. We gathered for all of four minutes, just long enough to agree to adjourn. The heat and bluster of parliamentary debate gave way to a strange and quiet retreat to our own corners. An awkward stream of MLAs and staff headed out to their cars, the same sort of scene that was playing out at workplaces and schools around the world. Usually, at the end of session, the two sides meet on the assembly floor and shake hands, like a line of hockey players saying, "Good game." There are always a few so fiercely partisan that they can't bring themselves to fraternize even that lightly with the enemy, but most of us take that moment to recognize we are all doing hard jobs and wish each other well despite our differences. That day, for obvious reasons, we parted with no hugs or handshakes. The premier and I quickly did our post-session scrums with reporters. I urged people to remember that whatever our political leanings, we had a common enemy in the virus.[21] Each member then quickly gathered their things and quietly headed down the marble steps of the legislature to find their families and figure out how to deal with a new, unknown world.

The Longest March

COVID-19 has done funny things to our perception of time. People talk without irony about the "before-times," and waves six months earlier seem like ancient history compared to whatever news is bearing down upon us now.

There is likely no other period that stands out in our memories – and in that warped perception of time – in quite the same way as March and April 2020. The word "quarantine" comes from "forty" in Italian – *quarantina*, which referred to the forty days of isolation required for ships landing during the Black Death and symbolized the forty days of self-denial and sacrifice of Lent. Schools were closed and the streets were nearly empty. The stores that were still open had hardly a soul in them. People truly were staying home. At once brief and exhaustingly long, those forty days in the spring of 2020 stand out as the most intense and life-changing period of the pandemic, the period when we stayed apart and felt together.

The world stood still in a way none of us had ever experienced. Restaurants, gyms, and all kinds of stores closed their doors. So did schools and, to a large degree, clinics and hospitals. Drop-off care packages, drive-by visits, and shouted window exchanges were the extent of our in-person social engagements. Collective action and curtailment of personal liberties for the greater good were quickly accepted, more out of concern for others than for fear for oneself. And the level of uncertainty had almost everyone, even many who would go on to become staunch

opponents of public health measures, fully engaged in the project of flattening the curve, of staying home and staying safe.

There was an incredible sense of being all together in a remarkable moment. It was scary, but in some ways exhilarating. I'm reluctant to go too easily to war analogies – no one was bombing our homes – but there was something of the camaraderie of times of conflict, the community spirit of a London under blitz. Ironically, the tensions between people would become much greater after that period of isolation. We were more together when we were apart, more polarized as we came back together. That March, however, there was something of that "keep calm and carry on" spirit in the air along with the novel virus.

COVID Kindness

That spirit manifested as kindness, ranging from neighbourly acts like dropping off groceries or calling to check in on a lonely senior, to larger volunteer efforts. Saskatchewan people have a reputation for charitable acts, with the highest percentage in the country of people who do volunteer work.[1] The annual telethon TeleMiracle, with its catchphrases of "Ring those phones" and "Where are we going? Higher!," is an incredibly successful fundraiser for the Kinsmen Foundation and a cultural touchstone for the province's charitable sensibilities. This community spirit was on full display in the early days of the pandemic. Dr. Theresa Tam, Canada's chief public health officer, tweeted out thanks to the Reverse School Bus project in Regina.[2] This was an initiative of Regina teacher Kam Bahia, who teamed up with her brother's restaurant, the Lobby Kitchen and Bar, to deliver meals to students who would normally be accessing school lunch programs.

In Prince Albert, seventy-nine-year-old Eleanor Land baked dozens of loaves of bread a week for the Community Cares Kitchen, a new not-for-profit founded to provide meals to vulnerable people. When Eleanor's oven broke from overuse, the organizers of the kitchen were only too happy to raise the money to get her back baking.[3]

Angela Bishop, a Métis lawyer originally from Green Lake, led the Masked Makers, a group of local seamstresses who sewed and distributed thousands of masks, featuring beautiful Indigenous designs, to children,

elders, and home care workers.[4] Saskatchewan manufacturers switched their production to making face masks and shields, and distilleries started making hand sanitizer. People helped.

They helped as volunteers, as neighbours, and in jobs that changed right underneath them. Many people took on new ways of helping out during the COVID crisis. Others saw their jobs go from quiet, behind-the-scenes work to playing central roles in the daily unfolding drama of case updates, changing public health orders, and the dynamic interplay between political choices and public health advice.

Before this time, it's unlikely that most Canadian people could name the head of public health in their province. Now people like Dr. Tam, Deena Hinshaw in Alberta, and Robert Strang in Nova Scotia are household names across Canada. Bonnie Henry of British Columbia was featured in the *New York Times* and even had a pair of John Fluevog shoes designed in her honour.[5] They were put in positions of greater power and responsibility than any public health professionals in Canada's history, asked to advise and inform the public on how to safely go about their lives at a time when so much was dangerous and uncertain. Health promotion and disease prevention are what public health is always about, but these specialists found themselves under a spotlight they'd never imagined. With varying degrees of independence, they were forced to navigate not only the science of a rapidly spreading and changing infectious disease but also the demands of the public they served and the politicians who made the ultimate decisions on public health interventions. They were given credit when things went well, and sometimes blame when they did not, or when people didn't like the message.

In Saskatchewan, our fashion icon was known for knit sweaters, not fashionable shoes. Dr. Saqib Shahab, the province's chief medical health officer since 2012, was thrust into the spotlight as the face of our pandemic response. His regular press conferences, with him seated six feet away from the premier or the minister of health, became the source of key information, an object of admiration from the public, and the subject of great scrutiny throughout the COVID-19 crisis.

Born in Britain, Dr. Shahab studied medicine in Pakistan, later training in internal medicine in the United Kingdom and receiving his

master's in public health from Johns Hopkins University in Baltimore. He completed his Royal College specialty training in public health at the University of Alberta before moving to practice in Yorkton, Saskatchewan, in 2001.[6]

Dr. Shahab is not the first in his family to find himself in the public eye. His father, Qudrut Ullah Shahab, was a high-ranking civil servant, first under the British Raj and eventually to the president in independent Pakistan. His autobiography, *Shahab Nama*, ranges from political commentary to mysticism and is one of the most celebrated books written in Urdu. He died the day Saqib graduated from Rawalpindi Medical College in Punjab province.[7]

In his early career, Dr. Shahab practised with a relief organization in Pakistan. He described this as the most exhilarating period of his career. Being in the middle of the action, even if the circumstances are stressful, is exhilarating and life-affirming. One wonders if some of that early career feeling returned for him during what he described as twenty-hour days at the beginning of the pandemic.

Along with those visible public figures were thousands of people whose ordinary jobs were no longer anything close to ordinary. Windows across Canada sported hearts for heroes, celebrating local health care workers as the heartbreaking stories from Italy and New York made it clear what the risks really were. The concept of essential workers was completely reimagined. Gas station attendants and grocery clerks, often low-paying entry-level employees, were being asked to risk their health to keep the rest of us whole. There was a sense of sacrifice, of stepping up to do what's right, and maybe, just maybe, a sense that that's what life is truly about.

In postwar North America, the people who had sacrificed so much for their country witnessed just what government can mobilize when the occasion demands and political will allows. That Greatest Generation insisted on the foundational programs we take for granted: Medicare, Old Age Security, publicly owned utilities, etc. But since the 1970s, that spirit of collective investment, of public ownership, of the commonwealth in its true meaning, has been steadily and deliberately eroded. Our country – and many countries around the world – seems to have lost the ability or the appetite to respond to great challenges, be they

longer-term challenges of poverty and inequality, of changing health needs, or acute crises like that presented by COVID-19. Deliberate political decisions to undermine the very idea of the public good have left us weaker, sicker, poorer. The question before us now is whether this crisis, which demonstrated how important a force for good government can and must be, will revive the demand for better government that once coursed through Canada's political discourse.

The personal sacrifice and acts of "COVID kindness" we celebrated in those early days were the manifestation of a sense of connectedness and a desire for people to put their care into action. Alongside that feeling was a hope that awareness of the ways in which our individual well-being was dependent on the collective would result in wise choices, not just when it came to public health measures but also in the benefits extended to those most in need. And to some degree, that's exactly what happened. National programs like the Canada Emergency Response Benefit (CERB) and the Canada Emergency Wage Subsidy (CEWS) provided some standard support across the country for those who were unable to work and for businesses needing help paying wages while their ability to operate was greatly reduced or stopped altogether.

Each province came up with some measures of support as well, but this is where the idea of a nationwide effort falls apart. The Canadian response was provincial and patchwork and its effectiveness varied wildly from place to place and wave to wave. That first wave and the immediate quarantine period that accompanied it was perhaps the time when the experiences were most common. There were differences in the provincial responses, but they were of degree, not character as we would see in later waves. People and their families found something special in that shared experience of not having shared experiences. Most of us spent that unusually frozen March taking the calls to stay home seriously and trying to understand the changes happening around us.

Silent Spring

When I think of that spring of 2020, I'm in the little red house on Third Avenue that served as my constituency office the entire time I was the MLA for Saskatoon Meewasin. And I have an eight-year-old with me.

After the emergency end to the legislative session on March 18, I did the same as every other MLA, the same as so many people whose workplaces were no longer in person. I went home. I drove back to Saskatoon, where we entered the part of the pandemic that will stick with most of us the longest: those initial weeks of heavy quarantine. And I did what I could to make sure my own family was going to be okay. This meant keeping them safe and fed but also finding ways to make things fun for two little boys.

Mahli and I have two sons, Abraham and Augustin (Abe and Gus). At the time, Gus was two and Abe was eight. I went to the Safeway in my constituency and stocked up on pasta and canned goods, not knowing when we'd get back to a grocery store, and saw the shelves empty of toilet paper and Lysol wipes, of flour and sugar and baking powder. I recall hitting our local bookstore to load up on reading material for the whole family. Mahli and I indulged some of our doctor's gallows humour, playing the Pandemic board game, rereading Camus's *The Plague*, and making a somewhat tongue-in-cheek "staylist playlist"[8] on Spotify to share the songs that were getting us through. On that list were songs by John Prine, who lost his life to COVID on April 7. He'd been my favourite songwriter since my brother Jim brought a cassette tape of his music home to the farm when I was a kid. I'd grown up listening to and playing his songs, and his melancholic, quirky songwriting really did capture the feelings of that moment in many ways. I joined in the mourning by posting a cover of "Paradise," one of his many bittersweet songs about death. Prine was also the first of what would turn out to be very few legends or celebrities to die from COVID-19, which says a lot about how this, like so many other illnesses, affects those with privilege and wealth less than it does those whose lives are already hard. The social determinants are protective in the long term; material success helps to prevent many long-term illnesses like heart disease and diabetes. It also provides people with the means to safely and comfortably keep themselves away from illness and to seek testing and care when they need it.

With that in mind, I have to recognize how privileged we were during that time. Mahli could work in the hospital or do virtual clinics from her office. I could safely go to my constituency office to work. We had a

child care plan for our kids. We didn't lose employment or pay. We didn't get sick. We were the lucky ones.

That winter was frigid and long, which may have helped people accept staying inside in those early quarantine times to slow the spread of the virus. But with schools and playgrounds and every indoor activity closed, we had to find some way to get out and live. On weekends we would pack Abe, Gus, and our dog, MG, into the car, pick a direction, and drive out of town. We would visit the famously strange Crooked Trees near Alticane, the Mount Carmel Shrine near Humboldt, and the Douglas Provincial Park sand dunes, or just get drive-through and find a random field to run around and let off some steam.

During the week, not a lot changed for Gus. With me away so much in Regina and Mahli busy in her practice, we'd had someone coming to the house to help with Gus since Mahli finished her maternity leave. That arrangement continued, with some trepidation as we were limiting every contact we could, but it would have been impossible for us to continue our work without that help.

As for Abe, he hung out with me. Each morning we would head into my MLA office. When the weather warmed up, we would pedal our bikes through an eerily deserted downtown Saskatoon. With schools having closed so quickly, teachers hadn't had time to adapt seriously to online learning, so the end of Grade 3 consisted of an hour or so of online school every morning, and then office time with Dad. The first several sessions of this were pretty comical, as the teachers scrambled to learn the tech while the kids, all digital natives, went wild in the chat section. Eventually, they settled down to a routine with daily homework, keeping some learning going and alleviating some of Abe's boredom. After his classes, Abe would read Percy Jackson books or play on the iPad (full disclosure: his screen time limits expanded as well) while I tried to keep doing my province-wide job from one small space.

Like everyone, our opposition team had to figure out how to communicate while being unable to gather. I would hold daily press conferences and put out videos speaking directly to the people of Saskatchewan about the latest developments in our knowledge of the virus or our latest call for government action to respond to the economic and health disaster.

Abe attends school remotely from the MLA office. April 2020

Using platforms like Zoom or YouTube, Facebook Live or Microsoft Teams seems second nature now, but it took a while for us to figure out our end and reporters to figure out theirs. I would set up my laptop and microphone on top of a stack of chairs and cardboard boxes, trying to get the angle and sound just right, and hope we didn't get too many tech failures. I spent so much time in online meetings those first few weeks that I wound up needing the glasses I now refer to as my "zoom lenses." I am in my mid-forties, so it's not entirely surprising, but it was a noticeable change. We released regular calls for action from a government that, while no longer dismissing the threat of COVID-19 outright, was still slow to act, especially when it came to supporting frontline workers and the most vulnerable.

Abe and I would stop and have lunch together then pedal back home after a few more hours of work. We've always been close, but as much as this time was stressful, there was a sweetness to it, something special about being forced to be just the two of us for long days. When I think

back to those times, I have to confess to some nostalgia. For all the risk and responsibility we felt and the fear we shared with those around us, being hunkered down with the kids was special. We connected on what was important in ways we'll never forget.

Spreading the Word

Fortunately for us all, COVID-19 hit Saskatchewan later than other parts of Canada, and – through interprovincial peer and public pressure – the province introduced public health measures at about the same time. This meant that the first wave in Saskatchewan, while not insignificant – nothing that makes people sick and takes human lives should be treated as insignificant – was nowhere near as bad as it could have been, nowhere near as bad as many parts of Canada.

All in all, we tried to bring people a balance of serious concern and hope amid dire warnings. A document leaked from the SHA showed modelling saying that, without major public health measures, 30 percent of the population could contract COVID, leading to deaths of up to 15,000 people in our province of just over a million.[9] This would prove, thanks to behaviour changes, changes in the virus, the eventual arrival of vaccination, and improvements in modelling, to be a great overestimate of what did happen. It's a classic example of the paradox of preparation:[10] if the measures taken work and nothing bad happens, then you must have overreacted. These initial models of the extreme scenario without measures in place led to measures being put in place. The fact that the modelling overshot what went on to occur is a feature, not a bug. This is a public health victory, and a public action victory. The vast majority of Canadians heard the call to safety and listened, many changing their behaviour dramatically, including maintaining small bubbles for all of the next two years.

Unfortunately, as modelling got more precise and more responsive to on-the-ground situations, people who knew better would disingenuously point to this early example to discredit that later modelling. We had what would later prove to be an extremely reliable and – had it been used properly – helpful tool for real-time response to changing community transmission and risk levels. Instead, we would see modelling

become tragically accurate in subsequent phases because it was kept hidden rather than used to influence behaviour. Before any of this would play out, what we had before us at the end of March 2020 were credible indicators that a human health disaster was headed our way.

I remember very vividly sitting with Mahli, who is a general pediatrician, as we talked through what we would do. She works regularly in the hospital, and I had just renewed my licence to be able to step up as part of the medical team. Sitting on the sidelines was never an option; if we were needed, we would help. With the number of Italian doctors who died in that country's brutal first outbreak firmly in our minds,[11] we were making sure our wills were in order and talking through a plan for who would take Abe and Gus if we needed to go full-time into dangerous work, or worse, if we didn't come back. Our friends and colleagues in health care were all going through the same process, ready and willing to get to work, but also fully aware that this was uncharted and dangerous territory.

It was a scary time for everyone, but particularly confusing for kids, suddenly out of all their normal routines and hearing about a mysterious new malady. Given our young family and our professions, Mahli and I were particularly concerned with how kids would cope. On March 23, inspired by Erna Solberg, then prime minister of Norway, I hosted a press conference for Saskatchewan children. Kids from across the province sent in questions on what a virus is, whether trees and pets could catch COVID, why they couldn't visit their grandparents, whether their asthma made them higher risk, why their favourite sports were cancelled, why they couldn't play at the playground, and whether all the countries were working together on a cure for COVID. I did my best to respond honestly and in language that gave kids a sense of hope and agency, giving them tips on what they could do to keep their family safe and to help make life lighter for those around them.

Thinking back to those darkest early days of March 2020, it seems both like a lifetime ago and like we're still sorting through the debris of that initial shock and all the waves that followed. Often a great change means you're uprooted, displaced, like the refugees who have come here in recent years from Syria, Myanmar, or South Sudan. Instead, the pandemic made people refugees at home, sheltering in place. What that

home was like, whether it was a safe place with supportive family or somewhere that was lonely, dangerous, or just plain poor, made a huge difference in your view of the pandemic. And of course, whether you were able to work from home, out working in the community because your job is an essential service, or out of work altogether put everything in a different light. But no matter what your circumstances, your world got smaller, just as the challenges got bigger. That disruption has caused fractures in our society that will take a very long time to heal – that is, for those of us who are still here.

Purich Books, an imprint of UBC Press
2029 West Mall
Vancouver, BC, V6T 1Z2
www.purichbooks.ca

Library and Archives Canada Cataloguing in Publication

Title: A healthy future : lessons from the frontlines of a crisis / Ryan Meili.

Names: Meili, Ryan, author.

Description: Includes bibliographical references and index.

Identifiers: Canadiana (print) 20230440363 | Canadiana (ebook) 2023044038X | ISBN 9780774880909 (softcover) | ISBN 9780774880916 (PDF) | ISBN 9780774880923 (EPUB)

Subjects: LCSH: COVID-19 Pandemic, 2020—Social aspects—Saskatchewan. | LCSH: COVID-19 (Disease)—Saskatchewan. | LCSH: Public health—Saskatchewan.

Classification: LCC RA644.C67 M45 2023 | DDC 362.1962/41440097124—dc23

Canada Council for the Arts | Conseil des arts du Canada

Canada

British Columbia Arts Council

British Columbia

UBC Press gratefully acknowledges the financial support for our publishing program of the Government of Canada, the Canada Council for the Arts, and the British Columbia Arts Council.

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