

# THE U.S. - CANADIAN BORDER: Recovering from COVID-19

Report of the Wilson Center Task Force on  
Public Health and the U.S. - Canadian Border



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# **The U.S. -Canadian Border: Recovering from COVID-19**

Report of the Wilson Center Task Force on Public Health and the U.S.-Canadian Border

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## **Executive Summary**

The Woodrow Wilson International Center for Scholars' Canada Institute convened a Task Force on Public Health and the U.S.-Canadian Border to study the use of border restrictions to slow the spread of the COVID-19 pandemic and associated variants. We began this effort six months after the border restrictions had been introduced on a temporary basis for 30 days only, and we have seen them renewed every 30 days since, with no bilateral plan from Washington or Ottawa on the conditions that might permit a return to normal border operations, or perhaps a "new normal."

The Wilson Task Force has received briefings, studies, and advice from hundreds of experts, government officials, and private citizens. This report has been enriched by this input, as has our understanding of what has been the longest period of restriction of the U.S.-Canada border in history and the impact this has had and may continue to have on the relationship between the United States and Canada.

The governments of the United States and Canada have now announced specific measures to ease the pandemic border restrictions for particular categories of traveler, subject to specific requirements. This is the beginning of what we hope will be a continued easing of restrictions when pandemic conditions permit. The Task Force applauds these important changes and hopes for more.

This report considers the effects of the border restrictions and our recommendations to current and future policymakers on how to learn from the border restriction experiment begun in March 2020 and – despite recent changes – still ongoing.

The U.S.-Canadian border has yet to return to pre-pandemic normal operation, and recent changes fall short of a "new normal" to which citizens and businesses can adapt. The risk of future variants or a worsening of conditions means that even the modest changes to border restrictions can be withdrawn at a moment's notice. The fight to contain and overcome COVID-19 continues, as it must. The present conditions may represent only a pause in border restrictions.

The Task Force is unanimous that there are lessons that can and must be learned from the implementation of border restrictions and applied if pandemic conditions worsen, and in any future pandemic. We offer this report in the hope that it will aid governments, businesses, and citizens to better understand the costs and benefits of border restrictions in the case of a pandemic.

## 1. The Task Force and Why it was Formed

On March 20, 2020 the United States and Canada [agreed to restrict border crossing](#) in order to slow the spread of a novel coronavirus [identified by the World Health Organization as COVID 19](#), also referred to as SARS-CoV-2. The border restrictions were, “collaborative and reciprocal” but were not a single policy adopted and implemented by both countries. There were, nonetheless, some common elements in the restrictions imposed by The United States and Canada.

The two countries restricted “non-essential” movement across the shared land border, but “essential” cross-border movement was allowed to continue. The March 20 2020, joint statement on the restrictions explained the distinction:

*“Non-essential” travel includes travel that is considered tourism or recreational in nature. The United States and Canada recognize it is critical we preserve supply chains between both countries. These supply chains ensure that food, fuel, and life-saving medicines reach people on both sides of the border. Supply chains, including trucking, will not be impacted by this new measure. Americans and Canadians also cross the land border every day to do essential work or for other urgent or essential reasons, and that travel will not be impacted.”*

The restrictions that took effect on March 21, 2020, were put in place for 30 days and could be reviewed and then renewed, adjusted, or ended. This flexibility underscored the intent of the restrictions was that they be a temporary measure.

In September 2020, after the restrictions had been in place for six months, the Canada Institute at the Woodrow Wilson International Center for Scholars in Washington sought to understand the impact of the restrictions over a longer period. In The United States and Canada, restrictions on business activity and guidance on social distancing had been introduced and then plans for phasing out or increasing restrictions according to the specified conditions were published. No guidance, and no phasing plan, was issued by Canada or the United States for the border restrictions. Supply chains continued to operate, but innumerable family milestones, from weddings to funerals, were rescheduled or missed. For many small and medium-sized enterprises (SMEs) relationship-building with existing and new customers and suppliers suffered. The human cost of the border restrictions was growing more evident, and vocal.

By October 2020, the Wilson Center Canada Institute had formed the ***Wilson Task Force on Public Health and the U.S.-Canadian Border*** to advise the federal governments on how the border restrictions might be lifted in a manner that protected public health. The Task Force membership draws together four eminent leaders whose experiences in public office give them first-hand knowledge of the diverse US-Canadian border and stakeholders in border policy in The United States and Canada.

The Hon. **Jean Charest** is a Partner in the Montréal office of the law firm McCarthy Tétrault. A former Deputy Prime Minister of Canada and member of the Privy Council of Canada, he was a legislator and Leader of the Opposition in Quebec on September 11, 2001 and forged a series of formal and informal linkages with neighboring US states to facilitate public safety in the wake of terrorist attacks on New York City and Washington DC.

The Hon. **James Douglas** is an Executive in Residence at Middlebury College. He was the Governor of Vermont from 2003 to 2011 and worked to re-establish cross-border ties in the

small communities along his state's border with Canada in the wake of the September 11, 2001, attacks.

The Hon. **Christine Gregoire** is the Chief Executive Officer of Challenge Seattle, a partner with the Business Council of British Columbia in the cross-border Cascadia Innovation Corridor initiative. She was the Governor of the State of Washington from 2005 to 2013 and worked with the federal governments of The United States and Canada on innovative border facilitation measures for visitors to the Vancouver Winter Olympic Games in 2010.

The Hon. **Anne McLellan** is a senior advisor with Bennett Jones. She served as Deputy Prime Minister of Canada and as Canada's first Minister of Public Safety and Emergency Preparedness, developing the necessary cooperative arrangements with the U.S. Department of Homeland Security to enhance border security and trade facilitation.

The Task Force is a voluntary undertaking of private citizens and has no official standing in either country. The members of the Task Force have generously given of their time and insight without compensation, and the staff of the Canada Institute has provided organizational support for the effort. The Institute's director Dr. **Christopher Sands** serves as the staff director for the Task Force.

Like the border restrictions themselves, the Wilson Task Force was planned to be a temporary undertaking that would produce a report by March 20, 2021, the anniversary of the border restrictions. U.S. President Joseph Biden ordered a review of U.S. international travel restrictions in January 2021 and the Task Force extended its mandate to incorporate any U.S. changes into its advice.

This report addresses the current restrictions and how they might be prudently managed and eventually ended by both countries.



## 2. The U.S.-Canadian Border and the Restrictions During the Pandemic

### *The Diversity of the U.S.-Canada Border*

The physical border between the United States and Canada is the world's longest land border, at 5,525 miles with 120 land ports of entry. There are 11 water crossings served by ferry, and 31 rail crossings that carry mainly freight but in some cases passenger trains. There are 13 airports in Canada with international service including to the United States, and eight of these airports have a U.S. Customs presence for preclearance for entry into the United States, allowing flights from these airports to carry passengers to U.S. airports without U.S. Customs immigration services.

Through these means the two countries exchange more than \$2 billion USD in goods and services per day and 400,000 people cross the border per day in normal times. These numbers are impressive, but they also mask the diversity of the border by geography and by the type of activity crossing the border.

The busiest area of the border is the **Great Lakes gateway**, where bridges, ferries, and even tunnels cross the border. The biggest border crossings are in this region are bridges. The Ambassador Bridge connecting Detroit and Windsor, the Blue Water Bridge between Port Huron and Sarnia, and the Peace Bridge that links Buffalo and Fort Erie are the busiest entry points on the border. The main crossing between New York and Quebec, Champlain and Lacolle, is at the eastern end of this region. A significant portion of the traffic in this region is part of manufacturing supply chains, especially in the automotive industry.

The Pacific Northwest, a region known as **Cascadia gateway**, is the second busiest area of the border with land and ferry crossings. The Peace Arch and Pacific Highway crossings are located near to one another and help manage traffic from as far south as Mexico to as far north as Alaska. The beautiful setting has long seen large flows of tourists crossing through these entry points, with significant tech communities in Seattle and Vancouver collaborating virtually and often in person as well.

The majority of the land border areas outside of the Great Lakes and Pacific Northwest (and some of the parts of these regions as well) is a **Rural gateway**, with small population centers and often seasonal border usage tied to harvest schedules. Border point of entry in these areas operate during limited hours and crossings have fewer personnel and less technology on hand for inspection and processing of traffic and people. This is also a part of the border where low population density and crossing volumes have inspired some border communities to be creative. For example, in allowing access for people on the other side of the border to a local hospital, two small towns that each maintain one fire truck and get the benefit of two by counting on the neighboring town to send theirs for a big fire.

Operating near to these borders, but also operating very differently, is the **Perimeter gateway**. This includes airports and seaports, air space and maritime approaches to both countries through which goods and people pass to enter the two countries – or both. The Port of Prince Rupert, British Columbia receives container shipments bound for Chicago by rail. Crossing the Perimeter border are also passengers who take an international flight to Toronto that stops first in New York's John F. Kennedy International Airport.

Each of these gateways through the border have different conditions that make it difficult to implement one policy in every point of entry without modifications, a challenge that both countries faced in designing border restrictions to slow the spread of COVID-19.

The importance of the supply chains that link the U.S. and Canadian economies guarantees that the **Commercial** border users will get plenty of attention and accommodation. The **Energy** border users, pipeline and power lines that cross the border along with rivers like the Columbia in the west and Niagara in the east that generate energy and require cooperative river management and power sharing, are largely invisible and not subject to crossing restrictions. In addition, a **Commuter** border user type could be one of the nurses in Windsor, Ontario who works for a Detroit hospital, or a business traveler who regularly drives or flies across the border.

Commercial, Energy, and Commuter border user types are attentive to border policy changes, both formal and informal, and because they drive economic activity on which both countries depend, federal border security agencies tend to be attentive to them.

Two more groups of border users occupy more time and attention from border officials than their numbers would suggest. The **Illicit** border user might be engaged in smuggling or human trafficking. There is also the human drama of displaced persons or refugees. Border enforcement measures designed to address Illicit border users can have a dramatic impact on all border users, as was the case after September 11, 2001. More numerous are the **Occasional** border users who arrive at the border unfamiliar with requirements and often present challenging situations to border security officers. For example, an adult traveling with a minor child – is the adult the child’s parent or guardian, and in cases of split custody, is the adult allowed to take the child out of the country? When the United States implemented a passport requirement for entry into the United States including U.S. citizens as part of the Western Hemisphere Travel Initiative, Occasional travelers clogged inspection lines at airports and lanes at land crossings when they arrived without a passport and unaware of the policy change.

The different types of border crossers experienced the pandemic restrictions differently. Commercial and Energy traffic crossed the border easily since this activity was declared “essential” in the restrictions imposed by both governments. Commuters’ use of the border was more complicated, and many Commuter users chose to cancel or postpone travel, making use of telephone conference calls and virtual meetings.

For Commuters, the pandemic restrictions became more onerous over time. A 30-day disruption that required some rescheduling would have been relatively easy to adapt to, but as the restrictions extended beyond a year, many Commuters pressed the governments for a plan, even a conditional one, for when crossing would resume. Border communities often depend on flows of Commuters who cross the border to spend money. A subset of the Commuter border users deserves special mention: the residents of isolated communities like Point Roberts, Washington whose access to the rest of their country required border crossing that the governments would not permit. These Commuters know the rules and requirements well and respect them. Yet their special circumstances were not accommodated, and they were among the most vulnerable to border restrictions.

The Border Policy Research Institute at Western Washington University produced the best analysis of the impact of the pandemic border restrictions on all of these groups, with particular focus on border communities.<sup>1</sup> Uncertainty surrounding the border affected Commuters and Occasional crossers disproportionately. Separated family and loved ones missed funerals, birthdays, weddings, and other

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<sup>1</sup> Border Policy Research Institute, Western Washington University, et. al., "Border Barometer" (2021). Border Policy Research Institute Publications. 127. [https://cedar.wvu.edu/bpri\\_publications/127](https://cedar.wvu.edu/bpri_publications/127)



important life events. The Task Force heard from the organizers of two voluntary citizen coalitions established to give voice to those unquantifiable losses due to the border restrictions, *Let Us Reunite*<sup>2</sup> and *Faces of Advocacy*.<sup>3</sup> Both groups formed because the federal governments of the United States and Canada offered no opportunity for stakeholder input on the border restrictions, and no plan for a return to normal border operations.

It is clear to us that the border restrictions were instituted in a good faith effort to protect the public, and were accepted and supported by the majority of citizens in both countries. Yet the existence of a significant number of people affected acutely by these restrictions is clear as well. The border between The United States and Canada is too diverse for a “one-size-fits-all” policy to be sustainable over time.

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<sup>2</sup> For more on Let Us Reunite, see: <https://www.letusreunite.org/>

<sup>3</sup> For more on Faces of Advocacy, see: <https://www.facesofadvocacy.com/>

### 3. The Pandemic Border Restrictions

Although the federal governments of the US and Canada had already been responding to COVID-19 cases, it was not until the WHO's declaration on March 11, 2021, that the virus was treated as a global pandemic. Evidence that individual travelers could spread the infection led the governments to impose temporary travel bans.

Rather than close the border between The United States and Canada completely, in the interest of maintaining trade and supply chains between the two countries, U.S. President Donald Trump and Canadian Prime Minister Justin Trudeau announced that they were restricting nonessential transit across the border for 30 days effective March 21, 2020.

The border restrictions were announced jointly, but they were in fact distinct policies (see Figure 1)

**Figure 1: Comparison of U.S. and Canadian Border Restrictions**

U.S. Border Restrictions	Canadian Border Restrictions
<p>The United States-Canada border shall be limited to "essential travel," which includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>- U.S. citizens and lawful permanent residents returning to the United States</li> <li>- Individuals traveling for medical purposes (e.g., to receive medical treatment in the United States)</li> <li>- Individuals traveling to attend educational institutions</li> <li>- Individuals traveling to work in the United States (e.g., individuals working in the farming or agriculture industry who must travel between the United States and Canada in furtherance of such work)</li> <li>- Individuals traveling for emergency response and public health purposes (e.g., government officials or emergency responders entering the United States to support federal, state, local, tribal, or territorial government efforts to respond to COVID-19 or other emergencies)</li> <li>- Individuals engaged in lawful cross-border trade (e.g., truck drivers supporting the movement of cargo between the United States and Canada)</li> <li>- Individuals engaged in official government travel or diplomatic travel</li> <li>- Members of the U.S. Armed Forces, and the spouses and children of members of</li> </ul>	<p>Who can travel to Canada:</p> <ul style="list-style-type: none"> <li>- Canadian Citizens</li> <li>- Dual Canadian citizen with a valid passport or special authorization</li> <li>- Permanent resident of Canada</li> <li>- Person registered under Canada's Indian Act</li> <li>- Protected person</li> </ul> <p>Until further notice, most foreign nationals cannot travel to Canada, even if they have a valid visa or electronic travel authorization (eTA).</p> <p>These restrictions stop most non-essential (discretionary) travel to Canada. Foreign nationals who are eligible to travel to Canada must meet the one of the following requirements:</p> <ul style="list-style-type: none"> <li>- An immediate family member of a Canadian citizen, person registered under Canada's Indian Act or permanent resident who is staying in Canada for more than 15 days or more</li> <li>- An extended family member of a Canadian citizen, person registered under Canada's Indian Act or permanent resident who is staying in Canada for more than 15 days or more</li> <li>- A person who is authorized by the Public Health Agency of Canada to travel to Canada for compassionate reasons</li> </ul>

<p>the U.S. Armed Forces, returning to the United States</p> <ul style="list-style-type: none"> <li>- Individuals engaged in military-related travel or operations</li> </ul>	<ul style="list-style-type: none"> <li>- A person who's participating in an International Single-Sport Event (ISSE)</li> </ul> <p>All other foreign nationals:</p> <ul style="list-style-type: none"> <li>- Must be travelling directly from the US for a non-discretionary purpose</li> <li>- Must be exempt from the travel restrictions and be travelling for a nondiscretionary purpose</li> <li>- Quarantine plan required</li> <li>- No exceptions for vaccinated travelers</li> </ul>
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Sources: U.S. Restrictions from the Federal Register: <https://www.federalregister.gov/documents/2021/05/24/2021-10992/notification-of-temporary-travel-restrictions-applicable-to-land-ports-of-entry-and-ferries-service>

Canada Restrictions from Immigration and Citizenship Canada: <https://www.canada.ca/en/immigration-refugees-citizenship/services/coronavirus-covid19/travel-restrictions-exemptions.html#other>

Both countries made allowance for their citizens to return and respected the rights of indigenous groups whose communities span border areas to continue to transit the border. These allowances were necessary to ensure that the restrictions would withstand judicial challenges, as the rights of both groups are well established in domestic and international law.

The United States restrictions applied to land border ports of entry and ferries, but there were no U.S. restrictions on air travel from Canada. The United States defined essential travel to include more travel purposes that would qualify as essential. The United States also imposed restrictions on inbound travel across its land border with Mexico using identical language and anticipated a wider variety of potential traveler circumstances that it left to U.S. Customs and Border Protection to manage with greater latitude. The United States did not adopt quarantine requirements for inbound travelers, and U.S. public health officials at the federal and state levels did not employ quarantine mandates as part of their response to the spread of COVID-19 with rare exceptions.

Canada drew its restrictions more narrowly, limiting exceptions and adding conditions to individuals seeking to cross the border even within permitted categories. Canadian border restrictions applied to all modes of travel and travelers from all other countries. In particular, Canada issued a [Notice to Airmen \(NOTAM\) on March 24, 2020](#) that restricted international flights to just four Canadian airports: Montreal Trudeau, Toronto Pearson, Calgary and Vancouver. Passengers on flights to these airports were required by the Public Health Agency of Canada to enter 14-day quarantine, and this requirement was mandatory for all nonessential travelers entering Canada via land border points of entry as well. There was limited discretion for Canada Border Services Agency officers to allow entry under the Canadian restrictions.

As noted in the border restriction timeline (Appendix A) in 2020 the Government of Canada made five adjustments and expanded exemptions to its border travel and quarantine requirements.

- April 14 (quarantine exemptions)
- June 8 (immediate family members conditional exemption)
- October 7 (extended family members, international students, compassionate case exemptions)
- October 30 (clarifying compassionate case exemptions)
- November 29 (quarantine adjustments, additional exemptions)

In January 2021, the Government of Canada changed its requirements of cross-border travelers to add testing requirements, and in the United States, the Centers for Disease Control and Prevention announced similar testing requirements one week later.

In February 2021, Canada imposed a total ban on pleasure boats and cruise ships in coastal and Great Lakes waters for one year. At the same time, Canada imposed a new reporting requirement for contact tracing purposes on inbound travelers as well as adjusting testing mandates and introduced a new smartphone app, ArriveCAN, for pre-arrival vaccination status reporting.

Canada's more restrictive approach to the definition of travel that could qualify as essential led directly to the need to announce changes throughout the period of restriction. Public objections to rules imposed by the Government of Canada had to be directed to officials in Ottawa, and American travelers had no clear route of appeal. The United States allowed border officers to make determinations on whether travelers qualified as essential under a longer list of categories. While Canadians also had no clear channel for objecting to the rules apart from the border official on the day of travel (or a DHS ombudsman after rejection), there were fewer U.S. denials of entry and no U.S. quarantine requirements.

On July 19, 2021, Canada [announced a testing requirement as part of a phased re-opening](#) of its borders:

"The first phase on August 9 will permit U.S. citizens and permanent residents who are fully-vaccinated at least 14 days prior to arrival at the border to enter Canada without an "essential" purpose for travel. Fully vaccinated Americans and Canadians returning to Canada will be exempt from quarantine requirements, and as of August 9 five more Canadian airports will be permitted to receive international flights: Halifax Stanfield, Quebec Lesage, Ottawa Macdonald-Cartier, Winnipeg Richardson, and Edmonton. Phase two will begin September 7, 2021 and extend Canada's re-opening to include international travelers from countries other than the United States."

The United States [adjusted its restrictions on air travel on September 20, 2021](#), for international travelers who were fully vaccinated and presented an antigen test. This actually *added* a restriction for Canadians. Then, on October 13, 2021, [the United States announced changes to its land border restrictions](#) effective November 8:

"The modifications to the Title 19 regulations will occur in two phases over the next few months. First, in November, U.S. Customs and Border Protection (CBP) will begin allowing fully vaccinated travelers from Mexico or Canada to enter the United States at land and ferry POEs for non-essential reasons. Travelers will be required to have appropriate paperwork that provides proof of vaccination. Individuals who have not been fully vaccinated for COVID-19 will not be allowed to travel for non-essential purposes from Canada and Mexico into the United States via land and ferry POEs.

"Second, beginning in early January 2022, DHS will require that all inbound foreign national travelers crossing U.S. land or ferry POEs – whether for essential or non-essential reasons – be fully vaccinated for COVID-19 and provide related proof of vaccination."

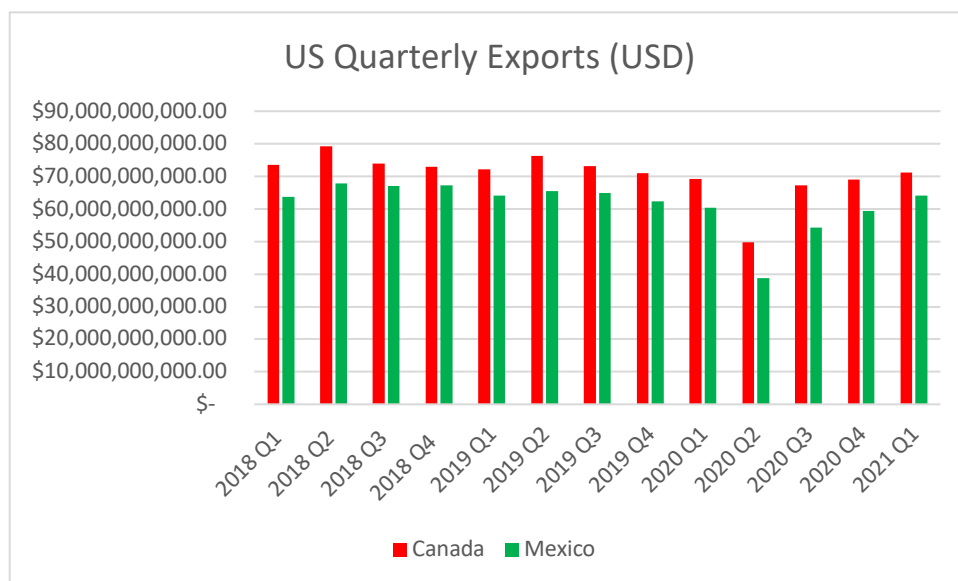
The easing of restrictions on cross border travel by both countries in Fall 2021 is welcome, and should lead government, business, communities and individuals to assess the restrictions and their impact.

#### *The Impact of the Restrictions on the Border*

Most energy and commercial transit across the border remained unrestricted, and as a result, overall trade recovered quickly by the third quarter of 2020 and continued at normal levels in subsequent months despite the pandemic and border restrictions. Travel by individuals, whether commuters or occasional crossers, dropped significantly after the imposition of pandemic restrictions. Air travel has still not recovered to pre-pandemic levels.

Figure 2 shows the value of U.S. goods exports by quarter to Canada and to Mexico. The second quarter of 2020 shows a sharp drop in U.S. exports to both partners, and it is noteworthy that in prior years the second quarter tended to be the strongest quarter for exports so this drop in trade compared to previous years is more dramatic.

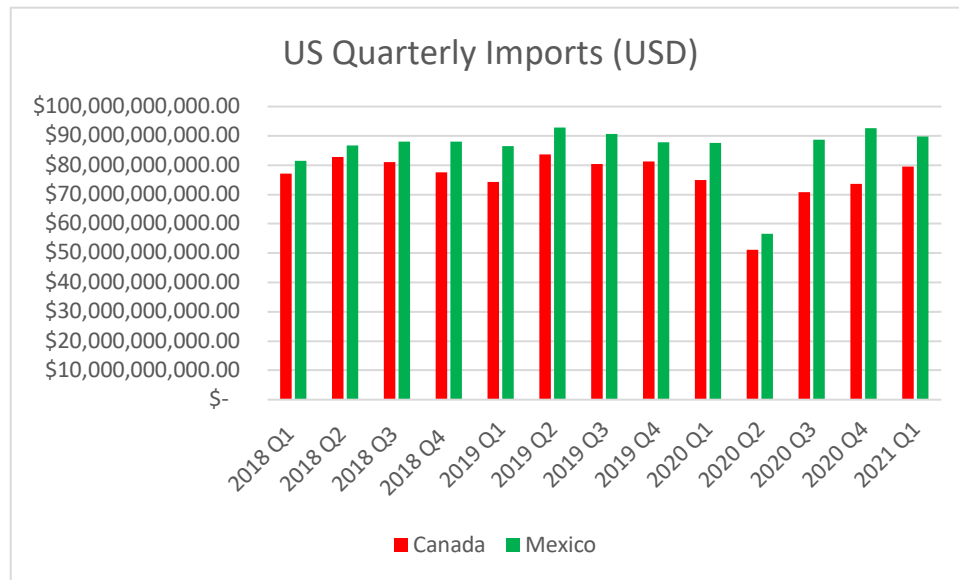
Figure 2: US Exports to Canada and Mexico 2018-2021



Source: U.S. International Trade Commission Dataweb (<http://datweb.usitc.gov>)

Figure 3 shows the value of U.S. goods imports from Canada and Mexico by quarter. Again, the second quarter of 2020 shows a marked decline in imports by value, but nearly full recovery in the third quarter as the USMCA takes effect and border restrictions stabilize, allowing firms to adjust supply chains to new rules.

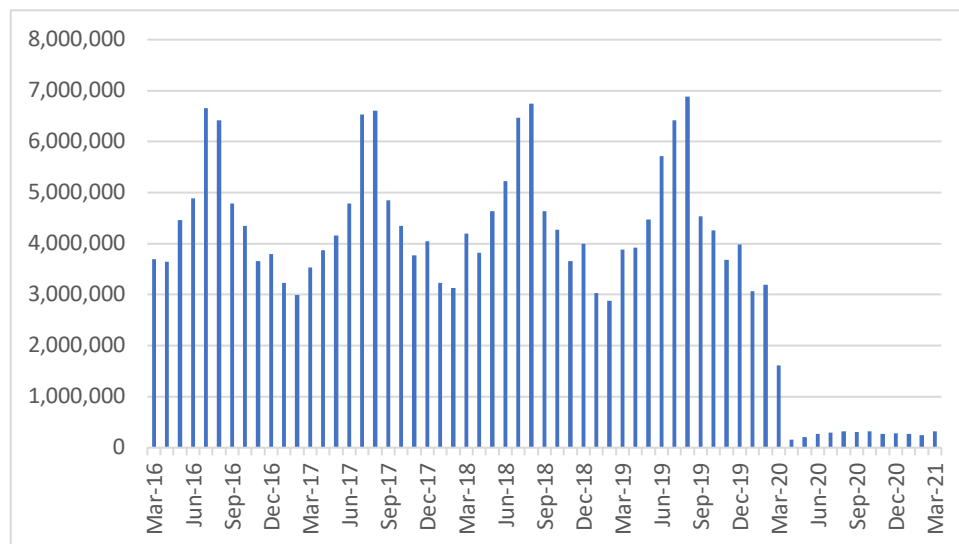
Figure 3: US Imports from Canada and Mexico 2018-2021



Source: U.S. International Trade Commission Dataweb (<http://datweb.usitc.gov>)

While goods trade rebounded relatively quickly, the number of individuals crossing the border dropped dramatically and has yet to recover. Figure 4 shows monthly inbound travelers to the United States from Canada via land border ports of entry from March 2016 until March 2021 (the most recent data available as of this writing).

Figure 4: Total Monthly Inbound Travelers to the United States from Canada via Land Border POEs (2016-2021)



Source: U.S. Bureau of Transportation Statistics

A similar drop off is seen in inbound air travel to Canadian airports, as shown in Figure 5. These data are illustrative of the trend, confirming the sharp drop in monthly cross-border travel by individuals

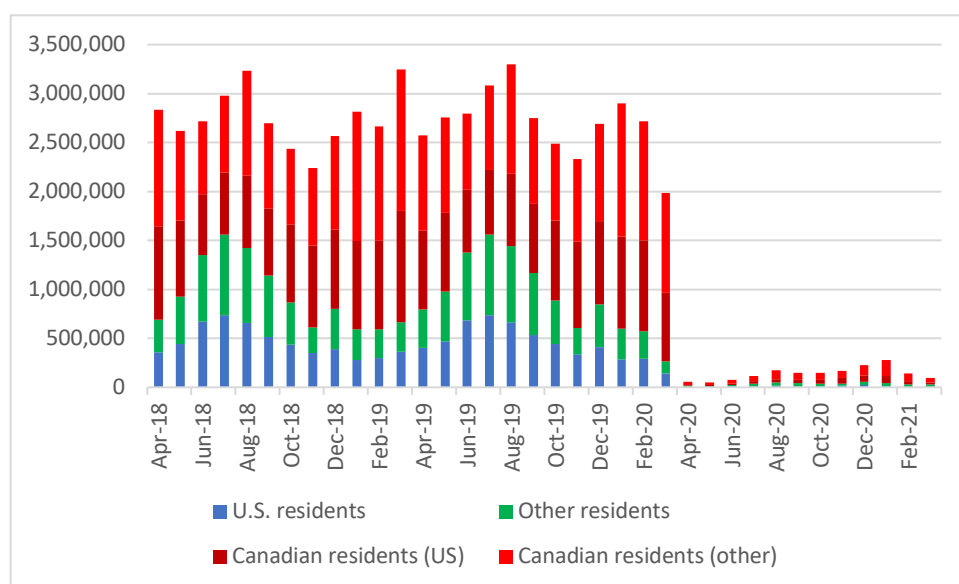


following the imposition of border restrictions. As noted previously, from March 2020 international flights were restricted to just four Canadian airports.

The reduction in air travel is an indicator of several impacts. Economically, lower numbers of business travelers may signal diminished investment and future business activity for months after the pandemic ends. Hospitality sector businesses, from hotels to restaurants, have already seen a fall-off in business due to pandemic-related social distance and business restrictions. Reductions in air passenger numbers mean fewer sales to tourists as well as business travelers. The most difficult impact to quantify comes from the reduction in flights for personal reasons: visits to family and friends for occasions like weddings or funerals that may be postponed or perhaps never take place; or travel for tourism that shifts to alternate destinations.

How long will it take air travel to recover? According to a 2015 study published by the International Air Transport Association<sup>4</sup> it generally takes at least five years for the industry to recover after a short-term upheaval. The study focused on disruptions due to hurricanes as well as the September 2001 attacks in the United States. Whether the five-year recovery estimate will apply for a disruption in air travel patterns that has been in effect for nineteen months already is impossible to gauge.

Figure 5: Total Monthly Inbound Travelers to Canada via Air (2018-2021)



Source: Statistics Canada

The data presented in the figures above is starker when viewed as raw numbers. The number of individuals entering the United States via land borders in February 2020 was 3,198,696 and by February 2021 the number had fallen to 244,337 – a mere 7 percent of the number one year earlier. The number of air travelers to Canada, February 2020, before the restrictions were imposed, was 2,716,827 and one year later the number fell to 140,710 – roughly 5 percent of the number one year earlier.

<sup>4</sup> David Oxley and Chaitan Jain. *Global Air Passenger Markets: Riding out Periods of Turbulence* (Washington: International Air Transport Association, 2015).

Travel numbers show what the goods trade numbers do not: the attenuation of relationships – business and personal alike – over time. The 30-day restrictions were initially inconvenient but presented as emergency measures they were borne by Americans and Canadians relatively well. Video meetings that were a novelty at the start of the pandemic provided some comfort. The duration of the border restrictions and uncertainty about what might cause the governments to adjust them inflicted some painful damage to relationships. The most common complaint regarding the border restrictions was the uncertainty surrounding them, which made it impossible for individuals and businesses to plan.

Services sector businesses were broadly affected by domestic business restrictions that were established by municipal, provincial, and state governments. Restaurants, hotels, theaters, and other gathering places were closed under social distancing guidelines in many places. Cross-border services, such as web design, animation, IT, legal and business services like accounting, banking, and finance were better able to shift work online and those with established relationships with clients managed better than firms trying to attract new clients or investors.

#### 4. Assessing the Use of the Border in Pandemic Response

COVID-19 was not the first virus spread to North America by international travelers, some of whom were asymptomatic. Some recent examples include Avian Flu (H5N1, 1997-1999), Swine Flu (H1N1 and H1N2 2009-2010), Middle East Respiratory Syndrome (MERS, 2012), and Ebola (2014). The Sudden Acute Respiratory Syndrome (SARS, 2002-2003) pandemic prompted the United States and Canada to begin discussions over the use of border restrictions for pandemic response.

The first case of SARS occurred in November 2002 in Guangdong, China. Like COVID-19, SARS is a coronavirus. In February 2003, it reached Toronto and spread quickly until it was successfully contained in July 2003.<sup>5</sup> In all, 438 people in Canada were infected, and 44 died. The work of Canadian public health officials to diagnose SARS quickly and employ a mix of quarantine, masking, and social distancing was widely hailed including by public health officials in the United States.

In the aftermath of the SARS outbreak, the United States, Canada, and Mexico began to develop a North American pandemic response plan under the aegis of the Security and Prosperity Partnership of North America (SPP). U.S. President George W. Bush, Canadian Prime Minister Paul Martin, and Mexican President Vicente Fox launched the SPP in 2005 to address shared concerns and foster trilateral cooperation.<sup>6</sup>

The three governments published the first *North American Plan for Avian and Pandemic Influenza* in August 2007.<sup>7</sup> This plan includes a chapter on “Border Monitoring & Control Measures Associated with Pandemic Influenza” that identifies measures for air, land, and maritime borders and highlights the importance of government-to-government information sharing to support risk management by border officials. The plan states (page 23):

“Because the specifics of how a novel strain of human influenza will enter North America and how an epidemic will actually play out are unknown, the implementation of a North American response must remain flexible and adaptable to a pandemic as it unfolds. Nevertheless, certain unifying principles regarding a North American strategy on border protection are evident. Canada, Mexico and the United States intend to develop cooperative measures to 1) slow the entry of a novel strain of human influenza to North America; 2) mitigate disease, suffering and death; 3) coordinate appropriate border measures that will give due consideration to free trade; and 4) mitigate impacts to the economy and the functioning of our societies.”

The 2007 plan anticipated the need for testing at airports, seaports, and the land border and for testing on departure and arrival. The three federal governments recognize in the 2007 plan the need for coordinated public communications and expanding data sharing.

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<sup>5</sup> Donald E. Low. “SARS: Lessons from Toronto” in *Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary*, edited by Knobler S, Mahmoud A, Lemon S, et al. (Washington DC: National Academies Press, 2004) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92467/>

<sup>6</sup> For more on the SPP, see: Greg Anderson and Christopher Sands. *Negotiating North America: The Security and Prosperity Partnership*. (Washington: Hudson Institute, 2007) Available at: <https://www.hudson.org/research/5920-negotiating-north-america-the-security-and-prosperity-partnership>

<sup>7</sup> North American Plan for Avian and Pandemic Influenza (2007) Available at: <https://2001-2009.state.gov/documents/organization/91311.pdf>

The three governments agreed to update the 2007 plan and published *The North American Plan for Animal and Pandemic Influenza* (NAPAPI) in 2012.<sup>8</sup> The SPP process that generated the 2007 plan was abandoned in 2009 at the North American Leaders' Summit in Guadalajara, Mexico. However, the leaders noted the recent success of the three countries in responding to the 2009 H1N1 Avian Flu outbreak and called for an updated plan that incorporated lessons from this experience and new guidance issued by the World Health Organization.

The 2012 NAPAPI chapter on "Border Health Measures" includes the same language on the use of the border as 2007 plan, however the 2012 plan includes a more specific explanation of the principles behind regional cooperation in pandemics (page 38):

"If a novel strain of human influenza emerges within or outside North America, the three countries intend to work together to slow the introduction and/or spread of the virus to/within the continent by identifying symptomatic or exposed persons as they enter and or travel between Canada, Mexico, or the United States. The countries also intend to implement appropriate public health measures, consistent with and complementary to containment at source, as guided by the IHR (2005) and subjected to applicable law in each country. Emphasizing a *North American approach*, rather than individualized approaches among the three countries, could provide a means of slowing the spread of a novel strain of human influenza into our respective countries. The approach could involve disease surveillance systems coupled with appropriate public health measures at North American airports, seaports and regional perimeters."

The 2007 and 2021 pandemic plans address many of the challenges that the governments of the United States and Canada are facing during the current pandemic. Overall, the emphasis on risk management and coordination and communication of data among government agencies is prudent. The principles for screening and testing air travelers are more thoroughly developed than those for the land border, but the plans emphasize the need to maintain trade facilitation to reduce potential economic damage.

The governments of The United States and Canada moved quickly to impose border restrictions to slow the spread of COVID-19 at a time when data on the virus and public health guidance were tentative and changing rapidly. The prior pandemic planning contributed to the decision to restrict cross border traffic in this instance, and likely saved lives.

Yet the governments did not follow their pandemic plans in all respects, and the contrast between what the 2012 NAPAPI recommends and what the governments did in 2020 is striking. For example, citing the 2009 avian flu outbreak, the 2012 plan argues (page 39):

"During Pandemic (H1N1) 2009, mitigation measures employed for residents of border and non-border communities included keeping people educated, asking sick people to exercise voluntary personal preventive measures when attending large events or traveling, and to stay home when possible. Although these measures did not contain the pandemic, they may have mitigated its impact. The quick decision of Canada, Mexico,

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<sup>8</sup> North American Plan for Animal and Pandemic Influenza (2012) Available at: <https://www.phe.gov/Preparedness/international/Documents/napapi.pdf>

and the United States to keep the borders open and minimize travel restrictions limited disruptions of travel and trade, avoided panic, and saved resources.”

Although COVID-19 is a different pandemic than H1N1 in 2009, it has some of the features of SARS in 2003. The public health experts who prepared the 2012 report praised the governments for keeping the borders open. The current restrictions have allowed commercial traffic to continue to cross the border but have been restrictive of other travel.

Both the 2007 and 2012 pandemic response plans emphasize communication and coordination among the three governments, and communication with the public. The implementation of border restrictions in 2020 and 2021 was not the coordinated effort recommended in prior plans. Instead, the governments adopted national plans. The Canadian authorities established travel restrictions and quarantine requirements for all travel modes and international destinations. The United States restrictions applied only to land border crossing and passenger ferries.

As illustrated in the timeline in Appendix A of this report, Canada began making exceptions to its restrictions in late 2020 eventually announcing a change to allow fully vaccinated U.S. travelers to enter Canada on August 9, 2021.

On September 20, 2021, the United States eased restrictions on U.S.-bound air travel from most countries provided travelers were fully vaccinated and had a negative COVID-19 test before boarding a plane bound for a U.S. destination. Yet for Canadians, who were permitted to fly to the United States without proof of vaccination or a negative COVID-19 test result from March 2020 until September 2021 announcement, this added new requirements.

Until the October 12 announcement of the easing of land border restrictions effective in November 2021, U.S. land border restrictions remained unchanged – despite President Biden’s January 21, 2021, executive order mandating a review of all U.S. international travel restrictions which raised expectations of some adjustment to the U.S. restrictions.<sup>9</sup>

The North American pandemic response plans in 2007 and 2012 called for a more consistent, evidence-based, and coordinated use of national borders than the governments of the United States, Canada, and Mexico employed in response to COVID-19. Border restrictions were a valid policy response, but once the restrictions were imposed, the governments failed to respond to public concerns, health conditions, or the concerns of citizens and elected representatives who sought to mitigate the damage done to local communities, families, and the economy by these restrictions.

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<sup>9</sup> Executive Order on Promoting COVID-19 Safety in Domestic and International Travel (January 21, 2021) Available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-promoting-covid-19-safety-in-domestic-and-international-travel/>

## 5. What the Task Force Heard, and What We Learned

The Task Force gathered information on the border restrictions and the public health response to the pandemic with the assistance of the Wilson Center's Canada Institute. The Wilson Center arranged a number of virtual briefings with U.S. and Canadian government officials, subject matter experts, and groups seeking change to the border restrictions for a variety of purposes. Additionally, the Wilson Center invited email submissions from members of the public and received hundreds of individual stories, some poignant and others curmudgeonly.

Several themes emerged in our briefings and in the submissions that we received.

### 5.1 What Went Wrong

#### **The lack of a plan to return to normal border operations was a problem.**

*For most pandemic measures, governments announced phases along with conditions that would permit movement to greater or lesser restrictive measures. Some were color coded; some were more detailed than others; and some were revised frequently as conditions shifted. The restrictions on nonessential travel across the U.S.-Canada border were reviewed and renewed by the federal governments, often without comment.*

The call for a plan to end the restrictions united Democrats and Republicans in the Congressional Northern Border Caucus. The failure to produce a plan, and the sudden announcements of changes for “compassionate exemptions” then “fully-vaccinated travelers” at different times exposed the lack of coordination by officials in Ottawa and then in Washington. This undermined confidence in the border restrictions themselves by showing that instead of following the North American pandemic plans, the governments were acting independently.

Even today, the partial easing of land border restrictions is attached to vaccination and testing criteria. What happens if a new variant, or another pandemic virus entirely, emerges? Linking changes to restrictions to an individual's vaccination status and test results shifts the border restrictions to an evidence-based risk management paradigm, but only implicitly. There is no commitment by the governments to stay this course, and therefore no basis on which businesses, communities, and individuals can plan for their future. The uncertainty about the border will persist until the decision criteria being applied by government officials become explicit.

The changing government guidance on mask-wearing provides an illustration of the loss of public trust that follows a change in restrictions that is not linked to specific criteria. Skeptical citizens treat the guidance as arbitrary, and compliance varies. Governments must expend more resources and ever-greater penalties and sanctions to obtain compliance with guidance that is not justified by conditions. Border security officials have the capacity to enforce restrictions on cross-border movement however arbitrary they may seem, but the political, economic, and social cost of doing so will grow.

#### **Public confidence eroded when the governments did not appear to be listening.**



*We heard from business groups, academics, community leaders, and individuals with ideas for how the governments could adapt the border restrictions without risking a new wave of infections from COVID-19 or various variants. They came to us because there was no one else who they thought would listen, or because they had talked to everyone else and then came to us in turn.*

Hard cases make bad law, but the seeming indifference of federal officials to the plight of U.S. citizens of Point Roberts, Washington damaged public support for the land border restrictions and energized critics in the U.S. Congress, from state and provincial governments, and from citizen groups.

It is not a credit to the state of democracy in either country that legislators held few hearings on the border restrictions. The brief closure of the border on September 11, 2001, produced far more legislative debate and oversight on border security. Legislators represent citizen concerns in hearings with two important results: these concerns are conveyed to public servants in an unignorable manner, and citizens see that their views are acknowledged. When the people's representatives represent their constituents in this way the democratic legitimacy of government policy is reinforced.

Part of the problem is that in an emergency, public servants become risk averse. They resist changes out of a fear of making matters worse. There is a role for elected officials not only in prompting public servants to execute a policy change, but also in accepting responsibility for that change. If the change makes conditions worse, the public can hold elected officials accountable in the next election.

Border communities are on the margins of each country geographically, yet their status can resonate with the wider public. After the first 12 months of the border restrictions, the stories of families, businesses, and communities were reaching millions far from the border. The perception of injustice and inequity in the border restrictions was damaging.

We heard from some U.S. officials who pointed out to us that the United States did not restrict its air border. Canadians could fly to the United States throughout the period. Yet an American who wanted to visit an aged parent in a care home in Canada was denied access, even if they were willing to enter by air. This was a sore point for those involved, but it also illustrates the problem of regulating border crossing based on the purpose of a trip (essential, or nonessential) rather than on the risk posed by the traveler. No matter how tactfully delivered, the message that an individual's purpose for crossing the border is "nonessential" stings, particularly when the judgment is rendered from some impersonal official in the capital.

#### **Voluntary compliance is less costly than enforcement.**

*No one we heard from rejected the utility of border restrictions during a pandemic. There was no equivalent to the anti-vaccination objection – no anti-restriction argument – made by anyone in our sessions. Instead, we heard from people seeking to negotiate: if I am fully vaccinated and quarantine and limit contact with others, and keep my trip short, could I be allowed to cross the border? The task force was not in a position to strike such bargains, but we were impressed by the good faith and ingenuity of those who offered to prepare, share information, and respect the purpose of the border restrictions even as they held to their desire to cross the border.*

Canada responded to this with compassionate case exemptions. The United States restrictions gave border officials greater discretion and scope to permit entry for essential purposes, and left air travel unrestricted as an option throughout the pandemic. We found no instances of a border crossing citizen linked to a rise in COVID-19 infections and no connections to so-called “super-spreader” events.

Most attempts to control human behavior fall on a continuum ranging from compliance to enforcement. Enforcement requires that you check every individual to ensure compliance, which requires a significant investment of resources.

Following the recommendation of the 9/11 Commission, the United States adopted an enforcement approach when it instituted a requirement that all travelers present a valid passport to cross the border. The enforcement cost was justified as part of risk management in border screening, which required information to assess risk.

Voluntary compliance relies on reasonable citizens following reasonable rules, with periodic spot checks. This model is used with speed limits for drivers, and in collecting income taxes.

The border restrictions have been more costly to implement than was necessary, both in terms of government expense and the opportunity cost for individuals. Allowing exemptions to strict rules encouraged people to try to negotiate terms for crossing the border and increased the sense of injustice for those denied when others were permitted to cross. Over time, the uncoordinated exemptions by one government fueled calls for the other government to make the same exemptions.

## 5.2 *Missed Opportunities*

### **National legislators were marginalized yet could have helped.**

*In both the United States and Canada, we elect individuals to represent us on national questions and policies. Yet during the pandemic, the Members of Congress who voluntarily joined the House Northern Border Caucus, impressively led by Representatives Brian Higgins (D-NY) and Elise Stefanik (R-NY) called on the U.S. government to issue a plan to return the border to normal operations to no avail. The Canadian Parliament suspended meeting for long periods during the pandemic. Committee hearings on the impact of the border restrictions would have aired complaints, but also ensured that they were heard. Leaders discussing border issues with leading legislators would have sent a signal that elected representatives were working together.*

U.S. Members of Congress Brian Higgins (D-NY), Elise Stefanik (R-NY), Rashida Tlaib (D-MI), Bill Huizenga (R-MI), Susan DelBene (D-WA), Cathy Rogers (R-WA), all spoke up for constituents hurt by the border restrictions. U.S. Senators Charles Schumer (D-NY), Kirsten Gillibrand (D-NY), Lisa Murkowski (R-AK), and Susan Collins (R-ME) were also active, demanding a plan for the resumption of normal border operations from the Trump administration, and then the Biden administration.

Canadian Members of Parliament were less vocal on the issue, reflecting both party discipline and the greater support in Canada for border restrictions when U.S. infection rates were high and vaccination rates were low. However, in the campaign leading up to the September 20, 2021, federal election, the restrictions at the border did not come up in either debate among the party leaders.

Federal executives and bureaucracies who gain extraordinary powers in an emergency are reluctant to give these powers up until the crisis is over. By listening to elected legislators, and cooperating with committee oversight, executives gain legitimacy for their leadership in a crisis – even as they are criticized by legislators – by the very act of engaging with and listening to criticism.

### **Greater coordination with other levels of government could have helped**

*State, provincial, and local governments were the front lines in the pandemic. They implemented public health measures such as business closures, restrictions on gathering, and enforcement of masking rules. Constitutionally, these governments had the authority to experiment if local conditions and sentiment supported doing so. Ottawa and Washington provided public health guidance and extra funding that sustained these efforts at the state, provincial, and local levels. The border restrictions were the most prominent pandemic response measure implemented solely on federal authority.*

*Pandemic measures undertaken by governments at all levels drew criticism from the individuals and groups that we met with as a Task Force.*

State, provincial, and local governments had data and front-line experience that would have helped federal officials to manage the responsibilities they had for securing vaccines and access across borders for inbound travelers and commerce. As two former state governors, a provincial premier, and a former member of cabinet whose responsibilities included close cooperation with provincial and local government in emergency preparedness, we appreciate the important capacities and dedicated public sector workers outside of the federal government.

A pandemic on this scale required more than a federal whole-of-government response; mobilizing a whole-of-governments response was needed, and was achieved in both countries in areas of shared or overlapping jurisdiction. The border restrictions stand out as an area where state, provincial, and local governments were not partners in the policy design and implementation.

### **Partnerships with the private sector could have helped**

*The border restrictions affected some sectors negatively, particularly travel and hospitality service providers. Small and medium sized businesses and their representatives told us of the difficulties they faced during the pandemic because of added costs and uncertainty.*

The private sector offered more than complaints during our meetings as a Task Force. As was the case after the September 11, 2001, attacks the private sector responded to the pandemic with innovation. We are impressed by the response of the private sector to the challenges posed by the COVID-19 pandemic.

The [Vaccine Credential Initiative](#) and the [Good Health Passport Collaborative](#) drew tech firms in the two countries to develop smart phone apps and design principles for handling personal health information, such as vaccination status, in ways that meet the governments' need for verified access information and respect individual privacy rights.

The [Future Borders Coalition](#) developed a series of pilot projects and ideas to allow for COVID-safe travel for individuals and cargo. The coalition established working groups that assessed challenges and

developed solutions for particular border conditions including air travel, land border crossing, and maritime borders related to ferries and cruise ships.

Each of these groups was self-funded and offered ideas to the governments at no cost. The federal governments missed an opportunity to benefit from these efforts by providing no channel for private sector collaboration and partnership in implementing pandemic border restrictions; even while they partnered with the private sector in vaccine development and distribution, the manufacture of personal protective equipment, hand sanitizer, and even ventilator. The border ideas that did reach federal policymakers often did so having been championed by federal legislators and trade associations.

Because the United States did not conduct any pilot projects at the land border officials were left without data to support evidence-based decision making. The Government of Alberta conducted two pilots (one at the land border and one at the Calgary airport) that provided very useful insights both on infection rates of travelers and border processing issues and helped to provide some confidence to the public that government was engaged on these challenges and attempting to problem solve them.

Pilot projects can be sources of both collaboration and innovation, and we would be in a stronger position to innovate at the border coming out of this pandemic, if we had pilot project data to inform us. While some federal officials were understandably preoccupied with pandemic response amid changing daily conditions, others would have had the capacity to engage with business innovators.

### 5.3 *For the Next Pandemic*

#### **Flip the paradigm: from zero risk to risk management**

No matter how tactfully delivered, the message that an individual's purpose for crossing the border is "nonessential" stings, particularly when the judgment is rendered from some impersonal official in the capital. If a test result shows that an individual is infected, the purpose of their cross-border travel is probably moot.

Members of a profession often share a normative culture that orders priorities and leads to a focus on certain data and blindness to other information. We saw this dynamic in the public health professionals' pursuit of a "zero risk" condition – when infection rates were slowed to a halt by vaccinations and prophylactic measures such as handwashing and mask wearing. The Hippocratic Oath to "first, do no harm" led public health advisors, from the Public Health Agency of Canada and the Centers for Disease Control and Prevention in the United States to advise against lifting border and travel restrictions if doing so might contribute to further spread of COVID-19 and variants.

Among border and transportation security officials, including officers of U.S. Customs and Border Protection and the Canada Border Services Agency, the operational paradigm is risk management, not zero risk. This principle is the foundation of the remarkable cooperation between the United States and Canada developed since 2001, reinforced through the SPP (2005-2009) and U.S.-Canada Beyond the Border initiative (2009-present).

Risk management rejects zero risk as unattainable. When protecting the public from terrorist attacks or cross border drugs and human trafficking, the idea that a zero risk condition exists contributes to reduced vigilance and greater risk.

Risk management is also a practical response. Inspecting every shipping container and each individual traveler thoroughly enough to confirm zero risk requires resources and carries costs in terms of reduced traffic and trade.

The partial relaxation of border crossing announced by the two federal governments is a belated shift in the paradigm governing the border to risk management. In future pandemics, risk management should be the operative principle guiding the use of the border in pandemic response from the outset.

### **Risk management at the border requires better data**

Local infection rates, vaccination rates, and hospital capacity are data held at the local level that would help to determine the local risk of allowing border crossing. But there is no real-time system to convey this data to officers at the border who must decide to allow an individual to enter the country. Neither the United States nor Canada has a national vaccination database that verifies status, even for those who volunteer their status to the government.

The Good Health Passport Project and the Vaccination Credential Initiative are two non-governmental efforts to design technology applications to share a person's verified vaccination status safely and securely with a border official. Where feasible, The United States and Canada should adopt common solutions, such as a single document or app that serves as a vaccination record for domestic and border crossing purposes, backed by a data record that can be accessed in a timely manner when presented at the border.

We anticipate that vaccination proof and testing will be a requirement for crossing the border indefinitely. This data will allow officials to assess the risk to public health of allowing an individual traveler to enter the country on a consistent basis. Canada's ArriveCan smartphone application is a valuable tool for border officials and travelers, but a single card or app developed and adopted by the United States, Canada, and Mexico should be ready for the next pandemic. It should be designed to provide state, provincial and local governments as well as employers, businesses, and schools access in the same way that driver licenses and passports do today.

This is an important challenge for this and future pandemics and deserves more attention from government as we prepare for the next pandemic event.

### **Trusted Travelers and Trusted Shippers should be trusted testers**

Since 2001 the two governments have established trusted traveler and trusted shipper programs on a broadly similar premise: individuals and firms that voluntarily share information with the governments can receive easier access across the border because officials can confirm their information and assess that they are low risk.

It will take time to work through privacy rights related to personal health information, but the voluntary nature of trusted traveler and shipper programs provides a way for the governments to obtain and act on data that has been shared. NEXUS card holders could have been given an opportunity to have their vaccination status verified off-border to facilitate easier border processing.

FAST member firms could be asked to undertake a COVID-19 testing program for all truck drivers crossing the border and only send drivers who have tested negative to cross the border with essential commercial shipments. Learning from these experiments would prepare the governments for handling this information with members of the public in the future.

### **Provide options for cross border travel**

The differences between the land border and airports from the border inspection perspective are significant, as we heard from the Future Borders Coalition. A variety of vehicles arrive at the border and most arrive without advance communication with border officials. They approach the border through limited lanes and booths, and backups cost companies time and money and so wait times and inspection times are metrics to which inspectors pay attention.

Air passengers buy tickets in advance, pass through ticket counters, security inspections, and gate check in and can be communicated with and pre-screened. At airports, rapid tests can be introduced and administered, and space and back-ups are easier to manage.

This is what the United States did for much of the pandemic period, but the United States also refrained from imposing testing, vaccination, or quarantine requirements on Canadian air travelers to U.S. destinations.

At land borders, federal officials should explore ways to replicate the conditions that make air border crossing more manageable. For example, an online travel authorization portal could be established for travelers to submit information 24 hours in advance of arrival at a specific land border port of entry. At particularly busy crossings, bus and rail services could require passengers to have filled out an electronic travel authorization and to have received pre-authorization from border officials prior to boarding the vehicle. For border officials, this would enable better risk assessment. For travelers, this would create a path for responsible cross border travel regardless of the purpose of the trip.

Cargo shipments were considered essential by both the United States and Canada, and not subject to risk assessment beyond the pre-pandemic inspections that continued during the pandemic. We hope the governments will follow our recommendation to adopt the risk management paradigm and abandon border restrictions based on the purpose of the trip, but we also recognize that this will require the incorporation of pandemic-related risk assessment for cargo transportation.

Both the United States and Canada have discussed moving border inspection and verification off the border, using preclearance facilities (where larger or specialized inspection equipment can be deployed), or online reporting portals. Lower traffic volumes have customs plazas looking empty, but this will change quickly. Following through on preclearance initiatives launched before the COVID-19 pandemic has new urgency now and for future events.

### **Pilot projects need expedited authority and funding in a crisis**

Another feature of U.S.-Canada border management since 2001 has been the use of carefully designed and evaluated pilot projects to experiment with new technologies, infrastructure, or process changes in a test location or locations before deciding whether the results warrant incorporation in other locations or situations.



During the COVID-19 pandemic, the U.S. government did not allow pilot projects. We are aware of pilot projects that were proposed to U.S. Customs and Border Protection and rejected.

In both countries the process of getting agency support can be slow and is only the first step. Funding for a pilot project that has won approval is a second hurdle. In the United States, a network of Centers of Excellence funded by the Office of Science and Technology is available to conduct and fund pilot projects, but the process for approvals varies and there is no single-window for researchers or community leaders to apply for pilot support.

A rapid response system is needed to swiftly approve a pilot and to fund it on an urgent basis and then quickly field successful pilots border wide. The U.S. Congress and Canadian Parliament should create such funding mechanisms prior to the next pandemic to give border agencies access to new tools and methods for facilitating low-risk border crossing.

### **Adapt restrictions to local conditions**

In its efforts to use the border to protect Americans from terrorist attacks after 2001, the United States pursued a consistent, high standard of inspection and risk assessment at all its borders so that there would be, “no low point in the fence” where a determined attacker could enter the country. COVID-19 is a different kind of enemy. A spike in infection rates on the east coast might warrant extra inspections and additional resources, and low prevalence on both sides of the border might allow for resources to be shifted to where they are needed. In adapting border security operations to help counter the spread of pandemics, an adaptable model will be more effective and sustainable.

### **Update the North American pandemic plan**

The United States and Canada, joined by Mexico, developed North American pandemic response plans following pandemic incidents. The 2007 plan followed the 2003 SARS outbreak, and the 2012 update incorporated the lessons of the H1N1 avian flu response. Yet the North American Plan for Animal and Pandemic Influenza (NAPAPI) largely failed when applied to the COVID-19 pandemic. There was not enough coordination by the governments, which took independent actions and issued exemptions to rules that were not reciprocated, generating confusion about what was required to cross borders.

Border security officials should join public health officials in the design of border-related elements of a revised NAPAPI. Trusted traveler and shipper programs and pilot projects undertaken by two or more governments should be used to experiment and innovate new approaches to inspecting travelers and goods, and the private sector should be invited to contribute ideas and novel solutions for border screening in the same way that firms producing vaccines and personal protective equipment were during the COVID-19 pandemic. This will strengthen the NAPAPI and give the public greater confidence in government responses to future pandemics.

After eighteen months, the U.S. – Canadian border has still not recovered from COVID-19. It will take time, and some of the costs of the border restrictions will not be recoverable, particularly for families and border communities. These costs can be redeemed to an extent if governments undertake a full review of what worked and did not work and improve pandemic planning and cooperation for border-related measures before the next variant or virus arrives.

## Appendix A: Timeline of Border Restrictions

**March 11, 2020:** World Health Organization (WHO) declares Covid-19 a global health pandemic

**March 18, 2020:** President Trump and Prime Minister Trudeau informally announce temporary border restrictions at the Canada–US border

**March 20, 2020:** Trump and Trudeau formally announce a temporary restriction of land travelers crossing the Canada–US border for non-essential purposes, to be implemented March 21

**March 21, 2020:** the US & Canada border temporarily restricted non-essential travel across the US-Canada land borders and set to expire April 21, 2020 originally

**March 24, 2020:** The Public Health Agency of Canada (PHAC) announces a mandatory 14-day isolation of all non-essential personnel entering Canada (with some exemptions)

**April 14, 2020:** PHAC updates the 14-day isolation order to include more exemptions (i.e. for transborder communities, people involved in off-shore fishing, etc.) and to clarify that the 14-day period restarts if the person develops COVID-19 (or its symptoms) or has an interaction with someone who has COVID-19 (or its symptoms)

**June 8, 2020:** PHAC updates exemptions from border restrictions to include "immediate family member[s] of a Canadian citizen/permanent resident if the foreign national intends to enter Canada to be with their immediate family member...and can demonstrate the intent to stay in Canada for a period of at least 15 days."

**October 7, 2020:** PHAC updates exemptions from Canada–US border restrictions to include extended family members of a Canadian citizen/ permanent resident, international students, and compassionate grounds and updates exemptions of the 14-day isolation order to include compassionate grounds

**October 30, 2020:** PHAC updates exemptions of Canada–US border restrictions with more details on compassionate grounds, effective until November 21, and updates exemptions of the 14-day isolation order to include 10 more exemptions (most related to parental custody, students, and guardians of students) and numerous provisions surrounding quarantine plans and daily reporting

**November 29, 2020:** PHAC re-implements the 14-day isolation order (with one added exemption for high-performance athletes), which extends until January 21) and updates exemptions of Canada–US border restrictions to include details about international students from the US and add high-performance athletes

**January 6, 2021:** PHAC updates the 14-day isolation order with an added provision that travelers by air must submit a negative COVID-19 molecular test that is no more than 72 hours old. This includes PCR and RT-LAMP tests, and is required for those aged five and up

**January 12, 2021:** The US Centers for Disease Control (CDC) requires all air passengers two years of age and over entering the US to present a negative COVID-19 test (rapid antigen or PCR), taken within three (3) calendar days of departure, or proof of recovery from the virus within the last 90 days. Effective January 26.

**January 20, 2021:** PHAC updates the 14-day isolation order with added details about the COVID-19 molecular testing requirement for air travel, including guidelines for persons subject to the Aeronautics Act, and next steps after receiving test results

**February 4, 2021:** The Government of Canada announces a one-year ban for pleasure craft in coastal and Great Lakes waters and cruise vessels carrying more than 100 people in all Canadian waters

**February 14, 2021:** PHAC updates the 14-day isolation order to extend the COVID-19 molecular testing requirement to land travel (with many exemptions, including those who live in Point Roberts, WA), and cites next steps for travelers after receiving test results

**February 22, 2021:** Travelers entering Canada are required to submit travel contact information and quarantine plan via ArriveCAN before crossing boarder/boarding flight

**May 2021:** Officials in the two governments began preliminary formal discussions about border reopening

**July 5, 2021:** First phase of border reopening comes into effect, allowing fully vaccinated Canadians returning home to skip some previous quarantine requirements and avoid the mandatory covid test on the 8th day of arrival to Canada. Vaccinated travelers who qualify must still submit a negative Covid-19 test taken up to 72 hours before departure and submit to another test on arrival. Individuals have been exempt from having to quarantine for 14 days if they're fully vaccinated and have uploaded that information to the ArriveCAN app.

**August 9, 2021:** Fully vaccinated US citizens and permanent residents can enter Canada for non-essential travel and will not need to quarantine for 14 days. The government also will remove the requirement for travelers to quarantine for up to three days in a government authorized hotel. Fully vaccinated travelers will no longer need to be tested upon arrival, unless they have been randomly selected for testing at a border crossing or airport. Travelers will still need to present a suitable quarantine plan in case it is required, as well as show proof of a negative Covid-19 test taken within 72 hours of arrival.

**September 7, 2021:** Fully-vaccinated international travelers from countries other than the United States are permitted to travel to Canada in the second phase of the border reopening announced by Canada on July 5.

**September 20, 2021:** The United States adjusted its restrictions on air travel for international onal travelers who were fully vaccinated and presented an antigen test. This actually *added* proof of vaccination and a testing restriction for Canadians.

**October 13, 2021:** The United States announced a phased reopening of land borders for fully-vaccinated travelers with non-essential purposes from Canada or Mexico starting on November 8. Unvaccinated travelers can only enter the United States for essential purposes.

**November 8, 2021 (Planned):** Land border re-opening for fully-vaccinated Canadians and Mexicans for nonessential purposes.

**January 8, 2022 (Planned):** All foreign nationals must show proof of full vaccination to enter the United States for essential or non-essential purposes.

## Appendix B: Acknowledgements

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