

Unmasking Responsibility: An Investigation Into *Responsible
Citizenship* During the COVID-19 Pandemic in Ottawa

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Abstract

This thesis examines health promotion discourse in Ottawa during the COVID-19 pandemic to explore what it means to be a responsible citizen. Using press releases/special statements and tweets from January 2020 to November 2022 from city officials and city departments in Ottawa, this thesis employed critical discourse analysis (CDA) to explore potential changes in health promotion discourse and meaning-making, asking how citizenship was remade in the wake of the COVID-19 pandemic. The findings support claims that health is increasingly neoliberalized, with a greater emphasis placed on individual health as a condition of responsible citizenship. This increased neoliberalization ultimately shifts our attention away from state responsibilities vis-à-vis citizens, and in this case, the neglected role of local governments in managing health crises.

Keywords: Biological Citizenship, COVID-19, Health Promotion, Healthism, Neoliberalism, Responsible Citizenship

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CHAPTER ONE: Introduction

1.1 Introduction

March 1st, 2020 marked a significant milestone in my life as my partner and I eagerly embarked on a new chapter; moving in together in the heart of downtown Ottawa. The anticipation was profound as we settled into our apartment in the vibrant neighborhood of Centertown. There were many new restaurants we wanted to try, new places to visit, and being in downtown Ottawa, lots of events to attend. Despite the fact that the pandemic's seriousness was being discussed more and more, we were unable to imagine the profound effects it would soon have on our lives. A mere two weeks after moving in together, settling in, and only getting to try a couple of new local restaurants, we were faced with unprecedented public health directives. The public health directives to mitigate the spread of COVID-19 and to address a growing case count in Ontario imposed conditions that quickly locked down not only Ottawa but the whole province and the majority of other provinces across Canada. A strong sense of isolation took the place of the downtown area's energy. We progressively began to understand the seriousness of the situation, which compelled so many of us to adjust our behaviours and day-to-day routines.

COVID-19 crept into every aspect of our lives like an invisible spectre, demanding our attention, changing our perceptions and the ways we behaved. Conversations that once revolved around everyday matters transformed into discussions on infection rates, testing protocols, and the search for a vaccine. The pandemic set the stage for all subsequent discussion and created a lengthy shadow that extended well beyond the confines of our past reality. We could never really escape the effects that the virus had on our lives as we submerged ourselves in its realities. The once-

reliable patterns of daily life had been upset, and new routines involving masks, hand sanitizers,¹ and social isolation had taken their place. The months blurred together, each day bringing its own set of trials and triumphs. Zoom calls and virtual gatherings became a norm, the only means to connect with friends and loved ones as physical distance became a harsh reality. We learned the importance of responsibility and the undeniable impact that our individual actions could have on the well-being of our communities. The sense of normalcy in our routines that we once took for granted had become a distant memory, replaced by a relentless cycle of adaptation and reminders on how to be safe during these unprecedented times.

Since the start of the COVID-19 pandemic, governments have developed various initiatives and strategies to persuade citizens and other players to act responsibly to slow the spread of the virus. The Ontario government started rolling out advertisements early on during the pandemic that essentially focused on ideas of ‘*back-to-basics*.’ This meant promoting relatively easy behaviours that citizens could do to mitigate the spread of COVID-19. They presented simple graphics with simple behavioural reminders and changes like covering your mouth when coughing, avoiding crowds, and general sanitary reminders (see Figure 1). The early health promotion campaigns during the pandemic focused on reiterating the importance of simple tasks that every citizen could do to promote a healthy environment and, ideally, mitigate the spread of COVID-19.

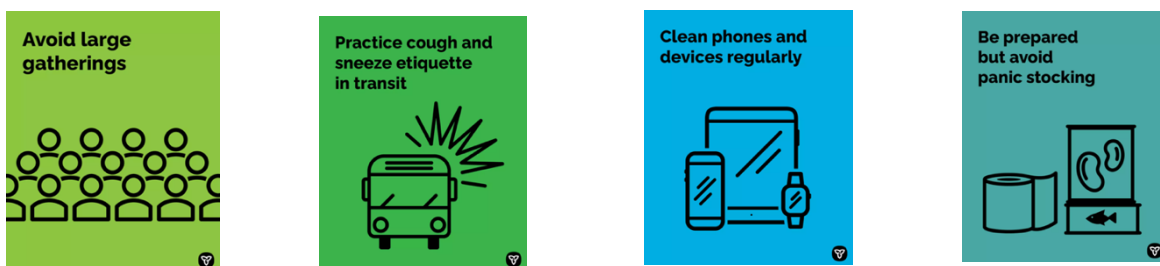


Figure 1 Ontario Government Information Ads ²

¹ My partner and I liked playing a ‘game’ called “which store’s hand sanitizer smells the most like straight vodka; we had an unofficial list going.

² Antonella Artuso, “Ad campaigns latest weapon in Ontario’s COVID-19 fight” (14 Mar 2020), online: *Toronto Sun* <<https://torontosun.com/news/provincial/ad-campaign-latest-weapon-in-ontarios-covid-19-fight>>.

Almost a year after the first COVID-19 campaign launched by the Ontario government, they released a more direct, emotional campaign to persuade citizens to change their behaviours. The campaign focused on the realities of what was happening in hospitals, the then Health Minister Christine Elliott explained.³ The short video shows the fear in someone's eyes as they are wheeled through a hospital unit, on a ventilator, and a closing message saying that small social gatherings can spread the deadly COVID-19 virus to someone you love (see figure 2).



Figure 2 Ontario Government's Commercial⁴

Some other provinces chose a more humorous tone to their advertisement campaigns.⁵ The British Columbia and Alberta governments took an approach of humanizing the COVID-19 virus, personifying it as *someone* you do not want to be around or to be seen hanging out with (see figures 3 and 4). The Chief Medical Officer of Health of Alberta explains that the humour in their advertisement campaigns was intended to target individuals aged 20 to 39.⁶ The medical officer

³ Colin D'Mello, "Watch the Ontario government's gritty COVID-19 Super Bowl Commercials" (5 Feb 2023) online: *CVT News Toronto* <<https://toronto.ctvnews.ca/watch-the-ontario-government-s-gritty-covid-19-super-bowl-commercials-1.5297901>>.

⁴ *Ibid.*

⁵ Tara Deschamps, "COVID-19 ads have had varying effects, with some 'super cringeworthy': Marketers" (3 Feb 2021), online: *Global News, The Canadian Press* <<https://globalnews.ca/news/7618028/coronavirus-canada-advertisements-impacts/>>; Elana Shepert, "B.C. Government releases new campaign featuring COVID-19 part creature (video)" (31 Dec 2020) online: *New Westminster Records* <<https://www.newwestrecord.ca/coronavirus-covid-19-local-news/bc-government-releases-new-campaign-featuring-covid-19-party-creature-video-3226929>>.

⁶ Elana Shepert, "B.C. Government releases new campaign featuring COVID-19 part creature (video)" (31 Dec 2020) online: *New Westminster Records* <<https://www.newwestrecord.ca/coronavirus-covid-19-local-news/bc-government-releases-new-campaign-featuring-covid-19-party-creature-video-3226929>>.

also notes that while that age group is the least likely to experience severe illness from getting infected, they also have the lowest vaccination rate and are the most likely to spread the virus.⁷



Figure 3 Mr. Covidhead, ad campaign launched by the Alberta Government (11 Dec 2020)⁸



Figure 4 Covid Guy, ad campaign launched by the BC Government (2020)⁹

With the slogan “Nobody loves a house party more than COVID,”¹⁰ the campaign sought to communicate that large gatherings drastically increase the spread of COVID-19. Compared to the Ontario government's more serious COVID-19 advertisement campaigns, the Alberta and British Columbia governments saw humour as a clever way to discuss a dire situation.¹¹ While the government wants citizens to take the virus seriously, they also knew they needed clever and new strategies to target groups who may be of lower risk but still need to do their part in mitigating the spread of the virus. In this instance, they turned to humour to help people's perceptions of the severity of COVID-19 shift and note that humour could lighten complex discussions.¹² Instead of being ‘talked to’ by a public health official, approaching severe issues like this through humour is seen to lighten the load in the discussion and catch the attention of citizens in creative ways.

⁷ Chandler Walter, “Alberta launches terrifying COVID-19 ad campaign (video)” (11 Dec 2020), online: *DH News* <<https://dailyhive.com/vancouver/alberta-launches-terrifying-covid-19-ad-campaign>>.

⁸ Photo from: Tara Deschamps, “COVID-19 ads have had varying effects, with some ‘super cringeworthy’ Marketers” (3 Feb 2021), online: *Global News, The Canadian Press* <<https://globalnews.ca/news/7618028/coronavirus-canada-advertisements-impacts/>>.

⁹ *Supra* note 6.

¹⁰ Caley Gibson, “‘Nobody loves a house party more than COVID’: Alberta launches new ad campaign” (11 Dec 2020), online: *Global News* <<https://globalnews.ca/news/7516130/alberta-covid-19-ad-campaign-parties-household-gatherings/>>.

¹¹ *Ibid.*

¹² *Ibid.*

COVID-19 provides a current example of high-profile health promotion strategies and priorities. Overall, we see an extensive mixed-strategy approach to education and communication. Early on, governments focused on simple, easy behavioural reminders that citizens could take to protect themselves and others. Throughout the pandemic, education and communication strategies changed. Some governments turned to humor to try and level with citizens to discuss realities and the importance of a behaviour change. In contrast, others tried playing with deeper emotions to promote caution towards behaviours.

This thesis focuses on the evolution of health promotion discourse in Ottawa in the wake of the emergence of COVID-19. Through *tweets* and special statements/news release from various Ottawa officials,¹³ I will explore how directives and initiatives from Ottawa contributed to a shift in understandings of what it means to be a responsible citizen, in which an emphasis is placed on promoting one's health through individual action.¹⁴ Through this exploration of health promotion discourse in Ottawa, I argue that COVID-19 communications at the local level reinforced the importance of healthy living as a component of responsible citizenship. This highlights the neoliberal rationale of individual responsibility within the response of the COVID-19 pandemic in Ottawa. The findings of this thesis will highlight the intersection of health promotion, governance, and citizenship in Ottawa's response to the COVID-19 pandemic.

1.2 Motivations

“We need to learn to live with COVID, to coexist with COVID, with caution.”
 - Dr. Vera Etches, Ottawa Medical Officer of Health ¹⁵(full tweet below)

¹³ Dr Vera Etches, Mayor Jim Watson, Ottawa Public Health (OPH), Ottawa Police Services (OPS), and Bylaw; more will be discussed in the methods chapter.

¹⁴ While the legitimacy and success of public health measures could be evaluated, the Public Health Agency's mandates and the legitimacy of Ottawa's health management are outside the scope of this thesis.

¹⁵ Dr. Vera Etches (@VeraEtches), “I have written to the Mayor describing the need for a new approach to the pandemic response, for the sake of the population’s health. We need to be learning to live with COVID, to coexist with COVID, with caution” (2 Nov 2020 at 19h18) online: *Twitter* <<https://twitter.com/VeraEtches/status/1323419166032990210?s=20>>.

During the start of the COVID-19 pandemic, citizens were exposed to messaging surrounding the need to do the right thing, changing routines, and the importance of protecting the community to mitigate the spread of the virus. Most of these directives to mitigate the spread of the virus centred around increased hygiene practices such as hand washing, sanitization, coughing and sneezing etiquette, etc. People were encouraged to shift their routines, and stay home when possible, and avoid crowded areas and gatherings. While most of these health promotion strategies, and many more, did continue throughout the pandemic, one thing that changed was the approach on how to deal with the pandemic. Instead of seeing the virus as this avoidable and removable force in society, the Medical Officer of Health for Ottawa, Dr. Vera Etches, took a different approach, saying that citizens must learn to coexist with the virus and live their lives cautiously (see Figure 5).

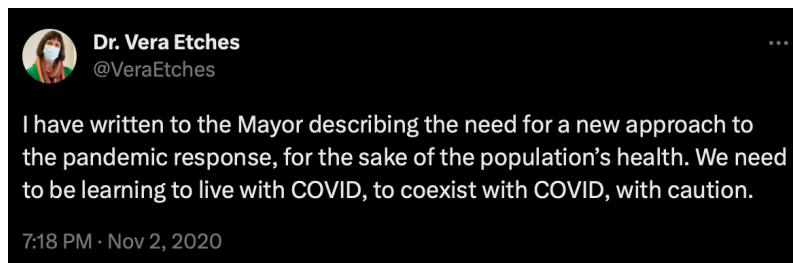


Figure 5 Living with COVID-19 Tweet (Dr. Etches)¹⁶

This approach to *living with COVID* did receive a lot of criticism from public health advocates, public health doctors, and local NGOs:

“We are looking to our leaders to take real action, for #Ontario to commit to protecting the vulnerable. Our reactions of disbelief to comments about “learning to live with Covid” come from our sheer exhaustion and demoralization as healthcare workers advocating for community.”¹⁷

The widespread criticism of *living with COVID* centered on the worry that people cannot become complacent in their behaviours and actions as this would do little to nothing to mitigate the spread

¹⁶ *Ibid.*

¹⁷ Nili Kaplan-Myrth MD PhD (@nilikm) “We are looking to our leaders to take real action, for #Ontario to commit to protecting the vulnerable. Our reactions of disbelief to comments about “learning to live with Covid” come from our sheer exhaustion and demoralization as healthcare workers advocating for community” (2 Nov 2020 at 22h58), online: *Twitter* <<https://twitter.com/nilikm/status/1323423568944861185?s=20>>.

of the virus in the community. Learning to coexist with the virus was seen as learning to return to normal when the current state of the world was anything but.

While a project could be done assessing the strengths and weaknesses of this coexisting approach, my foremost curiosity about this *coexisting* is how we even get there and what are the motivations to get to the point of coexisting. While there is an end goal – to coexist with the pandemic – we are missing pieces of the puzzle on what forces, motivations, and directives will get us, or at least encourage us, to get to the point of coexisting. While it seemed evident that how citizens lived, behaved, and interacted needed to change, what might lead us to this new relationship, and how the state might enforce these changes and relationships, was unclear. So, the main impetus for this was a curiosity about how the state, specifically the local level of government, encourages citizens to live with a virus.

The motivation for choosing Ottawa as my center for investigation versus other levels of government – Provincial/Territorial (PT) or Federal level – is due to the need for increased research on municipal levels of government in Canada. Public health systems and services research has historically lagged in Canada and still does not reach the local level, even though COVID-19 has sparked more interest in this area of local public health units (LPHU) and services.¹⁸ Municipal politics are often seen as having a minor influence on the population,¹⁹ however, even outside of COVID-19, this is far from the case. While local public health units have often worked on the directives of the province, the municipal government is a crucial influence in the lives of the citizens as they implement, maintain, and enforce rules and regulations. Charles Plante et al. write that local public systems oversee implementing and customizing COVID-19 measures that have

¹⁸ Charles Plante, et al., “Surveying the local health response to COVID-19 in Canada: Study protocol” (2021) 16:11 PloS ONE 1 at 2.

¹⁹Caroline Andrew, “The Shame of (Ignoring) the Cities” (2000) 35:4 Jof Canadian Studies 100 at 101.; This is discussed further in the contributions section of this thesis.

been established at the provincial and federal levels to suit the demands of various communities around the municipality and cities.²⁰

1.3 Research Questions

The following research questions were developed from the abovementioned curiosities and interests. The overarching question guiding this thesis is:

***RQ:** How has the COVID-19 pandemic reshaped what it means to be a responsible citizen in Ottawa?*

This question acknowledges that there is something that needs to change to coexist with COVID-19 and how we *live* with the virus is the main thing that need to change. One other supporting question was created to address this curiosity about living with a virus is:

***Sub-question 1:** How has this reshaping of what it means to be a responsible citizen affected our capacity to coexist with COVID-19?*

By addressing these questions, I intend to identify the main components of health promotion discourse that contribute to redefining relations and interactions between citizens and the state. Specifically, this will allow me to explore the role of health promotion strategies in influencing citizen's behaviours and shaping how they are understanding their responsibilities as citizens. By investigating this, I will highlight the neoliberalization of health promotion during the COVID-19 pandemic, and how this has now put health at the center of responsibility, changing our perceptions of what it means to be a responsible citizen in the wake of COVID-19.

To restate, this thesis will not evaluate the COVID-19 response in Ottawa. Instead, I will investigate how we can make sense of the shifting meanings associated with being a responsible citizen in the wake of an unprecedented pandemic through the analysis of tweets and press releases from prominent Ottawa officials during the COVID-19 pandemic. I will draw on insights from the

²⁰ Charles Plante, et al., "Surveying the local health response to COVID-19 in Canada: Study protocol" (2021) 16:11 PloS ONE 1 at 2.

study of neoliberalism, governmentality, and bio-citizenship to assist me in this regard.²¹ The intended outcomes of this thesis will be to apply theoretical ideas about citizenship and health to the case of COVID-19 governance in Ottawa. This research aims to add to the larger discussion on public health, politics, and the role of individuals in a changing environment by examining the neoliberalization of health promotion during the pandemic and examining the consequences of changes for responsible citizenship. We can learn more about how to redefine and rethink responsible citizenship in a post-pandemic society through this investigation. The research presented in this thesis critically examines the manner in which Ottawa authorities' health promotion policies place people in vital roles in defending the public's responsibility in health.

1.4 Plan of Study

This thesis consists of six chapters. Following this introductory chapter, Chapter Two will provide a review of historical and modern approaches towards health promotion and the use of health promotion during major health events. Discussions in this chapter will include pre-1900s health promotion and the appearance of a more modern health promotion strategy during the 1918 Influenza. Following this will be a discussion on post-1970 health promotion. This discussion will draw on points of concern with a decline in the welfare state and highlight priorities in Canadian health promotion by looking at the introduction and influence of health promotion through the Lalonde Report. Then, there will be two separate discussions on the 2003 SARS epidemic and the 2009 H1N1 Influenza to discuss points and strategies of health promotion during both major health events.

²¹ Some reference examples include: Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health conscious citizens" (2011) 22:1 *Critical Public Health* 99.; Robert Crawford, "Healthism and the Medicalization of Everyday Life" (1980) 10:3 *International Jof Health Services* 365.; Rajesh Venugopal, "Neoliberalism as concept" (2015) 44:2 *Economy and Society* 165.; Jane Jenson, "Fated to Live in Interesting Times: Canada's Changing Citizenship Regimes" (1997) XXX:4 *CanJof Political Science* 627.; Adriana Petryna, *Life Exposed: Biological Citizenship After Chernobyl* (New-Jersey: Princeton University Press, 2002).

Chapter Three of this thesis will provide detail on the theoretical underpinnings that will be used to advance an analysis and discussion on the findings. Specifically, this section will provide explanations and insights into neoliberalism, governmentality, healthism, and the biological citizen. The discussion of governmentality and neoliberalism will be grouped together to provide insight on the concept of *neoliberalism as governmentality*, which will be discussed in detail. Healthism and the biological citizen will provide insight on the relation of health to theories in a neoliberal rational.

Chapter Four will explain the methodology and approaches used to conduct the research. The methods chapter includes a discussion of critical discourse analysis (CDA), as well as an overview of the sites of investigation and technical aspects for data collection and analysis.

Following this, chapter five will report on the empirical findings gleaned from data collection. These findings come from the previously mentioned data sources, including various Tweets from officials in Ottawa and press releases/special statements from health officials in Ottawa. This section will be laid out by data sources, starting with findings in the special statements/press releases, then followed by the various Twitter accounts. Following an analysis of the empirical findings, this chapter will finish with a discussion on the findings in connection to the core theories. This section will make sense of the findings and advance the final investigation to the research question in uncovering shifts of responsible citizen and the movement of responsibility from state to citizen during the COVID-19 pandemic.

The final chapter, Chapter Six, will provide an overview of the research, and address contributions of my work, potential limitations, and closing remarks to the thesis.

CHAPTER TWO: Social and Historical Context

*“Carefulness does undoubtedly decrease,
and carelessness increases, both sickness and death.”*
- Ministry of Health, United Kingdom (1919)²²

2.1 Introduction

By reviewing the history and development of health promotion in Canada, I seek to lay the groundwork for analyzing health promotion discourse in Ottawa during the COVID-19 pandemic. This chapter will provide context to the development and strategies of health promotion used throughout history. Specifically, I will look at notable events such as the 1918 Flu, the introduction of the Lalonde Report into health promotion, the SARS virus, and the 2009 H1N1 flu. Situating health promotion discourse in a historical context in Canada will help to highlight past political will, the rationale for protection, and tensions of responsibilities between the state and citizens throughout major health events. Creating this timeline of health promotion will demonstrate potential shifts in strategies and actions throughout time, with an end goal of identifying a rationale for health promotion in Canada.

2.2 Pre-1900s Health Promotion

Viruses and pandemics have been around for centuries. In what is now known as Canada, the colony saw a significant pandemic of typhus fever.²³ With what Brandon K.F. notes as a *lack of appreciation of contagion* and a *lack of knowledge of epidemiology*, typhus spread throughout the colony in large numbers and waves from 1740 to 1759.²⁴ Throughout these times, there was often a lack of restrictions and hygiene standards, which meant many European migrants would travel

²² *Epidemiology – Miscellaneous influenza in Canada* (1919-1943), Ottawa, Library and Archives Canada (RG29, Volume number: 186, File number: 310-10-1) at 27.

²³ Brandon, K.F., “Public Health in Upper Canada” (1934) 25:10 *Canadian Public HealthJ* 483 at 484.

²⁴ *Ibid* 485.

to the colonies on crowded boats with subpar sanitation standards and low ventilation. These conditions created higher infection rates and increased the spread of viruses among travellers, creating various outbreaks and infections upon arrival to Canada.²⁵

The start of a coherent public health strategy is often linked to the arrival of cholera in Upper Canada by immigration from Europe.²⁶ Health measures up to this point primarily focused on public sanitation, including keeping streets clean, increasing waste disposal standards, and increasing housing quality.²⁷ With the spread of cholera across Europe and Asia, there was a quick realization that it was only a matter of time before it reached the Americas due to high levels of immigration and travelling between Europe and the Colonies. In February 1832, after the arrival of several infected ships, the Crown established the colony's first quarantine station at Grosse Isle in Upper Canada (Quebec). Learning from how dangerous and fast viruses can spread from the typhus fever outbreak, governments knew they needed to implement measures to respond to potential infections and contain the virus not to threaten public health.

With an increased prevalence of public health measures and standards, the government and Crown took legislative measures to address the spread of various viruses – namely cholera and typhus – from the early 1800s to the late 1800s. While the first notable measure was the previously mentioned quarantine station, shortly after this, the Crown established the 1833 *Act to establish Boards of Health, and to guard against the introduction of Malignant, Contagious and Infectious Diseases, in this Province*.²⁸ Passed by the Legislature of Upper Canada and the British Crown, the Act allowed local municipalities to establish local health boards to monitor and regulate the

²⁵ *Ibid.*

²⁶ *Supra* note 23 at 483.

²⁷ Mark Osborne Humphries, *The Last Plague: Spanish influenza and the politics of public health in Canada*, (Toronto: University of Toronto Press, 2013) at 13

²⁸ *An Act to establish Boards of Health, and to guard against the introduction of Malignant, Contagious and Infectious Diseases, in this Province* (UK), 1833, 3 William IV, c 48.

spread of contagions. The act outlined the duties of these public health agents, such as conducting home inspections, and lists the consequences for anyone disobeying their instructions. To prevent the spread of infectious diseases, it also gives the legislative assembly the authority to control the movement of people and goods into and out of ports.

One outcome that can result from public health activities and public health officials is the acknowledgment of individual behaviours and how they relate to the public good.²⁹ Before the creation of Boards of Health, the private sphere was seen as off limits to the discipline of medicine; only when people became ill would physicians intervene.³⁰ However, with increased sickness and the introduction of boards of health, the discipline of medicine ultimately encroached on this private sphere during the 1850s. Preventative measures, sanitary standards, and healthy habits were slowly shifting into working-class homes to prevent illness and create proactivity towards maintaining health.³¹ Now, when private activities of individuals were seen to work against or harm the interests of the public,³² public health and health promotion strategies would be put into place that would be intended to shape and change those harmful behaviours.

Before the 1900s, health promotion was often marked by the legislative and judicial expansion of health protection. With these introductions, tensions between individual rights and the public good began to be acknowledged. While in the mid-1650s, officials knew little about contagions and the spread of viruses, there was a progression towards the start of the 1700s as they knew something needed to be done to mitigate the spread of viruses in the colonies and protect citizens' health and prosperity. Public medicine and health during this time generally meant state-

²⁹ *Supra* note 27 at 21.

³⁰ *Ibid.*

³¹ *Ibid.*

³² Mark Osborne Humphries notes that during this period, the 'public' often referred to the elites, bourgeoisie, and bourgeois-aspirant citizens instead of the collective public; *Ibid.*

supported health interventions practiced by the citizens to protect the public. These responses through legislation and regulations extended into the lives of the private citizen, guiding their actions and behaviours, and were often meant to only be temporary solutions and strategies.

2.3 The 1918 Flu

The 1918 Flu³³ killed approximately 50,000 people in Canada and claimed the lives of somewhere between 2.5 and 5% of the global population.³⁴ This pandemic struck Canada in multiple waves, notably in the spring of 1918 and the fall of the same year. Smaller waves were also recorded from 1919 to 1920.³⁵ The 1918 Flu was also met with “inadequate quarantine measures ... and a lack of national coordination between military, political, [and] public health authorities [which] hindered the efforts of countless doctors, nurses, [and] volunteers”³⁶ to mitigate the spread of the virus. Despite measures imposed by the federal government departments, the provinces could not always coordinate with the federal ministers to promote and force other sanitary measures to protect citizens due to confusion around jurisdiction.³⁷ Critics often credited this lack of enforcement and confusion to a dysfunctional system of federalism and ambiguity of responsibilities and order of command. By the time there was coordination, the virus had already entered and ravished the dominion of Canada.³⁸

One of these inconsistencies can be seen in the communication, or notification, of which federal department(s) oversaw health, creating confusion about where to get authorization and

³³ Commonly known as the *Spanish Flu*, or the *Great Influenza Epidemic*.

³⁴ Government of Canada, “The Spanish Flu in Canada (1918-1920) National Historic Event” (n.d.) online: *Parks Canada, Government of Canada* <<https://parks.canada.ca/culture/designation/evenement-event/grippe-espagnole-spanish-flu>>.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Amir Attaran & Adam Houston, “Pandemic Data Sharing: How the Canadian Constitution Turned into a Suicide Pact” (2020) SSRN Electronic Journal 1 at 2.; Mark Osborne Humphries, *The Last Plague: Spanish influenza and the politics of public health in Canada*, (Toronto: University of Toronto Press, 2013) at 99.

³⁸ *Ibid.*

permission to conduct specific health-related tasks.³⁹ Before the 1910s, health was seen as an administrative matter, and resided in the federal department of agriculture. In the summer of 1918, before the first wave of the flu, the government was pressured to do more to keep the virus out of Canada as the severity of the flu was being seen across Europe. In response, the federal government transferred the responsibility of health from the department of agriculture to the federal department of Immigration and Colonization.⁴⁰ This change signified the reinforcement that the virus was something that needed to be, and could be, kept out of Canada by strict border measures and screening of immigrants and travellers before entering Canada.⁴¹

A telegram dated July 12, 1918, from the Medical Superintendent of a city in Quebec and sent to the federal government highlights this confusion after transferring health responsibilities between federal departments. In the telegram, the Medical Superintendent notes that they were never informed about changes in command regarding health administration and were still trying to contact the predecessors regarding quarantine and sanitation authorization.⁴² In other telegrams, there is also a highlight of confusion about issues such as who has the authority to issue quarantine, who would pay for sanitary measures, and if local general hospitals or military bases would be used to treat the growing number of influenza cases.⁴³ These telegrams highlighted a general inconsistency with communication, an ambiguity with the division of power and a lack of jurisdictional responsibilities.⁴⁴

However, out of this ‘dysfunction’ during the 1918 Flu came a significant development to Canada's public health system: the introduction of Canada's first health department in 1919, created

³⁹ *Quarantine and Immigration: Spanish Influenza – General (1918/07-1918/12)*, Ottawa, Library and Archives Canada (RG29, Volume number: 300, File number: 416-2-12).

⁴⁰ *Supra* note 47 at 161.

⁴¹ *Ibid.*

⁴² *Supra* note 39 at 105.

⁴³ *Ibid.*

⁴⁴ *Supra* note 37 at 2.

solely for protecting the health of Canadians.⁴⁵ In 1919 it was said that a federal department dedicated to health was needed and justifiable as it was “clear that provincial governments [were] no longer competent to deal with Public Health in its new and wider application”⁴⁶ and the increasing severity of sickness and infections. The introduction of the Department of Health was primarily seen as a reactionary measure to the 1918 Flu and a measure that, if done sooner, could have created greater consistency, and clarified responsibilities between multiple levels of government in their goal of keeping citizens safe and healthy.⁴⁷

At the start of this newly formed department, they seemed to rely heavily on other health authorities outside Canada, namely the Ministry of Health in the United Kingdom. The Canadian Department of Health notes, in a telegram sent to the United Kingdom Ministry of Health, that they are “indebted to [the ministry] for the interest [they] have taken in [the Canadian Department of Health]”⁴⁸ and that they request that the ministry continue to provide notices, memorandums, and guidance to the department in Canada.⁴⁹ In December 1919, the newly formed Department of Health circulated a Memorandum written by the Ministry of Health of the United Kingdom to provincial and municipal public health offices entitled *Memorandum on Prevention of Influenza*.⁵⁰ This document laid out the symptoms and complications of influenza, facts about who may be more vulnerable to being affected by the virus, and individual and state initiatives to prevent the spread of the virus.⁵¹

⁴⁵ *Supra* note 39.

⁴⁶ The Report to the Vice-Chairman of the War Committee, File 10-3-1, vol. 2, vol. 19, RG 29, Library and Archives Canada.; Amir Attaran & Adam Houston, “Pandemic Data Sharing: How the Canadian Constitution Turned into a Suicide Pact” (2020) SSRN Electronic Journal 1 at 2 to 3.

⁴⁷ *Ibid.*

⁴⁸ *Supra* note 22 at 27.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

Within the discussion of personal protection measures in the memorandum, the document highlights the importance of the public having a clear idea of what measures must be taken to minimize their risk of getting infected. Further, it notes that the individual must be taught to accept their duty to the community.⁵² Some personal protections that individuals could take included increasing ventilation in homes, exercising good nutrition, using a face covering around an infected individual, keeping up to date on vaccines for other known illnesses,⁵³ and avoiding needless virus exposure.⁵⁴ The document also discusses potential measures to take if an individual does become ill. It states that individuals should not go to work when sick – and should not be penalized for missing work when sick – and that individuals should either be isolated to one room of their home or, if this is not feasible, excluded as much as possible from others in residence.⁵⁵

Looking at the points of action to be taken by health authorities, this section heavily focuses on education. It states that the primary goal of the health authorities should be to inform and educate the public. Specifically, this task can be carried out by posting notices and leaflets in public areas, publishing articles with the press, and organizing lectures in schools (see figures 6 & 7). Along with promoting the previously mentioned individual measures on these notices, they were instructed to educate the public on sanitary measures such as washing one's hands, avoiding crowded gatherings, and living with "*ordinary prudence*" in their day-to-day life.⁵⁶

⁵² *Ibid.*

⁵³ At the time, there was no definite vaccine for the strain of influenza, but here public health officials are suggesting that keeping up to date on other vaccinations could minimise complications associated with influenza.

⁵⁴ *Supra* note 22 at 27.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

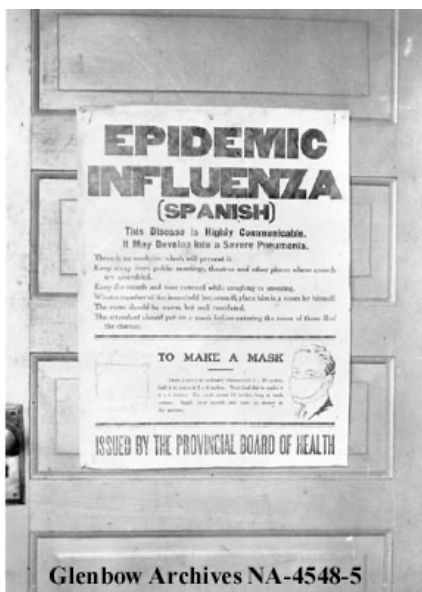


Figure 6 Poster issued by the Provincial Board of Health: Influenza epidemic, Alberta.⁵⁷

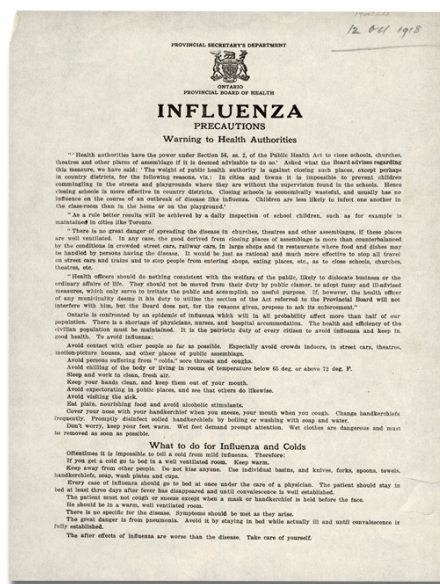


Figure 7 Influenza poster, 1918, Ontario.⁵⁸

While notices and flyers were used as an essential means to transmit information and educate the public, there is also a rare case of film being used. Commissioned by the Ministry of Health in the United Kingdom, copies of a silent film were also sent to provinces in Canada.⁵⁹ The film, titled *Dr. Wise on Influenza*⁶⁰ and with the slogan “*Dr. Wise is here to Advise!*,” was designed to have a hard-hitting message about the severity of the virus and was designed to “shock people out of their complacency towards this common illness and take preventative measures, as recommended by Dr. Wise.”⁶¹ The film's director further notes that this method of educating the public about preventative measures through cinematography is the most direct and successful strategy because it allows for a vivid imprint of the issues and instructions on the individual's

⁵⁷ Poster issued by the Provincial Board of Health about the influenza epidemic, Albert (1918), Glenbow Alberta, Glenbow Museum (NA-4548-5).

⁵⁸ *Influenza poster, 1918* (1918), Ontario, Archives Ontario (RG 62-4-9-450a.1).

⁵⁹ *Supra* note 39 at 10 to 11.

⁶⁰ BFI, “Dr. Wise on Influenza (1919) | BFI National Archive” (3 June 2020) online (video): *YouTube* <<https://www.youtube.com/watch?v=84nq2KxZMBw>>; British Film Institute, “Dr. Wise on Influenza” (n.d.) online (video): *British Film Institute*

⁶¹ British Film Institute, “Dr. Wise on Influenza” (n.d.) online: *British Film Institute* <<https://player.bfi.org.uk/free/film/watch-dr-wise-on-influenza-1919-online>>

mind.⁶² Thought to have been the first instance of using moving pictures and videography as a strategy for health promotion, the film demonstrates the importance of adapting and using creative methods to educate and inform the public about ways to stay healthy and avoid illness.

The response to the 1918 Flu demonstrates the importance of adapting and developing strategies to an ever-growing and changing reality of viruses and pandemics. While some institutional and structural changes were seen to be reactive and came in too late, these changes ensured a preparedness for the future and set standards for responses. The introduction of communications also played a significant role in the response. While traditional means of communication were used – posting information in public spaces – there was also a development in communication through cinematography. This development acknowledges the willingness to advance and adapt health promotion strategies with technological and innovative changes.

2.4 Health Promotion Post-1970

Health promotion has been defined as “the process of enabling people to increase control over and to improve their health.”⁶³ Don Nutbeam & Danielle M. Muscat explain that health promotion is an all-encompassing social and political process. They further add that it includes initiatives aimed at enhancing individual skills and capabilities and initiatives aimed at altering social, environmental, and economic determinants of health to maximize their effects on public and individual health.⁶⁴

⁶² *Supra* note 39 at 11.

⁶³ Liza Cragg, Maggie Davies, & Wendy Macdowall, “Overview of the book” in Liza Cragg, Maggie Davies, & Wendy Macdowall, eds, *Health Promotion Theory* 2nd ed, (New York: Open university Press, 2013) at XIV.; World Health Organization, “Health Promotion” (n.d.), online: *World Health Organization* <https://www.who.int/health-topics/health-promotion#tab=tab_1>

⁶⁴ Don Nutbeam & Danielle M. Muscat, “Health Promotion Glossary 2021” (2021) 36:6 *Health Promotion international* 1578 at 1580.

It is important to note that health promotion is not a stagnant process; it is temporal and geographical.⁶⁵ Alex Mold & Virginia Berridge explain that the focus of health promotion depended upon the social, political, and economic climate of the time.⁶⁶ For example, in nineteenth-century Europe, health promotion involved improving sanitation and living standards.⁶⁷ With population growth, sanitation standards could not keep up in some cities, and public areas became a site of refuse, garbage, and human waste. These areas became a cesspool for bacteria growth and disease, often seeping into unmaintained public water sources.⁶⁸ With the rise of infection and epidemics in these areas, the health promotion of the time focused on the proper disposal of garbage and waste, adequate sanitation of homes and public spaces, and improved water maintenance in upper-class towns.⁶⁹ They note the mention of upper-class towns receiving more resources as class plays a role in the degree and focus of health promotion.⁷⁰

By the middle of the twentieth century, Mold and Berridge highlight that the focus of health promotion shifted from sanitation towards the development of health services.⁷¹ The development of health services in England was intended to “provide services free of charge [...] and to encourage a new attitude towards health – the easy access to treatment and promote the treatment of good health over the treatment of bad health.”⁷² In this era of health promotion, there was a more significant focus on normalizing the need for health care and encouraging people to seek treatment early and when needed.

⁶⁵ Alex Mold & Virginia Berridge, “The History of Health Promotion” in Liza Cragg, Maggie Davies, & Wendy Macdowall, eds, *Health Promotion Theory* 2nd ed, (New York: Open university Press, 2013) at 3.

⁶⁶ *Ibid.*

⁶⁷ *Ibid* at 5.

⁶⁸ *Ibid.*

⁶⁹ *Ibid* at 6.

⁷⁰ *Ibid* at 6.

⁷¹ *Ibid* at 10.

⁷² *Ibid* at 10.

Health promotion practices have primarily tried to move away from purely medical forms to focus on the broader social influences on collective and individual health.⁷³ Dennis Raphael writes that identifying social institutions and public policy's roles in influencing population and individual health has significantly contributed to health promotion.⁷⁴ Dr. Rudolf Virchow is credited with advocating for the role of social and political factors in contributing to the health of populations.⁷⁵ Virchow suggested that political change be part of the solution to address social inequities that were primarily causing a rise in illnesses.⁷⁶ While his comments were not well received in 1848,⁷⁷ the practice and theories of health promotion rely heavily on this ecological view of health, health determinants, and health improvements.⁷⁸

2.4.1 The Lalonde Report

In the Canadian context, the development of health promotion is credited to the Lalonde Report (long title: *A New Perspective on the Health of Canadians*)⁷⁹ and later the Ottawa Charter,⁸⁰ which some say signalled a new beginning for modern health promotion in the country and around

⁷³ *Ibid* at 13.

⁷⁴ Dennis Raphael, "Grasping at Straws: a recent history of health promotion in Canada" (2008) 18:4 *Critical Public Health* 483 at 483.; Ilona Kickbusch, "The contribution of the World Health Organization to a new public health and health promotion" (2003) 93:3 *American Jof Public Health* 383.

⁷⁵ Suhad Daher-Nashif, "In sickness and in health: The politics of public health and their implications during the COVID-19 pandemic" (2021) *Sociology Compass* 1 at 2.

⁷⁶ *Ibid.*; Richard Levinson, "Issues at the interface of medical sociology and public health" in Paul Higgs, & Graham Scambler, eds, *Modernity, Medicine and Health* (London: Routledge, 1998) at 83.; Vincent Navarro, "Politics and health: A neglected area of research" (2008) 18:4 *European Jof Public Health* 354.

⁷⁷ *Supra* note 75 at 2.

⁷⁸ Alex Mold & Virginia Berridge, "The History of Health Promotion" in Liza Cragg, Maggie Davies, & Wendy Macdowall, eds, *Health Promotion Theory 2nd ed*, (New York: Open university Press, 2013) at 3.; Dennis Raphael, "Grasping at Straws: a recent history of health promotion in Canada" (2008) 18:4 *Critical Public Health* 483 at 483.; Ilona Kickbusch, "The contribution of the World Health Organization to a new public health and health promotion" (2003) 93:3 *American Jof Public Health* 383

⁷⁹ Canada, Ministry of Supply and Services Canada, *A Perspective on the Health of Canadians: a working document*, Catalogue No H31-1374, (Ottawa, 1974).

⁸⁰ World Health Organization, "Ottawa Charter for Health Promotion: An International Conference on Health Promotion" (Nov 1986), online (pdf): <<https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf>>.

the world.⁸¹ Some researchers highlight the importance of the Lalonde Report and note that it became an integral part of health policy planning in Canada and many other countries.⁸²

The report laid out what became known as the health field concept. The health field concept envisioned that the health field can be broken down into four elements which broadly represent the underlying factors of sickness and health in Canada. The four elements that make up the health field concept are: (1) human biology, (2) health care systems, (3) environment, and (4) lifestyle.⁸³ These elements were meant to highlight the different fields that contribute to the health of citizens and the way these elements interact with influencing the (ill)/health of Canadians. The report emphasized the significance of addressing these health fields, or determinants, to enhance Canadians' general health and well-being.⁸⁴ The elements were seen as a “powerful tool for analysing health problems, determining the health needs of Canadians and choosing the means by which those needs can be met.”⁸⁵

Notably, Thomas Foth & Dave Holmes highlight that the report’s use of *lifestyle* as a health field became a crucial foundation in public health policy-making across North America and Europe with a declining focus on the priorities found in welfare states.⁸⁶ This use of lifestyle as a health determinant meant that one had to take responsibility for one's actions because health was no

⁸¹ Dennis Raphael, “Grasping at Straws: a recent history of health promotion in Canada” (2008) 18:4 *Critical Public Health* 483 at 483.

⁸² Thomas Foth & Dave Holmes, “Governing through lifestyle—Lalonde and the biopolitical management of public health in Canada” (2018) 19 *Nursing Philosophy* 1 at 2.

⁸³ Canada, Ministry of Supply and Services Canada, *A Perspective on the Health of Canadians: a working document*, Catalogue No H31-1374, (Ottawa, 1974) at 31.; Michael Orsini, “Discourses in Distress: From ‘Health Promotion’ to ‘Population Health’ to ‘You Are Responsible for Your Own Health’” in Miriam Catherine Smith & Michael Orsini, eds, *Critical Policy Studies*, (Vancouver: University of British Columbia, 2007) at 351.

⁸⁴ *Ibid.*

⁸⁵ Canada, Ministry of Supply and Services Canada, *A Perspective on the Health of Canadians: a working document*, Catalogue No H31-1374, (Ottawa, 1974) at 33.

⁸⁶ *Ibid* at 2.

longer something that happened to a person but was instead something that was generated through human action.⁸⁷ Ultimately, this meant shifting the burden of health from the state to the individual.

Thomas Foth adds that legislative action alone to address health promotion was insufficient to affect lifestyle choices; it needed to be supplemented by a complex interaction of many technologies and techniques. Foth cites an example of the Department of National Health turning to social marketing to change the behaviours of overweight people in 1973.⁸⁸ It was explained that mass media and communications might positively shape attitudes and routines regarding behaviours and responsibilities.⁸⁹ *Health Marketing* influenced the production of a better quality of life by providing self-sufficient citizens with information and suggestions for a better and healthier lifestyle.

Campaigns started showing how important and easy it is to maintain good health. The discipline of health communications and health marketing became crucial to promoting healthy lifestyles and aimed to change people's knowledge, attitudes, perceptions, and behaviours about staying fit and healthy.⁹⁰ For example, the *ParticipACTION* commercials of "groups of men and women jogging through streets in their fashionable seventies apparel"⁹¹ showing fit and healthy

⁸⁷ Thomas Foth & Dave Holmes, "Governing through lifestyle—Lalonde and the biopolitical management of public health in Canada" (2018) 19 *Nursing Philosophy* 1 at 2.; Sholom Glouberman, *Towards a New Perspective on Health Policy*, (Ottawa: Canadian Policy Research Network, 2001).

⁸⁸ Thomas Foth "Governing Through Prevention: Lifestyle and the Health Field Concept" in Annette Leibing & Silke Schicktanz, eds, *Perspectives on a New Paradigm of Preparing for Old Age (UK: Berghahn Books, 2021)* at 220.

⁸⁹ *Ibid.*

⁹⁰ Venkatesh Reddy B. & Arti Gupta, "Importance of effective communication during COVID-19 infodemic" (2020) 9 *J Family Medicine and Primary care* 3793.; Elissa M. Abrams & Matthew Greenhawt, "Risk Communication During COVID-19" (2020) 8:6 *The Jof Allergy and Clinical Immunology in Practice* 1791.; Molly A Sauer, et al., "A Failure to Communicate? How Public Messaging Has Strained the COVID-19 Response in the United States" (2021) 19:1 *Health Security* 65.; Ève Dubé, et al., "Public health communication during the COVID-19 pandemic: Perspectives of communication specialists, healthcare professionals, and community members in Quebec, Canada" (2022) 113:1 *Canadian Jof Public Health* s24.

⁹¹ Michael Orsini, "Discourses in Distress: From 'Health Promotion' to 'Population Health' to 'You Are Responsible for Your Own Health'" in Miriam Catherine Smith & Michael Orsini, eds, *Critical Policy Studies*, (Vancouver: University of British Columbia, 2007) at 351.

sixty-year-olds and the importance and simplicity of having a healthy lifestyle.⁹² Or, more recently, as I was growing up, the *Concerned Children's Advertisers* commercials with a young boy running away from a group of girls chasing after him. The young boy increasingly gets out of breath, ultimately getting caught, and smothered in kisses by the group of girls. The ad finishes by noting, *stay fit because you never know when it will be important.*⁹³ (See Figure 8)



Figure 8 “The Chase” Commercial Advertisement, Concerned Children's Advertisers.

Other researchers criticize the document for being over-simplified and encouraging the development of post-welfare states and less government-funded health initiatives.⁹⁴ For example, highlighting some of the criticism, Foth and Holmes note that the report's view of lifestyle choices as a determinant of health does not account for an interdisciplinary notion of lifestyle choices.⁹⁵ The report neglects to acknowledge that lifestyle is highly associated with other elements such as class, race, education, and income.⁹⁶ Lindsey McKay also critiques the report for restating information we already know with little critical development. For example, McKay notes that the report makes mention of body types and preferred body types but goes into little detail about causes

⁹² *Ibid.*

⁹³ CCA Canada, “The Chase” (21 May 2008) online (video): *YouTube* <<https://www.youtube.com/watch?v=Q-hP-Q8pa8Q>>.

⁹⁴ Thomas Foth & Dave Holmes, “Governing through lifestyle—Lalonde and the biopolitical management of public health in Canada” (2018) 19 *Nursing Philosophy* 1 at 2.; Sholom Glouberman, *Towards a New Perspective on Health Policy*, (Ottawa: Canadian Policy Research Network, 2001).

⁹⁵ *Ibid.*

⁹⁶ Lindsey McKay, “Making the Lalonde Report: Towards a New Perspective on Health Project, Health Network, CPRN, Background Paper” (2000) Canadian Policy Research Network.

of and solutions to specific lifestyles, only suggesting that adjusting your lifestyle will affect your health.⁹⁷

Critiques also blame this lifestyle approach for supporting a neoliberal rationale of health promotion.⁹⁸ From the phase of health promotion as the increase of (government) social services, which saw health as something that needed to be supported and funded, under the influence of the Lalonde Report, ill health has come to be seen as a “personal failure requiring personal accountability.”⁹⁹ Nike Ayo notes that unemployment, poverty, and lack of education—all significant known socioeconomic determinants of health—are viewed as poor individual decisions made by persons with the freedom to make them, and ill health caused by interdisciplinary issues is the individual's fault.¹⁰⁰ According to Mayes, this rationale emphasizes personal accountability for developing a healthy lifestyle that complies with biological norms despite institutional pressures – class, education, race, income, etc.— that may or may not impact these decisions of healthy lifestyles.¹⁰¹

The introduction of the Lalonde Report in the Canadian public health realm has shifted how health is understood and addressed. The report promotes a paradigm shift in health which highlights the importance of health promotion and protection, which centres the individual as being responsible for their health and actions. Overall, the Lalonde Report has played an essential role in shaping the future health promotion strategies in Canada by focusing on health field as determinants, advocating for a holistic view of health, and shifting priorities of health focused on

⁹⁷ *Ibid.*

⁹⁸ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health-conscious citizens” (2012) 22:1 *Critical Public Health* 99 at 102.; Thomas Foth & Dave Holmes, “Governing through lifestyle—Lalonde and the biopolitical management of public health in Canada” (2018) 19 *Nursing Philosophy* 1 at 2.

⁹⁹ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health-conscious citizens” (2012) 22:1 *Critical Public Health* 99 at 102.

¹⁰⁰ *Ibid.*

¹⁰¹ Christopher Mayes, *The Biopolitics of Lifestyle: Foucault, Ethics, and Healthy Choices*, (New York: Routledge, 2016) at 65.

the individual as the primary influence in (ill) health through their actions and behaviours. The impact of the Lalonde Report on health promotion in Canada set the stage for addressing emerging health crises, as demonstrated during the subsequent pandemics to come.

2.5 SARS 2003

In 2003, Canada experienced an outbreak of severe acute respiratory syndrome (SARS). The SARS outbreak was reported nationwide, but Toronto was the most significant infection hotspot. Thousands of Canadians were infected and isolated, and 44 Canadians died from the SARS virus. Outside of Asia, Canada was the country hardest hit by the SARS virus in 2003.¹⁰²

With the first case entering Ontario in February of 2003, there was still much unknown about the virus in Canada. An infected individual went to a Toronto hospital emergency room for illness, not knowing they had contracted the SARS virus. The individual waited ten to twelve hours in the crowded emergency room before triaging, which meant that many patients and staff were exposed to the SARS virus without even knowing at the time. A week after the individual visited the emergency room and, unfortunately, their death, the mysterious outbreak in Asia gained a foothold in Canada. The virus quickly spread around Toronto hospitals, and a month after the first case, the Ontario government declared a state of emergency.¹⁰³

In response to the outbreak and Toronto hospitals becoming the epicentre for the SARS virus, the Ontario government reacted authoritatively to mitigate the spread of the virus.¹⁰⁴ Quarantines were a primary strategy used by health officials during the outbreak. Throughout the

¹⁰² Rowan Rae & Anda Zeng, "SARS in Canada" (7 Feb 2006), online: *The Canadian Encyclopedia* <<https://www.thecanadianencyclopedia.ca/en/article/sars-severe-acute-respiratory-syndrome>>.

¹⁰³ Nola M. Ries, "The 2003 SARS Outbreak in Canada: Legal and Ethical Lessons About the use of Quarantine" in John Balint, et al., eds, *Ethics and Epidemics: Advances in Bioethics*, vol. 9, (Bingley: Emerald, 2006) 43 at 45.

¹⁰⁴ Robert Maunder, "The Experience of the 2003 SARS Outbreak as a Traumatic Stress among Frontline Healthcare Workers in Toronto: Lessons Learned" (2004) 359:1447 *Philosophical Transactions: Biological Sciences* 1117 at 1118.

outbreak, tens of thousands¹⁰⁵ of individuals observed quarantines for reasons such as if an individual visited a hospital that had active SARS cases and if they knowingly encountered someone. In one case, 1,700 high school students from one school were ordered to quarantine after one student became ill with the virus.¹⁰⁶ Individuals complied with quarantines in most cases voluntarily, but in a limited number of instances, public health officials obtained legally binding quarantine orders through emergency measure legislation.¹⁰⁷

Various levels of public health authorities, including Health Canada, OMHLTC, and LPHU – dominantly the LPHU in Toronto – because very active in daily SARS updates on their websites and in the media. While social media was still largely unused by health units, officials relied on traditional means of communicating updates, including nationally televised press conferences and radio appearances to discuss the current situation of SARS and protective measures to mitigate the ongoing spread of the virus.¹⁰⁸

However, these daily updates were short-lived. After the World Health Organization (WHO) declared a travel advisory for the City of Toronto on April 23, 2003, levels of government acted swiftly to mitigate damage to the city, focusing on business, tourism, and the economy. On May 1, 2003, the provincial and federal governments took out newspaper ads saying that “Canada has turned the corner on SARS”¹⁰⁹ and that Toronto was safe and open for business.¹¹⁰ The WHO removed their travel advisory to the city after a week, and the provincial government lifted their

¹⁰⁵ *Supra* note 103 at 45.

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*

¹⁰⁸ Government of Canada, “ARCHIVED: Chapter 2: Learnings from SARS: Renewal of public health in Canada – SARS in Canada: anatomy of an outbreak” (last updated: 8 Nov 2004), online: *Government of Canada* <<https://www.canada.ca/en/public-health/services/reports-publications/learning-sars-renewal-public-health-canada/chapter-2-sars-canada-anatomy-outbreak.html#Media>>.

¹⁰⁹ Commission to Investigate the Introduction and Spread of SARS in Ontario, *Spring of Fear*, Vol. 1, by The Honourable Archie Campbell, (11 Dec 2006), online (pdf): <http://www.archives.gov.on.ca/en/e_records/sars/report/v1-pdf/Volume1.pdf> at 6.

¹¹⁰ *Ibid.*

state of emergency on May 17, 2003 – three months after the first case of the virus that caused the closure of Toronto emergency rooms. Infection control and worker safety measures were loosened, hospitals held celebrations, and the health system returned to the "new normal."

The quick reaction from the province to relax and roll back mitigation and control measures posed some serious issues:

“On May 23, officials called a press conference to announce that a few new SARS cases had been discovered at St. John’s Rehabilitation Centre. It was revealed, almost as an afterthought, that a “few” patients at North York General Hospital also were being investigated for possible SARS. Under questioning by the media, the truth emerged. A major outbreak of SARS had erupted at North York General Hospital. SARS was back with a vengeance.”¹¹¹

While there might have been a substantial decrease in the cases of SARS in Toronto, the relaxing control measures meant that tracking and tracing of new cases were put on the back burner and created a once again environment for SARS to spread. In this second wave, there was a significant lack of communication about the severity of cases and infection. The Honourable Archie Campbell writes in the Volume Two report from the SARS Commission that nurses at hospitals were reassured that staff and patients coming in with SARS-like illnesses were not infected by SARS and were safe to work or be around.¹¹² It was later revealed that many of these presumed non-SARS cases were, in fact, SARS cases.¹¹³ Trust in hospital and medical systems was significantly depleted during the second wave due to a lack of communication, monitoring, and mitigation.

The SARS outbreak’s severity in Canada, specifically in Toronto, was due to significant system and structural failures and underfunded emergency response systems. The Honourable

¹¹¹ Commission to Investigate the Introduction and Spread of SARS in Ontario, *Spring of Fear*, Vol. 2, by The Honourable Archie Campbell, (11 Dec 2006), online (pdf): <http://www.archives.gov.on.ca/en/e_records/sars/report/v2-pdf/Volume2.pdf> at 6.

¹¹² *Ibid.*

¹¹³ *Ibid.*; Gloria Galloway & Alison Dunfield, “Toronto turning corner on SARS” (30 May 2003), online: *The Globe and Mail* <<https://www.theglobeandmail.com/life/toronto-turning-corner-on-sars/article25285382/>>.

Archie Campbell writes in the Volume One report from the SARS Commission that “The surprise is not that Ontario’s response to SARS worked so badly, but that it worked at all, given the lack of preparation and [neglect to] systems and infrastructure.”¹¹⁴ The report finds that the reason for failure in response to the SARS outbreak is due to the fact that public health and emergency response infrastructure were in decay, the system that is intended to protect healthcare workers – occupational safety systems – was in great neglect, and there were no specific systems in place to immediately track the spread of SARS and to stop the spread from continuing (example, contact tracing systems).¹¹⁵

Major criticisms focused on communication and education, and preparational and planning. While there were continuous updates from health officials at the start of the pandemic, this quickly decreased as measures were relaxed and lifted as early as three months into the SARS outbreak. This left a lot of confusion for the public and hospital staff when a second wave of SARS started a month after lifting protective measures.

Further, there were problems coordinating communication between levels of government. For example, regarding health and safety standards, it was unclear between the different levels of government who should enforce regulations, fund new strategies, and inspect places of work for compliance.¹¹⁶ With varying levels of government all having their own labour health and safety bodies, it was often a topic of debate about who should intervene and when.

What we learned from SARS was how necessary it is to prepare for viral infections - as seen with the lack of preparedness during the SARS outbreak in Toronto. The lack of focus on health promotion strategies and education was notable throughout the investigation into SARS for

¹¹⁴ *Supra* note 111 at 10.

¹¹⁵ *Ibid* at 2.

¹¹⁶ *Ibid* at 2.

this overview. For example, there were few public campaigns to educate citizens on how they should protect themselves and mitigate the spread of the virus. National press conferences were observed with tips on avoiding the virus. However, these slowed to a stop very early on in the epidemic, leaving citizens on their own to determine the risk of the situation. Individuals had to protect themselves as the government was progressively withdrawing themselves from the public response to mitigate the spreads of SARS.

Literature examining the pitfalls during the SARS outbreak focus on the neoliberal tenets of the free market and privatization of services. Claire Hooker and S. Harr Aliis note that neoliberal policy rationales leading up to, and during, the SARS outbreak played a major role in the pitfalls in the response.¹¹⁷ They highlight three shortcomings affected by neoliberal policy rationale, including: (1) facilities and hospital resources, (2) emergency preparedness and communications structures, and (3) Personnel and human resources.¹¹⁸ Met with substantial budgetary cuts from the conservative government at the time, the health care system in Ontario was unprepared for the response needed to mitigate the spread of SARS.

Additionally, the shortcomings during SARS demonstrated how neoliberal policies place a higher priority on business security than public health.¹¹⁹ The provincial government focus on keeping businesses open, and claiming Toronto was safe for tourists and events despite the World Health Organizations travel advisory to Toronto, played a major part in the continued transmission and outbreaks of the SARS virus.¹²⁰ What was made clear in this instance was the priorities of the

¹¹⁷ Claire Hooker & S. Harr Aliis, "Sars and Security: health in the 'New Normal'" (2009) 84:1 Studies in Political Economy 101 at 111.

¹¹⁸ IBID at 111 to 112

¹¹⁹ Jeffrey Shantz, "Capitalism is Making us Sick: Poverty, Illness and the SARS Crisis in Toronto" (2010) 11:3-18 Advances in Medical Sociology 3 at 4.

¹²⁰ IBID at 4.

government, focusing on public relations over public health – promoting that businesses are open, safe, and ready to serve tourists.

The prioritization of business and economy meant that citizens were left to protect themselves. Healthcare workers were left in deteriorating infrastructure with little to no protection due to budgetary constraints. Hospitals were often unable to implement federal workplace standards during SARS due to lack of training and financial resources. For example, when the Ministry of Health implemented N95 masks as an infection control directive during SARS, most Toronto hospitals were unable to distribute personal protective equipment (PPE) to staff. Despite having the necessary PPE, hospitals did not have the resources to fit N95 masks, or provide training on the proper use of N95 masks.¹²¹

After the failed public health response to the 2003 SARS outbreak, The Canadian government and Health Canada responded by creating *health portfolios* and arm's-length government agencies to deal with specific, health-related issues collaboratively through a pan-Canadian health network.¹²² While Health Canada focuses on addressing health and healthcare priorities, providing access to safe health products, and reducing health and environmental risks, the new Public Health Agency of Canada (PHAC) focuses on education, prevention, and controlling infections and health promotion in Canada. The new PHAC was also recommended to develop new national public health strategies, new health benchmarks, and advisory boards to create preparedness and readiness plans for future public health emergencies. One key focus after the 2003 SARS outbreak was *never to let it happen again*.¹²³

¹²¹ *Supra* note 117 at 112.

¹²² Government of Canada, “Frequently asked questions” (last modified: 8 February 2016) online: *Government of Canada* <<https://www.canada.ca/en/public-health/corporate/mandate/about-agency/frequently-asked-questions.html>>

¹²³ *Supra* note 108 & note 111.

Federal and provincial levels of government created various commissions to investigate the pitfalls of the 2003 SARS response. Out of these commissions and reports came various recommendations centred on increasing funding and improving public health infrastructure and health promotion strategies. Some of the recommendations that came out of the provincial commission in Ontario were a renewed policy approach towards the precautionary principles, an increase in recourse allocation, including staffing resources, towards public health infrastructure, the creation of emergency plans that are tailored to specific hospitals, increased surveillance, and notification systems of outbreaks, and increase in crisis communication and education. While these are just some of the examples, the provincial commission presented a total of 21 recommendations to address pressing issues such as a lack of provincial public health leadership, insufficient public health capacity and resources, inadequate provincial laboratory capacity, a lack of central public health coordination and expertise, a lack of public health emergency preparedness, and a lack of public health links with hospitals, health workers, and others that had to be fixed to prevent another tragedy like SARS.¹²⁴ The federal commission had similar recommendations, including new agencies, increased funding, collaboration through a pan-Canadian health network, and improved public health emergency preparedness planning.¹²⁵

The 2003 SARS outbreak is a perfect example of public health not always being proactive, but reactive. Like past outbreaks of other viruses, they are rarely seen coming, officials are learning as the virus is already in their community, and there is constantly changing and growing knowledge on best practices. While an epidemic and a virus are never a benefit, the SARS outbreak did inform a lot of new measures to increase Canada's proactivity and readiness for future outbreaks. As will

¹²⁴ *Ibid.*

¹²⁵ Canada, National Advisory Committee on SARS and Public Health, *Renewal of Public Health in Canada: Learnings from SARS*, (Ottawa: 2003), Catalogue No H21-220/2003E, online (pdf): <<https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf>>.

be explored in the discussion of other viruses and in the moving forward section, there were a lot of lessons learnt from the lack of preparedness for the SARS outbreak – new strategies, responses, and plans were needed to create a renewed sense of trust and readiness for future outbreaks.

2.6 2009 H1N1 flu

Health promotion through communications was an important strategy used by all levels of government for the H1N1 mitigation efforts. Ad campaigns were used to transmit preventative measures and reduce infectious incidents. The Canadian government notes that education and the distribution of preventive measures for the 2009 H1N1 Flu were crucial. The Ontario Ministry of Health and Long-Term Care (OMHLTC) launched many communication plans with two primary goals. First, there was a focus on educating Ontarians on the project to fight the virus, ensuring they took it seriously and gaining knowledge of its symptoms and long-term effects. The second main goal of the communications strategy of the Ministry was to reassure Ontarians that the government was prepared, that they were working collaboratively with federal and other provincial governments and that it could provide timely information to citizens.¹²⁶

Following the waves of the pandemic, the communications plan from the OMHLTC first started in late April and ran till mid-summer 2009 – marking the first wave of the 2009 H1N1 flu and triggering the start of this crisis communication plan.¹²⁷ During the second wave and the second phase of communication strategies, advertising spaces appeared across the province in various forms of media, including posters and leaflets distributed to schools.¹²⁸ Public health

¹²⁶ Andrew Laing, “The H1N1 crisis: Roles played by government communicators, the public, and the media” (2011) 1:1 *Jof Professional Communications* 123 at 130.; Government of Ontario, “New Ad Campaign for H1N1 Vaccination” (23 Oct 2009), online (archived): *Government of Ontario, Newsroom* <<https://news.ontario.ca/en/backgrounder/9499/new-ad-campaign-for-h1n1-vaccination>>.

¹²⁷ Andrew Laing, “The H1N1 crisis: Roles played by government communicators, the public, and the media” (2011) 1:1 *Jof Professional Communications* 123 at 130.

¹²⁸ *Ibid* at 131.

professionals were made available for media appearances and interviews, and paid advertisements across multiple platforms were used.¹²⁹

From the first to the second wave of the virus, we can see a shift from communications focusing on preventive measures to communications concentrating on promoting the vaccine, respectively.¹³⁰ In October 2009, as part of the second wave of communications, the OMHLTC launched an extensive campaign known as “Join the Resistance” (see figure 9). Students were targeted through specific sub-campaigns in conjunction with the Ontario Government's more extensive prevention campaigns. The “Join the Resistance” campaign was the foremost movement geared toward educating students about vaccinations and encouraging them to vaccinate. Launching this campaign was seen as a move away from an information-based campaign towards one with outcomes to motivate and persuade individuals to do something to protect their community.¹³¹ Vinita Agarwal notes that young adults, typically late highschooler and college aged individuals, tend to be more susceptible to health-compromising behaviours due to their heightened sense of invulnerability which leads them to ignore risks in their behaviours.¹³² In collaboration with 53 student associations across the province, the Ontario government targeted upwards of 400,000 students through email blasts, postings around campus, and a ‘join the resistance’ animated ad that was shown in campuses and theatres.¹³³

¹²⁹ *Ibid.*

¹³⁰ *Ibid.*

¹³¹ The Canadian Press, “Ont. Wants young people to get swine flu shot” (27 Nov 2009), online: *CTV News* <<https://toronto.ctvnews.ca/ont-wants-young-people-to-get-swine-flu-shot-1.458875>>; Canadian Press, “Ontario Tells Students to ‘Join the Resistance’ to Fight H1N1” (27 Dec 2009), online: *Marketing* <<http://marketingmag.ca/news/marketer-news/ontario-tells-students-to-join-the-resistance-to-fight-h1n1-12233>>.

¹³² Vinita Agarwal, “A/H1N1 Vaccine Intentions in College Students: An Application of the Theory of Planned Behaviour” (2014) 62:6 *Jof American College Health* 416 at 416.

¹³³ *Ibid.*



Figure 9 Join the Resistance Campaign, Ontario¹³⁴

The discourse on vaccines took a more individual approach to the response of the pandemic, highlighting the need for individuals to do what is right, assess their risks, and get vaccinated. While vaccinations are framed as an individual choice, the ways in which vaccines are discussed in the public domain as a collective responsibility affect individual decisions to get vaccinated or not.¹³⁵ Sudeepa Abeysinghe notes that a lack of vaccine uptake is a choice that is often underpinned by a lack of communication¹³⁶ on the relevant advantages and disadvantages of getting vaccinated.¹³⁷ On the H1N1 “Join the Resistance” campaign geared towards younger adults, the government focused on what individuals could miss out on if they did not get vaccinated. For example, the flyers promoted getting vaccinated as to not miss out on their day-to-day activities, such as pub nights, hockey games, residence parties, and midterms (see figure 9). These communications highlight points of individual risk management as the messaging implies that getting vaccinated is not to protect the community, but to ensure you can still participate in fun activities and socialize with friends. Targeting younger individuals in this way shows an

¹³⁴ *Ibid.*

¹³⁵ Sudeepa Abeysinghe, “Vaccine Narratives and Public Health: Investigating Criticisms of H1N1 Pandemic Vaccinations” (2015) 25:7 *Polis Current*, *online*: <<https://europemc.org/article/PMC/4353697>>.

¹³⁶ It is important to note that this view of vaccine rates misrepresents questions of access to vaccines on a socio-economic level. For example, access to paid time off, access to childcare, proximity and public transportation all play a role in access to vaccinations.

¹³⁷ *Supra* note 135.

important frame of vaccine communications, and that different groups of people may prioritize risk differently in a pandemic setting.

The H1N1 response also saw the importance of adapting public health communication strategies to the ever changing communications landscape. Some Public Health units slowly started to use social media during the 2009 H1N1 Flu.¹³⁸ Ottawa Public Health (OPH) launched social media efforts to communicate information to Ottawa residents. OPH mainly used Twitter to inform people about vaccines and where to get vaccinated. Their first tweet on this topic was posted on October 29, 2009.¹³⁹ The Fraser Public Health unit, one of British Columbias public health units, took a different approach to using Twitter. While OPH focused on mass tweeting vaccine locations and whether clinics were still accepting walk-ins, Fraser Health focused on questions & answers¹⁴⁰ and interacting with citizens through Twitter.¹⁴¹

The importance of health promotion in the 2009 H1N1 pandemic is that proactive measures are being used to educate the public and fight the virus. With a problematic response to the 2003 SARS virus, the government of Canada reacted by implementing a dedicated public health and health promotion agency, which later developed action plans, guidelines, and strategies for responding to future pandemics. The 2009 H1N1 pandemic used these resources to mitigate the spread of the virus, educate citizens, and increase responses based on health promotion. While there is always learning to be done after all pandemics, and you can never be fully prepared for

¹³⁸ Some of the health units in Canada that started using Twitter in 2009 to communicate about the H1N1 Flu included: Ottawa Public Health, Vancouver Island Health, Interior Health (British Columbia), and Fraser Health (British Columbia).

¹³⁹ Ottawa Public Health (@OttawaHealth), "The H1N1 clinic at 100 Constellation can no longer accept new clients today, except for individual health care workers." (29 Oct 2009 at 17:03), online: *Twitter* <<https://twitter.com/OttawaHealth/status/5269117710>>.

¹⁴⁰ While the questions are still available on their Twitter feed, the answers to the questions are most often linked to their website, and these pages are not archived.

¹⁴¹ For example: Fraser Health (@FraserHealth), "Q from staff: A staff member's son has come down with flu-like symptoms. Should she stay off work for 7 days? A: <http://bit.ly/2MhelV> #H1N1" (6 Oct 2009 at 13:35), online: *Twitter* <<https://twitter.com/Fraserhealth/status/4660263103>>.

what is to come, the H1N1 pandemic demonstrated the importance and practicality of having tools and strategies ready to respond to health issues. Further, the 2009 H1N1 response in Canada showed the start of using new media for health promotion. While flyers, leaflets, and posters have been used for years, using new forms of digital media meant that public health units could distribute content and information in easily accessible ways for the public to see.

2.7 Conclusion: Moving Forward and Lessons Learned with Health Promotion

Major health events have caused governments to take a variety of initiatives throughout history to stop the spread of diseases, including structural adjustments, governmental legislation, and public awareness campaigns. Modern public health strategies and health promotion campaigns can be seen emerging with the 1918 Flu, with public health posters and films being utilised to inform and increase public awareness on ways to stay safe during health crises.¹⁴² The Lalonde Report's release in Canada signalled a turn towards individual responsibility for leading healthy lifestyles and placing emphasis on people's power to influence their own health-related decisions.¹⁴³ This use of lifestyle as a health determinant meant that one had to take responsibility for one's actions because health was no longer something that happened to a person but was instead something that was generated through human decisions.¹⁴⁴ The SARS outbreak in 2003 highlighted the importance of open communication and trust-building. Poor health management and coordination during the SARS epidemic encouraged the creation of new health structures, the PHAC, and other standards to be prepared for pandemics to come. With the H1N1 outbreak in 2009, more efforts were made to inform the public about the virus and reassure them of the government's

¹⁴² Stephan Van den Broucke, "Why health Promotion Matters to the COVID-19 pandemic, and vice versa" (2020) 35 *Health promotion international* 181 at 181.

¹⁴³ Christopher Mayes, *The Biopolitics of Lifestyle: Foucault, Ethics, and Healthy Choices*, (New York: Routledge, 2016) at 65.

¹⁴⁴ *Supra* note 88.

preparedness.¹⁴⁵ This outbreak served as a reminder of the significance of appropriate policies, communication, and education, and highlighted the start of social media as a tool for public health. It is obvious that health promotion methods must adapt and evolve as we continue to navigate the pandemic's obstacles to fulfil the shifting requirements of society and ensure the wellbeing of communities.

In addition to neoliberal policy making priorities, I identify that the SARS outbreak highlighted the pitfalls of the free market and increased privatization in healthcare. The previous policy decisions leading up to the SARS outbreak meant that the system was not ready to respond as there were a lack of resources, staff, and funding. Further, the provincial government prioritized business and tourism over public health of their citizens. In the H1N1 pandemic, we can identify the importance of individual risk management and prioritization of risk. While the tone of the public health response changed drastically from SARS to H1N1, the response nonetheless focused on ensuring that individuals had the necessary information to make informed decisions. Vaccine communication during H1N1 also highlighted the idea of risk prioritization given demographics where the response saw it important to tailor messaging towards different groups to emphasize what they may see as a priority in their day-to-day lifestyle – for example, staying home and healthy versus getting vaccinated so you do not need to miss out on a party.

¹⁴⁵ Public Health Agency of Canada, *Your H1N1 Preparedness Guide*, Catalogue No HP40-48/2009E-PDF (Ottawa, 2009) Online (pdf): *Government of Canada* <https://publications.gc.ca/collections/collection_2009/aspc-phac/HP40-48-2009E.pdf>.

CHAPTER THREE: Theory and Frameworks

3.1 Introduction

This chapter discusses the main theoretical concepts that are mobilized in the thesis. Those theories/approaches concern neoliberalism, governmentality, and biological citizenship. This section will provide an overview of these theories and draw on specific definitions and understandings to ground the analysis that follows.

3.2 Neoliberalism and Governmentality

While there are debates regarding the definition of neoliberalism,¹⁴⁶ there is a consensus that the term is understood as a “political and economic approach which favours the expansion and intensification of the market, while simultaneously minimizing government intervention.”¹⁴⁷ Generally, most definitions and explanations of the term focus on government structures and the role of the market. In work done by Nike Ayo, he notes that it is essential also to understand that neoliberalism cannot be exclusive to just an economic term but must also take on political and social critiques as it is inherently social and moral in its ideology and philosophy.¹⁴⁸ Following this process, Ayo notes that neoliberalism is a political machinery containing systems of thought and beliefs about the adequate power and influence of the state, society, and the market.¹⁴⁹ This means that the ideas and beliefs found in the neoliberal rationale of the state will shape how citizens are governed and how they are expected to conduct themselves in the public and private spheres of their lives.¹⁵⁰

¹⁴⁶ Rajesh Venugopal, “Neoliberalism as concept” (2015) 44:2 *Economy and Society* 165 at 166.

¹⁴⁷ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health-conscious citizens” (2011) 22:1 *Critical Public Health* 99 at 101.

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

¹⁵⁰ *Ibid.*

Richard Ericson, Dean Barry, and Aaron Doyle, in “The moral hazards of neo-liberalism: lessons from the private insurance industry,” identify three general tenets of neoliberalism: *risk*, *governance*, and *responsibility*.¹⁵¹ They identify five specific elements that derive from the three tenets and explain them as:¹⁵²

- (1) Minimal state involvement: it is assumed that people have the self-control and self-government skills necessary for civil society to function as a self-sustaining foundation of social cohesion.
- (2) Market fundamentalism: enticing individuals and collectives to participate in market activities that stimulate economic growth and provide security and prosperity.
- (3) Risk management and risk-taking: citizens must develop into educated, aware, and reflective risk-takers who can adjust to change in their lives as participants in a quick-moving and changing marketplace.
- (4) Importance of individual responsibility: each citizen is expected to be an informed, self-sufficient consumer of labour, personal security, and other market goods by having their political economy.
- (5) All inequalities are a matter of choice: as we are seen as self-sufficient risk-takers capable of education and assessing choices, any inequality we may face is due to our poor choices.

While some theorists focus on the three tenets of neoliberalism mentioned above, clarifying these five elements allows for a more in-depth application and understanding of neoliberalism. It also supports the previously mentioned idea that neoliberalism is not just an economic term but influences how we take risks, make decisions, and assess our outcomes.

Wendy Larner introduces three forms of neoliberalism as ways to understand the concept:

- (1) neoliberalism as policy (2) neoliberalism as ideology, and (3) neoliberalism as

¹⁵¹ Richard Ericson, Dean Barry, & Aaron Doyle, “The moral hazards of neo-liberalism: lessons from the private insurance industry” (2000) 29:4 *Economy and Society* 532 at 532.

¹⁵² *Ibid* 532 to 533.

governmentality.¹⁵³ Looking at the first form, neoliberalism as a policy framework is the most common conceptualization of neoliberalism as it familiarizes itself with the policy agenda favouring minimal government involvement in a free and open market.¹⁵⁴ Larner writes that the concept of neoliberalism as policy fosters the ideas of globalized production and capital with financial systems that force states to abandon their commitments to the welfare state and focus on market economy and privatization.¹⁵⁵

Neoliberalism as an ideology is seen as a more sociological perspective on neoliberalism.¹⁵⁶ Larner explains that as an ideology, neoliberalism is able to rationalize ideas and discourses to make sense to people in a range of social positions. Using Thatcherism as an example, Larner writes that the ideological rational of Thatcherism had the ability to create new hegemony based on the tenets of neoliberalism and rationalizes changes in political and social positions moving away from the welfare state and towards tenets and rational of neoliberalism.¹⁵⁷

Finally, neoliberalism as governmentality is concerned with promoting an increase in individual responsibility through the neoliberalization of state responsibility while encouraging the development and growth of institutions, authorities, and discourses to promote and guide the cultivation of new norms and behaviours.¹⁵⁸ In Foucault's work on governmentality, he was concerned with how mechanisms and strategies of government cut across domains typically seen at an *arm's length of the state* – schools, prisons, hospitals, families, and the individual.¹⁵⁹ It is generally seen as the “organized practices and techniques of the modern state, through which the

¹⁵³ Wendy Larner, “Neo-Liberalism: Policy, Ideology, Governmentality” (2000) 63:3 *Study in Political Economy* 5 at 6.

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*

¹⁵⁶ *Ibid* at 9.

¹⁵⁷ *Ibid.*

¹⁵⁸ *Ibid* at 10.

¹⁵⁹ James Ferguson & Akhil Gupta, “Spatializing States: Towards an Ethnography of Neoliberal Governmentality” (2002) 29:4 *American Ethnologist* 981 at 989.

conduct of individuals and populations is shaped.”¹⁶⁰ Governmentality does not include force; instead, it involves self-control and private concerns about human capital; ultimately, the power and discipline of the state come from mechanisms of social relations, norms, and discourse.¹⁶¹

Larner’s conceptualization of neoliberalism as governmentality distinguishes governance from government. While neoliberalism often denotes a decrease in government involvement as its central tenet, this does not necessarily entail a reduction in governance.¹⁶² With neoliberalism as governmentality, there is a decrease in state involvement through the neoliberal tenet of the free market, while also seeing an increase in mechanisms and strategies of “organized practices and techniques of the modern state, through which the conduct of individuals and populations is shaped.”¹⁶³ This highlights how forms of non-state intervention constitute a mode of government, one which is more “pervasive for its subtlety and lack of visible institutional definitions [as a state intervention].”¹⁶⁴ While there is a reduction in direct government involvement, there is still governance through modern strategies and techniques, such as increased surveillance mechanisms¹⁶⁵ and public education programs highlighting specific priorities. These modern strategies and techniques create and enforce social norms intended to shape societal behaviours.¹⁶⁶ Under the study of governmentality and neoliberalism, individuals are constructed as rational

¹⁶⁰ Svetlana Ristovski-Slijepcevic, Gwen E. Chapman, & Brenda L. Beagan, “Being a ‘good mother’: Dietary governmentality in the family food practices of three ethnocultural groups in Canada” (2010) 14:4 *Health* 467 at 468.

¹⁶¹ Rob Flynn, “Clinical governance and governmentality” (2002) 4:2 *Health, risk, and society* 155 at 163.; Raymond M. McKie, et al., “A theoretical examination using governmentality to understand gay men’s risk and sexual behaviours” (2019) 38:3 *The Canadian Journal of Human Sexuality* 343 at 344.

¹⁶² *Supra* note 153 at 6.; Wendy Larner, “‘A Means to an End’: Neoliberalism and State Processes in New Zealand” (1997) 52:1 *Studies in Political Economy* 7 at 9.

¹⁶³ *Supra* note 160 at 468.

¹⁶⁴ Wendy Larner, “‘A Means to an End’: Neoliberalism and State Processes in New Zealand” (1997) 52:1 *Studies in Political Economy* 7 at 14.

¹⁶⁵ *In the context of public health during COVID-19: contact tracing, COVID-19 apps, Vaccination passports, etc.*

¹⁶⁶ Rob Flynn, “Clinical governance and governmentality” (2002) 4:2 *Health, risk, and society* 155 at 163.; Raymond M. McKie, et al., “A theoretical examination using governmentality to understand gay men’s risk and sexual behaviours” (2019) 38:3 *The Canadian Journal of Human Sexuality* 343 at 344.

agents capable of autonomous decision-making within “rigid disciplinary social structures dictated by the state.”¹⁶⁷ In this instance, the state is not directly involved in guiding the citizen through legislative and regulatory interventions, but instead is involved in guiding citizens through the enforcement and creation of normative societal behaviours. Additionally, enforcement and creation of normative societal behaviours frequently enables governmentality and discursive regulation to be realized at an institutional and structural level, allowing individuals and groups to engage in activities through self-regulation and regulating other citizen subjects.¹⁶⁸

When discussing health in the context of neoliberalism, scholars often turn to Robert Crawford’s concept of healthism, calling it a neoliberal project of health.¹⁶⁹ Crawford explains healthism as the “preoccupation with personal health as a primary – often *the* primary – focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles.”¹⁷⁰ Brogård Kristensen et al. add that healthism creates a belief that being healthy is a moral obligation and that this moral obligation can create a sense of judgment and guilt for not meeting certain health standards set out through societal norms and standards.¹⁷¹ Through healthism, behaviours to achieve good health are seen as a moral necessity in the pursuit of being a responsible citizen and the ‘healthy body’ becomes the only legitimate obligation to the pursuit of responsible citizenship.¹⁷²

¹⁶⁷ Raymond M. McKie, et al., “A theoretical examination using governmentality to understand gay men’s risk and sexual behaviours” (2019) 38:3 *The Canadian Journal of Human Sexuality* 343 at 344.

¹⁶⁸ *Ibid* at 344.

¹⁶⁹ Dorthe Brogård Kristensen, Ming Lim, & Søren Askegaard, “Healthism in Denmark: State, market, and the search for a ‘moral Compass’” (2016) 20:5 *Health* 485 at 486.

¹⁷⁰ Robert Crawford, “Healthism and the Medicalization of Everyday Life” (1980) 10:3 *IntJof Health Services* 365 at 368.

¹⁷¹ *Supra* note 160 at 489.

¹⁷² Nathalie Quathamier & Phillip Joy, “Being in a queer time: Exploring the influence of the COVID-19 pandemic on the LGBTQ+ body image” (2021) 79 *Nutrition & Dietetics* 400 at 401.

Healthy behaviours become the paradigm for good health under the rationale of healthism. Crawford writes that healthy individuals become the model to follow for all individuals – there is this new sense, or a need, to achieve a healthy lifestyle.¹⁷³ As the new concept of health becomes more than just the absence of disease and ill-health in life, the idea of health becomes a hegemonic ideology that orders social and political life.¹⁷⁴ How health is understood largely becomes a reflection of the preoccupations of society. Popular understandings of health – specifically understandings of good health and healthy behaviours – help produce and reproduce social orders of health as the preoccupation of the nation.¹⁷⁵ Health promotion activities, such as stress management, healthy eating, or exercising, become a moral obligation that everyone should follow to be seen as a responsible member of society.

Health ideologies are meant to signal a highly individualised responsibility to one's health.¹⁷⁶ Because of this individualized focused of health through healthism, it is assumed that poor health is a matter of personal choice and caused by reasons within an individual's control.¹⁷⁷ As health becomes an everyday concern, there is a moral force of obtaining a healthier lifestyle. People who neglect to achieve a healthier life are increasingly defined as deviant. On the other hand, those who are working towards a healthier life have a constant fear of falling into bad behaviours and being labels as deviating from the new social norms.¹⁷⁸ Crawford writes that the preoccupation of achieving a healthier life is a sort of prop to show you are morally responsible

¹⁷³ *Supra* note 170 at 380.

¹⁷⁴ *Ibid* at 369.

¹⁷⁵ *Ibid* at 369 and 365.

¹⁷⁶ Robert Crawford, "Healthism and the Medicalization of Everyday Life" (1980) 10:3 *IntJof Health Services* 365at 368.; Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health-conscious citizens" (2012) 22:1 *Critical Health Policy* 99 at 100.

¹⁷⁷ Jessica L Roberts & Elizabeth Weeks, *Healthism: health-Status Discrimination and the Law*, (Cambridge: Cambridge University Press, 2018) at 9.; Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health-conscious citizens" (2012) 22:1 *Critical Health Policy* 99 at 100.

¹⁷⁸ *Supra* note 170 at 382.

and working to control your conditions of health. He writes that when people focus on the preoccupation of health, they are essentially saying “see, I am not deviant. I am not lacking. I control my conditions. [And] I am in the process of being healthy and whole.”¹⁷⁹ The preoccupation of the ideology of healthism sets a goal to work towards – that goal being healthier living – and a fear to avoid unhealthy behaviours.

With the emphasis of the individualization of health through neoliberalism and the project of healthism, the state is seen to be shifting the burden of care from its responsibility to that of the individual.¹⁸⁰ Crawford writes that “individual responsibility as an ideology has often functioned historically as a substitute for collective political commitments.”¹⁸¹ The state benefits from shifting this burden of health care to the citizen, who is now a self-sufficient individual capable of healthy living. Under this logic, individuals are placed at the center of health promotion strategies instead of social programs funded by the state. Paradoxically, because the citizen is self-sufficient, they are now seen as both the problem causing ill health and the solution promoting healthy living.¹⁸²

Ayo also notes that under a neoliberal rationale, social determinants of health are often shadowed by self-regulating individualized practices. For example, when looking at health promotion policies, the citizen will be bombarded with quick facts and easy challenges to complete throughout the day, such as 30-minute exercise challenges, eating more fruits or vegetables, or even simply going outside for a walk.¹⁸³ Citizens are presented with dos and don’ts for health promotion¹⁸⁴ and are made to follow these recommendations to achieve healthy living as self-

¹⁷⁹ *Ibid* at 382.

¹⁸⁰ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health-conscious citizens” (2012) 22:1 *Critical Health Policy* 99 at 104.

¹⁸¹ *Supra* note 170 at 378.

¹⁸² *Supra* note 180 at 102.

¹⁸³ *Ibid*.

¹⁸⁴ This will be important in the thesis analysis as this ‘list making’ for health promotions happened a lot during the COVID-19 pandemic.

regulating individuals.¹⁸⁵ These efforts through the neoliberal rationales of health and wellbeing ultimately lead to the increased individualization of health, centering the individual as the main actor in their health or ill-health.

3.3 The Biological Citizen

This thesis relies on the understanding of citizenship borrowed from work done by Jane Jenson and other researchers on the *citizenship regimes*. This notion of citizenship can be explained as the institutional arrangements, policies, and understandings that direct and determine concurrent state policy choices, expenditures, issues, and citizen claims.¹⁸⁶ The institutionalization of these practices also limits access to political and social power, which designates who is seen as a ‘full’ member of society.¹⁸⁷ Jenson developed this framework to better explain the societal changes Canada faced in the 1970s, such as the neo-institutionalization of government programs, market growth, and the influence of globalization on society.¹⁸⁸

Jenson writes that citizenship is a dynamic, ever-changing concept that varies between time and space, constructed within the social boundaries of a political community.¹⁸⁹ Jenson describes this constriction as the institutionalization of a set of “practices by which states use public power to shape and regulate ... communities.”¹⁹⁰ The institutionalization of these practices also limits access to political and social power, which designates who is seen as a ‘full’ member of society.¹⁹¹

¹⁸⁵ *Supra* note 176.

¹⁸⁶ Jane Jenson, “The European Union’s citizenship regime: Creating norms and building practices” (2007) 5:1 *Comparative European Politics*.; Jane Jenson & Susan D Philips, “Regime Shifts: New Citizenship Practices in Canada” (1996) 14 *IntJofCan Studies*.; Jane Jenson & Denis Saint-Martin, “New routes to social cohesion? Citizenship and the social investment state” 28:1 *CanJof Sociology*.

¹⁸⁷ Jane Jenson, “Fated to Live in Interesting Times: Canada’s Changing Citizenship Regimes” (1997) 4 *CanJof Political Science* 627 at 628.

¹⁸⁸ *Ibid* at 634.

¹⁸⁹ *Ibid* at 628.

¹⁹⁰ *Ibid*.

¹⁹¹ *Ibid*.

This citizenship regime framework allows for a more fluid approach toward theorizing and understanding citizenship, compared to other frameworks such as a legal positivist approach to citizen which would limit a theorization of what it means to be a citizen. This approach of the regime “examines citizenship as a complex assemblage of diverse actors that constitute notions of responsibility, legitimate governance practices, rights and duties, and identity and belonging through their interactions.”¹⁹² The regime materializes a specific meaning of citizenship given social, political, and economic factors recognized by the state. Using the theory of a regime gives researchers a lens to understand the make-up of what the state sees as a ‘full citizen’ and how citizens should act in a responsible way to be recognized as responsible and ‘good’ citizens.¹⁹³ Notably, how one should act and how one may claim access to citizenship in their community is no longer a legal or legislative practice, but one that also involves claims to social and political practices and norms. The state's perspective and expectations of responsible behaviour, which become essential to one's status as a "good" citizen, have an impact on the idea of a "full citizen" in this dynamic framework.

The work done by Adriana Petryna on the biological citizenship adds an understanding to the ideas of the “good” citizen and claim making towards citizenship through a lens of health and somatic identities. Petryna’s work on the Chernobyl disaster explains an emergence of the concept of citizenship growing out of the “massive demand for but selective access to a form of social welfare based on medical, scientific and legal criteria that both acknowledge biological injury and compensate for it”¹⁹⁴ Petryna explains that the Chernobyl disaster led populations to face

¹⁹² Nathan Wittcock, Pierre Monforte, & Lesley Hustinx, “‘Missing minorities’ in blood donation: Rethinking blood procurement in Europe as a citizenship regime” (2021) 25:5 Health 535 at 539.

¹⁹³ Aude-Claire Fourot, Mireille Paquet, & Nora Nagels, “Citizenship as a Regime” in Aude-Claire Fourot, Mireille Paquet, & Nora Nagel, ed, *Citizenship as a regime: Canada and international perspectives*, (Montreal & Kingston: McGill-Queen’s University Press, 2018) 3 at 5.

¹⁹⁴ Adriana Petryna, *Life Exposed: Biological Citizenship After Chernobyl* (New-Jersey: Princeton University Press, 2002) at 5.

biological and health repercussions to develop new responsibilities, claims to identity, and social memberships, leading to new governance and regulation over one's claims to citizenship, citizenship norms, and access to participation in society.¹⁹⁵ The goal of Petryna's research was to provide insight on the intersection of biology, politics, and citizenship in the context of health and illness.

The concept of biological citizen recognizes health as a fundamental aspect to citizenship.¹⁹⁶ According to Nikolas Rose, biological citizenship functions in the modern world within an economy, or "field of hope," where people are encouraged to behave and think positively about their biological identities and health, which they may control, and even enhance due to scientific knowledge and advancements.¹⁹⁷ As people are increasingly encouraged to behave and think in ways that will positively impact their health, the responsibility of illness and health now resides with the individual through their behaviours and decisions.¹⁹⁸

These decisions that people are faced with when evaluating their actions and behaviours can be seen on an individual or collective level. On an individual level, biological citizenship accounts for the individual's decisions that affect their somatic identity.¹⁹⁹ Nikolas Rose and Carlos Novas identify the individualistic element as a general 'regime of the self' where individuals constantly discuss internally how their choices will affect their life course. Biological citizenship may take on a collective level through group activism with groups fighting in opposition to health protections and established medical knowledge or groups fighting for increased recognition,

¹⁹⁵ *Supra* note 151 at 532.

¹⁹⁶ Candace Johnson Redden, "Health as Citizenship Narrative" (2002) 34:3 *Northeastern Political Science Association* 355 at 358.

¹⁹⁷ Nicole Charles, "Mobilizing the self-governance of pre-damaged bodies: neoliberal biological citizenship and HPV Vaccination promotion in Canada" (2013) 17:6-7 *Citizenship Studies* 770 at 770.

¹⁹⁸ *Supra* note 196 at 358.

¹⁹⁹ Nikolas Rose & Carlos Novas "Biological Citizenship" in A. Ong & S.J. Collier, ed, *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems* (London: Blackwell, 2005) at 440.

illuminating stigmas related to somatic identities, and educating other citizens on necessary established medical knowledge.²⁰⁰

Further theorized by Rose and Novas, they extend the meaning of biological citizenship to all government citizenship projects and strategies linked to the belief in the existence of biological identities and health.²⁰¹ By “citizenship project,” Rose and Novas refer to how political authorities define the legal meaning of citizenship and set the criteria for obtaining citizenship.²⁰² These citizenship projects create a normative national body that matches the nation's ideal somatic identity.²⁰³ Some citizenship projects may include compulsory education programs to encourage particular ways of thinking, school fitness programs to promote the state's vision of good health, or mandatory vaccinations to increase national immunity. The programs that articulate the citizenship projects create a normative set of responsibilities and obligations. Therefore, these projects create and discipline the citizen subject and lay out the conditions for recognition and gaining membership in society.²⁰⁴ Rose and Novas explain that biological presuppositions have often been, and continue to be, a guiding factor to the formation of these citizenship projects – the projects themselves shaping what it means to be a citizen and the possibility or impossibility of one claiming or obtaining citizenship with ease. People must then monitor their health, understand their somatic identity, and assess their capabilities to follow normative responsibilities for becoming citizens under a biological citizenship model.

²⁰⁰ *Ibid.*

²⁰¹ Michael Orsini, “Contesting the Autistic Subject: Biological Citizenship and the Autism/Autistic Movement” in Dave Holmes & Stuart J Murray, ed, *Critical Interventions in the Ethics of Healthcare* (London: Routledge, 2009).

²⁰² *Supra* note 199.

²⁰³ *Ibid.*

²⁰⁴ *Ibid.*

Written in work by Ingrid Young *et al.*, the framework of the biological citizen can help identify changes in ethical relationships to one's body.²⁰⁵ With growing biomedicalization and biotechnologies, the subject is not only responsible for engaging in healthy actions and decisions, they argue, but the individual must strive to be healthy.²⁰⁶ Here, biological citizenship focuses not only on the physical management of the body, like exercise, eating healthy, active lifestyles, etc.,²⁰⁷ but also encompasses the biotechnologies of treatment, monitoring, and protection.

The biological citizen concept tells us that a growing emphasis is placed on creating responsible citizens in a society filled with risks. Biological citizens are responsible for managing their lives and assessing their decisions and productivity in a way that aligns with normative obligations and citizenship projects.²⁰⁸ With this increase in the need for responsible citizens, individuals are becoming more self-aware of their biological makeup and somatic selves and making decisions based on these understandings that fit with the project of being a member of society.

3.4 Conclusion

Following Nike Ayo, I find it essential to not solely understand neoliberalism as an exclusive economic term, but that it must also be understood as taking on political and social critiques.²⁰⁹ Taking Larner's form of neoliberalism as governmentality, this thesis will follow the concept that neoliberalism as governmentality is concerned with promoting an increase in individual

²⁰⁵ Ingrid Young, "Navigating HIV citizenship: Identities, risks and biological citizenship in the treatment as prevention era" (2019) 21:1-2 *Health, Risk & Society* 1 at 3.

²⁰⁶ *Ibid.*

²⁰⁷ *Ibid.*

²⁰⁸ Nikolas Rose & Carlos Novas "Biological Citizenship" in A. Ong & S.J. Collier, ed, *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems* (London: Blackwell, 2005) at 450; Jenell Johnson, Kelly E Happe, & Marina Levina, "Introduction" in Kelly E. Happe, Janell Johnson, & Marina Levina, ed, *Bio-citizenship: The Politics of Bodies, Governance, and Power* (New York: New York university Press, 2018) at 1.

²⁰⁹ Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health-conscious citizens" (2012) 22:1 *Critical Health Policy* 99 at 104.

responsibility through the neoliberalization of state responsibility while encouraging the development and growth of institutions, authorities, and discourses to promote and guide the confirmation of new norms and behaviours.²¹⁰ The neoliberalization of state responsibility means decreasing government involvement and shifting the focus to the individual while encouraging the development and growth of modern state techniques and strategies through governmentality to promote norms and behaviours.

The biological citizenship framework becomes essential to this thesis as it tells us that a growing emphasis is placed on creating responsible citizens in a society filled with risks. Biological citizens mean that citizens are responsible for managing their lives and assessing their decisions and productivity in a way that aligns with normative obligations and citizenship projects.²¹¹ With this increase in the need for responsible citizens, individuals are becoming more self-aware of their biological makeup and somatic selves and making decisions based on these understandings that fit with the project of being a member of society.

Overall, this thesis is grounded in the frameworks of neoliberalism as governmentality and the biological citizen. These theories help us understand the neoliberalization of state responsibility and the encouragement of the development and growth of institutions, authorities, and discourses to promote and guide the confirmation of new norms and behaviours. In the context of COVID-19, we are encouraged to assess our own risks and follow behaviours that are seen as responsible and protecting health and wellbeing. People are becoming more aware of their biological make-up

²¹⁰ Wendy Larner, “Neo-Liberalism: Policy, Ideology, Governmentality” (2000) 63:3 *Study in Political Economy* 5 at 6.

²¹¹ Nikolas Rose & Carlos Novas “Biological Citizenship” in A. Ong & S.J. Collier, ed, *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems* (London: Blackwell, 2005) at 450; Jenell Johnson, Kelly E Happe, & Marina Levina, “Introduction” in Kelly E. Happe, Janell Johnson, & Marina Levina, ed, *Bio-citizenship: The Politics of Bodies, Governance, and Power* (New York: New York university Press, 2018) at 1.

and somatic selves and making decisions based on these understandings that fit with the project of being a member of society due to the increased demand for responsible citizenship.

CHAPTER FOUR: Methods

4.1 Introduction

In this methods section, I will provide an overview of the basic tenets of Critical Discourse Analysis (CDA), as well as a summary of how other researchers have used CDA in their work. After this overview, I will discuss data collection, data types used, sources, and a following section on how the data were stored and organized throughout this research. Lastly, I will address the overall coding process and my approaches towards coding the data in NVivo and steps I took to ensure a consistent coding process.

4.2 Critical Discourse Analysis

Critical Discourse Analysis (CDA) was chosen as it allows for the study, analysis, and unpacking of social phenomena through a macro and micro context.²¹² CDA acknowledges that discourse is in a dialectic relationship with the context and subject at the center of this relationship. That is to say, the context of the discourse is both influencing the subject and influenced by the subject.

Following a Foucauldian understanding of CDA, discourse takes on a ‘knowledge-making’ form, creating and assigning context and meaning to various situations.²¹³ CDA is also rooted in a broader discipline of critical theory, which looks at understanding more significant social inequalities. CDA, as a sub-discipline in critical theory, was designed to analyze and question the status quo by highlighting power relations, specifically power imbalances, in the knowledge-making process.²¹⁴ In this sense, Fairclough and Wodak explain that CDA aims to examine discourse by considering its ideological underpinnings and its relationship with power structures.

²¹² Encarnacion Hidalgo Tenorio, “Critical Discourse Analysis, An Overview” (2011) 10:1 Nordic Journal of English Studies 183 at 187.

²¹³ *Ibid.*

²¹⁴ *Ibid.*

It seeks to uncover and explore how language use reflects and reinforces power imbalances, social inequalities, and dominant ideologies.²¹⁵

CDA has become widely used in critical health studies.²¹⁶ Work done by Eric D. Carter²¹⁷ uses CDA to draw a linkage between individuals and institutions, including “political alliances, business connections, and financial incentives that help produce, circulate, and sustain neoliberal health discourse.”²¹⁸ Inspired by work from Gillian Rose, Carter applies a Foucauldian-influenced CDA to analyze the articulation of discourse through institutional apparatuses and institutional technologies. Similarly to this thesis, Carter employs “well-established strategies to conduct [his] CDA including systemic coding of text, analysis of rhetoric, structures, and effects of persuasion; and noting ‘silence’ in discourse.”²¹⁹ In their work, Carter codes for three main elements: (1) authority and legitimacy, (2) what theories of health, specifically individual health, are underpinning recommendations of health policy, and (3) how are individuals encouraged to govern themselves through ‘technologies of the self.’²²⁰

The use of CDA will allow for a deep analysis of health promotion discourse to highlight meaning-making and the role of specific actors in Ottawa. Following previously established work in political science and critical health studies, I uses well-established strategies to conduct a CDA,

²¹⁵ *Ibid.*

²¹⁶ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health-conscious citizens” (2011) 22:1 *Critical Public Health* 99 at 101.; Bruce Braun, “Biopolitics and the molecularization of life” (2007) 14:1 *Cultural geographies* 6.; Tim Brown & Morag Bell, “Imperial or postcolonial governance? Dissecting the genealogy of a global public health strategy” (2008) 67:10 *Social Science and Medicine* 1571.; Paul Crawshaw, “Governing the healthy male citizen: Men, masculinity and popular health in *Men’s Health* magazine” (2007) 65:8 *Social Science & Medicine* 1606.; Nicholas B. King, “Security, Disease, Commerce: Ideologies of Postcolonial Global Health” (2002) 32:5/6 *Social Studies of Science* 763.; Emma Rawlins, “Citizenship, health education and the obesity crisis” (2008) 7:2 *ACME an international e-journal for critical geographies* 135. And more recently in relation to the COVID-19 Pandemic: Maggie Boulton, Anna Garnett & Fiona Webster, “A Foucauldian discourse analysis of media reporting on the nurse-as-hero during COVID-19” (2021) 29:3 *Nursing inquiry* 1.

²¹⁷ Eric D. Carter, “Making the Blue Zones: Neoliberalism and nudges in public health promotion” (2015) 133 *Social Science and Medicine* 374.

²¹⁸ *Ibid* at 376.

²¹⁹ *Ibid.*

²²⁰ *Ibid.*

including systemic coding of discourse, analysis of rhetoric and structures, and effects of persuasion in the health promotion discourse in Ottawa during the COVID-19 pandemic.

4.3 Sites of Analysis & Data Collection

The empirical data for this thesis came from two primary sources: (1) published Ottawa Public Health Special Statements and press releases, and (2) Twitter accounts from institutions and officials in Ottawa. The reason these sources were used for empirical data collection is generally due to accessibility and frequency of publication.

4.3.1 Published Ottawa Public Health Press Releases

I will only focus on transcribed releases or statements publicly available on the Ottawa Public Health website to ensure accessibility and consistency among the data. News coverage and news interviews, regardless of being transcribed on news station platforms, will not be used as there may be issues with accessibility and consistency among sources.

Press releases from OPH were collected directly from the OPH website.²²¹ The time frame for collected speeches fell between March 15, 2020, and lasted until November 2, 2022. These press releases were transferred directly into NVivo to keep track of them. By the end of the collection, I had collected 162 press releases from the OPH website.

The collection of these speeches was straightforward. The OPH website stores all COVID-19-related press releases in one location and categorizes them by year. Because of the way OPH stores these transcripts, there was no need to apply advanced searches, keyword filters, etc. Statements were transferred into NVivo to facilitate coding and analysis.

²²¹ Ottawa Public Health, COVID-19, (n.d.) online: *Ottawa Public Health* <https://www.ottawapublichealth.ca/en/public-health-topics/novel-coronavirus.aspx?_mid_=32150#November-2-2022--Special-statement-from-Dr-Vera-Etches>.

4.3.2 Twitter accounts from institutions and officials in Ottawa

Twitter was selected as the platform over other social media platforms as it is an important medium for communication, and sharing information.²²² Since the launch of Twitter in 2006, it has allowed users to post short messages – and more recently, longer messages if you subscribe to the paid Twitter Blue service – and these messages can be read by and shared with many people.²²³ Twitter also allows for communicating events as they unfold through Twitter threads and hashtags. The platform itself serves as an effective communication tool that allows for fast and accessible information sharing to facilitate the communication of current events, health promotion, and education.²²⁴ Other social media platforms were considered but were not used due to repetition of information – what is posted on Twitter by OPH, for example, is most often posted on their other social media accounts. TikTok was quickly considered as a site of analysis as the platform has grown in popularity with short video sharing capability that can make information fun and easy to consume. This platform was not used for data collection. Unfortunately, there were no official public health accounts on this platform that could be used.

The collection of Tweets from Twitter accounts was done manually. While there are artificial intelligence and software options for collecting social media posts, I did not have the resources to utilize these options. There are price points associated with the use of the technology, and it can become costly depending on the quantity of data needed to export. Therefore, the ‘advance search’ option was used to collect data from Twitter.

²²² Gwen Bouvier & Judith E. Rosenbaum, *Twitter the Public Sphere, and the Chaos of Online Deliberation*, (Springer International Publishing, 2020).

²²³ Hyojung Park, Bryan H Reber & Myoung-Gi Chon, “Tweeting as Health Communication: Health Organizations’ Use of Twitter for Promotion and Public Engagement” (2016) 22:2 *Jof Health Communication* 188 at 189.

²²⁴ *Ibid* at 190.

The criteria that were applied to the advanced search were as follows: “(from:[insert account name]) until:2022-11-02 since:2020-01-01 -filter:replies” and select “view latest.” While originally keywords were going to be added to the search criteria, this was removed early in the data collection process, and data collection was restarted. The reason keywords were removed and data collection was restarted without the keywords field is because applying keywords eliminated a large base of tweets that may not directly mention COVID-19 but has an underlying message related to health promotion during the COVID-19 pandemic. While I considered altering the keyword criteria, it was ultimately decided to remove this criterion altogether, as an infinite number of terms could be applied.

By the end of the data collection of tweets, I had collected 2,171 tweets from various accounts (see Table 1). While collecting, tweets were transferred (copy and pasted) into an Excel sheet. Tracked in this Excel sheet was the date of the post, the content of post, attachments on the post (photos, videos, links), and hyperlinks to the tweet. Later, this excel file was uploaded to NVivo to facilitate the coding and analysis process.

| | |
|---------------------------|-------|
| Ottawa Public Health | 1,156 |
| Dr. Vera Etches | 157 |
| (Former) Mayor Jim Watson | 485 |
| Ottawa Bylaw | 314 |
| Ottawa Police Services | 59 |
| Total | 2,171 |

Table 1 Breakdown of Twitter Collection Data

4.4 System of Analysis and Organization

All empirical data that was collected for this thesis was stored in NVivo. This software allowed for storing speeches, tweets, and graphics, which was then coded and annotated to facilitate a more consistent discourse analysis. Through the analysis process, NVivo also provided for ‘queries’ to be ran on the empirical data to create data visuals, including word frequency, code frequency, and

linked/overlapping rules. These queries allowed me to visualize patterns in the data, including the shifting of collective or individual tones and how many times codes appeared in the empirical data.

Zotero was also used to store and annotate literature for the literature review on health promotion, Theories and Frameworks chapter, and other sections that required reference to literature and past research. This software was used to categorize data into groups of likenesses and annotate, tags, and collect quotes from various literature sources. While these categories evolved throughout the thesis process, the literature was organized in the following thematic files: (1) citizenship (2) bio-citizenship, (3) CDA literature, (4) governmentality, (5) health (general), (6) healthism, (7) health promotion (historical), (8) health promotion (modern), and (9) neoliberalism.

4.5 Coding Process

Because codes were introduced as the analysis happened, I found it important to code the data three times. First, the initial process was to read through all data and content and assign general codes. Because of the inductive nature related to the creation and assignment of codes, by the end of the analysis I had new codes that I previously did not have at the start. To address any missing analysis from this, I recorded the data adding any missing codes at the beginning – in this process, I did not add any new codes to the data. The third coding process was to address any overlapping codes that could be condensed into one code and to finalize my code book to present a clean final version for this thesis. While coding my data three times may have added extra time to my analysis, this process was done to ensure that no data was missed, a uniform analysis took place from start to finish, and a straightforward approach to the coding could be presented at the end of the process. By doing this, I have addressed organizational doubts related to inductive coding and ensured that there were checks and balances towards my coding process. A final codebook can be seen in *Appendix 1*.

CHAPTER FIVE: Findings & Discussion

5.1 Introduction

In this section, I will provide an overview of what I observed during the data collection and coding process. Firstly, I will discuss the press releases from OPH (Ottawa Public Health). After analyzing the OPH press releases, I will delve into the Twitter data collected. I will start by examining the OPH Twitter data, followed by the accounts of Dr. Vera Etches, former Mayor Jim Watson, and finally, the OPS (Ottawa Police Service) and Ottawa Bylaw. To facilitate the discussion of the findings in the Twitter data, I will divide it by accounts or actors mentioned earlier, as each account exhibits a distinct tone and approach in addressing the pandemic. For instance, the OPS and Bylaw adopted an approach that prioritized the role of laws and regulations in safeguarding the community, whereas OPH emphasized the significance of individual actions in protecting the community. I will delve deeper into these examples later in the discussion to provide a more comprehensive understanding. After the data findings are discussed, I will finish with a conclusion of the findings to tie the various observations together.

5.2 Ottawa Public Health Press Releases

OPH press releases mainly started in March 2020 around the first positive case of COVID-19 in Ottawa. The statements often validating feelings of stress and uncertainty and confirming that there is much that is still unknown about the pandemic. For example, a March 29, 2020, press release from Dr. Vera Etches uses phrases such as “we know this is a frustrating time for everyone” and “we can get through this together.”²²⁵

²²⁵ Vera Etches, “March 29, 2020 – Special statement from Dr. Vera Etches, Medical Officer of Health” (29 March 2020) online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#March-29-2020-Special-statement-from-Dr-Vera-Etches-Medical-Officer-of-Health>>.

The first bulk of these statements also followed the general sentiment of togetherness and solidarity that other actors portrayed in the early months and generally throughout the first year of the pandemic. Along with validating people's feelings, they also ensured that people knew we would only get out of this pandemic by working together and caring for each other. In May 2020, there was a strong message of thankfulness towards Ottawa residents for their efforts in following public health initiatives and for the community coming together:

“As we continue to see the number of cases of COVID-19 in the community decline, I want to thank Ottawa residents for your efforts to follow public health messaging. I continue to be touched and proud to be a part of this community that has come together and shown such great support for each other during these unprecedented times.”²²⁶

With this messaging, there was also a focus on ensuring citizens knew that their actions today would impact the future of the pandemic. In the same statement of May 13, Dr. Etches emphasised that our current collective actions will have an impact on the future and that we must continue to cooperate to stop the virus from spreading so that things may "return to normal."²²⁷

This message of us overseeing the future of this pandemic and that our actions would largely determine the outcomes, continued to be relatively strong and present throughout the first year of the pandemic. Interestingly, when cases increased, OPH officials would also increase their messaging of validation. For example, leading into September and October, we saw an increase in COVID-19-positive rates in the city. A September 18, 2020, statement noted this increase and the issues with stress on the laboratory and testing infrastructure. The messaging in the statement focused on this idea of validation:

“This [pandemic] isn't easy for anyone. I hear the frustrations, and I feel them too...

²²⁶ Vera Etches, “May 13, 2020 – Special statement from Dr. Vera Etches” (13 May 2020) online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#May-13-2020-Special-statement-from-Dr-Vera-Etches>>.

²²⁷ *Ibid.*

I know it's not always black and white...
 There are a lot of 'what ifs,' so let me try to address those...
 I know there will continue to be questions, and we will work as best as we
 can to provide answers."²²⁸

These messages of validation continued throughout the end of the first year of the pandemic. One 'slogan' that became widely used by OPH was "it is okay not to be okay" while encouraging people that their emotions and feelings, whatever they may be, are valid during these uncertain times.

Throughout the entirety of the pandemic, OPH also used these statements to, in some ways, justify restrictions and public health orders. The reasoning of the measures was often justified as being the most up-to-date information and strategies to mitigate the spread of the virus. For example, as cases were rising in September 2020, Dr. Vera Etches enacted a Class Section 22 Order which allowed Ottawa Public Health several permissions to mitigate the spread of the virus. All permissions were based off available information on strategies to slow and stop the spread of the virus. These permissions included but were not limited to being able to legally enforce isolation upon individuals who tested positive for COVID-19, as well as requiring compliance in respect to isolation orders, which sometimes included random checks. Dr. Etches took the opportunity in a statement on September 25, 2020, to justify the reasons, requirements, and limitations of this order:

"By issuing this order, we will be able to act more quickly and efficiently when needed rather than drafting individual orders each time. It allows us to act swiftly and provide education in a more efficient manner.

We know people will continue to do the right thing when they have the right information.

I want to assure residents that this order doesn't change OPH's approach to support people who are testing positive for COVID-19. If you are required to self-isolate but are worried you don't have the resources to do so, our public

²²⁸ Vera Etches, "September 18, 2020 – Special statement from Dr. Vera Etches" (18 September 2020) online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#September-18-2020--Special-statement-from-Dr-Vera-Etches>>.

health nurses will connect you with the City's Human Needs Task Force to make sure you have the supports you need."²²⁹

This allowed OPH officials, in this case, Dr. Etches, to add legitimacy and reasoning to the orders being taken to protect the community and mitigate the spread of the virus. This technique of explaining and justifying specific orders continued throughout most of the pandemic, primarily slowing down in 2022 with the lifting of multiple measures. While the lifting of the measures could have been an opportunity to provide reasoning on why they were no longer required, OPH was largely silent on offering any justifications.

Overall, OPH took the opportunity to use these press releases for two main goals: (1) to inform and justify public health measures and restrictions, and (2) to validate and level with citizens emotions and their feelings during this time. The press releases from OPH slowly dwindled as the pandemic progressed. In 2022, the statements primarily focused on encouraging people to assess their individual risk, to consider the vaccination status of themselves as well as that of the individuals they will be attending gatherings and events with, and to use their *layers of protection*²³⁰ at all times – layers of protection being wearing your mask, staying up to date on your vaccines, staying home if you are sick, and assessing your risk before attending events.

5.3 Social media: Twitter

5.3.1 Ottawa Public Health

Ottawa public health became very active on its Twitter account even before the first case entered Canada. OPH started tweeting about COVID-19 as early as January 23, 2020 – with the first case

²²⁹ Vera Etches, "September 25, 2020 – Special statement from Dr. Vera Etches" (25 September 2020) online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#September-25-2020--Special-statement-from-Dr-Vera-Etches>>.

²³⁰ Ottawa Public Health, "RSV, Influenza and COVID-19 – Reducing the risk of respiratory viruses" (n.d.), online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/covid-reducing-risks.aspx>>.

entering Ottawa on March 11, 2020.²³¹ During this time, from January 23, 2020, to the first COVID-19 case in Ottawa, OPH had a strong focus on reassurance and preparedness. Their tweets during this time were constantly reminding citizens that they were monitoring the evolving COVID-19 situation and that they were actively working in collaboration with other levels of government and public health offices:

“In collaboration w/ local & provincial health partners, we're monitoring the #coronavirus situation. Your Medical Officer of Health @VeraEtches will be on @CFRAOttawa w/ @mattfharris at 11:35 to share tips on preventing the spread of infection. Listen live <http://iheartradio.ca/580-cfra>.”²³²

Along with these tones of reassurance and collaboration, the Medical Officer of Health for Ottawa was also quickly made available for media appearances to answer questions, discuss the situation, and explain how citizens can prepare for and avoid COVID-19 cases in their community.

OPH turned towards an almost *back-to-basics* strategy at the pandemic's start. By this, I mean that they relied heavily on what we knew worked to prevent germs and the spread of viruses and reminded citizens in Ottawa to follow these recommendations. Examples of the recommendations included tips on how to wash your hands, coughing and sneezing etiquette while in public, and sanitization standards. Some measures to prevent the spread of germs were quite easy to implement, OPH got this point across to the public by tweeting short messages. For example, “Stop. The. Spread. Of. Germs. / Wash your hands with soap and water, or use hand sanitizer”²³³ as well as list like formats of “- wash your hands / - use alcohol-based hand sanitizer

²³¹ Ryan Rocca, “Coronavirus: 1st case of COVID-19 reported in Ottawa” (11 March 2020), online: *Global News* <<https://globalnews.ca/news/6660518/ottawa-first-coronavirus-case/>>.

²³² Ottawa Public Health (@OttawaHealth), “In collaboration w/local & provincial health partners, we're monitoring the #coronavirus situation. Your Medical Officer of Health @VeraEtches will be on @CFRAOttawa w/ @mattfharris at 11:35 to share tips on preventing the spread of infection. Listen live <http://iheartradio.ca/580-cfra>” (23 January 2020 at 9:57) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1220359992752201728>>.

²³³ Ottawa Public Health (@OttawaHealth), “Stop. The. Spread. Of. Germs. / Wash your hands often with soap and water, or use hand sanitizer <http://ow.ly/LNsN30qcJGh>” (12 Feb 2020 at 12:30), online: *Twitter* <<https://twitter.com/OttawaHealth/status/1227646132714639363?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

/ - cover your coughs/sneezes with a tissue or your arm (not your hand) / - stay home if you are sick.”²³⁴ Using this simple approach and going back to basics demonstrates an understanding that avoiding the spread of the virus is easy and that it is something we should all already know. The back-to-basics approach and list-making continued throughout the pandemic, developing as new information became relevant and reminding us that even with all the latest updates and guidelines, we cannot forget the basics.²³⁵

Throughout March 2020, after the first case was announced, OPH focused on informing citizens of new cases, new restrictions, and resources for people who may need to isolate. Social distancing and staying home whenever possible were popular topics in the data. While these remained relevant throughout the pandemic, there was a significant focus on ensuring people knew what social distancing was, what isolation was, and how to do these two things properly:

“#SocialDistancing 101:
 WHO? All of us.
 WHAT? Taking steps to limit the number of people you come in close contact with.
 WHY? To help limit the spread of #COVID19 in our community.
 WHEN? Now.
 HOW? <http://OttawaPublicHealth.ca/SocialDistancing>.”²³⁶

Social distancing quickly became linked to causes and outcomes. For example, by social distancing, we achieve X , or to achieve X , we must social distance:

²³⁴ Ottawa Public Health (@OttawaHealth), “Stop. The. Spread. Of. Germs. / Wash your hands with soap and water, or use hand sanitizer” and also list like formats of “- wash your hands / - use alcohol-based hand sanitizer / - cover your coughs/sneezes with a tissue or your arm (not your hand) / - stay home if you are sick.” (4 Feb 2020 at 10:20), online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1224714274595131394?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²³⁵ Ottawa Public Health (@OttawaHealth), “With all the new updates- don't forget the basics! Check out this video for the best hand-washing technique to help us control the spread of #COVID19” (18 March 2020 at 12:27) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1240313878275375105?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²³⁶ Ottawa Public Health (@OttawaHealth), “#SocialDistancing 101: / WHO? All of us. / WHAT? Taking steps to limit the number of people you come in close contact with. / WHY? To help limit the spread of #COVID19 in our community. / WHEN? Now. / HOW? <http://OttawaPublicHealth.ca/SocialDistancing>” (19 March 2020 at 15:27) online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1240721543065452552?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

“Protecting our loved ones and vulnerable populations is our main goal. Respecting social distancing measures is the first and most important step in controlling the spread of #COVID19. Let’s show the world how Ottawa takes charge. #StaySafeCanada”²³⁷

Despite being advised to remain at home and isolate, solidarity was a largely recurring theme throughout the discourse at the start of the pandemic. Calls to work together to overcome the pandemic were dominant during that first year:

“We can overcome if we take action together! We are calling on everyone, of all ages, to take charge of the #COVID19 transmission and practice physical (social) distancing.”²³⁸

In these sentiments of the collective and togetherness, there was also a lot of community engagement and online challenges within the first year of the pandemic. #FeelGoodFriday became a trend on OPH Twitter, asking citizens to reply to the tweet telling them about a good deed they did or that someone else did for them, or just an overall achievement during that week despite the good, the bad, and the ugly reality of COVID-19.

Another online engagement tactic was centred around “#SocialWise street art signs”²³⁹ (see figure 10) and encouraged citizens to get out during the summer and capture a picture of them in front of the sign, being #SocialWise.

²³⁷ Ottawa Public Health (@OttawaHealth), “Protecting our loved ones and vulnerable populations is our main goal. Respecting social distancing measures is the first and most important step in controlling the spread of #COVID19. Let’s show the world how Ottawa takes charge. #StaySafeCanada” (21 March 2020 at 12:00) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1241394364259196930?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²³⁸ Ottawa Public Health (@OttawaHealth), “We can overcome if we take action together! We are calling on everyone, of all ages, to take charge of the #COVID19 transmission and practice physical (social) distancing <http://OttawaPublicHealth.ca/PhysicalDistansysicalDistancing>” (28 March 2020 at 19:00) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1244036688684384261?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²³⁹ Ottawa Public Health (@OttawaHealth), “Going to the @ByWardMarketBIA? Bring your mask and take a physically distanced picture with one of our #SocialWise street art signs! For more information visit <http://Social-Wise.ca>” (14 August 2020 at 11:15) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1294291601603403783?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.



Figure 10 Ottawa Public Health Tweet: #SocialWise street art signs²⁴⁰

The hashtags and slogans #SocialWise and #COVIDWise quickly became a staple attached to OPH tweets. WISE was an acronym for steps to remember to mitigate the spread of COVID-19 (see figure 3). Signs started popping up in busy downtown areas – namely the Byward Market and Bank Street in Ottawa – and graphics of *socializing while being #SocialWise* also became a focus:

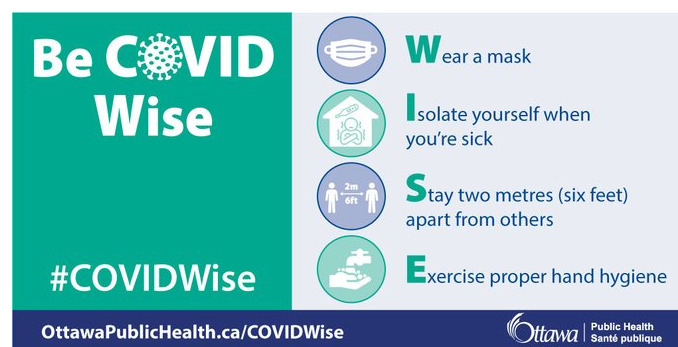


Figure 11 OPH Tweet: WISE Acronym²⁴¹

Different variations of this #SocialWise tag also started emerging with the arrival of special events and occasions as the pandemic progressed. For example, notably during October, leading up to Halloween, #SocialWise became #HalloWise. This #HalloWise²⁴² tag encouraged people to

²⁴⁰ *Ibid.*

²⁴¹ Ottawa Public Health (@OttawaHealth), “As restrictions gradually continue to be eased for businesses, services & public spaces, we must remember that the vast majority of our community remains susceptible to #COVID19. Staying #COVIDwise will help to keep us safe. Learn how to do your part: <http://OttawaPublicHealth.ca/COVIDWise>” (15 June 2020 at 8:25) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1272505437993218049?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²⁴² Ottawa Public Health (@OttawaHealth), “Instead of trick or treating this year, have a monster of a scavenger hunt with your household members or with your chosen social support person(s) if you live alone! Check out more ways to celebrate Halloween during #COVID19 here: <http://OttawaPublicHealth.ca/SocialWise> Be #HalloWise” (22 October 2020 at 15:15) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1319356640043372544?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>.

celebrate Halloween in new, safe, and innovative ways. OPH continued to utilize various forms of this #SocialWise tag throughout the pandemic, encouraging citizens to adapt new ways to do activities and see people during this *new normal*.

With the November 20, 2020, tweet from Dr. Etches on the need to coexist with COVID-19, we can start to see a shift in the focus of OPH messaging through providing as much information to citizens on staying safe, assessing their risk, and doing what is right. One of the most notable elements in the discourse of coexisting with the pandemic was the emergence of custom checklists for various events in Ottawa (figure 12):



Figure 12 Sample of 'event' checklists from OPH²⁴³

These checklists may generally represent an idea that the lowering of restrictions which prevent gatherings will become problematic. Therefore, health officials must provide citizens with all the necessary information to make (health) informed decisions – in this case, providing a checklist to have a safe event.

This idea of informed decision-making started in the summer of 2021, intensifying into 2022. In 2021, there were more casual mentions of decision-making, like the celebration and

²⁴³ Ottawa Public Health (@OttawaHealth), “Are you planning for St. Patrick’s Day? Share with us how you plan to celebrate safely! For ideas on some safer ways to celebrate check out: <http://OttawaPublicHealth.ca/SocialWise>” (16 March 2021 at 10:25) online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1371829874491584517?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>; Ottawa Public Health (@OttawaHealth), “For those who plan to celebrate Easter this weekend, please be mindful of your COVID risks & continue to use your layers of protection to slow the spread of COVID” (12 April 2022 at 10:01) online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1513879918471483396?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>; Ottawa Public Health (@OttawaHealth), “Do you have plans for this upcoming long weekend? Check out our weekend checklist to help you make the best of it!” (20 May 2022 at 15:00) online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1527725890540556296?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>.

holiday checklists, and strong recommendations to practice specific behaviours even though they were no longer mandated (i.e., gathering sizes, social distancing, and into 2022 mask-wearing). Informed decision-making was made an overt focus in 2022, with OPH directly insisting that people assess their risk before making decisions or doing activities. On March 18, 2022, OPH released a reduce your risk/know your risk webpage²⁴⁴ where residents can get information to help them consider their level of risk in their day-to-day activities.²⁴⁵ OPH's focus on risk assessment regarding daily activities or events is directly referring to the fact that learning to live with COVID-19 is learning to know your risks:

"Learning to live with COVID" doesn't mean moving on as if the pandemic is over. It means being mindful of the virus' presence in our day-to-day lives. Wondering how you can reduce your risk? Check out our new webpage: <http://OttawaPublicHealth.ca/RiskReduction>"²⁴⁶

While at the start of the pandemic, the *back-to-basics* was focused on handwashing and hygiene practices, in 2022, masks, vaccines, social distancing, and isolation were added to the basics. After roughly three years of the pandemic, OPH turned towards "knowing what works" and insisting that citizens use these practices to reduce risk. *Layers of protection* became a key talking point for OPH in 2022, meaning that one could reduce their risk by using their layers of protection: masking and social distancing in public, staying up to date on vaccines,

²⁴⁴ The Federal Government also promoted their version of this, which was an interactive quiz: National Institute on Ageing <<https://covidvisitrisk.com/riskscore-english.html>>.

²⁴⁵ Ottawa Public Health (@OttawaHealth), "FYI: we've launched a new webpage with info to help you think about your levels of risk in your day-to-day life (and the risks your actions may pose to those around you). The page also has info about testing eligibility, getting vaccinated & more!

<http://OttawaPublicHealth.ca/RiskReduction>" (18 March 2022 at 11:15) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1504838799519588354?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>.

²⁴⁶ Ottawa Public Health (@OttawaHealth), "'Learning to live with COVID" doesn't mean moving on as if the pandemic is over. It means being mindful of the virus' presence in our day-to-day lives. Wondering how you can reduce your risk? Check out our new webpage: <http://OttawaPublicHealth.ca/RiskReduction>" (27 March 2022 at 15:00) online: *Twitter*

<<https://twitter.com/OttawaHealth/status/1508157013003583488?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>.

isolating/staying home when sick, and most importantly assessing your risk when deciding to participate in activities.

Looking at some other elements from OPH that changed throughout the years, there was some very minimal but interesting content. For example, during the first year of the pandemic, OPH would include masks on the cartoon people on infographics (see Figures 13 and 14) even when the post had nothing to do with COVID-19. A year later, they dropped this approach in their graphic design and kept COVID-19-related elements strictly to their COVID-19 related graphics.

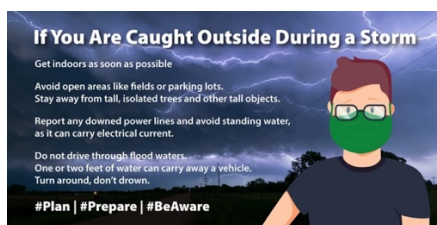


Figure 13 OPH Storm Post: Wearing Mask - June 28, 2020 ²⁴⁷



Figure 14 OPH Storm Post: Maskless - July 20, 2021 ²⁴⁸

Changes like this were minimal and often went unnoticed. OPH saw it fit to put masks on their non-COVID-19 related graphics, leading into this *new normal*. However, a year later, when masks were still mandatory, this approach of including masks in everyday and non-COVID-19-related posts slowly stopped. Small changes like this would continue throughout the pandemic with other events as well. For example, there was no mention of COVID-19 safety measures in the OPH tweet regarding the 2021 Panda Game between the University of Ottawa and Carleton University. Their Panda Game tweet focused on partying safely – but not in the previous sense of avoiding COVID-19. Similarities towards slowly dropping COVID-19 health promotion and protection can also be

²⁴⁷ Ottawa Public Health (@OttawaHealth), “Here are some tips for staying safe during a storm. If you could kindly RT, that would be appreciated” (28 June 2020 at 18:58) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1277375728993087488?s=20>>.

²⁴⁸ Ottawa Public Health (@OttawaHealth), “FYI: @environmentca has issued a #SevereThunderstormWarning. Please keep an eye on the skies & stay safe, as weather can change quickly in this heat. / The storm will likely help our air quality, though. Learn more about the Air Quality Health Index here: <http://ow.ly/KC1230rOIDf>” (20 July 2021 at 14:40) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1417554984732962821?s=20>>.

seen in other events in Ottawa, such as Canada Day 2020 versus Canada day 2021 and Ottawa Pride 2020 versus Ottawa Pride 2021.



"#PartySafer at Panda! Check out these quick tips! Be a #TeamPlayer when it comes to following the rules and be kind to those enforcing the rules. Let's all do our part to keep each other protected. Find out more: https://thelinkottawa.ca/en/alcohol-drugs-and-tobacco/partysafe.aspx?_mid_=23323"²⁴⁹

Figure 15 OPH Panda Game tweet: #PartySafer

OPH took a robust approach to educating citizens throughout the pandemic. However, the focus of their education would change as the pandemic progressed. For example, at the start of the pandemic, OPH wanted to ensure citizens knew proper hygienic practices, what COVID-19 was, the risks it posed to the community, and most importantly, how citizens could prepare for a potential wave of the virus in their community. Progressing through the pandemic, OPH would educate residents about mitigation strategies now that COVID-19 is in the community. Social distancing, isolation, and what to do if you get COVID-19 were at the top of that list for informing citizens. Early 2021 marked the arrival of a vaccine for COVID-19, and this time also marked a shift towards educating citizens about the vaccine and addressing vaccine hesitancy.

Ending 2021 and starting 2022 was the most notable shift in education. Here, risk was the main factor of discussion, mainly ensuring citizens knew how to assess their risk and what their risk levels meant for their own protection and the safety of others around them. While OPH was still very active in the general COVID-19 discussion, it was clear that there was a shift toward citizens now needing to address their risk levels and making informed decisions based on current

²⁴⁹ Ottawa Public Health (@OttawaHealth), "#PartySafer at Panda! Check out these quick tips! / Be a #TeamPlayer when it comes to following the rules and be kind to those enforcing the rules. / Let's all do our part to keep each other protected. / Find out more: https://thelinkottawa.ca/en/alcohol-drugs-and-tobacco/partysafe.aspx?_mid_=23323..." (1 October 2021 at 12:45) online: *Twitter* <<https://twitter.com/OttawaHealth/status/1443980305770192916?s=20&t=1Sr2IBNSZ1rThKJbngTCEQ>>.

information – typically provided by OPH. Overall, OPH demonstrates the most evident shift in discourse throughout the pandemic, which will be a crucial element of discussion in the analysis.

5.3.2 Dr. Vera Etches

Dr. Vera Etches made it clear from the onset of the pandemic that she would not be responding to questions through her account and that for the most up-to-date information and answers to questions, people should refer to the OPH Twitter account.²⁵⁰ Instead Dr. Etches utilized press releases and special public statements, discussed earlier, as her main form of communication. While there was a noticeable lower frequency in her tweets, one clear distinction between Dr. Etches' account and that of OPH, is that Dr. Etches focused on messages of positivity and hope, whereas OPH focused on informing and educating citizens.

At the start of the pandemic, Dr. Etches focused on thanking members of the community who were doing their part in preparing for COVID-19 and eventually mitigating the spread of COVID-19. For example, she would often tweet words of thanks to grocery store workers, laboratory technicians, health care professionals, and reporters for getting information out to citizens. Community engagement was also a focus for Dr. Etches, tweeting pictures of sidewalk chalk drawings and posters hanging in people's windows, all while reminding Ottawa that we are in this together and that we need to work together to mitigate the spread of COVID-19.

Dr. Etches would often share images of herself practicing the recommendations that were being given by OPH. For example, wearing a mask in public, taking part in a #MaskUpCanada challenge, and the alternatives to Halloween activities recommended by OPH. While promoting

²⁵⁰ Dr. Vera Etches (@VeraEtches), "As we respond to #COVID19, I will have limited capacity to respond to questions/replies via this account. Updates and info will be communicated through @ottawahealth & interviews with the media (when I'm available). Thank you for your understanding. <http://OttawaPublicHealth.ca/Coronavirus>" (12 March 2020 at 21:52) online: *Twitter* <<https://twitter.com/VeraEtches/status/1238281871244615680?s=20&t=h4girNxBt7xLpe31kiZHDw>>.

these recommendations, she often mentioned how easy they can be and how important they are to protect the community. For example, whenever Dr. Etches posted a picture of herself wearing a mask or tweeted about her social distancing, it was almost always accompanied by a “this is a simple task we can all do” message. While OPH focused on informing and recommending what we should be doing, Dr. Etches took those and showed us how to do it and how easy it could be to protect ourselves and the community.

In 2021 and 2022, the frequency of tweets from Dr. Etches started to slow down. In 2021, Dr. Etches focused her message on the importance of vaccination and the importance of reaching community immunity. With an increase in positive cases earlier in 2021, Dr. Etches also took this as an opportunity to remind us that our actions, even as simple as seeing a friend, have significant consequences towards the outcomes of the pandemic. Generally reminding us to continue practices of social distancing and to get vaccinated when it is our turn: “The good news about prevention is it doesn't take as much effort by each of us to have a significant impact at the population level...”²⁵¹ *(full quote in footnotes).*

Dr. Etches’ approach toward communicating throughout the COVID-19 pandemic was centred around ensuring residents knew where to get the most up-to-date information – rarely tweeting substantial information from her account but retweeting or emphasizing points from OPH. She also focused on putting the recommendations from OPH into practice in her day-to-day life, showing and even directly mentioning how easy it can be to protect one’s community.

²⁵¹ Dr. Vera Etches (@VeraEtches), “The good news about prevention is it doesn't take as much effort by each of us to have a significant impact at the population level when we create policies that support everyone to do a little bit and everyone to be a bit safer and supported in their workplaces and communities” (20 April 2021 at 10:08) online: *Twitter* <<https://twitter.com/VeraEtches/status/138450928222288898?s=20&t=h4girNxQt7xLpe31kiZHDw>>.

5.3.3 [Former] Mayor Jim Watson

Mayor Jim Watson represents one of the only elected politicians from which this research gathered data. Politicians hold an interesting level of accountability during this pandemic, meaning they are accountable to the citizens and their votes. Watson, however, announced an end to his tenure as Mayor during the third year of the pandemic.²⁵² Leading up to this, however, Watson took a very different approach than other public servants and city institutions to address the pandemic. That is, he focused on supporting businesses and an economic recovery early on, making sure businesses affected by COVID-19 closures and other mandates were heard and felt heard.

During the first few months of the pandemic, Watson was consistent with the OPH messaging of reassurance and preparedness. He focused on messaging that centred around ensuring residents of Ottawa that OPH is actively working with other city officials, including himself, to prepare and mitigate any potential COVID-19 outbreak in Ottawa. Making media appearances, Watson would often rely on the same messaging of OPH and ensure that people knew OPH was a reliable and credible source.²⁵³

Throughout March 2020, the city of Ottawa was closing many of its services and operations. As the Mayor of Ottawa at the time, Watson would relay these announcements and measures through press releases and tweets on his account. The wording of these announcements would include messaging that these measures being announced were on the advice of public health

²⁵² Jim Watson (@JimWatsonOttawa), “Dear friends, / Please see a statement that I just released. / <https://jimwatsonottawa.ca/en/a-message-from-mayor-jim-watson/> / Sincerely, / Jim” (10 Dec 2021 at 10:34) online: *Twitter* <<https://twitter.com/JimWatsonOttawa/status/1469329658130964484>>.

²⁵³ Some examples include: Jim Watson (@JimWatsonOttawa), “Ottawa Public has provided the latest update to Council regarding #COVID—19. Please remember that @ottawahealth is the most reliable and up-to-date source of information on the coronavirus” (12 March 2020 at 16:22) online: *Twitter* <<https://twitter.com/JimWatsonOttawa/status/1238198808636514305?s=20&t=h4girNxBt7xLpe31kiZHDw>>; Jim Watson (@JimWatsonOttawa), “This morning at 10:30am, I will be joining @VeraEtches and healthcare professionals to provide an update on Ottawa’s first COVID-19 Assessment Centre” (12 March 2020 at 8:58) online: *Twitter* <<https://twitter.com/JimWatsonOttawa/status/1238449409563807744?s=20&t=h4girNxBt7xLpe31kiZHDw>>.



officials (Provincial and Municipal). For example: “Dr. Etches has provided the latest update to the council on the COVID-19 situation. Please note the request to practice greater social distancing and limit all non-essential trips out of the home.”²⁵⁴ In this example, the request was to practice greater social distancing, and it was ensured that this request was coming from the Medical Officer of Health, Dr. Vera Etches. Along with these announcements, Watson would also relay information from other institutions such as OC Transpo, Ottawa Hospital, Bylaw/OPS, and other NGOs in the city with information about reduced or changes in their services. While Watson did continue to relay messaging from other actors throughout much of the pandemic, it was observed that his communications focused on economic recovery, “supporting local,” and acknowledging community groups and individuals throughout the pandemic.

Acknowledging and recognizing groups throughout the pandemic was primarily a symbolic gesture to thank those people who were making an effort during the pandemic and to recognize the challenges that certain groups faced. For example, Watson declared the week of May 12, 2020, Ottawa Nursing Week, the week of May 20, 2020, Ottawa Paramedics Week, the week of June 2, 2020, Thank you to the Children of Ottawa Week, and more. Along with other symbolic acts, Watson advertised acts of solidarity, such as passing a motion to display a large Canadian flag from the roof of city hall to “show #Ottawa’s solidarity in Canada’s fight against #COVID-19.”²⁵⁵

Focusing on economic recovery and supporting locals, Watson would do local business blitzes where he would visit many local shops and restaurants in one day or for the week. During

²⁵⁴ Jim Watson (@JimWatsonOttawa), “Dr Etches has provided the latest update to council on the COVID-19 situation. Please note the request to practice greater social distancing and limiting all non-essential trips out of the home. / For up-to-date info please consult their website: <http://ottawapublichealth.ca/coronavirus>” (15 March 2020 at 14:30) online: *Twitter*

<<https://twitter.com/JimWatsonOttawa/status/1239257579634786306?s=20&t=h4girNxBt7xLpe31kiZHDw>>.

²⁵⁵ Jim Watson (@JimWatsonOttawa) “To show #Ottawa’s solidarity in Canada’s fight against #COVID19, Council passed a motion to display a large Canadian  flag from the roof of City Hall. / This flag will be installed tomorrow. / Thank you #ottcity residents for displaying your  flags too” (8 April 2020 at 14:45) online: *Twitter*

<<https://twitter.com/JimWatsonOttawa/status/1247958862440865794?s=20&t=2kq0nhtK1pIoQrseyrPbtQ>>.

his visits, Watson would usually emphasize what the business is doing and what the business has in place to protect you and mitigate the spread of the virus in their community. For example, while visiting restaurants, Watson often emphasized that the restaurant has plexiglass dividers, spaced seating, and many outdoor areas for residents to enjoy safely.

Along with supporting locals by visiting and promoting the business, Watson also started various online campaigns and challenges for residents. For example, the #TopUpYourTip campaign encouraged residents to increase their tips to waiters and restaurants to “show your support for those who have been out of work for several months.”²⁵⁶ Along with #TopUpYourTip, Watson also encouraged the #OttawaPatios campaign to share and promote various patios that Ottawa offers. There was also the #OttawaMaskContest to encourage residents of Ottawa to snap a picture of themselves wearing their best mask, and the person with the most creative mask would win a “fun prize.”²⁵⁷

Watson also spoke out against some of the province's lengthy restrictions to mitigate the spread of the virus. While generally supportive of measures during the first year of the pandemic, Watson became more vocal during the spring and summer of 2021. An infamous example during the spring of 2021 was the decision by the province to keep playgrounds and parks closed to minimize close contact:

²⁵⁶ Jim Watson (@JimWatsonOttawa), “NEW: / As patios reopen tomorrow, I’m launching a local campaign to encourage those who are able to enjoy a meal at a restaurant to be patient, kind & generous with servers. If you can, #TopUpYourTip to show your support for those who have been out of work for several months” (10 June 2021 at 10:27) online: *Twitter*

<<https://twitter.com/JimWatsonOttawa/status/1402995718604820482?s=20&t=mnaMquzVyaM5Mw5hQJhFqg>>.

²⁵⁷ Jim Watson (@JimWatsonOttawa), “It has been great to see all the masks residents are wearing around our city! To encourage people to protect others, I’m launching the #OttawaMaskContest / Send me entries of you in your favourite mask by August 10th. The person with the most creative entry will WIN a fun prize!” (28 July 2020 at 13:27) online: *Twitter*

<<https://twitter.com/JimWatsonOttawa/status/1288169130986700800?s=20&t=mnaMquzVyaM5Mw5hQJhFqg>>.



“This is the community park in my neighbourhood with NO kids playing at all! I’m told that @fordnation is looking at rethinking the restrictions. Time to let kids be kids. We can promote physical distancing and still allow kids to get some fresh air and exercise.”²⁵⁸

Figure 16 Tweet from Jim Watson, opposition of closing playgrounds and parks.

Contradicting this disagreement, however, during the first year of the pandemic, in April 2020, Watson warned that him and the city would consider closing public parks if by-laws were not respected.²⁵⁹ Watson added that Bylaw patrol have been handing out an increased number of citations and fines for people gathering in parks in groups that surpassed the five-person gathering limit at the time. Watson stated that the City wants to show some leniency, but that if people persist in breaking the regulations, he is not opposed to closing the parks completely to enforce public health measures. While his opinion did change later on in the pandemic, stating that it is “time to let kids be kids,”²⁶⁰ this highlights the ever-changing opinions and recommendations from public officials on how to control the virus and when restrictions should be lifted.

Along with this disagreement over the closure of parks and playgrounds later in the pandemic, Watson was also vocal about the closure of the Ottawa-Quebec border for all non-essential travel, the province’s categorization of essential and non-essential businesses, school closure protests, and the provincial lockdowns and stay-at-home orders enacted during the spring and summer of 2021.

²⁵⁸ Jim Watson (@JimWatsonOttawa), “This is the community park in my neighbourhood with NO kids playing at all! I’m told that @fordnation is looking at rethinking the restrictions. Time to let kids be kids. We can promote physical distancing and still allow kids to get some fresh air and exercise” (17 April 2021 at 14:52) online: *Twitter* <<https://twitter.com/JimWatsonOttawa/status/1383493573836820482?s=20&t=mnaMquzVyaM5Mw5hQJhFqg>>.

²⁵⁹ Ted Raymond, “Full park closures possible if by-laws not respected: Watson” (17 April 2020), online: *CTV News Ottawa* <<https://ottawa.ctvnews.ca/full-park-closures-possible-if-by-laws-not-respected-watson-1.4885946>>.

²⁶⁰ *Supra* note 258.

There were some tensions between Watson's opposition to closures and his calls for protection and mitigation of the virus. For example, Watson called "on residents to be cautious when venturing out once restrictions begin to ease,"²⁶¹ but was also encouraging #OttawaPatios campaigns, #TopUpYourTip, and strongly urged citizens to go out and enjoy the weather and weekends at beaches, parks, and splash pads that were now opening. While there has always been a general tone of 'enjoying the outdoors,' what changed in the second spring and summer was the decreased mention from Watson about enjoying these amenities *while* also practicing social distancing and the general #COVIDWise practices. For example, on June 8, 2021, Watson was quoted in an article that he tweeted, saying that residents must practice caution ahead of the reopening of activities.²⁶² Later on that same day, he shared in a Tweet his excitement about the reopening of beaches and urged citizens to go out and enjoy their summer without any mention of *proceeding with caution*, all while continuing to promote the opening of businesses and the importance of residents going out and supporting local. Instead of a blended approach of enjoying one's summer with caution, Watson seemed to separate his promotion of activities and his promotion of COVID-19 protective measures during this time, creating some inconsistent messaging and gaps in his stance on the measures to take while businesses quickly re-opened.

Watson generally had a strong community focus and economic focus throughout the pandemic. He made some notable comments in his opposition towards the provincial restrictions, celebrating when restrictions were lifted, saying *the province finally listened to residents*. Overall, Watson seemed to prioritize an economic recovery and the wants of citizens. While he was in no

²⁶¹ Alex Goudge, "Ottawa mayor calling for residents to be cautious ahead of Step One reopening" (1 June 2021) online: *City News* <<https://ottawa.citynews.ca/local-news/ottawa-mayor-calling-for-residents-to-be-cautious-ahead-of-step-one-reopening-3854498>>.

²⁶² Jim Watson (@JimWatsonOttawa), "Ottawa mayor calling for residents to be cautious ahead of Step One reopening <https://ottawa.citynews.ca/local-news/ottawa-mayor-calling-for-residents-to-be-cautious-ahead-of-step-one-reopening-3854498...> via @citynewsottawa" (8 June 2021 at 13:35) online: *Twitter* <<https://twitter.com/JimWatsonOttawa/status/1402318265146294276?s=20&t=mnaMquzVyaM5Mw5hQJhFqg>>.

way a proponent against public health nor denied the importance of restrictive measures, towards the second and third year of the pandemic, Watson shifted his focus and created some divisions between social and community activities and public health strategies while still enjoying activities.

5.3.4 Ottawa Bylaw & Ottawa Police Services

The Ottawa Bylaw and Ottawa Police Services took similar approaches towards pandemic communication and the tones and themes they used. What is interesting to note about the OPS is that while they started tweeting and speaking about the pandemic around the same time as other actors, they quickly slowed down their communications around the pandemic, essentially stopping in 2021. Ottawa Bylaw continued communicating about the pandemic throughout the collection period,²⁶³ but there was also a significant slowdown in communications starting in 2021.

OPS and Bylaw took a different approach to discuss the mitigation of the spread of the virus compared to other actors in this analysis. Where OPH and Dr. Vera Etches took a '*people's actions*' will mitigate the spread approach (i.e., Strong enforcement of social distancing, focusing on behaviour change, and what people can do to protect their community), OPS and Bylaw took a more regulatory and legislative approach towards mitigation. Their tone heavily implied that the regulations and the enforcement of regulations would protect individuals and mitigate the spread of the virus. For example, they focused heavily on enforcing closures, reporting violations to public health orders, and patrolling closed public spaces at the start of the pandemic.

Where OPH would give tips on proper hand washing techniques, Bylaw gave tips on who to call to report a public order violation:

²⁶³ The collection period, as noted previously, was from: January 2020 to November 2022.

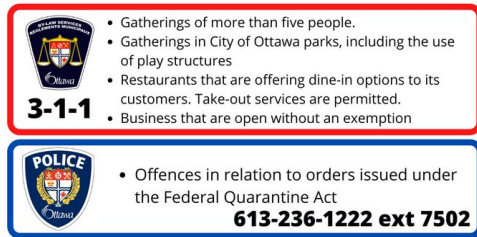


Figure 17 Ottawa City Bylaw: Who to call to report a violation during COVID-19

"Make the right call.

Here is who you should contact to report violations of the Ontario Emergency Management and Civil Protection Act and the Federal Quarantine Act.

Details: <https://tinyurl.com/ujdlbj> #OttNews #OttCity"²⁶⁴

Bylaw continued these *who-to-call-style* tweets throughout much of the pandemic. As we moved through various stages of closures and re-openings, Bylaw and OPS also reminded people of the monetary values associated with violating various city and public health orders:

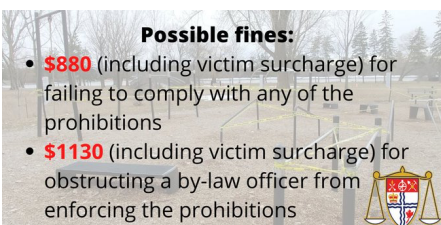


Figure 18 Ottawa City Bylaw: Possible Fines for Breaking Public Health Orders

"⚠️ The warning phase is over.

We are moving from education to enforcement to protect the lives of our residents.

Those who are not following provincial orders and those gathering in closed parks will be fined. #COVID19 #OttCity #OttNews"²⁶⁵

Bylaw would also tweet about specific complaints received regarding non-compliance towards regulations. For example, during the summer of 2020, Bylaw made it clear that they've received multiple complaints about the "improper use of basketball courts,"²⁶⁶ as well as increased noise complaints and illegal gatherings in the Byward Market.

Ottawa Bylaw also started addressing activities they knew could not be completely avoidable. For example, as the school year approached and the return of university students to

²⁶⁴ Ottawa By-law (@OttawaBylaw), "Make the right call. / Here is who you should contact to report violations of the Ontario Emergency Management and Civil Protection Act and the Federal Quarantine Act. / Details: <https://tinyurl.com/ujdlbj> #OttNews #OttCity" (30 March 2020 at 16:39) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1244725945954643968?s=20&t=5k2-obM2a3tBdwng3CB41g>>.

²⁶⁵ Ottawa By-law (@OttawaBylaw), "⚠️ The warning phase is over. / We are moving from education to enforcement to protect the lives of our residents. / Those who are not following provincial orders and those gathering in closed parks will be fined. #COVID19 #OttCity #OttNews" (4 April 2020 at 7:57) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1246406653047521281?s=20&t=5k2-obM2a3tBdwng3CB41g>>.

²⁶⁶ Ottawa By-law (@OttawaBylaw), "We are receiving complaints about improper use of basketball courts. Please remember that by Provincial Order, you must practice physical distancing when using sports fields and courts, and gatherings of more than 5 people who do not live together is still prohibited. #OttCity" (26 May 2020 at 12:00) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1265311980258197510?s=20&t=5k2-obM2a3tBdwng3CB41g>>.

Ottawa, they approached the idea of house parties, and large gatherings with a ‘here is how to do it safely’ versus a ‘do not do it at all’ approach. For example, reminding people of what the indoor limits are for gatherings and what the outdoor limits are:

“🤔Planning a house party? Remember, the total number of guests is limited to the number of people who can maintain a physical distance of at least 2m from everyone at the party. Ontario’s Stage 3: <https://ontario.ca/page/reopening-ontario-stages#section-3... #OttCity>”²⁶⁷

However, the messaging was not always clear and may not have been tailored to the crowd they were hoping to target – the messaging of “the total number of guests is limited to the number of people that can maintain a physical distance of at least 2m from every other person at the party”²⁶⁸ comes off as confusing and is not very easy to visualize or comprehend.

Throughout the pandemic, OPS and Bylaw focused on transmitting restrictions and consequences for not following them. Generally, OPS and Bylaw framed their involvement in the larger public health project to mitigate the spread of COVID as enforcing cooperation and complaisance among citizens.

5.4 Unexpected Findings

Some unexpected findings in the empirical work are how some risks overruled the risk of COVID-19 during the pandemic. Notably, during the 2021 Panda Games between the University of Ottawa and Carleton University, OPH tweeted a post encouraging student and gamegoers to practice safe partying. Namely, monitoring alcohol consumption, not mixing substances, planning a safe ride home, and staying with groups of people you are familiar with (see figure 15). In this instance, OPH placed importance on the risk of overdoses and excessive substance consumption over the

²⁶⁷ Ottawa By-law (@OttawaBylaw), “🤔Planning a house party? Remember, the total number of guests is limited to the number of people who can maintain a physical distance of at least 2m from everyone at the party. Ontario’s Stage 3: <https://ontario.ca/page/reopening-ontario-stages#section-3... #OttCity>” (19 August 2020 at 8:43) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1296065176299540482?s=20&t=5k2-obM2a3tBdwng3CB41g>>.

²⁶⁸ *Ibid.*

dangers of COVID-19. This may lead us to assume that OPH weighs risks differently among different groups of people. For example, OPH may view excessive substance consumption among younger people as riskier than contracting COVID-19.

Another unexpected finding during this research is using COVID-19 protective elements on non-COVID-19 related safety posts (See lightning storm figures 13 & 14). In the first year of the pandemic, OPH started adding PPE – specifically masks – to the graphics of non-COVID-19 related material. In figures 13 & 14, the cartoon individual is seen wearing a facemask on a post about how to protect oneself during severe weather. A year later, including PPE on non-COVID-19 related graphics was suspended. It is hard to assess hunches related to the graphic design process of OPH communications. For example, could removing PPE from non-COVID-19 related material in Ottawa relate to the views and ideas of needing to *learn to live with COVID-19* and a greater public opinion of getting back to normal?

A final notable and unexpected finding involves the use of the concept of *freedoms* in the health promotion discourse. The use of personal freedoms, specifically losing personal freedoms, became a topic of tension and controversy during the pandemic. Notably, with the *Freedom Convoy*, the mention of restricting freedoms became a sensitive topic. Unexpected to me, Dr Etches makes five mentions to limited freedoms during the pandemic:

| | | |
|--------|---|--------------|
| Ref. 1 | “...wearing masks is one element that allows a city to control spread of transmission, get control of the disease, and have more freedom.” ²⁶⁹ | May 15, 2020 |
| Ref. 2 | “The likelihood and severity of a second wave is largely determined by our actions; what we do today will impact our future freedoms.” ²⁷⁰ | May 25, 2020 |

²⁶⁹ Vera Etches & Brent Moloughney, “May 15, 2020 – Joint Statement from Dr. Vera Etches and Dr. Brent Moloughney” (15 May 2020), online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#May-15-2020--Joint-statement-from-Dr-Vera-Etches-and-Dr-Brent-Moloughney>>.

²⁷⁰ Vera Etches, “May 25, 2020 – Special Statement from Dr. Vera Etches” (25 May 2020) online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#May-25-2020-Special-statement-from-Dr-Vera-Etches>>.

| | | |
|--------|---|---------------|
| Ref. 3 | “Each of us matter and each of us will help determine the trajectory of the number of infections in our community and our freedoms into the future.” ²⁷¹ | May 27, 2020 |
| Ref. 4 | “We know that in a shutdown, we lose balance in our mental health and freedoms in our lives.” ²⁷² | Dec. 21, 2020 |
| Ref. 5 | “The day will come when we will have more freedoms.” ²⁷³ | Apr. 30, 2021 |

Table 2 Unexpected Findings Quotes: Use of "Freedoms."

The use of *freedoms* is interesting as Dr. Etches is directly mentioning the minimization of personal freedoms to those who respect and follow the public health orders. While she refers to losing freedoms due to shutdowns, she also makes interesting mentions towards gaining back our freedoms if we follow the public health orders: “what we do today will impact our future freedoms.”²⁷⁴ Eleni Andreouli & Emma Brice write in their work on citizenship during COVID-19 that the citizen who is seen to comply with public health guidelines and practice healthy behaviour is often seen as the unfree citizen as they are restricted by government intervention.²⁷⁵ Building on this research, it would be interesting to see the use of personal freedom discourse during the COVID-19 pandemic by authorities and how this has been framed, either as a matter of losing freedoms or gaining freedoms if we do the right thing. Further, it could be of interest to investigate how or if situations like the Freedom Convoy changed the framing of the discourse about freedoms.

²⁷¹ Vera Etches, “May 27, 2020 – Special Statement from Dr. Vera Etches” (27 May 2020), online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#May-27-2020-Special-statement-from-Dr-Vera-Etches>>.

²⁷² Vera Etches, “December 21, 2020 – Special Statement from Dr. Vera Etches” (21 Dec 2020), online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/previous-statements.aspx#December-21-2020--Special-statement-from-Dr-Vera-Etches>>.

²⁷³ Vera Etches, “April 30, 2021 – Special Statement from Dr. Vera Etches” (30 April 2021), online: *Ottawa Public Health* <<https://www.ottawapublichealth.ca/en/public-health-topics/special-statements-from-2021.aspx#April-30-2021--Special-statement-from-Dr-Vera-Etches>>.

²⁷⁴ *Supra* note 263.

²⁷⁵ Eleni Andreouli & Emma Brice, “Citizenship under COVID-19: An analysis of UK political rhetoric during the first wave of the 2020 pandemic,” (2022) 32:3 *Community and Applied Social Psychology* 555 at 563.

5.5 Discussion

In this chapter, I sought to investigate the changing relations of responsibility and norms of citizenship during COVID-19 through health promotion discourse in Ottawa. This discussion will examine how the health promotion discourse during COVID-19 has emphasised a neoliberal rationale towards health promotion, putting the focus on responsible citizenship. By situating the empirical evidence previously discussed into the theoretical frames of neoliberalization as governmentality and the biological citizen, I highlight the increased neoliberalization and individualization of health promotion during the COVID-19 pandemic in Ottawa.

Analyzing the findings through the lens of neoliberalism as governmentality and the biological citizen allows us to assess the potential influences of neoliberalism on health promotion discourse during the COVID-19 pandemic in Ottawa. Situating health promotion discourse in the frameworks highlights the increased individualization, emphasizing personal responsibility and risk management in the health promotion during the pandemic, and also taking the responsibility of risk management away from the state and shifting it to the individual. By prioritising personal agency and placing a strong emphasis on individual responsibility for health outcomes, neoliberalism encourages principles of individualism, and limited government intervention.

5.5.1 State involvement or the individual?

At the start of the pandemic, citizens were often limited in their lives by public health orders and legislation.²⁷⁶ This increase in orders and legislation highlights the use of state involvement in the lives of citizens to protect the public good from COVID-19. This involvement through policy and legislation was never meant to be permanent and slowly lifted as the pandemic progressed. With

²⁷⁶ Some examples of public health orders and legislations that often limited the say-to-day lives of the citizens at the start of the pandemic include: stay at home orders, lockdown measures for nonessential businesses, mask mandates, gathering limits, etc....

the lifting of public health orders, such as lockdowns and stay-at-home orders, it highlighted a shift away from state intervention during the pandemic.

Below, Figure 19 looks at the coded empirical data, specifically graphing the changes between collective discourse and individual discourse during COVID-19.

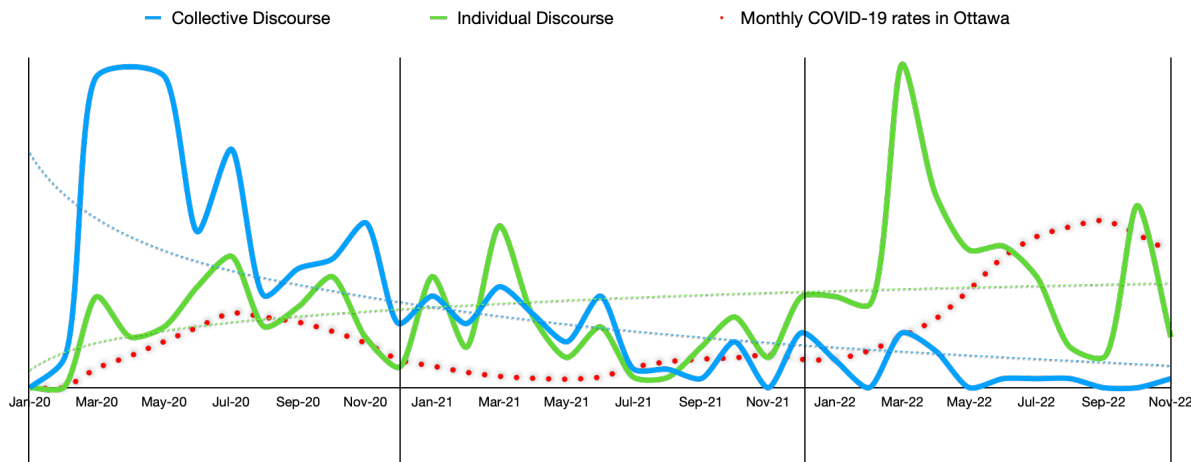


Figure 19 Coded empirical data: individual versus collective discourse

The coded data shows us a significant use of collective language during the start of the COVID-19 pandemic. Ottawa authorities, namely OPH, used messaging of “togetherness” and “solidarity” at the start of the pandemic, reminding citizens that to get through the pandemic is to protect one another and work together as a community.²⁷⁷ As the trajectory of the pandemic changed, so did the discourse. While cases started to decrease, we saw the use of more neutral language and a fairly even use of collective and individual tones. However, in 2022 with another increase of COVID-19 cases, instead of seeing an increase in the use of collective language, we witnessed the use of a more individual focus (See figure 19).

As an individualized discourse begins to take hold at the end of 2021 into the start of 2022, we had already passed some major health promotion milestones. For example, vaccine rollout campaigns were already in full swing going into 2022 with 82% of Ottawa residents having at least

²⁷⁷ *Supra* note 229.

one dose of the COVID-19 vaccine.²⁷⁸ A shift in the individual discourse along with this high vaccination rate and continued campaign to get people their second and third dose could potentially highlight a shift in priorities that sees individuals as being protected against the virus. The individual is seen as doing their part in protecting themselves by getting vaccinated, and also doing their part, through their individual actions, to mitigate the spread of COVID-19. This shift from a primarily collective response to a more individualized one reflects the increasing sense of individuality that is supposed to constitute a responsible strategy to combat COVID-19. It shows a dedication to one's own well-being as well as an awareness of one's own contribution to a safer and healthier society as a whole.

In addition, another notable public health shift in 2022 was the lifting of mask mandates in most public settings.²⁷⁹ In March 2022, when mask mandates were lifted, we can see the strongest peak in the individual coded discourse (see figure 19). During this time, there was strong focus on citizens assessing their own risk and determining if and when they should be wearing a mask. With this increase in individual decision-making, citizens were reminded to practice safe behaviours. This focus on personal responsibility persisted even as legislative interventions became less prevalent, underscoring the importance of informed decision-making and the role of each citizen in collectively promoting public health.

It is important to highlight that citizens were never left entirely alone to fend for themselves in practicing healthy behaviours. Nike Ayo notes in their work on the neoliberalization of health promotion policies that there will often be an increase in bombarding citizens with quick facts and

²⁷⁸ Ottawa Public Health, "COVID-19 Vaccination Dashboard" (n.d.), online: *Ottawa Public Health* <https://www.ottawapublichealth.ca/en/reports-research-and-statistics/COVID-19_Vaccination_Dashboard.aspx>.

²⁷⁹ The lifting of masks in Ontario was on March 21, 2022. This did not include lifting mask regulations in health care and LTC settings.

easy steps citizens can take to stay healthy.²⁸⁰ This is because with the shift away from state involvement, citizens will become consumers and enterprising individuals through health messaging from the state. This messaging creates a new marketplace of ideas and directives intended to replace the states direct involvement in the citizens life through policy and legislation.²⁸¹

Strategies of quick facts and easy steps can be seen in the *back to basics* approach that OPH took at the start of the pandemic.²⁸² OPH continued these *basic* strategies throughout the pandemic through #SocialDistancing101,²⁸³ and checklists to make sure citizens had easy to understand information on staying safe (see figure 12). The provision of lists of dos and don'ts and other suggestions for healthy living during the pandemic was part of a vast variety of expert knowledge that was made available to citizens, and which was essential in creating autonomous individuals.

This decreased state involvement, but increased communication of recommendations, is a central tenet of neoliberalism as governmentality from Larner. Larner explains that decreased government does not equate with decreased governance,²⁸⁴ and we can see this taking form in the health promotion discourse during COVID-19 in Ottawa. Even though there is a decrease in government involvement through legislation and policy, there is still a use of governance through

²⁸⁰ Ayo uses the example of 30-minute exercise challenges, reminding how important and easy eating more fruits or vegetables are, or even simply going outside for a walk to promote good health; Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health conscious citizens" (2011) 22:1 Critical Public Health 99 at 100.

²⁸¹ Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health conscious citizens" (2011) 22:1 Critical Public Health 99 at 102.

²⁸² *Supra* note 220.; Ottawa Public Health (@OttawaHealth), "Stop. The. Spread. Of. Germs. / Wash your hands with soap and water, or use hand sanitizer" and also list like formats of "- wash your hands / - use alcohol-based hand sanitizer / - cover your coughs/sneezes with a tissue or your arm (not your hand) / - stay home if you are sick." (4 Feb 2020 at 10:20), online: *Twitter* <<https://twitter.com/OttawaHealth/status/1224714274595131394?s=20&t=QHq08wZpFuLpa0bj0g7fnw>>.

²⁸³ *Supra* note 236.

²⁸⁴ Wendy Larner, "Neo-Liberalism: Policy, Ideology, Governmentality" (2000) 63:3 Study in Political Economy 5 at 12.

contemporary tactics and strategies that establish and uphold social norms and behaviours.²⁸⁵ OPH and other actors in Ottawa quickly started to present instructions, information, and dos and don'ts on how one should act and govern themselves in public to mitigate the spread of the virus as there was now a direct decrease in legislative and legal forces as the main guide to citizens behaviours.

For example, as gathering limits were lifted and there was largely no legislative or policy restrictions on the size of gatherings, OPH started posting *event checklists* (see figure 12) to ensure people gathered responsibly and knew the risks with gathering in large groups. Citizens were now being given all the information on risks associated with gathering, as COVID-19 was not over but restrictions were. The health promotion advice on gathering sizes and risks related with it was intended to educate citizens, encourage them to make informed decisions, and to assess their risk in each situation and to do the responsible action. The distribution of this knowledge encouraged self-sufficient autonomous citizens, who were no longer governed by legislative restrictions, to make self-informed and self-regulated decisions and to assess their own risk to do what was best. Under a rationale of governmentality, OPH created a constant communication of practices and health techniques that citizens should follow to be seen as responsible and protecting both the individual and collective health. Through no physical force,²⁸⁶ OPH was able to use mechanisms of social norms and relations to enforce new behaviours based on the protection and promotion of good health.

We can also highlight a decrease in government involvement but an increase in governance through OPS and Bylaw's encouragement that individuals report other individuals who are flouting public health orders. The two law enforcement services in Ottawa created a dichotomy of the good and bad citizen by encouraging the practice of public health measures to mitigate the spread of

²⁸⁵ *Ibid.*

²⁸⁶ Rob Flynn, "Clinical governance and governmentality" (2002) 4:2 Health, risk, and society 155 at 163.

COVID-19 – they were very strong on encouraging and educating about social distancing and gathering limits, and later mask mandates – while also communicating complaints received and how citizens can file complaints regarding non-compliance to public health measures.²⁸⁷

This strategy emphasises that practices of good citizenship begin with informing authorities of other citizens who are behaving “badly”.²⁸⁸ Informed from Jane Jenson, the ‘good’ and ‘bad’ materializes through the citizenship regime as a specific meaning of citizenship given social, political, and economic factors recognized by the state. In the instance of COVID-19 in Ottawa, law enforcement has promoted normative standards of being a ‘good citizen’ and that ‘good citizens’ should report ‘bad citizens’ to protect their community and mitigate the spread of COVID-19. Under the normative standards set by being a responsible citizen in health promotion, those who do not act to reduce their risk are seen as selfish and deviating from the collective good.²⁸⁹ In contrast, people who actively follow healthy practices, and report bad behaviours, are seen to be improving the collective good.

By emphasizing the importance of reporting non-compliance, Bylaw reinforces the idea that individuals have a role to monitor and discipline others to maintain public health standards while also bringing in the force of law and policing throughout the COVID-19 pandemic in Ottawa. Bylaw also exercises control over people's behaviour by making specific complaints public,²⁹⁰

²⁸⁷ Ottawa By-law (@OttawaBylaw), “We are receiving complaints about improper use of basketball courts. Please remember that by Provincial Order, you must practice physical distancing when using sports fields and courts, and gatherings of more than 5 people who do not live together is still prohibited. #OttCity” (26 May 2020 at 12:00) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1265311980258197510?s=20&t=5k2-obM2a3tBdwng3CB41g>>; Ottawa By-law (@OttawaBylaw), “Make the right call. / Here is who you should contact to report violations of the Ontario Emergency Management and Civil Protection Act and the Federal Quarantine Act. / Details: <https://tinyurl.com/ujldbj> #OttNews #OttCity” (30 March 2020 at 16:39) online: *Twitter* <<https://twitter.com/OttawaBylaw/status/1244725945954643968?s=20&t=5k2-obM2a3tBdwng3CB41g>>.

²⁸⁸ Aude-Claire Fourot, Mireille Paquet, & Nora Nagels, “Citizenship as a Regime” in Aude-Claire Fourot, Mireille Paquet, & Nora Nagel, ed, *Citizenship as a regime: Canada and international perspectives*, (Montreal & Kingston: McGill-Queen’s University Press, 2018) 3 at 5.

²⁸⁹ Raymond M. McKie, et al., “A theoretical examination using governmentality to understand gay men’s risk and sexual behaviours” (2019) 38:3 *The Canadian Journal of Human Sexuality* 343 at 344.

²⁹⁰ *Supra* note 266.

reinforcing the idea that behaviour must conform to established rules. Individuals in Ottawa have become largely responsible for their own action and to make responsible decisions, while also being encouraged to influence other people's decisions and report non-compliance to normative *good behaviours* under the new public health measures.

5.5.2 Responsibility through Engagement

Challenges and calls to action throughout the pandemic were mainly used to promote and emphasize certain behaviours which aligned with new sets of behaviours that promoted good public health and health promotion practices. Generally, the challenges focused on using the individual to promote those practices and to show themselves practicing specific public health measures. Through these challenges and calls to action, the citizens became the primary consumer and the main promoter of public health measures. They were encouraged to share their practices and behaviours on social media for others to see how they are playing their part in mitigating the spread of COVID-19.

Ayo explains in his work that challenges and calls to action are often seen as ways to encourage engagement, show the simplicity of the action, and create a sort of ripple effect where if one friend is participating in a challenge, others may want to join.²⁹¹ Drawing on the empirical evidence, citizens in Ottawa were encouraged to wear masks through the #OttawaMaskContest²⁹² where citizens would send a picture of themselves wearing a mask and the person with the *coolest* mask would win a prize.²⁹³ Contest-like challenges are often associated with a neoliberal rationale to encourage individual citizens to participate in *good* behaviours for prizes and rewards.²⁹⁴ In the

²⁹¹ Nike Ayo, "Understanding health promotion in a neoliberal climate and the making of health conscious citizens" (2011) 22:1 Critical Public Health 99.

²⁹² *Supra* note 257.

²⁹³ *Ibid.*

²⁹⁴ Eric D. Carter, "Making the Blue Zones: Neoliberal and nudges in public health promotion" (2015) 133 Social Science and Medicine 374 at 379.

context of challenges, people posting pictures of themselves wearing masks and using wording such as “Challenge happily accepted!!! Wearing a mask is a simple act of kindness we can do to protect those around us”²⁹⁵ or “anyone else wearing a homemade mask today and willing to share your look? #OttawaStyle”²⁹⁶ can push people in the right direction to practice behaviours following responsible health promotion. In this instance, citizens became an advertiser for good behaviour by taking part in, what I will call, “good behaviour challenges” and posting pictures of themselves practicing these good behaviours on social media.

Ayo and Carter note in their respective articles²⁹⁷ that these challenges and calls to action embody notions of the neoliberal project of healthism. Having people of authority starting these challenges²⁹⁸ – in the case of Ottawa, Dr. Vera Etches, then Mayor Jim Watson, and other city counselors who would partake and challenge others to partake in the challenges – the behaviours are seen as legitimate. While people cannot control the symptoms of COVID-19, they do have a say in trying their best to avoid contracting COVID-19 in the first place. This relates to Crawford’s point on healthism, acknowledging that some causes of ill-health lay outside of personal control, but the individual also has the ability, and responsibility, to do their best to improve their situation and control their health.²⁹⁹ Here, while COVID-19 is rampant in the community, individuals can

²⁹⁵ Dr. Vera Etches (@VeraEtches), “Challenge happily accepted!!! Wearing a mask is a simple act of kindness we can do to protect those around us. My mask protects YOU 😊, and your mask protects ME 😊. #WeAreInThisTogether #MaskUpCanada” (19 Jun 2020 at 12:29) online: *Twitter* <<https://twitter.com/VeraEtches/status/1274016377205121025?s=20&t=h4girNxBt7xLpe31kiZHDw>>.

²⁹⁶ Dr. Vera Etches (@VeraEtches), “Glorious day to be outside and wear a mask if maintaining physical distancing might be challenging. Anyone else wearing a homemade mask today and willing to share your look? #OttawaStyle” (3 May 2020 at 15:20) online: *Twitter* <<https://twitter.com/VeraEtches/status/1257027172952346625?s=20&t=h4girNxBt7xLpe31kiZHDw>>.

²⁹⁷ Nike Ayo, “Understanding health promotion in a neoliberal climate and the making of health conscious citizens” (2011) 22:1 *Critical Public Health* 99.; Eric D. Carter, “Making the Blue Zones: Neoliberal and nudges in public health promotion” (2015) 133 *Social Science and Medicine* 374.

²⁹⁸ Carter notes that *authority* plays an essential role on making challenges credible as people in authority are often seen as knowledgeable and informative; *Supra* note 280.

²⁹⁹ Robert Crawford, “Healthism and the Medicalization of Everyday Life” (1980) 10:3 *International Jof Health Services* 365.

wear a mask, social distance, and have other options to protect themselves.³⁰⁰ Healthism creates a belief that being healthy is a moral obligation and that this moral obligation can create a sense of judgment and guilt for not meeting certain health standards set out through societal norms.³⁰¹

5.5.3 So, who is responsible?

Throughout the COVID-19 pandemic, the individual became central to risk management and responsibility in Ottawa. This increased neoliberalization ultimately shifts our attention away from state responsibilities vis-à-vis citizens, and in this case the role of local governments in managing health crises.

Individuals were made to constantly assess their risks and what their actions *could* mean for their health and the health of others. Rose and Novas note in their work that as people are increasingly encouraged to behave and think in ways that will positively impact their health, the responsibility of illness and health now resides with the individual through their behaviours and decisions.³⁰² The state, in the case of the thesis municipal and health authorities in Ottawa, provided citizens with a constant flow of information on the risks associated with COVID-19, how to minimize risk, and how to protect their individual health and the collective health. The citizen is now thought to take this information, assess their risk, and act responsibly to protect their health.

Following the biological citizenship concept, the state is concerned with creating responsible citizens in a society filled with constant risk.³⁰³ Citizens become responsible for managing their lives and assessing their decisions and productivity in a way that aligns with

³⁰⁰ Structurally, this is not always the case when looking at social determinants of health. Healthism acknowledges external factors, but still assumes we have abilities to improve our situation.

³⁰¹ Dorthy Brogård Kristensen, Ming Lim, & Søren Askegaard, "Healthism in Denmark: State, market, and the search for a 'moral Compass'" (2016) 20:5 *Health* 485 at 489.

³⁰² Candace Johnson Redden, "Health as Citizenship Narrative" (2002) 34:3 *Northeastern Political Science Association* 355 at 358.

³⁰³ Nikolas Rose & Carlos Novas "Biological Citizenship" in A. Ong & S.J. Collier, ed, *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems* (London: Blackwell, 2005) at 450

normative obligations within health promotion and norms of responsible citizenship during the COVID-19 pandemic. Throughout the pandemic, citizens became increasingly aware of the risks they face, risks they can avoid, and how to bypass these risks. For example, the previously discussed messaging of quick facts, dos and don'ts, and *back to basics* largely represents the states project and effort to create responsible citizens in a society filled with risk by giving them information on how to assess their risk. Citizens have become more self-aware of ways to protect their health and somatic selves by making decisions based on understandings and norms of responsabilization under health promotion. The norms and understandings being communicated to the citizens are coming from the constant stream of health promotion messaging from authorities on how one should act to avoid risk. The citizen is now not only required to think of social and civil responsibilities to be a *responsible citizen*, there is now also an emphasis on health-related behaviours to being a responsible citizen. Through the constant communication of health promotion, the state has created a project with normative sets of responsibilities and obligations that the citizen is encouraged to practice healthy behaviours.

In the end, this increased neoliberalization diverts the focus from state obligations towards citizens and centers the responsibility on the individual citizen. Through contemporary governance tactics and strategies such as health promotion discourse and risk management messaging, there is now an emphasis on the individual's importance on uphold social norms and behaviours to protect themselves, make the right choice, and mitigate the spread of COVID-19 in Ottawa.³⁰⁴ The individual is now subject to neoliberalized forms of health promotion which positions them as the center of protecting individual and collective health, and mitigating health risks through their normative societal behaviour.

³⁰⁴ *Ibid.*

5.6 Notes on Findings

While I do highlight the increased neoliberalization and individualization of health promotion during the COVID-19 pandemic in Ottawa, there are still some noteworthy elements that may add a layer of complexity to this analysis and discussion. For example, while I do highlight an increase in the individualization of risk and health promotion during the pandemic, it is important to acknowledge that there was never a complete stop of collective language. While the frame of individual responsibility still dominates, there were still an emphasis on protecting the community (collective) and solidarity within the community. This highlights that these are not mutually exclusive: the language of individual and collective responsibility for health co-exists.³⁰⁵ Theorists refer to this increased individualization in postmodern societies that are also simultaneously calling for togetherness and solidarity as *solidaristic individualism*.³⁰⁶ While not used in this thesis, this could address the increased individualization influenced through neoliberalism while also accounting for the need for togetherness and solidarity as a means to create responsibility to protect the collective. While the use of togetherness and solidarity as a complementary tactic to the neoliberalization of risk and health is outside the scope of this thesis, it does raise questions for new avenues of future research.

The findings suggest that public health discourse related to COVID-19 had competing positions as expressed by key actors such as the former Ottawa mayor and Ottawa Public Health. Some of these competing positions including a focus on supporting the economy versus protecting citizens in the community, or emphasising the importance of legislative compliance. For example, there is no question that OPH focused on ensuring that people had the correct and most up-to-date

³⁰⁵ Cristina Jayme Montiel, Joshua Uyheng & Erwine Dela Paz, “The Language of Pandemic Leaderships: Mapping Political Rhetoric During the COVID-19 Outbreak” (2021) 42:5 Political Psychology 741 at 761.

³⁰⁶ Martina Berrocal, et al., “Constructing collective identities and solidarity in premiers’ early speeches on COVID-19: a global perspective” (2021) 8:128 Humanities and Social Science Communications 1 at 2.

information on fighting COVID-19. While Dr. Vera Etches also highlighted public health discourse, she also emphasised engagement as the pandemic progressed. As mentioned in the findings and discussion, Dr. Etches turned to engagement oriented discourse, highlighting what people can do to improve the situation, and showing herself practicing the various steps – mask wearing, social distancing, etc. – to mitigate the spread of the virus. While Jim Watson also focused on engagement, he focused specifically on economic engagement. Supporting local businesses and getting out to enjoy Ottawa’s various amenities were a top priority to the former Ottawa mayor, highlighting his interest in supporting businesses and the local economy. Lastly, OPS and Ottawa Bylaw focused on how regulations and legislation can help stop the spread of the pandemic. While OPH focused on the responsibility of individuals in stopping the spread of COVID-19, OPS and Ottawa Bylaw focused on the need for regulatory compliance and legislative action to mitigate the spread of COVID-19.

5.7 Conclusion of Discussion and findings

In this thesis, I aimed to examine the health promotion discourse in Ottawa during the COVID-19 pandemic to explore what it means to be a responsible citizen. By analyzing press releases and tweets from January 2020 to November 2022 from city officials and city departments in Ottawa, I explored potential changes in health promotion discourse and meaning-making, asking how citizenship was remade in the wake of the COVID-19 pandemic. The findings support claims that health is increasingly neoliberalized, with a greater emphasis placed on individual health as a condition of responsible citizenship. This increased neoliberalization ultimately shifts our attention away from state responsibilities vis-à-vis citizens and centers the individual as the main actor in health-outcomes and risk management.

As a result of the pandemic's extraordinary difficulties and uncertainties, there needed to be various responses and strategies to mitigate the spread of the virus. Among many more, these strategies included various public health measures and recommendations from public health authorities such as social distancing, mask wearing, and gathering restrictions. These new public health standards meant new expectations and behaviors associated with responsible citizenship. While at the beginning of the pandemic citizens were guided by legislation, policy, and public health orders, these various mechanisms did not last forever. With the removal of these direct interventions, citizens were left to assess their own risks in any given situation and determine the right course of action in their behaviours. Citizens became direct consumers of public health messaging which meant they now had a constant flow of information and education to make their decisions based on. The flow of this information meant that citizens were now autonomous, self-deciding individuals who could choose right from wrong, and good from bad in their day-to-day activities. While there were no more restrictions on gathering, citizens were informed to assess their risks on going to gatherings and make informed decisions on whether they should go or not. There becomes a sense of responsibility where if you go to an event and you expose others to the virus, you are at fault and morally to blame for going to an event as if you followed caution and information provided to you, you should have assessed your risk and determined you would have been considered high risk.

Through this investigation, the findings support the idea that health is increasingly neoliberalized, with a greater emphasis placed on individual health as a condition of responsible citizenship. Individuals are increasingly encouraged to behave and think in ways that will positively impact their health, with the responsibility of illness and health now residing with the

individual through their behaviours and decisions.³⁰⁷ As taken from Crawford, the constant flow of enforcing good behaviour makes health as a “primary focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles” and in the case of COVID-19 following health promotion recommendations to protect your health and achieve good-health as a responsible citizen.

³⁰⁷ *Supra* note 301 at 358.

CHAPTER SIX: Final Remarks

6.1 Overview of the research

In this thesis, I aimed to examine how the COVID-19 pandemic has reshaped what it means to be a responsible citizen and how this made it possible to coexist with COVID-19. My foremost curiosity about this *coexistence* is how we even get there and the motivations to get to the point of coexisting with a deadly virus.

Through the investigation of social media data, I found a link between health promotion and responsible citizenship. Following a neoliberal rationale of health and governmentality, people were urged to act and think in ways that will improve their health as it became their responsibility to control their own health and wellbeing through their actions and choices. While legislation, policy, and public health directives served as the people's guides at the beginning of the pandemic, these varied mechanisms did not continue forever. Citizens were left to evaluate their own risks in any given situation and choose the best course of action in activities and behaviours that would benefit their health and protect the public good.

While it is hard to fully conclude what living with COVID-19 looks like, we can hypothesise that to coexist with the pandemic is to become aware of our actions and decisions and how they will impact our somatic selves, both positively and negatively. With increasing pressure to avoid contracting COVID-19, people act in ways to achieve good health and avoid contracting the virus. As mentioned in the previous section's conclusion, avoiding COVID-19 became the central preoccupation with being a responsible citizen. To avoid COVID-19 is to do your part in stopping the spread in the community.

6.2 Contributions

I sought to make two major contributions through this thesis. First, this thesis was empirically valuable as it focuses on the municipal levels of government. There is growing literature on the COVID-19 pandemic, which often highlights higher orders of government. This thesis focuses on the COVID-19 response by Ottawa's municipal government. Due to the need for greater focus on the importance of the municipal scale of government, this thesis contributed empirically to the study of public health governance at the local scale. Municipal politics is often seen as having a minor influence on the population.³⁰⁸ However, even outside of COVID-19, this is far from the case. The municipal government plays a crucial role in the lives of the citizens as it implements, maintains, and enforces rules and regulations. Local public health systems oversee implementing and personalising measures that have been established at the provincial and federal levels to suit the demands of various communities around the respective city.³⁰⁹

In the case specific to Ottawa during the start of the pandemic, Dr. Vera Etches was seen as a proactive player in the preparation of COVID-19 in the community.³¹⁰ While the Provincial and Federal governments were focusing on travel, borders, and returning Canadians home from abroad, Dr. Etches started advocating for local public health recommendations, urging people who were in a position to do so to work from home, keep kids home from daycare, and promoting a strong message to stay home and only leave for essential reasons.³¹¹ While the province had yet to impose lockdowns and stay-at-home orders, Dr. Etches saw it important to promote these initiatives to protect the community, and keep the virus out for as long as possible. Dr. Etches was

³⁰⁸ Caroline Andrew, "The Shame of (Ignoring) the Cities" (2000) 35:4 *Jof Canadian Studies* 100 at 101.

³⁰⁹ Charles Plante, et al., "Surveying the local public health response to COVID-19 in Canada: Study Protocol," (2021) 16:11 *Pols One* 1 at 2.

³¹⁰ Elizabeth Payne, "'Out in front': How Dr Vera Etches is leading the pandemic response with a gentle but firm hand" (9 April 2020), online: *Ottawa Citizen* <<https://ottawacitizen.com/news/local-news/out-in-front-how-dr-vera-etches-is-leading-the-pandemic-response-with-a-gentle-but-firm-hand>>.

³¹¹ *Ibid.*

one of the first government figures in the nation to issue a warning that the virus had entered their city. Ontario provincial officials at the time continued to maintain that there was insufficient data to support that conclusion.³¹² While the province may be seen to be waiting for all the information to react to the situation, Dr. Etches was seen as being proactive, doing what was right for the city she served and to protect the community from this incoming threat.

Dr. Theresa Tam, Canada's Chief Medical Officer of Health, notes in their 2020 report on the state of public health in Canada that pandemics happen locally and impact people nationally and globally, putting an importance on the role that local governments and health units play in controlling the overall trajectory of pandemics and health.³¹³ During the COVID-19 pandemic, local governments played an essential role in maintaining and enforcing health promotion, which this thesis suggests is central to the shifting relationships of responsibility between state and citizen. This empirical work focused on adding qualitative research to local public health strategies by analyzing social media and press releases related to Ottawa's COVID-19 response.

Second, the thesis made a theoretical contribution to theorizing health and responsible citizenship. This is important to add to this literature because studies of citizenship and the politics of health provide insight into how political decisions and directives in health and public health shape relationships between states and citizens. COVID-19 and these theoretical applications provide an opportunity to investigate policy and law while identifying pitfalls, relationships, and tensions in government initiatives, directives, and programs. These contributions will help determine how the health imperative during the COVID-19 pandemic has reshaped the relationship

³¹² *Ibid.*

³¹³ Government of Canada, "From Risk to Resilience: An equity approach to COVID-19 (The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020)," (2020), online (pdf): <<https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>>.

between citizens and the state. Uncovering this will help highlight government priorities in health and health protection that have been central to the association during the COVID-19 pandemic.

Overall, this thesis will contribute to a growing need for empirical and theoretical research on municipalities' relationship with citizens during the COVID-19 pandemic in Ottawa. It is essential to add to these themes as it will provide insight into the public's interactions and understanding of how politics can impact health and public health policies and directives. Further, addressing the local level of government and adding to the literature on municipal politics will reaffirm the importance this level of government plays in the lives of citizens.

6.3 Limitations

The first potential limitation of this research is the time sensitiveness of the COVID-19 pandemic. While information was constantly changing and current events were shorter lived than ever, my research consisted of an investigation contingent on a start date and end date. This research did not conduct participatory research, nor did it examine the validity of public health measures.³¹⁴ The structure of my overall research benefits from the time sensitiveness of COVID-19 and the ever-changing playing field as my thesis intends to investigate shifting discourses and the focuses of these discourses from the start of COVID-19 (January 2020) until November 2, 2022. As an investigation, the time sensitiveness of COVID-19 helped me study how discourses, specifically health promotion discourses, change towards an increased individualization of risk and health, influenced by the neoliberal tenets of health, and what it means for the citizenry.

³¹⁴ Some researchers note the difficulty of participant based research and policy assessment research during COVID-19 due to the ever changing nature of restrictions and policies: David Mwambari, Andrea Purdeková, & Aymar Nyenyezi Bisoka, "COVID-19 and research in conflicting-affected contexts: distanced methods and the digitalisation of suffering," (2022) 22:6 Qualitative Research 969.; Stephanie Tremblay, et al., "Conducting Qualitative Research to Respond to COVID-19 Challenges: Reflections for the Present and Beyond," (2021) 20:1-8 IntJof Qualitative Methods 1.; Kessa Roberts, Alexandra E. Pavlakis & Meredith P. Richards, "It's More Complicated Than It Seems: Virtual Qualitative Research in the COVID-19 Era," (2021) 20:1-13 IntJof Qualitative Methods 1.

Further, as this thesis is largely based on interpretive qualitative research, there is room for debate on subjectivity and bias in the content.³¹⁵ While I did provide checks and balances to ensure rigidity and sound reasoning to my work, in the spirit of the themes in risk management, just as there is no way to have 0% risk in a situation, it is also impossible to eliminate subjectivity and bias from interpretive qualitative research. A notable technique used in my analysis to avoid subjectivity and bias in my analysis was to ground my empirical data to theory. Helena Dahlberg & Karin Dahlberg write that theory can be helpful in identifying and articulating social structures or power relations that would be difficult to do otherwise.³¹⁶ By drawing on theory in my analysis, I ensured that the empirical data was analyzed with an eye to the key theoretical concerns that underpinned this project, specifically the neoliberalization of health and governmentality. Other strategies used to ensure rigidity of my research include an extensive coding process. As mentioned in the methodology, I saw it important to code my data three times. Although coding my data three times may have taken more time than necessary, this process was carried out to make sure no data was missing, that the analysis was consistent from beginning to end, and that a clear coding strategy could be given at the end of the process.³¹⁷

6.4 Future Research

Future research that I encourage room for would be a more comparative study of health promotion discourse during the COVID-19 pandemic. For example, while this thesis only looked at public health discourse in Ottawa, there is an interest in seeing how other municipalities reacted and responded to health promotion during the pandemic. For example, using Gatineau and Ottawa as

³¹⁵ Helena Dahlberg & Karin Dahlberg, “The question of meaning: -- a momentous issue for the qualitative research” (2019) 14 *IntJof Qualitative Studies on Health and Wellbeing* 1.

³¹⁶ *Ibid* at 4

³¹⁷ Stephanie Tremblay, et al., “Conducting Qualitative Research to Respond to COVID-19 Challenges: Reflections for the Present and Beyond,” (2021) 20:1-8 *IntJof Qualitative Methods* 1 at 2.

two points of study could be an interesting comparative study as they are both in two different provincial jurisdictions, yet so close in proximity. This study could highlight different attitudes and directives from the different levels of government. While a larger scale comparative study could also be done, for example, province to province, or country to country, this thesis remains focused on advancing future work on municipal and local public health politics.

7.3.1 Potential Research From Unexpected Findings

Looking at some unexpected findings that were highlighted in Chapter Five, there are some points of question that could produce future research. In reference to the Panda Game announcement from OPH (see figure 15), why did OPH make no reference to COVID-19 protections as COVID-19 was at one of its peaks? Did OPH know they could not stop crowds, predominantly of university students, from gathering and therefore decided the risks associated with partying (alcohol and drug consumption) outweighed risks associated with younger populations contracting COVID-19 at these events? More inquiring can be done to investigate this including if there are other instances of this, and what kind of risks often outweighed COVID-19 risks during the pandemic.

6.5 Final Remarks

Three years have passed since the COVID-19 pandemic began as I write these final remarks. Our lives have been forever changed by this global crisis. Our ability to act as responsible citizens has been put to the test by the pandemic, which has forced us to adopt new habits given public health priorities.

While the WHO has officially declared an end to COVID-19 as a global emergency,³¹⁸ there is still a vast amount of uncertainty concerning COVID-19 or other pandemics to come.

³¹⁸ United Nations, “WHO Chief declares end to COVID-19 as a global emergency” (5 May 2023), online: *UN News: Global Perspective Human Stories* <<https://news.un.org/en/story/2023/05/1136367>>.

While COVID-19 is still in our community and not over, we have in many ways learnt to live with it by becoming central to assessing our own risks and ensuring we achieve good health.

While my fiancé and I have since visited more restaurants around our neighbourhood,³¹⁹ COVID-19 is still in our community and we, like everyone else, have learned to live in a society that is constantly filled with ongoing risks.

³¹⁹ This is a reference from the introduction.

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
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Appendix

Appendix 1 Code Book

| Code | Files | References |
|--|-------|------------|
| #BeCOVIDKind | 1 | 2 |
| #HalloWise | 4 | 5 |
| #InThisTogether | 1 | 6 |
| #togetherbutapart | 1 | 2 |
| #WeAreInThisTogether | 1 | 2 |
| 'Doing the right thing' | 3 | 4 |
| 'New Normal' idea | 21 | 50 |
| 'Our Goal' | 1 | 1 |
| Access to Information | 2 | 2 |
| Access to Protective measures | 3 | 3 |
| Addressing misinformation | 1 | 1 |
| Anti-public Health Acknowledgment | 1 | 1 |
| Authority (Ethos) | 19 | 77 |
| back to basics | 18 | 92 |
| balancing risk | 48 | 110 |
| Being prepared | 3 | 16 |
| Canadian identity | 1 | 3 |
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| Change in behavior | 23 | 29 |
| Change in Health Promotion | 18 | 25 |
| Change in language | 6 | 7 |
| checklist | 2 | 35 |
| Citizen Policing | 4 | 21 |
| civility and respect | 1 | 1 |
| Collective Efforts | 79 | 219 |
| communications | 7 | 9 |
| community engagement | 19 | 50 |
| Community Support | 1 | 24 |
| COVID-19 as an entity or not a virus | 6 | 6 |
| COVIDwise | 19 | 37 |
| Creating the good and the bad person | 13 | 33 |
| Disagreement with province | 6 | 13 |
| Dr. Sarah Funnell, Associate Medical Officer of Health | 1 | 1 |
| Educate Citizens | 24 | 57 |
| Emotion and persuasion | 61 | 153 |

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| Facts and data | 13 | 15 |
| false information | 1 | 1 |
| fear | 5 | 5 |
| firm language | 2 | 2 |
| Flatten the curve | 1 | 1 |
| freedom | 3 | 3 |
| gratitude | 32 | 73 |
| healthism | 1 | 1 |
| hope | 18 | 33 |
| humanizing numbers | 1 | 4 |
| humor | 7 | 136 |
| Ideas of who is responsible | 1 | 1 |
| in our control | 1 | 1 |
| In this together | 2 | 2 |
| Individual action for collective protection | 54 | 226 |
| Individual Efforts | 63 | 114 |
| Individual Risk management | 37 | 137 |
| intersectionality | 8 | 8 |
| Keeping us all safe | 1 | 1 |
| learn to live with covid | 15 | 31 |
| legislation | 2 | 2 |
| legitimacy | 16 | 65 |
| level with citizens | 37 | 103 |
| long-term impact | 1 | 1 |
| mental health | 7 | 21 |
| Mention of community | 33 | 51 |
| Mention of death | 27 | 34 |
| mention of holidays | 6 | 14 |
| Mention of risk management | 16 | 19 |
| misinformation | 2 | 20 |
| Multilingual Resources | 1 | 1 |
| need to change behavior | 20 | 42 |
| Negative language | 22 | 25 |
| Neologisms, play on words, slogan | 42 | 92 |
| Word play | 1 | 1 |
| no need to panic | 1 | 1 |
| non-essential or Essential | 6 | 9 |
| pandemic is not over | 6 | 24 |
| physical distancing | 1 | 9 |
| policing | 6 | 15 |

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| positive | 10 | 10 |
| Rapidly changing acknowledgment | 18 | 36 |
| reality | 19 | 37 |
| Reassurance | 25 | 30 |
| Recognition | 2 | 2 |
| regulations | 1 | 1 |
| regulations central to protecting people | 1 | 10 |
| Reminder to follow public health guidelines | 7 | 31 |
| reminders | 7 | 8 |
| respect for individual choices | 4 | 6 |
| returning to normal | 2 | 6 |
| risk assessment | 9 | 12 |
| Save Lives | 13 | 19 |
| scale back response | 4 | 13 |
| Self-assessment and screening | 17 | 31 |
| short term impact | 1 | 1 |
| social determinants | 5 | 6 |
| social distancing | 1 | 2 |
| #SocialWise | 6 | 7 |
| stay home | 2 | 8 |
| staying healthy during COVID-19 | 7 | 7 |
| stigma | 1 | 1 |
| stop the spread | 1 | 1 |
| Surveillance | 3 | 3 |
| Technology | 20 | 24 |
| test status | 1 | 4 |
| transparency | 1 | 1 |
| trust | 1 | 1 |
| uncertainty | 9 | 13 |
| unprecedented times | 6 | 6 |
| urgency | 12 | 63 |
| vaccine status | 20 | 35 |
| Viewing covid as more than a virus | 9 | 10 |
| voluntary | 1 | 1 |
| Vulnerable People | 16 | 22 |
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| willingness | 1 | 1 |