Health Security at the Border

By Wesley Wark

Synopsis

The emergency created by the impact of COVID-19 in Canada has forced the Canada Border Services Agency (CBSA) to pivot to an important but challenging role, in terms of monitoring health security at the border. Canadian border control measures to deal with the COVID-19 crisis have been implemented in an incremental manner since the outbreak first began in China in late 2019. While the CBSA has facilitated policies implemented by other departments of the federal government, there are both capacity gaps around implementing emergency measures and an unfulfilled role for CBSA as a strategic monitor of the impacts of major infectious disease outbreaks on border policies globally. There is work ahead for Canada in learning lessons from the COVID-19 outbreak to ensure a better response model in future, including for border security.
About the Author

Wesley Wark is currently a Senior Fellow at the Centre for International Governance Innovation in Waterloo, where he is co-directing a project on re-imagining Canadian national security for the 21st Century. He is also an adjunct professor at the University of Ottawa and an instructor at the Centre on Public Management and Policy, where he teaches courses on intelligence and security to government officials. Professor Wark was the co-editor of a digital essay series published by the Centre for International Governance Innovation, “Security, Intelligence and the Global Health Crisis” (August 2020). His most recent book is an edited volume: Secret Intelligence: A Reader (second edition 2019). He serves on the editorial advisory board of the journal, Intelligence and National Security, and is a former editor of the journal. Wesley Wark served on the Advisory Committee to the President of CBSA from 2006 to 2010. He has served as an expert witness in Immigration and Refugee Board and Federal Court cases regarding national security inadmissibility.
When the coronavirus that we now know as COVID-19 emerged out of Wuhan, China to stalk the world in January 2020, Canada was caught unprepared. That unpreparedness was particularly striking at the border, where Canada was slow to impose border closures, travel restrictions and quarantine measures, and where the federal agency in charge, the Canada Border Services Agency, found itself having to cope with an unprecedented emergency. An emergency is not an optimal time to develop policies and plans but for the CBSA, COVID-19 forced a fundamental shift in thinking about the Canadian border as a zone of health security.

Most Canadians, even in this age of ‘staycations’ and abandoned travel plans, know the CBSA as the uniformed work force they meet at land border crossings and airports, with their mostly perfunctory questions about your travel itinerary and purchases. Cross-border travellers are not, in normal times, asked questions about their health. COVID-19 changed all that, and the changes will have to become a permanent fixture for the CBSA.

Behind that uniformed presence at the border stands a very large agency. CBSA was created in 2003 from an amalgam of elements draw from the then department of Citizenship and Immigration (now Immigration, Refugees and Citizenship Canada), Canada Customs and Revenue (now the Canada Review Agency) and the Canadian Food Inspection Agency. Its earliest task was to reorient itself to the threat of global terrorism and the movement of terrorism suspects, money and facilitation. It faced a difficult cultural transition in the years that followed, as it addressed new threats and a new mission.

The governance challenge that CBSA confronts is that its health security mission is fundamentally dependent on the work of others in the federal government system. It functions at the operational end as a deliverer and facilitator of health security. While it has some targeted intelligence collection programs designed to assist in enforcement and in border watchlists, it remains dependent for its intelligence outlook on other federal agencies such as CSIS and the RCMP. It is not a deviser of health security plans, that role falls to the Public Health Agency of Canada. CBSA is good at collecting general travel data for planning purposes but this data collection is sundered from any particular threat scenario.

CBSA was able, for example, to tabulate data regarding incoming travel from Wuhan, China and the surrounding Hubei province during the early weeks of the COVID-19 outbreak, but had no mandate to strategically assess the threat that travel might present or to look more broadly at the global travel vectors through which COVID-19 would be weaponised. Nor was it up to CBSA to engage in any comparative study of how other countries were responding to COVID in terms of border security planning. CBSA is primarily a doer not a thinker on border security in a globalised world, something that needs to change for the future.

We are learning from the experience of others that strict border closures can be an important tool in limiting the harm inflicted on individuals and societies by a global pandemic. Some of our Five Eyes intelligence partners, especially Australia and New Zealand, introduced earlier and stringent border closure measures with very beneficial societal outcomes overall. Conventional thinking about border closures in the face of pandemics, which stressed their limited value and high economic and political costs, has been upended. A high-level independent panel has been established by the World Health Organization to study the global pandemic response, and is tasked with charting what went wrong and learnings lessons from the COVID-19 crisis. Its findings may ultimately force a substantial reconsideration by the World Health Organisation of its guidance on border closures, and of the instruments of the International Health Regulations, which were last revised in 2005.

The Canadian approach to border policy during COVID-19 path is documented, in part, in an important report by the federal Auditor General, tabled in Parliament on March 25, 2021. The AG’s performance audit is the first independent examination of aspects of the government’s pandemic preparedness, including Canadian border control measures.

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The report identifies that the federal government received its first warning about a viral pneumonia outbreak of unknown origin in Wuhan, China on December 31, 2019. Unfortunately, the Public Health Agency’s Global Public Health Intelligence Network’s global alert system had been shut down and the sense of urgency that its red flags, derived from open source media intelligence, might have prompted was missing in action. This problem was compounded by a complete failure in risk assessment, with the Public Health Agency of Canada maintaining a judgment that COVID-19 presented a “low” risk to Canada and Canadians from its first report on January 7 down to mid-March, when the needle swung to “serious” risk, but only after Canada was suffering some 400 cases of the virus.

The failure in risk assessment and the attendant absence of urgency factored into the steps that were taken at the border. Canada moved slowly and incrementally with regard to border measures, with a close eye on impacts on Canada-US relations, in exaggerated obedience to WHO guidance, and with great uncertainty about using the tools, especially emergency quarantine orders, at its disposal. Mixed in to this calculation was an appropriate concern about feeding any anti-Asian racial bias and discrimination, as the Trump administration ratcheted up its rhetoric about the “Chinese virus.” Fears of contributing to a further worsening of Canada-China relations, fixated on the flash points of the Meng extradition case and the fate of the “two Michaels” imprisoned in China as an evident act of hostage diplomacy, no doubt were another element in a painfully slow-rolling process.4

Canadian border control measures, even in incremental form, were introduced too late to have any effect on a substantial influx of travel from China in the early period of the COVID-19 crisis. CBSA reported that from January 22 (one day prior to strict domestic travel restrictions being imposed in China) to February 18, 2020, some 57,676 travellers arrived directly from mainland China; of this total 1796 travellers were identified as returning from Hubei province (the province in which the original urban epicentre for the virus outbreak, in Wuhan, occurred). Of this total only 3% of travellers from Hubei province were referred by CBSA agents and PHAC officials in support for further assessment. Almost all were released with an educational handout.

Border control measures were enhanced by the government only in March 2020 with some unintended consequences. On March 13, the government issued a global travel advisory and called on Canadians abroad to return home. Not until March 21, 2020 was the Canadian border closed to foreign nationals. And it was only on March 25, 2020 that an emergency order came into effect for a mandatory 14-quarantine for all incoming travellers even if they were symptom free. What occurred in effect was an unmonitored stampede during this two-week period. Between March 13 and March 25, 2020, some 1.7 million international travellers entered Canada with a requirement only for a voluntary 14-day quarantine.

As the Auditor General’s report makes clear even mandatory quarantine, first introduced in late March became, in effect, voluntary quarantine, as the ability to monitor or enforce compliance was limited. Although an electronic application was developed by PHAC and CBSA, called “ArriveCAN,” for use at all land ports of entry and airports by the end of April, it had only very marginal take-up by travellers. The AG report notes that only 7% of travellers used the application to provide their contact information for follow-up in the first two months of its availability.

Exceptions provided for essential workers remained a matter for discretionary application by CBSA officials using unclear guidelines. Health testing and screening for essential cross-border movement, for example by truckers, is still not in place after more than a year of the COVID crisis.

The one area where Canada imposed stringent measures was in its treatment of Canadians repatriated from China and from some cruise ship outbreaks. A significant and well-executed military plan was developed to bring Canadians back from China in early February, 2020, most of whom were housed in special quarantine facilities at CFB Trenton. The Trenton contingent ultimately numbered 441 people. Of this group only 19 were tested for COVID-19 before their release. No formal debriefing process was undertaken by the government to ascertain what any of the individuals had witnessed in China as COVID-spread.

Even this small sample exercise in mandatory quarantine was not something that the federal

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4Mme. Meng is the CFO of Huawei and the daughter of the Huawei founder. She was arrested on an extradition warrant at Vancouver International Airport on December 1, 2018. Her extradition case is before the British Columbia Superior Court. The “Two Michaels” are Canadians Michael Kovrig and Michael Spavor. Both were arrested by Chinese authorities on December 10, 2018, and have recently been brought to trial for alleged espionage offences. Sentencing had not been announced at the time of publication.
government was able or willing to apply on a national scale.

In retrospect it seems clear that CBSA’s efforts at border health security, while inadequate, were the product of a much larger failure of pandemic preparedness on the part of the government. CBSA did not make the rules at the border but followed the direction of the federal government and especially the Public Health Agency of Canada. It was the action arm, eventually twitched into frantic motion by recognition that incrementalism at the border was failing. In future, CBSA needs to be better and more strategically integrated into pandemic planning. Its operational expertise in admissibility issues will have to be broadened to include thinking about the global pathways to pandemic spread and to monitoring global border responses.

The government response to the COVID-19 crisis will be a political punching bag for the foreseeable future, as we head into a whenever election. It will also be the subject of future examination that hopefully will grow and expand out of reports like that presented by the Auditor General of Canada on pandemic preparedness in March 2021. The Prime Minister has promised that lessons will be learned from the COVID-19 experience. Now the promise needs to be turned into a wide-ranging reality that must include a fundamental rethinking of the delivery of health security at the border.
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