



ESSENTIAL AND EXPENDABLE

HOW ALBERTA'S COVID-19 RESPONSE
FAILED CARGILL WORKERS

Sean Tucker and Jason Foster

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ISBN: 978-1-894949-99-6

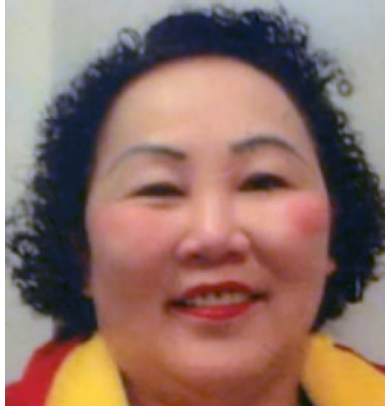
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DEDICATION



Bui Thi Hiep was 67, a 23-year Cargill veteran always ready with a smile and treats for her coworkers.



Benito Quesada was 51, a father of four who looked out for others as a union shop steward at the plant.

In 2020, both lost their lives to COVID-19 and, ultimately, to Alberta's catastrophic failure to place worker safety above industry interests.

This report is dedicated to their memory.

ACKNOWLEDGEMENTS

The authors appreciate the insights and guidance from members of our project advisory committee: Bronwyn Bragg, Stephanie Premji, Stephen Samis, and Annalee Yassi. We also thank Lisa Brosseau, Corrine Balcaen, Mario Possamai, Laurence Svirchev, Mark Wells, and Dorothy Wigmore for offering their expertise to this project, with special thanks to Rita Espeschit, Isha Gill, and Salimah Valiani for their support. Thank you to Aaron Rabasca with AHS Access to Information.

Parkland Institute extends its gratitude to all our donors, whose support enables us to conduct and disseminate policy research that serves the public interest.

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- sponsor conferences and public forums on issues facing Albertans
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LIST OF ACRONYMS AND ABBREVIATIONS

ACFA	Alberta Cattle Feeders Association
AF	Alberta Agriculture and Forestry
AHS	Alberta Health Services
AL	Alberta Labour and Immigration
ALRB	Alberta Labour Relations Board
CFIA	Canadian Food Inspection Agency
CMOH	Chief Medical Officer of Health
ECC	AHS Emergency Coordination Centre
EPH	AHS Environmental Public Health
MOH	Medical Officer of Health
OHS	Occupational Health and Safety Branch
PPE	Personal Protective Equipment
UFCW	United Food and Commercial Workers

LIST OF PERSONS NAMED IN THE REPORT

Titles and positions shown below reflect the roles held by each person at the time of the events discussed in this report.

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Jason Copping, Alberta minister of labour and immigration
Devin Dreeshen, Alberta minister of agriculture and forestry
Jean-Yves Duclos, federal minister of health
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Dr. Deena Hinshaw, chief medical officer of health, Alberta
Dr. Jia Hu, AHS medical officer of health, Calgary Zone
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Jason Kenney, premier of Alberta
Dale LaGrange, Cargill general manager
Shawn McLeod, deputy minister, Alberta Labour and Immigration
John Nash, Cargill vice-president of protein
Rachel Notley, leader of the Official Opposition
Sarah Nunn, AHS manager of environmental and public health
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Tyler Shandro, Alberta minister of health
Marc Smith, OHS investigations unit director, Alberta Labour and Agriculture
Dr. Kate Snedeker, AHS epidemiologist
Tanya Teeter, Cargill vice-president of labour
Mark Wells, legal counsel for United Food and Commercial Workers Local 401

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EXECUTIVE SUMMARY

Fear, Illness, and Death

On April 16, 2020, 67-year-old Bui Thi Hiep came home feeling ill after working an eight-hour shift at Cargill's beef processing plant in High River, Alberta. Two days later, Hiep was rushed to the hospital and admitted to an ICU bed. She died the next day. Nearly three weeks later, another Cargill worker, Benito Quesada, a 51-year-old father of four, died in hospital after spending weeks on a ventilator in a medically induced coma.

Between April and mid-May 2020, over 950 Cargill workers — almost 45% of the plant's workforce — tested positive for COVID-19, which was then a new and poorly understood respiratory illness. Half of the plant's food inspectors and an unknown number of contractors also contracted the virus. At the time, this was the largest industrial outbreak of COVID-19 in North America.

“There was constant anxiety about spreading the virus to family members and friends, and, for some, a palpable fear of death.”

Infections varied in severity. The lucky ones had no symptoms, but most workers experienced a cough, headache, and fever; many were bedridden for days due to fatigue. Eventually, 18 Cargill workers were admitted to the hospital, eight requiring life-saving care in the ICU. An unknown number experienced a complex range of health issues associated with what came to be known as long COVID.

It wasn't just the illness that affected the workers' well-being. There was constant anxiety about spreading the virus to family members and friends, and, for some, a palpable fear of death. One worker recalled thinking about making a will.¹

After cases among Cargill workers reached a peak, growing numbers of close contacts — family members, friends, and others in their community — started to become ill. Four of them died, and at least 25 were hospitalized. Public health epidemiologists would later link the Cargill cases to at least 22 other outbreaks — mostly in care homes — though they stopped short of confirming the directionality of the spread.

A Forgotten Tragedy

In May 2020, faced with questions about the provincial response to the Cargill crisis, then-Alberta premier Jason Kenney promised a review of the outbreak as part of a future examination of the province's overall response to the pandemic. However, neither the Government of Alberta's pandemic review panel reports (2023) nor Alberta Health Services' (AHS) internal review (2022) made any mention of the tragedy. Further, no charges were brought under Alberta's occupational health and safety (OHS) law or as a result of a separate RCMP criminal investigation.

This report investigates *how* and *why* the Cargill outbreak occurred and what can be done to prevent similar incidents in the future. It is based on an analysis of publicly available documents, select interviews, and thousands of pages of documents obtained through freedom of information requests.

At its heart, this is a story of systemic regulatory failure by the Alberta Ministry of Labour and Alberta Health Services. The response to the crisis was defined by a lack of preparedness, inaction, overconfidence, cultural stereotypes and racism, incompetence, and deliberate aversion to using available enforcement measures.

The evidence shows that there was nothing inevitable about the scale of the outbreak. The tragedy occurred in a political environment that openly and enthusiastically prioritized economic growth over the health and safety of a largely invisible and vulnerable group of workers, most of whom were immigrants and temporary foreign workers.

The Cargill outbreak had no single cause. Like many major tragedies, it was the product of complex, layered factors.

COVID-19

SARS-CoV-2, the virus that causes COVID-19, first emerged in Wuhan, China, in late 2019. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic.

The virus is spread among humans via aerosol transmission. The period during which someone with COVID-19 can transmit the virus varies depending on factors such as the variant and

severity of illness, but transmission can occur both before and after symptom onset. Some infected individuals never experience illness but still spread the virus to others.

In the early months of the pandemic, many public health leaders believed COVID-19 spread through large droplets and close contact, and that asymptomatic transmission was not occurring. As a result, early public health measures in industrial workplaces primarily focused on implementing physical barriers, physical distancing, hand washing and, where available, the use of surgical masks in crowded areas. Improved ventilation and high-quality respirators (e.g., N95) were initially not considered necessary except for frontline health-care workers. Vaccines — another critical layer of protection — were not widely available until 2021.

Designed for speed, efficiency, and food safety, the features of meat-processing facilities (e.g., low temperatures, crowding, humidity, and insufficient ventilation) contributed to the spread of the virus in plants around the world. Studies found high rates of infection (50%+) among workers in these plants.

Statutory Responsibility for Occupational Health and Safety in Alberta

The Alberta Ministry of Labour and Immigration, as it was known in 2020, was responsible for overseeing OHS in provincially-regulated workplaces. Under Alberta's OHS system, the regulator is not responsible for controlling workplace hazards; the employer is. OHS officers play a vital role in ensuring employers meet their safety obligations by conducting inspections, issuing compliance orders and carrying out investigations. Jason Copping was Alberta's minister of labour in 2020. At no point during his tenure did he delegate his ministry's responsibility for OHS to AHS or another body.

For its part, AHS led the overall public health response to the pandemic in Alberta. Its activities included detection and testing, contact tracing, outbreak management, data modelling and projections, public communication, among others. Early in the pandemic, AHS public health was a focal point for providing information and guidance to employers regarding COVID-19 prevention in workplaces.

The declaration of a public health emergency on March 17, 2020, provided Alberta's chief medical officer of health, Dr. Deena Hinshaw, and cabinet with extensive authority to manage the emergency, including requiring that individuals and organizations take or refrain from taking specific actions, restrictions on freedom of movement, cessation of business activities, and implementation of protective measures.

“Before the Cargill outbreak, there were plenty of signs that both government and industry wanted to keep meat-processing plants operating through the pandemic.”

Precursors to the Outbreak

Before the Cargill outbreak, there were plenty of signs that both government and industry wanted to keep meat-processing plants operating through the pandemic. As the public health emergency was declared, the agricultural industry was actively lobbying the Government of Alberta to head off potential shutdowns of the plants. On March 17, Alberta's minister of agriculture and forestry, Devon Dreeshen, gave assurances that the entire industry would be declared an “essential service.” A formal designation — with no basis in law — followed, making these “essential industries” exempt from any public health measures related to gathering sizes, physical distancing and, importantly, temporary closure orders.

On March 26, Harmony Beef, a small meat plant near Calgary, was partially shut down for three days due to concerns about the adequacy of its COVID-19 prevention measures. In response, Jason Kenney publicly chastised federal food inspectors for “impairing our entire livestock industry.”² The message was clear: industry prerogatives mattered more than worker health and safety rights.

Concerned about potential declining attendance due to fear of exposure to the illness, Cargill management implemented a \$500 attendance bonus and a \$2 hourly wage increase, incentivizing workers to go to work (in some cases, even when they were ill). Most workers had families to support in Canada and/or in their home country. They also lacked alternative sources of income: like all essential workers, those working at meat-processing plants were ineligible to receive the federal pandemic income supplement known as the Canadian Emergency Response Benefit.

By late March, conditions were ripe for a massive outbreak at Canada's largest beef processing plant.

Twenty Days of Fear

On April 3, AHS was made aware of the first Cargill worker to test positive for COVID-19. Additional positive cases followed on April 6, at which point AHS formally assigned a case number to what became known as the “Cargill staff and contractor outbreak.” At the time, an internal email from the assistant deputy minister of agriculture and forestry stated: “No disruption to the plant operations is expected.”³

On April 6, the union representing Cargill’s hourly staff, the United Food and Commercial Workers Local 401 (UFCW), wrote to the plant’s general manager, Dale LaGrange, demanding that more information and protections be put in place.

The virus spread rapidly among plant workers, contractors, and food inspectors. Epidemiological analysis conducted in June 2020 showed that the peak of daily confirmed positive cases occurred around April 9, with a total number of approximately 300 cases. The analysis also revealed positive cases among workers in late March.

On April 12, the president of the union demanded that the plant be immediately closed. Cargill said that it was complying with all public health guidance, and closure was unnecessary. The next day, the company cut one of the plant’s two shifts due to staffing shortages.

“In no uncertain terms, Dreeshen assured workers that their workplace was safe.”

Mounting cases, growing fear among workers, and declining attendance prompted senior Cargill managers and provincial government officials to hold a joint telephone town hall with workers on April 18. Dr. Hinshaw and senior medical officers of health told workers at the town hall that carpooling and crowded living conditions — not conditions in the plant — were responsible for the spread of the virus, while Minister Devon Dreeshen cautioned them not to “get distracted by misleading noise or inflammatory rhetoric” about the plant’s safety. In no uncertain terms, Dreeshen assured workers that their workplace was safe. Internal government communications prepared for the premier and others stated: “The Cargill plant is completely safe from an OHS and AHS perspective.”⁴

However, just hours after the town hall, Hinshaw asked senior public health officials to determine the proportion of the Cargill cases that were due to workplace, carpool, household, and community transmission. It was an admission that AHS' public statements and messages to workers were not based on a rigorous analysis of the outbreak data.

On April 19, the union held its own town hall, with 600 Cargill workers in attendance. At this meeting, the union reiterated its concerns about the plant's safety and informed workers of their rights under the *Occupational Health and Safety Act*, including the right to refuse dangerous work. That same day, Bui Thi Hiep died in hospital.

On April 20, Cargill voluntarily announced that it would temporarily halt operations.

Regulatory Failure

Alberta OHS had the primary responsibility for worker safety and AHS led the overall public health response to the pandemic. Both failed to respond effectively to the Cargill outbreak.

In March, as AHS scrambled to scale up operations, contact tracing and linked data were not initially available. As a result, early positive cases among Cargill workers were not linked back to the plant. As one public health manager later recounted: "By the time we got to the first inspection [of the Cargill plant], we'd already lost the battle."⁵

AHS' inadequate surveillance system, however, was not the only issue at play. Even though the Ministry of Labour had jurisdiction for OHS, it was AHS that assumed the lead for responding to the Cargill outbreak. With no experience or expertise in overseeing worker health and safety in large industrial workplaces, AHS made significant errors in its approach to managing the outbreak.

Both OHS and AHS stood back waiting for positive cases or formal complaints from workers or the workers' union before inspecting facilities. At Cargill's invitation, on April 7, AHS inspected the plant and made non-binding recommendations related to carpooling, masking, use of barriers, and other items. This would be the only formal in-person inspection by either AHS or OHS before Cargill decided to idle its plant on April 20.

Despite their inexperience and lack of expertise, and in absence of an epidemiological analysis, Hinshaw and other health leaders made public comments that projected confidence in their knowledge of where the virus was (and was not) spreading among Cargill workers.

AHS did not conduct follow-up inspections or reach out to workers to hear from them about conditions at the plant. Instead, it simply assumed that Cargill had fully implemented its recommendations. Throughout April, AHS officials were aware that workers who were ill were incentivized to come to work through Cargill's incentive pay initiative. They understood the impact this had on transmission of the virus in the plant, but still refrained from issuing a directive to Cargill to cease the incentives.

On April 15, eight days after the AHS inspection, an OHS officer conducted a 30-minute "virtual inspection" of the plant in response to a demand from UFCW. The inspection was recorded on a Cargill manager's phone and was conducted without the participation of a trained industrial hygienist. The officer did not evaluate all areas of the plant or assess compliance in terms of OHS regulations relevant to biological hazards, nor did they speak directly with frontline workers. Even though several hundred workers were ill, the inspection resulted in no compliance orders.

Neither OHS nor AHS used enforcement measures to gain compliance from Cargill. When an AHS manager sounded the alarm in internal email messages, speculating that "drastic" measures might be needed, there was no action. Before the April 18 town hall, AHS and OHS did not prioritize sharing the results of their inspections with workers or their union. Compounding the problem, there is no evidence of information sharing or coordination between AHS and OHS until after the plant closed.

During the April 18 town hall, Minister of Labour Copping made clear that his ministry was following public health guidance in exercising its oversight and enforcement activities at Cargill. OHS, which has primary regulatory authority over the workplace, seemed to accept that its role was subservient to public health, even though no directive delegated its authority to AHS.

There was also a disregard by regulators and government officials for basic worker health and safety rights — the right to know about hazards and participate in the control of hazards, and the right to refuse dangerous work. Premier Kenney had earlier publicly chastised inspectors from the Canadian Food Inspection

“There was a disregard by regulators and government officials for basic worker health and safety rights.”

Agency (CFIA), falsely claiming that a work refusal led to the short partial closure of the small meat plant. During the town hall, Copping failed to provide any information regarding basic workers' rights under the OHS Act, nor did he affirm the importance of these rights.

When Cargill reopened on May 4, an internal briefing note to the minister of agriculture and forestry and the premier stated that workers could not use the right to refuse dangerous work because public health deemed the plant was safe. The right to refuse dangerous work, however, exists outside the authority of public health, and is meant to protect workers in situations where there isn't scientific certainty about the transmission and health impacts of a new airborne hazard.

OHS and AHS were also inconsistent in their guidance related to masking. AHS' April 7 inspection led it to recommend masking where physical distancing wasn't possible. However, Cargill didn't implement masking until April 16, and even then, there was insufficient supply for all workers. Furthermore, the surgical masks that were used provided inferior protection to workers working for eight hours a day, in close quarters, and in an environment with potentially insufficient ventilation.

On May 3, Copping approved a ministerial order requiring KN95 or equivalent masks to be used to control biological hazards, a recognition that basic surgical masks were insufficient in protecting workers in a workplace setting. That day, OHS inspectors informed AHS that they planned to wear N95 masks during their inspection of the plant, which was set to reopen the next day. However, an internal AHS email suggests that Hinshaw did not share this view. The inspection report for May 4 noted that workers received a surgical mask upon entering the plant. Officers did not issue an order requiring Cargill to comply with the ministerial order and distribute N95 masks. Nor did the officers comment on the plant's ventilation system in their inspection report. AHS issued no directive to Cargill regarding N95 masks.

Systemic Discrimination

AHS not only made incorrect assumptions about *how* the virus spread but also *where* it was spreading. Explanations for the source of the outbreak relied upon cultural stereotypes about living arrangements. On April 13, six days after the outbreak was declared and without sufficient evidence, Hinshaw publicly attributed the rapid increase in positive cases in Cargill's High River plant solely to household spread and carpooling.

In the absence of an epidemiological analysis, AHS officials continued to believe that transmission occurred among workers outside of work. This belief persisted in spite of evidence from workers, infections among CFIA inspectors (who were not as dependent on carpooling), and multiple internal AHS emails during the period confirming transmission of the virus in the plant.

Assumptions about where the spread was occurring were treated as fact by elected officials, who repeated claims that the outbreak was due largely to household transmission, further stigmatizing Cargill workers and fueling community-level racism toward these workers and their families.

Even though frontline Cargill workers were the experts of their own work, OHS and AHS did not speak directly to them to learn about their experiences in the plant.

It was not until mid-April that AHS officials learned that most workers' first language was not English. Even with this knowledge, the Government-Cargill telephone town hall meeting on April 18, which was the first opportunity for officials to hear directly from workers, offered no translation services.

When determining appropriate actions, none of the regulatory bodies seemed to consider that temporary residency status increases economic vulnerability and dependence on an employer. No steps were taken to address language and literacy barriers, cultural differences, or residency status until after the plant closed. Nor was any action taken before the closure to address the lack of alternative transportation options for workers.

“AHS not only made incorrect assumptions about *how* the virus spread but also *where* it was spreading.”

Industry Capture

Industry capture played a role in weakening the regulatory response by AHS and OHS.

While the Ministry of Agriculture and Forestry was an interested party in how COVID-19 impacted the operations of the province's meat plants, it had no regulatory authority for occupational health and safety or public health. Despite this, Minister Dreeshen played a central role in shaping the response to the Cargill outbreak. His ministry's goal was the industry's goal: uninterrupted operation of Alberta's meat-processing plants.

Dreeshen and his officials led efforts to create designations and processes that AHS and OHS worked within (essential services designation, a business resumption protocol), even though they were not designed with worker safety at the fore. Instead of a mindset centred on preventing worker exposure to the new virus, Dreeshen's comments suggest that he thought infections were inevitable and that if large numbers of workers became ill with COVID-19, they could be replaced through undefined contingency plans in order to maintain operations.

Email correspondence and the actions of AHS officials throughout the course of the outbreak suggest that they believed it was their role to help Cargill continue to operate. In one internal email to Cargill management, an AHS public health official admitted: "We are trying to prevent shutdowns."⁶

Regulators should not need the assistance of those they regulate to do their job. AHS required Cargill's support with contact tracing and related outbreak support. This created a dependency that should have been better managed. Over time, AHS acted as a partner with Cargill in trying to address the crisis. In doing so, it inappropriately took on some of the responsibility for the control of risk in a workplace.

AHS officials seemed to be torn between adhering to the public health mantra, "education is prevention," and wanting to do more but being unable to act. The evidence shows that AHS did not see itself as a regulator vis-à-vis Cargill, even though it had regulatory powers and was exercising that authority in other settings during the same timeframe (e.g., the closure of a restaurant found in non-compliance with public health orders).

“Regulators should not need the assistance of those they regulate to do their job.”

For its part, OHS performed reactive, substandard inspections, failing to enforce sections of the Act and Code that were obviously relevant to preventing worker exposure to an infectious disease. Most concerning, on April 15, OHS needed a Cargill manager to record its inspection, a decision that seriously undermined the integrity of that inspection and the independence of the ministry's work.

The April 18 town hall meeting created the perception of a "one team" approach where provincial bodies and Cargill were working together to convince workers that the plant was safe. The meeting placed Copping and Hinshaw in a compromised position, sitting alongside the employer. Both told workers their workplace was safe, even as evidence mounted showing that there was transmission in the plant. Copping failed to state the regulatory independence and powers of his ministry to keep workers safe.

We cannot fully explain why Alberta OHS abdicated its important responsibilities in response to the largest outbreak of COVID-19 in Canada. We can say that political pressure, deference to public health, negligence, and incompetence all contributed to the tragedy. Further evidence suggests that government officials prioritized the interests of the meat-processing industry over the health and safety of meat-packing workers. Whatever the causes, their inaction represents a clear case of industry capture and regulatory failure.

Recommendations

This report includes 36 recommendations that address the need for accountability and openness in regulatory enforcement and seek to strengthen the independence of Alberta's OHS and public health regulators as well as the protection of vulnerable workers. The main recommendations are:

1. AHS, OHS, and the Government of Alberta should acknowledge and publicly apologize to Cargill's workers and their families for the serious shortcomings of their response to the outbreak.
2. Alberta's health agencies and OHS must adopt the precautionary principle when responding to new respiratory illnesses. It should require employers to provide the strongest possible safeguards for employee health until

there is greater certainty about the transmission of a new respiratory virus.

3. The Government of Alberta should amend the *Public Health Act* and *Occupational Health and Safety Act* to make it clear that during a public emergency, OHS continues to be responsible for leading the response in workplaces.
4. Alberta's provincial auditor should undertake a comprehensive review of the internal processes, policies, and practices of OHS — including the staffing of key positions such as industrial hygiene officers and the director of occupational health, the authority of the minister, and the safety officers' professional responsibility guide — to determine what contributed to the regulatory failure before and during the Cargill outbreak.
5. The Government of Alberta should utilize the Alberta Labour Relations Board to create a standing list of essential services in preparation for the next public health emergency to better clarify the rights of essential workers.

1. INTRODUCTION AND SCOPE OF REVIEW

“These people who passed away are real people who loved their families and their families loved them. They’re not just statistics. They are not just numbers. They were loved people.”⁷

Ariana Quesada, daughter of Benito Quesada, a Cargill worker who died of COVID-19 on May 12, 2020.

“The Cargill story is, at its heart, a story of systemic regulatory failure.”

Introduction

Bui Thi Hiep and Benito Quesada worked on the line at Cargill’s beef processing plant in High River, Alberta. In April 2020, they tested positive for COVID-19, became ill, and were hospitalized. Eventually, both workers died.

By mid-May 2020, 952 Cargill workers — nearly 45% of the plant’s workforce — were infected with the virus. Eighteen employees and contractors were hospitalized, including eight who required life-saving care in the ICU. An unknown number of workers experienced long COVID. In addition, over 650 close contacts of Cargill workers tested positive — 25 were hospitalized and four died.⁸

Cargill was the largest COVID-19 outbreak in Canada during the pandemic. Sadly, it would not be the last in Alberta’s meat-packing plants. In 2020, there were 25 outbreaks at 15 meat-processing facilities in the province.⁹ Over the course of the pandemic, it is estimated that at least six meat-packing workers died due to COVID-19.¹⁰

This report presents findings from our independent review of the regulatory response to the April 2020 Cargill outbreak, along with recommendations to improve Alberta’s response to future workplace outbreaks of infectious diseases.

The Cargill story is, at its heart, a story of systemic regulatory failure defined by inaction, a lack of preparedness and overconfidence, cultural stereotypes, incompetence and aversion

to using available enforcement measures. This tragedy occurred in a political environment that prioritized economic growth over the health and safety of a vulnerable group of workers. The result was a large-scale, tragic outbreak, the scope of which was preventable.

While this review concerns a specific outbreak at a meat-processing plant in Alberta, our recommendations are relevant to all regulators with responsibilities for protecting worker health and safety in Canada. We strongly encourage all government decision-makers, public health officials, and OHS regulators in Canada to review them in preparation for the next pandemic.

Previous Reviews of Alberta's Response to COVID-19 in Industrial Workplaces

Despite the size and impact of the Cargill outbreak, there was no independent public inquiry into the province's regulatory response.¹¹

The panel appointed by the Government of Alberta to review the province's overall handling of the pandemic did not mention the Cargill outbreak, nor did it discuss the high rate of infection among workers in Alberta's meat-packing sector.^{12,13} As a result, the panel's report contained no recommendations about how regulatory bodies could improve their response to new infectious diseases in industrial workplaces.¹⁴

In 2022, Alberta Health Services (AHS) completed its own internal review of its management of the pandemic, producing a 244-page report that, again, makes no mention of the Cargill outbreak.¹⁵

It is not known whether Alberta's Ministry of Labour and Immigration (now called the Ministry of Jobs, Economy and Trade),¹⁶ which is responsible for regulating occupational health and safety, undertook its own internal review of its operations during the pandemic and, if it did, whether it considered the Cargill outbreak.

The only internal assessment of the outbreak by a provincial body is "Lessons Learned," a partially redacted, 10-page AHS report that we obtained through an access to information request.¹⁷

There have been four external assessments related to the Cargill outbreak.¹⁸ In 2021, Bronwyn Bragg and colleagues published a report based on interviews and a survey of Alberta meat-processing plant workers (including Cargill workers). Bragg's report included recommendations directed toward AHS and OHS.¹⁹

Second, Dr. Annalee Coakley and colleagues interviewed Cargill workers, physicians, and other health-care professionals about what did and didn't work well regarding the health-care response to the outbreak.²⁰

The third set of reviews were investigative reports by CBC and The Globe and Mail journalists, all published in May 2020.²¹ They are based on interviews with Cargill workers across different departments of the facility.

Finally, labour arbitrator James Casey settled a number of grievances concerning Cargill's compliance with OHS legislation.²² His 87-page written decision summarizes extensive witness testimony from union representatives, a public health official, Cargill managers, and infectious disease experts. It is noteworthy that, in his conclusion, Casey expressed hope that regulatory bodies in Alberta had reviewed their response to inform system improvements:

"I assume that public health and occupational health authorities continue to conduct post-mortems on the regulatory response to the COVID-19 pandemic. I would hope that planning is continuing on how the regulatory authorities should respond in case COVID-19 resurges or there is an outbreak of another type of infectious respiratory disease. I hope that there is consultation with companies and unions on what types of safety measures should be implemented, especially in the challenging context of crowded industrial production facilities."²³

Scope of This Review

The scope of our review encompasses:

1. Defining the jurisdiction of Alberta Health Services, Alberta Occupational Health and Safety (OHS), and others with responsibilities for overseeing employee health and safety at Cargill's High River plant before, during, and after the outbreak.
2. Exploring differences in regulatory oversight and health and safety protections afforded to workers designated as "essential" during the pandemic.
3. Establishing a timeline of events before, during, and immediately after the April 2020 outbreak.
4. Assessing the coordination and effectiveness of interventions by public health and OHS before, during, and after the outbreak.
5. Based on the above, assessing *why* the outbreak occurred and *how* it became the largest in North America at the time.
6. Providing policy recommendations to improve the response of Alberta's regulatory bodies to future outbreaks of infectious disease in industrial meat-processing facilities.

Sources and Limitations

As with any review of this nature, we have the benefit of hindsight. In particular, we were able to draw from research into the spread of COVID-19 in workplaces, which was not yet available in the early days of the pandemic. We approach our review with a sense of fairness, and let the evidence that was available to us speak for itself. Where we are unsure, we say so. We hope the lessons contained in this report are taken seriously and contribute to system improvements in Alberta and other jurisdictions.

Our review was based on a variety of sources. First, we examined media reports, legal decisions, relevant legislation, and other publicly available documents. Second, we explored materials — such as email correspondence, inspection reports, and others — obtained through multiple access to information requests of AHS and the Government of Alberta.

“We hope the lessons contained in this report are taken seriously and contribute to system improvements in Alberta and other jurisdictions.”

We invited public health, OHS officials, and others with firsthand knowledge of Alberta's regulatory environment and the response to the Cargill outbreak to participate in an interview or respond to questions in writing. Of the 20 people the first author contacted, three agreed to participate in an interview. A representative from the OHS department of the Ministry of Jobs, Economy, and Trade declined to participate. No one from AHS or the Ministry of Agriculture and Forestry acknowledged our invitation.

We also spoke with several experts in the fields of OHS and public health, and we considered past reviews and research related to assessing and controlling infectious disease in workplaces. Separately, the findings and recommendations of Ontario's independent SARS Commission (2007) led by Justice Campbell were relevant and informative.²⁴

We did not interview Cargill workers for our report. Contemporaneous accounts from Cargill workers were gathered from published interviews, media reports, and other sources cited in this report.

Many of the documents obtained through access to information requests had information redacted. In most cases, redactions were cited as being related to privileged or third-party information.²⁵

We found that requests for information from AHS and Alberta's Ministry of Labour were treated differently. In response to three FOIP requests to the latter, we received just one page.

While there is sufficient information that explains how and why the Cargill outbreak occurred, we acknowledge that there are still gaps in our knowledge of the event.

Structure of This Report

Our report begins with a summary of the research on the transmission of COVID-19 with a focus on meat-processing plants. Next, we describe Cargill's High River plant and the frontline workers employed there, as well as the physical and psychological impact of the outbreak. From there, we outline the roles of public bodies with responsibilities for occupational health and safety in Alberta. We then turn to the province's pandemic essential services designation and its response to the first meat-packing plant worker to test positive for the virus. With this background,

we provide a detailed timeline of the Cargill outbreak and its immediate aftermath. We conclude by exploring the question of *how* and *why* the outbreak occurred and make recommendations to improve Alberta's response to future workplace respiratory viruses.

2. COVID-19 AND ITS IMPACT ON MEAT-PROCESSING PLANT WORKERS

SARS-CoV-2, the respiratory virus that causes COVID-19, is spread among humans primarily by aerosol transmission. This form of transmission varies from large droplets to smaller particles expelled through coughing, sneezing, shouting, and speaking. The former fall onto surfaces within minutes, whereas smaller particles may remain suspended in the air for long periods of time, potentially causing wider exposure to others who are present in a shared indoor space. Transmission may also occur through direct and indirect contact with people, surfaces, and objects in the immediate environment.

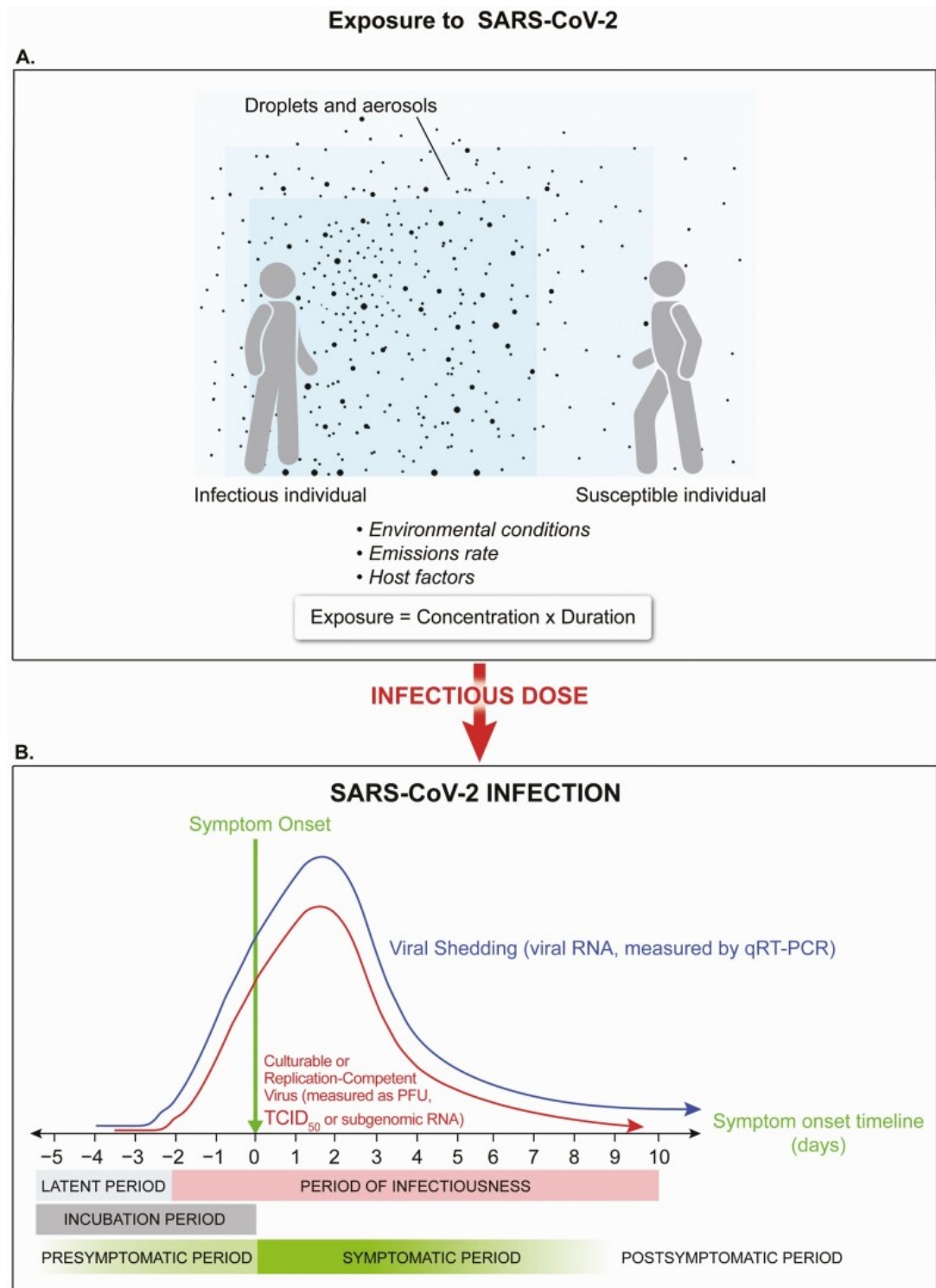
The severity of illness from a COVID-19 infection varies from asymptomatic to fatal. Several factors are associated with COVID-related illness severity (e.g., >65 years of age, gender, certain comorbidities).²⁶

In the early months of the pandemic, many public health leaders believed that COVID-19 only spread through large droplets. In addition, initially, it was believed that asymptomatic transmission was not possible. However, by mid-April 2020 there was growing evidence of asymptomatic spread of the virus. One review study estimated that approximately 24% of the spread was related to asymptomatic individuals.²⁷

Figure 1 illustrates the exposure and infection process. Brosseau describes the temporal nature of the virus this way:

“The incubation period for SARS-CoV-2 (from receipt of an infectious dose to symptom onset) is 2–14 days (median: 4–6 days). Peak shedding of viable virus leading to infectiousness occurs 1–3 days before symptom onset to 5 days after. Infectious virus is usually not shed beyond 8–10 days after symptom onset.”²⁸

Figure 1. SARS-CoV-2 Transmission, Exposure, and Infection



Source: Lisa M. Brosseau et al., "Severe acute respiratory syndrome coronavirus 2," 1196.

“The outbreak associated with Cargill’s High River plant was, at the time, the largest in North America, but it was by no means the only outbreak at a meat plant.”

The outbreak associated with Cargill’s High River plant was, at the time, the largest in North America, but it was by no means the only outbreak at a meat plant.²⁹ Worldwide, COVID-19 spread rapidly through these facilities in the first few months of the pandemic.

Food and related processing plants had some of the highest rates of outbreaks.³⁰ One study of 1.2 million workers in Ontario found a relatively high rate of severe COVID-19 (in terms of emergency visits and hospitalization) in the food, wood, and textile processing sector.³¹

Studies of meat-packing plants have found that workers in certain areas of these facilities experienced higher infection rates.³² For example, a large German beef and pork plant reported that workers involved in slaughtering, meat cutting, and meat inspection had the highest infection rates (35-51%) compared to cleaning (21%), shipping (19%) and administration (15%) for example.³³ This study also reported that household size was not a risk factor when controlling for work area.

Several other risk factors have been found to be associated with high rates of infection in meat-packing plants, including poor ventilation and low temperatures.³⁴ Meat-processing workers were deemed “essential” and were exempted from public health orders related to gathering sizes and physical distancing. In addition, early in the pandemic workers were not provided with appropriate respirators. A 2023 study by Lou and co-authors listed these and other risk factors (Table 1).

Table 1. Design Features Conducive to the Spread of COVID-19 in Meat-Packing Plants

Condition	Specification	Relationship to COVID-19
Proximity	Shoulder to shoulder, within three feet	Crowding and social distancing are difficult
Orientation Gen Env	Shoulder to shoulder, face to face	Noise, louder speaking
Humidity	Both low and high	Virus survives longer in both high and low relative humidity
Temperature	25–50°F in process and chill areas	Lower temperatures prolong virus survival
Shift length	8–12 h	Longer hours can produce higher exertion and less mask compliance and fit
Ventilation	Poor	Low fresh air intake and flow allows for greater concentrations of the virus
Shared facilities	Lunch, break, and restrooms	Contact in areas where there is ongoing community transmission increases possibility of infection
Shared transportation	Buses to and from the facility, carpooling	May increase risk among carpooling workers
High touch areas	Handles, buttons, and railings in a plant	Without disinfection, high-touch and metallic surfaces may retain live virus for longer periods of time
Aerosols for cleaning	Use intense water to clean surfaces which can carry a dense production of aerosols combining dust, feathers, and feces	Potentially increased aerosol spread
Diverse language, and cultural differences	Multilingual, people of color, immigrants, and people in relatively low-income families	A vulnerable workforce who are less able to leave poor working conditions

Source: Jiehong Lou, Sachraa Borjigin, Connie Tang, Yalda Saadat et al., "Facility design and worker justice: COVID-19 transmission in meatpacking plants," *American Journal of Industrial Medicine* 66, no. 9 (2023): 715. **Note:** Adapted from the original table; a column containing hyperlinks to footnotes in the source article has been omitted.

3. CARGILL AND ITS WORKERS

Cargill's High River Plant

Cargill is a large multinational agriculture and agri-foods company. Its High River plant is located about a 35-minute drive from the south end of Calgary. In 2020, the plant was responsible for processing approximately 37% of Canada's beef supply — equivalent to about 4,500 head of cattle per day.³⁵ The plant not only supplies Canada's domestic market but also exports to the US and other countries.

At the time of the outbreak, Cargill employed about 2,200 hourly workers, contractors, and management staff at the facility. Frontline employees are represented by the United Food and Commercial Workers Union (UFCW), Local 401 (hereafter referred to as "the union").

Workers are on eight-hour shifts with an unpaid meal period of 40 minutes. They spend another 20 minutes on site before punching in/out for changing in the locker rooms.

In addition, at that time, approximately 35 Canadian Food Inspection Agency (CFIA) food inspectors worked at the plant. They are represented by the Public Service Alliance of Canada (PSAC).

Cargill's facility is designed for efficiency. It is divided into two main operational sections: harvest and fabrication. The harvest floor (colloquially called the "kill floor") is where cattle are killed, bled, and have the hide removed. It is a relatively warmer area (~15C) described as steamy and noisy with the sound of heavy machinery. Coolers are used to store slaughtered cattle before they are moved to the fabrication section, where carcasses are broken down into different cuts, packaged and prepared for shipping.

Hourly workers in the fabrication section process meat that moves on a conveyor belt. Workers work side-by-side and across from one another and must keep up with the speed of the conveyor belt. The work environment is cold (~7C), noisy, and cramped.

The facility also includes common areas (e.g., locker room), administrative, maintenance, shipping and receiving and other areas. The locker room, hallways, cafeteria and washrooms are, at times, crowded. Below are pictures of different parts of the plant taken before and during the April 2020 outbreak.

Figure 2. Cargill Fabrication Department Prior to the Pandemic



Source: Joel Dryden, “Safety investigation of COVID-19 in Cargill slaughterhouse didn’t include worker representation, OHS finds,” CBC News, May 9, 2020, <https://www.cbc.ca/news/canada/calgary/cargill-michael-hughes-ohs-occupational-health-and-safety-1.5562931>.

Figure 3. Cargill Cafeteria Prior to the Pandemic



Source: Joel Dryden and Sarah Rieger, “Inside the slaughterhouse: North America’s largest single coronavirus outbreak started at this Alberta meat-packing plant. Take a look within,” CBC News, May 6, 2020, <https://newsinteractives.cbc.ca/longform/cargill-covid19-outbreak/>.

Figure 4. Cargill Locker Room During the Pandemic



Source: Joel Dryden and Sarah Rieger, “Inside the slaughterhouse: North America’s largest single coronavirus outbreak started at this Alberta meat-packing plant. Take a look within,” CBC News, May 6, 2020, <https://newsinteractives.cbc.ca/longform/cargill-covid19-outbreak/>.

Workers

This is how some Cargill workers recall their experience of the April 2020 outbreak:

“I was so concerned about my family, especially because I am the one working, doing everything for my family.”

“Thinking of my kids, as I was responsible for providing everything to them in Kenya.”

“I was fearful and worried. That time, my wife was pregnant. That’s why I isolated myself and stayed at the basement.”³⁶

We centre the voices of workers in our report not only because they and their families bore the brunt of the Cargill outbreak but also because their voices were systematically ignored during this tragedy. In this section and throughout our report, we draw on contemporaneous interviews with Cargill workers about their experiences.³⁷

Cargill employs some of the most marginalized and vulnerable workers in Canada. Most are newcomers - refugees and landed immigrants, and mostly racialized. Many do not speak English and have varying levels of literacy. They come to Alberta from the Philippines, Somalia, Afghanistan, Ethiopia, and other countries. At the time, under Canada's controversial Temporary Foreign Worker Program (TFWP), up to 10% of Cargill's workforce could be temporary foreign workers. Historically, most workers under this program have "closed work permits," which means under most circumstances these workers cannot change employers and they have no right to stay in Canada after their work permit expires.³⁸ Starting in 2019, workers in Canada under the TFWP could apply for an open work permit if they experienced abuse and mistreatment in their job.³⁹

At the time of the pandemic, about half of the plant's workers lived in High River and half in Calgary. There was no public transportation to the plant and, in 2020, the starting hourly wage for entry-level production jobs was \$19.55 (Alberta's minimum wage was \$15 at the time). Because of this, many carpooled to work and shared living accommodations with a dozen or more people.

When public health orders limited gathering sizes in late March 2020, the Government of Alberta designated meat-processing plants an essential service. The province and Cargill told meat-packing plant workers that they had to continue working to ensure food security. Many workers depended on wages to survive and for remittances to send to family members abroad. And so workers were left with little choice: most continued to spend nine hours a day in a crowded plant that they knew carried a high risk of infection.

They weren't epidemiologists. They did not need to be. By early April, most knew firsthand that the virus was spreading in the plant and making workers ill, some with severe illness.

Because of this, Cargill workers lived in constant fear. They feared becoming ill and not being able to support their family in Canada and their relations abroad. They feared spreading the virus to family members and friends. If their home had one, some slept in a garage or basement to avoid infecting others. Many were terrified of losing their jobs, losing their visa status, or even of going to a hospital to receive care because of a lapsed visa.

Others feared the overt racism they and their coworkers experienced from a landlord or community members who blamed them for spreading the virus.⁴⁰ One worker said [my landlord] treated me like an animal.⁴¹ Another said their “friends encountered [racist] comments in the local grocery stores from random people.”⁴²

Some workers were overwhelmed by anxiety about dying: “I told myself, if I were to die, then so be it. I thought of my family back home. My thoughts really were empty. I couldn’t do anything and just ended up crying.”⁴³ Some rushed to make a will, while parents worried about what would happen to their children if they died: “I can’t not explain; it was terrible for me because I said now if I die here, who will help my kids? My kids, they don’t have a father. [...] I don’t have relatives. It was terrible for me.”⁴⁴

Tragically, throughout the crisis, workers’ repeated calls to close the plant were not taken seriously. Public health leaders acted with certainty that their approach to managing the crisis at Cargill was effective even though they did not fully understand the virus. They believed COVID-19 was spreading because of where and how workers lived, and how they commuted to work. They and elected officials publicly repeated this assumption.

It was not until nearly two months after the outbreak, in mid-June 2020, that AHS’ own analysis showed that the outbreak likely began in the plant and spread outwards to the community. An internal AHS report, which was never made public, acknowledged: “Collectively asymptomatic infection, lack of masks at critical time periods, high-humidity-high-traffic areas, and working while symptomatic likely contributed to increased transmission.”⁴⁵

The April 2020 Cargill outbreak resulted in lasting trauma and resentment among many Cargill workers.

“Tragically, throughout the crisis, workers’ repeated calls to close the plant were not taken seriously.”

4. REGULATORS WITH RESPONSIBILITIES FOR OCCUPATIONAL HEALTH AND SAFETY IN ALBERTA

Cargill, Alberta Health Services, Alberta's Ministry of Labour and Immigration, and the Canadian Food Inspection Agency each had unique and overlapping responsibilities for worker health and safety at Cargill's High River plant.

Ministry of Labour and Immigration

Alberta's Ministry of Labour and Immigration, as it was known in 2020, was responsible for overseeing occupational health and safety in provincially-regulated workplaces⁴⁶ (hereafter referred to as "Ministry of Labour"). The ministry's jurisdiction is defined by Alberta's *Occupational Health and Safety Act* (OHS Act). Jason Copping was Alberta's minister of labour in 2020. Section 25 of the Act states:

"The minister (a) is responsible for occupational health and safety, generally, and with the maintenance of reasonable standards for the protection of the health and safety of workers in Alberta." (b) is responsible for the administration of this Act, the regulations and the OHS Code."

Copping was not a member of Alberta's Emergency Management Cabinet Committee, which was responsible for day-to-day decisions about public health measures, and recovery and support programs. And at no point did Copping delegate his ministry's responsibility for OHS to AHS or another body.

The *OHS Act* outlines broad duties of employers, supervisors, workers, and other parties such as contractors and suppliers, while Alberta's *Occupational Health and Safety Code* (OHS Code) sets out detailed regulations related to injury prevention and the

control of workplace hazards. Appendices 1 and 2 show sections of the Act and Code that are most relevant to the control of biological hazards (e.g., the use of qualified respirators).

The definition of “worker” in the Act does not differentiate based on the residency or citizenship status of an employee. Under the law, all workers are afforded the same rights and protections. They have the right to refuse dangerous work and cannot be subject to reprisal or discrimination when they exercise this right. Other worker rights include the right to know about hazards in their workplace and the right to participate in safety through joint worker-management health and safety committees.

Alberta, like other jurisdictions in Canada, follows the Internal Responsibility System (IRS), a philosophy that assigns roles and responsibilities to workplace parties. In this system, employers have the greatest responsibility for health and safety (e.g., training, providing competent supervision, properly maintaining equipment). These responsibilities are formalized in the OHS Act. The regulator acts as a check on the IRS through targeted (proactive) and complaint-driven (reactive) inspections and enforcement activities. In Alberta, the latter include compliance orders, stop-work orders (temporary closure of part or all of a workplace), tickets, administrative penalties and prosecutions after an incident occurs. Under the IRS, the regulator is not responsible for controlling workplace hazards, the employer is.

Officers typically have previous work experience in the sector they are regulating. In addition, some officers, such as industrial hygienists and engineers, have professional qualifications. While occupational hygienists may not have a background in infectious diseases, they have training that is focused on preventing the spread of particulate matter and occupational disease through proactive actions.

All officers should receive extensive training in administrative justice along with on-the-job training. In Alberta, OHS officers are guided by a professional code of practice.⁴⁷ Because of the nature of their work, occupational health and safety inspectors are exempt from certain health and safety protections in the Act. During the pandemic OHS inspectors were declared essential workers.

Legislation permits officers to inspect a workplace at any time and they may compel the production of any information required to perform their duties. The OHS Act requires that an officer's orders be posted in a "conspicuous place as soon as practicable until conditions have been met."

Officers also lead investigations into serious injuries and fatalities and prepare prosecution files for Alberta's Ministry of Justice. The OHS Crown prosecutor, in turn, determines whether charges are laid.

The ministry's 2019-2020 annual report for the year ending March 31, 2020, noted that OHS engaged in an even mix of proactive and reactive (complaint or incident-driven) work.⁴⁸ The report highlighted noteworthy operational issues.⁴⁹ As Table 2 shows, between 2017-2018 and 2019-2020, there was an 18% decrease in inspections, a 42% reduction in follow-up inspections, and a 34% increase in written orders.

Table 2. Number of Alberta Ministry of Labour OHS Inspections and Orders, 2017-2021

	2017-2018	2018-2019	2019-2020	2020-2021
Inspections	11,752	10,365	9,624	14,502
Re-inspections	5,076	4,045	2,921	3,175
OHS orders written	10,899	16,680	14,564	7,868

Sources: Alberta, Ministry of Labour and Immigration, *2019-20 Annual Report* (Edmonton: Ministry of Labour and Immigration, July 2020); Alberta, Ministry of Jobs, Economy, Trade and Immigration, *2020-2021 Annual Report* (Edmonton: Ministry of Jobs, Economy, Trade and Immigration, July 2021).

The ministry partially attributed the decrease in inspections in 2019-2020 to training 27 new officers:

"The [training] academy resulted in many front line staff being removed from the field to support the training and development of the new officers. The investment in the new staff had an operational cost to the organization that will gain a return on investment in the form of competent, credible and consistent officers."⁵⁰

“The Government of Alberta did not adopt paid sick days during the pandemic.”

Copping later said that the new officers completed their training in February 2020.⁵¹

In terms of its initial response to the pandemic, the ministry stated that it ensured Alberta's labour legislation was “flexible” and “responsive” by introducing temporary changes to employment standards, labour relations, OHS, and WCB rules”.⁵² The Government of Alberta did not adopt paid sick days during the pandemic.

In its 2019-2020 annual report, published in July 2020, the ministry described its approach to regulating workplace health and safety at the beginning of the pandemic this way:

“Beginning in Spring 2020, the ministry began providing an expedited response to complaints related to COVID-19 and all proactive work was paused to allow for increased capacity to deal with COVID-19-related complaints. Officers were provided with additional training on biological hazards and **the ministry shifted to completing most inspections remotely to help protect the health and safety of Albertans and of OHS officers and to comply with public health orders in place at the time.**”⁵³ (emphasis added)

However, in the following year's report (2020-2021), the ministry characterized its initial response to essential services, specifically, as proactive:

“As part of the department's initial response to the COVID-19 pandemic, proactive inspections focused on essential services that remained open during the pandemic. OHS officers continued to respond to work site complaints and focused on monitoring to ensure effective controls were in place to mitigate the spread of COVID-19 and meet the requirements in OHS legislation to protect the health and safety of workers in Alberta.”⁵⁴ (emphasis added)

Alberta Health Services

In 2020, Alberta Health Services (AHS) was responsible for the delivery of health care to almost 4.5 million Albertans. It was a standalone organization with an executive leadership team and a board of directors that provided governance. The board was accountable to the minister of health, who, during the first year of the pandemic, was Tyler Shandro.

On March 17, 2020, Alberta's chief medical officer of health (CMOH), Dr. Deena Hinshaw, declared a state of emergency under Section 52.1 of the province's *Public Health Act*.

The CMOH's authority derives from the *Public Health Act*. More generally, the role serves to provide "public health expertise to support health surveillance, population health and disease control initiatives on issues of public health importance." During the pandemic, Hinshaw worked closely with the minister of health and other cabinet ministers, including then-Premier Jason Kenney. Hinshaw issued verbal and written directives, which the AHS then operationalized.⁵⁶

Related AHS activities included detection and testing, case investigation and contact tracing, outbreak identification and management, data modelling and projections, public communication, and other related activities.⁵⁷ Early in the pandemic, public health was the focal point for providing information and guidance to workers and employers regarding how to prevent transmission of COVID-19 in workplaces.

To coordinate its response, AHS established an Emergency Coordination Centre (ECC). Hinshaw provided overall direction to the ECC and was the public face of the AHS and government-wide response to the pandemic.

The declaration of a health emergency provides the CMOH and cabinet extensive authority to manage the emergency, including requiring that individuals and organizations take or refrain from taking specific actions, including restrictions on freedom of movement, alteration or cessation of business activities and implementation of protective measures. Such orders are enforceable through the courts. The Public Health Act also gives local Medical Officers of Health (MOHs) broad powers, through the CMOH's orders, to protect public health, including employee health in industrial workplaces, retail businesses, schools, places of worship, and other settings.

The response to the Cargill outbreak was led by the AHS MOHs in the Calgary Zone and involved AHS Environmental Public Health (EPH) staff.⁵⁸

Canadian Food Inspection Agency

The Canadian Food Inspection Agency (CFIA) is the federal body responsible for overseeing food safety for Canadians. It operates as an independent agency and is accountable to the federal minister of health. During the time of the Cargill outbreak, the minister was Jean-Yves Duclos.

Early on in the pandemic, it was recognized that COVID-19 was not a foodborne illness.

The CFIA employs inspectors who work in slaughterhouses, meat-packing, and other food processing plants across Canada. By law, federally-regulated facilities cannot operate without CFIA inspectors.

As an employer of over 1,000 inspectors across Canada, the CFIA is responsible for protecting the health and safety of its employees through maintaining compliance with the Canada Labour Code, Part 2 (OHS).⁵⁹ The Canada Labour Code guarantees federally-regulated workers the same basic rights as other workers in Alberta: the right to know, participate and refuse dangerous work. Technically, federal health and safety officers are responsible for overseeing OHS in federally-regulated workplaces.

The CFIA's 2020-2021 annual report noted that "When cases of COVID-19 occur in a food processing establishment, the CFIA works with local public health authorities to determine the level of risk of exposure for CFIA employees, and their need for self-isolation and/or referral to health services for testing."⁶⁰

Approximately 37 inspectors worked at Cargill's High River plant at the time of the April 2020 outbreak.⁶¹

The CFIA had no legislative responsibility for the occupational health and safety of Cargill's workers. Again, that responsibility ultimately rested with Cargill.

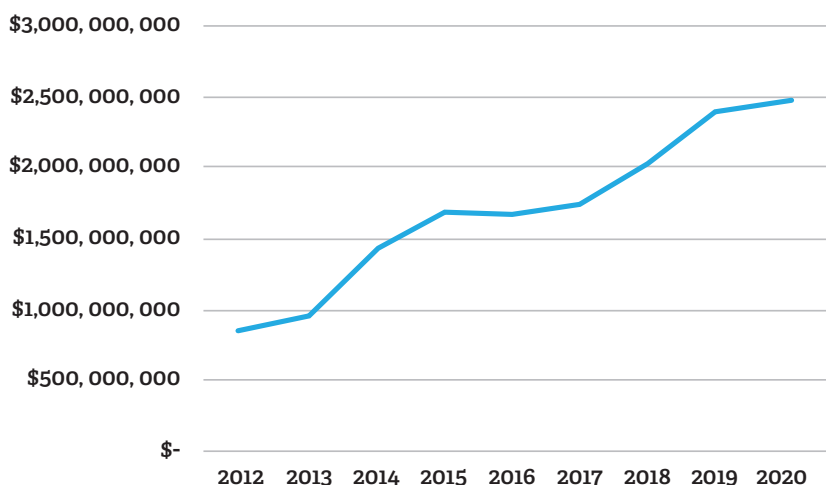
5. ALBERTA'S MINISTRY OF AGRICULTURE AND FORESTRY

The Ministry of Agriculture and Forestry had no formal regulatory role for health and safety at Cargill. However, its minister, Devin Dreeshen, played a central role in shaping the regulatory response to the outbreak. Unlike Copping, Dreeshen was a member of the Emergency Management Cabinet Committee.

The Ministry of Agriculture and Forestry has a broad range of responsibilities, which it describes as “the policies, legislation, regulations, programs, and services that enable Alberta’s agriculture, food, and forest sectors to grow, prosper, and diversify.”⁶² This includes food inspection at provincially-regulated facilities.

Many of the ministry’s key performance measures for the agriculture and agri-food sectors centre on creating and supporting conditions for economic growth.⁶³ Alberta’s beef industry supplies a global market and has grown rapidly since 2012 (Figure 5). In 2020, the dollar value of beef exports was nearly \$2.5 billion.⁶⁴

Figure 5. Dollar Value of Alberta Beef Exports, 2012-2020



Source: Alberta, Alberta Agriculture, Forestry and Rural Economic Development, Intergovernmental and Trade Relations Branch, Statistics and Data Development Section. *Alberta Agri-Food Exports, 2012-2021* (Edmonton: Government of Alberta, February 2022).

In terms of OHS, the ministry is responsible for the health and safety of its food inspectors who oversee food safety in provincially-regulated meat processing and dairy plants.

During the first year of the pandemic, 15 meat-processing facilities in Alberta reported COVID-19 outbreaks.⁶⁵ In its annual 2020-2021 report, the ministry highlighted “increased slaughter backlog volumes” and the related economic impact of temporary plant closures on ranchers and feedlot owners:

“The closure of numerous processing plants caused more than 130,000 slaughter-ready cattle to accumulate on farms, and producers were faced with the extraordinary cost of keeping these cattle on maintenance rations.”⁶⁶

In mid-April 2020, a federal official noted in an internal email that “Cattle Feeders are concerned that producers will panic if they do not think there is any kind of financial aid in place. The fear is that producers will push to sell their fed cattle, flood the market and get rock bottom prices.”⁶⁷ In response to industry lobbying, by May 2020, the provincial and federal governments announced a fed-cattle set-aside program, which provided compensation to ranchers.⁶⁸

Despite temporary closures of meat-packing plants, the ministry’s own statistics show that Alberta’s meat and beef sectors fared relatively well during the first year of the pandemic (Table 3). While production dropped slightly, the dollar value of beef exports increased by 2.8% between 2019-2020 and 2020-2021.

Table 3. Alberta Beef Production, 2019-2021

	2019-2020	2020-2021	% Change
Value of beef exports	\$2,417,000,000	\$2,485,000,000	+2.8%
Beef production (tonnes)	974,248	969,442	-0.5%
Number of cattle and calves slaughtered	2,543,082	2,492,402	-2.0%

Source: Alberta Agriculture, Forestry and Rural Economic Development, Intergovernmental and Trade Relations Branch, Statistics and Data Development Section, 2022.

A key ministry objective during the first year of the pandemic was ensuring the continuous operation of Alberta's food supply chain.⁶⁹ To enable this, in late March, Dreeshen declared agricultural businesses and operations "essential services." Next, we turn to the issue of essential services.

6. ESSENTIAL SERVICES IN ALBERTA

“The Alberta government has determined our business and you (our employees) are an ESSENTIAL SERVICE in order to ensure our families and communities have access to a safe and secure food supply.”

Poster on Cargill’s High River plant bulletin board, April 8, 2020.⁷⁰

Essential Services During the Public Health Emergency

In late March 2020, Alberta and other governments began using the term “essential services” to describe a broad range of workplaces that they considered important to society and exempted from public health orders related to gathering sizes.⁷¹ As a result, tens of thousands of workers in Alberta who, prior to the pandemic, were not considered essential workers were now deemed as such. As we will see, the process of designating meat-packing plant workers in Alberta as essential was both political and economic.

Outside of a public health emergency, the process of designating “essential services” in Alberta is prescribed by the province’s Labour Relations Code. Section 95 of the Code states: “essential services are those services (a) the interruption of which would endanger the life, personal safety or health of the public, or (b) that are necessary to the maintenance and administration of the rule of law or public security.”⁷² The process of designating essential-service workers involves negotiation between an employer and the union and, when disputes arise, mediation and dispute resolution supported by the Alberta Labour Relations Board. Prior to the pandemic, only occupations such as firefighters, police officers, nurses, and doctors were considered “essential” due to their life-saving role in society.

Workers who are legally “designated essential service workers” have restrictions placed on their right to strike during a labour dispute.⁷³ Otherwise, essential service workers, with some exemptions (e.g., firefighters), have access to the same OHS rights and protections as non-essential workers.

Cargill High River and UFCW 401 were never required to file an Essential Services Agreement at any time prior to, during, or after the pandemic.

The declaration of the public health emergency activated sections of the *Public Health Act* that provided broad powers to the chief medical officer of health and gave their orders the force of statute.⁷⁴ Hinshaw issued Order 02-2020, which placed restrictions on large gatherings and dining capacity and closed recreational and entertainment facilities. This order exempted grocery stores, shopping centres, health-care facilities, airports, the legislature, and “other essential services” from the restrictions. The order did not define “other essential services”.⁷⁵

Two days after the declaration of a public health emergency, the Alberta Cattle Feeders Association (ACFA) and Alberta Beef, two powerful industry lobby groups, stated in a letter to their members that Minister Dreeshen “gave assurances that the agriculture industry would be considered an essential service.”⁷⁶ Alberta Beef and ACFA reasoned that “it is of the utmost importance the Government of Alberta provide support and assurances that all aspects of the beef value chain will maintain business continuity.”⁷⁷ The letter highlighted how an essential services designation could be used by business owners to “encourage” their employees to work during the pandemic:

“We have heard that several feedlot operations in Alberta are starting to see a shortage of workers and are getting concerned that they may not have enough employees available to ensure their animals are properly being cared for. [...] And farm operators, as they are not officially deemed essential services, have no recourse to encourage employees to return.”⁷⁸

In a similar vein, a lawyer representing JBS, Alberta's other large meat-processing company, wrote to David Burdek, assistant deputy minister of agriculture and forestry:

"We assume the Government of Alberta will publish very soon a prescriptive list of essential businesses that need to remain open despite the more general message for Canadians to stay home. Can you tell us if this is imminent? This will greatly increase our ability to source critical supplies and to communicate with staff, we'd appreciate an update from your team."⁷⁹

At a media event on March 26, Dreeshen made "an official request" to the federal government to "declare the entire food supply chain as an essential service to ensure a safe and stable food supply for Albertans."⁸⁰ He noted that there had been a rapid increase in demand for food due to what he described as "irrational panic buying" and "unnecessarily stockpiling" of food. Dreeshen's request for a federal essential services designation was framed in a way to assure the public that the food supply system was stable and secure.

Two exchanges with journalists during Dreeshen's press conference provide insight into his thinking about the implications of an essential services designation. In this response, he discusses the importance of the food sector. While he suggested newly-designated essential workers would not be exploited, he did not convey that they could exercise health and safety rights.

Minister Dreeshen: "An essential service, ultimately, just goes to show the importance of that industry, so that if they were to be shut down that would have broader economic effects that would ripple through society. Obviously food being so essential that we all need to eat is something that other types of industry like our water supply systems or other critical infrastructure we want to make sure that will always be maintained. Declaring agriculture as an essential service, I think just amplifies the need of its importance, but again, it's not an indentured servitude where [workers are] going to have to work around the clock."⁸¹

In an exchange with another journalist, Dreeshen suggested that workplaces deemed essential would not be able to close regardless of what unfolded during the pandemic.

Journalist: “I’m still not clear in the practical world what it means that you’re declaring the food supply system as an essential service. Can you give us one practical example of what changes with this declaration?”

Dreeshen: Ultimately, if any industry, in the event of further government action, to say that there are more businesses that would have to be closed or non-essential, essentially businesses would be closed that essential services — once you’ve identified them — they would not be effected.

Journalist: So [essential services] are not allowed to close?

Dreeshen: Yes, so essentially we’re adding [to] the list of what is essential and so that no matter what were to happen in the future, if there was to be further government actions, that essential service of agriculture of our food network, food supply chain would remain open.”⁸²

We believe Dreeshen’s request of the federal government to designate the entire agri-food sector as essential served two purposes: first, to ensure consistency across Canada and, second, to prevent plant shutdowns initiated by CFIA management or its food inspectors withdrawing services due to health and safety concerns.

There is no evidence that the federal government acted on Dreeshen’s request to designate food processing facilities as an essential service. During the pandemic, Public Safety Canada defined essential services as services that function “to ensure the health, safety, and economic well-being of the population.”⁸³ It also made it clear that the federal government did not have jurisdiction to legally designate workers as essential.

“These essential services and functions are advisory in nature. This guidance is not, nor should it be considered to be a federal directive or standard.”
[...] “[P]rovinces and territories, not the federal government, have the legislative authority to determine what is or is not considered essential in their jurisdiction [...].”⁸⁴

In an update to its members, the chairperson of Alberta Beef later claimed that the designation was the result of lobbying efforts: “Our industry organizations were successful in having the entire agri-food supply chain declared essential services.”⁸⁵ They added:

“... we have also been collaborating with the Alberta Cattle Feeders’ Association (ACFA) in extensive discussions with the Government of Alberta to ensure that our provincial government understands the needs and priorities of Alberta producers. Our first priorities have been keeping packing plants and borders open, cattle and beef moving and maintaining movement of supplies to farms, ranches and the processing facilities. **If we can keep commerce going, strong beef demand and markets will help our industry to weather the storm of COVID-19.**”⁸⁶ (emphasis added)

On March 27, in response to a growing number of COVID-19 cases, Hinshaw ordered the closure of all “non-essential” businesses with in-person contact (e.g., dine-in restaurants, retail stores) and limited gathering sizes to 15 people. The order referred to essential and non-essential businesses, and defined “essential service” as a service that was “critical to preserving life, health, public safety and basic societal functioning”. While the order gave several examples of non-essential businesses, it did not include a list or examples of essential workplaces.

The next day, the Government of Alberta published its own extensive list of more than 100 essential services, which included meat-processing plants (see Appendix 3).⁸⁷ To our knowledge, the Government of Alberta’s list of essential services had no legal effect as it was not recognized or cited in any public health order, nor was the list formalized by a ministerial or executive-council order.⁸⁸

While essential services were exempt from public health orders related to gathering sizes (50 people), public comments by Hinshaw at this time recognized that both essential and non-essential employers still had responsibilities to mitigate the risk of infection through control measures and have an overall response plan in place.

It is important to note that employees who were declared essential workers could not access the Canadian Emergency Response Benefit (CERB). This federal program provided \$500 per week to workers impacted by COVID-19.⁸⁹ However, under CERB, workers who voluntarily quit their jobs due to COVID-related health and safety concerns were explicitly ineligible for the benefit.

In summary, the list published by the Government of Alberta was significantly broader than what had been considered essential services prior to the pandemic. Dreeshen claimed that the designation was intended to convey the importance of these sectors to society, so much so that, in the case of meat-packing plants, they could not be closed by public health order or other government directive during the pandemic.

“The designation of meat-packing plants as both essential *and* excluded from regulatory-ordered temporary closure due to outbreaks had no legal basis.”

However, the designation of meat-packing plants as both essential *and* excluded from regulatory-ordered temporary closure due to outbreaks had no legal basis. The evidence suggests that the designation was a result of lobbying efforts by Alberta's beef industry to maintain staffing and, more broadly, protect the economic interests of producers and meat-processing companies. The minister appears to have strategically employed the language of food scarcity to shelter the industry from public health restrictions.

Later, a KPMG report commissioned by the provincial government stated that Alberta “adopted a broader definition of what constituted an ‘essential service’ which provided flexibility to avoid the larger-scale business closures adopted by other jurisdictions.” Keeping Alberta “open” also involved the continued operation of industries like construction, manufacturing, and energy throughout the height of the pandemic.

To understand how Alberta's regulatory roles and responsibilities were understood and shaped by political pressure, we turn to the province's response to the first meat-processing plant worker to test positive for COVID-19, which occurred a week before Cargill's first known case.

Application of Essential Services: Partial Closure of Harmony Beef (March 26, 2020)

On March 26, AHS notified Harmony Beef, a smaller beef processing plant near Calgary, that one of its workers had tested positive for COVID-19. The worker had called in sick the previous three days. They and a few other workers, who were close contacts at the plant, were instructed by AHS to isolate for 14 days.⁹¹

The next day, coincidentally the same day the Government of Alberta published its list of essential services, Harmony Beef partially closed. Consistent with the agency's responsibilities as an employer under the Canada Labour Code, the CFIA sought to determine if the plant was safe for its inspectors. In a statement to the media, the CFIA said: "[This closure will] allow the plant to initiate a number of follow-up activities."⁹² The agency also noted that it was "working closely with the company to support the resumption of slaughter activities as quickly as possible."⁹³

According to an internal briefing note to Alberta's minister of agriculture and forestry, AHS "had given clearance to [Harmony Beef to] continue processing" but the plant could not operate without CFIA inspectors.⁹⁴

On March 27, Hinshaw publicly acknowledged the Harmony closure and said that "the total number of people who were impacted was not significant enough to impact the operations of the plant, so I can't comment on the decision to shut [down]."⁹⁵ Alberta Premier Jason Kenney spoke after Hinshaw and said he was "disappointed" with the CFIA. He went on:

"Our understanding is the CFIA believes that the plant has been cleaned, all the protocols have been followed, and that the plant is safe to reopen for production but that some individuals — CFIA inspectors — have refused to go back to the job. And so our Minister of Agriculture for Alberta, Minister Dreeshen is working with his officials to see if we can instead substitute Alberta inspectors into that facility, or any other facilities, because we also have concerns about a shortage of CFIA inspectors at some of the other meat-packing plants in Alberta.

We are seeing a huge increase in demand for those

products and we cannot have the CFIA effectively impairing our entire livestock industry by having people refusing to go on the job.”⁹⁶ (emphasis added)

The president of the union representing CFIA inspectors told a journalist that the Harmony closure was not caused by an inspector's work refusal, a point later confirmed in an internal email from the Ministry of Agriculture and Forestry sent to provincial food inspectors. The union leader also noted that current "safety precautions weren't designed to protect people from any hazard like the coronavirus. If you go in [a meat-processing plant] and you can't practice social distancing or personal distancing, you have no idea the folks you're working next to if they've come in contact with anybody. You are taking a risk."⁹⁸

On March 29, provincial government officials received word that the CFIA had completed a thorough risk assessment that had identified “possible areas of concern for exposure of CFIA staff.”⁹⁹ The agency and AHS worked in conjunction with Harmony to take corrective actions to address these issues and, by March 30, Harmony was fully operational again. In total, the plant was partially closed for three days.

The next day, Alberta's chief provincial veterinarian wrote an email to a number of people, including the assistant deputy minister of agriculture and forestry, regarding the impact of food processing plant closures, presumably out of concern for the welfare of cattle ready for slaughter.

“The closure of [a Quebec poultry] plant for 14 days by health authorities due to multiple workers coming down with COVID-19 stresses the importance of us understanding how [the Ministry of Agriculture and Forestry] and AHS will act in a similar situation in [Alberta]. It was nice to see AHS willingness to go into Harmony Beef over the weekend and do an assessment in order to give that plant every possible chance of opening today. **However, I think the plants and commodity groups are wanting to know what the situations will look like in a case where there are multiple positive human cases, so they can effectively plan.**”¹⁰⁰ (emphasis added)

In response to the Harmony shutdown, communications staff in the Ministry of Agriculture and Forestry developed key messages for an internal briefing note:

- “It is always a possibility that an employee will test positive for COVID-19, whether they work in a hospital, grocery store or meat-processing plant.
- In the unfortunate event that that happens, what is most important is that the appropriate safety measures are taken to keep employees safe and healthy until operations can safely resume.
- Many food processing facilities have pandemic or emergency response plans in place and are running well.
- In addition to very strict sanitation protocols and practices, food processors in Alberta are implementing enhancements, according to Alberta Health Services and CFIA guidelines, to ensure staff and products are safe as they move products into the supply chain.”¹⁰¹

Similar messages were used during the Cargill outbreak.

In the immediate aftermath of Harmony’s reopening, the Ministry of Agriculture and Forestry prioritized developing what it called a “business resumption protocol” for outbreaks in meat-processing plants. An internal email stressed the urgency of creating a protocol:

“This is a today issue — thinking through how Harmony got sorted out so quickly and how do we build off of this to be consistent across the province.”¹⁰²

Notes from a provincial meat-processing working group highlighted an “emerging friction between organized labor and leadership around whether the plant is generally safe from a COVID-19 outbreak” and that AHS “was a god sent [sic] and was able to help [Harmony] get up and running in two days.”¹⁰³

Following Harmony, the CFIA increased its involvement in occupational health and safety in Alberta meat-processing facilities. On March 31, it published a detailed set of guidelines for mitigating the risk of food inspectors being exposed to the virus, and for reporting and responding to confirmed COVID-19 cases in meat plants.¹⁰⁴ The document set out clear expectations

of operators with regard to information-sharing about positive cases and COVID-19 response plans. It also made clear that failure to follow the guidelines could affect the delivery of inspection services: “[Mitigation and response planning documents] are critical and will be expected by the CFIA to maintain CFIA oversight at slaughter establishments.”¹⁰⁵

The Ministry of Agriculture and Forestry appears to have accepted the federal agency’s guidance. During an April 3 meeting with provincial meat abattoirs, Dreeshen directed owner/operators to the CFIA’s guidelines and said he would follow up by email with a copy of the document.

“Despite its core mandate to protect the health and safety of Alberta workers, the province’s OHS regulator was sidelined early on in Alberta’s response to meat-packing plant outbreaks.”

We are not aware of AHS or Alberta OHS issuing a similar directive for meat-processing plants at this time, nor are we aware of OHS contributing to the development of CFIA guidelines or, as we will see, the Ministry of Agriculture and Forestry’s business resumption plan. More generally, we found no evidence that Alberta OHS was involved in any capacity in the response to Harmony Beef. Despite its core mandate to protect the health and safety of Alberta workers, and despite it having by far the greatest hands-on experience regulating occupational health and safety in meat-packing plants, the province’s OHS regulator was sidelined early on in Alberta’s response to meat-packing plant outbreaks.

Following the single positive case and three-day partial shutdown of Harmony Beef, AHS and the CFIA took the lead in coordinating and overseeing the occupational health and safety in meat-processing plants. They did so in partnership with the Ministry of Agriculture and Forestry, whose focus was on maintaining beef processing operations running during the pandemic.

7. TIMELINE OF THE CARGILL OUTBREAK

What follows is a detailed regulator-focused account of the oversight of occupational health and safety at Cargill, beginning with the confirmation of Cargill's first known COVID-19 case (April 3), the response by AHS, CFIA, and, later, OHS (April 7-20), the plant closure (April 22), inspections, and reopening (May 4), and the internal AHS review of its response (June 9).

We do not assess public health's community response after the plant temporarily closed or labour relations and other legal aspects of the event. Nor do we offer an in-depth evaluation of Cargill's internal prevention practices to mitigate the spread of the virus.

MARCH 17	Public Health Emergency declared in Alberta.
MARCH 19	Alberta Cattle Feeders Association and Alberta Beef tell their members that Minister Dreeshen "gave assurances that the agriculture industry would be considered an essential service."
MARCH 23	Cargill implements a one-time \$500 attendance bonus and a \$2 hourly wage increase.
MARCH 26	Minister Dreeshen calls on the federal government to "declare the entire food supply chain as an essential service."
MARCH 26	First meat-processing worker in Alberta tests positive for COVID-19. Harmony Beef plant partially closes.
MARCH 27	All "non-essential" businesses with in-person contact closed; gatherings limited to 15 people.
MARCH 27	The Government of Alberta publishes a list of more than 100 essential services, including meat-processing plants.
MARCH 27	Premier Kenney expresses disappointment with CFIA's response to positive case at Harmony Beef: "...we cannot have the CFIA effectively impairing our entire livestock industry by having people refusing to go on the job."

MARCH 30	Harmony Beef reopens with AHS and CFIA approval.
MARCH 31	Ministry of Agriculture and Forestry prioritizes the development of a business resumption protocol for meat-processing plants.
MARCH 31	CFIA publishes guidelines for mitigating the risk of food inspectors being exposed to COVID-19.
APRIL 3	First Cargill worker tests positive for COVID-19; later analysis reveals there were positive cases in late March.
APRIL 7	AHS and CFIA conduct an in-person inspection of Cargill.
APRIL 8	AHS recommends control measures to Cargill and CFIA.
APRIL 8	AHS becomes aware of Cargill's attendance bonus encouraging workers to work when ill.
APRIL 10	The total number of cases among Cargill workers is thought to be 32; later analysis showed the number at this time was approximately 315.
APRIL 11	AHS, CFIA, and Cargill representatives meet to "brainstorm potential actions collaboratively" to reduce transmission.
APRIL 12	Union demands immediate closure of Cargill's facility. Over 250 Filipino residents of High River sign a letter calling for the plant's closure.
APRIL 14	Dr. Hinshaw publicly discloses the Cargill outbreak.
APRIL 14	The Ministry of Agriculture and Forestry announces its "Business Resumption Protocol" for meat-processing plants.
APRIL 15	OHS conducts a 30-minute virtual inspection of the plant.
APRIL 16	Cargill makes surgical masks mandatory, but workers say supply is insufficient.
APRIL 17	AHS Cargill Task Force established.
APRIL 17	Dr. Hu, medical officer of health and Cargill task force lead, visits the plant.
APRIL 18	AHS arranges the delivery of 5,000 surgical masks to Cargill.
APRIL 18	Approximately 190 workers attend a joint Cargill-Ministry of Agriculture and Forestry virtual town hall.

APRIL 18	Dr. Hinshaw requests an analysis of positive cases to determine the proportion due to workplace, carpool, household, and community transmission.
APRIL 19	Approximately 600 workers attend a union virtual town hall.
APRIL 19	Alberta's Scientific Advisory Group recommends masking while travelling to and from the plant and to "avoid all strategies that incentivize presenteeism."
APRIL 19	Bui Thi Hiep dies in hospital due to COVID-19.
APRIL 20	Cargill announces plant closure.
APRIL 20	Minister Copping signs Ministerial Order 2020-10 to appoint a director of occupational hygiene, a director of medical services, health and safety officers, and other positions.
APRIL 20	AHS begins to implement its community outbreak plan.
APRIL 21	Union demands an investigation of Bui Thi Hiep's death and an "independent, worker-centred review of health and safety in food processing facilities and grocery stores, to create a clear, effective, and well-enforced regulatory regime."
APRIL 22	The plant fabrication section closes.
APRIL 28	An OHS officer conducts an in-person plant inspection.
APRIL 30	Union requests the Ministry of Labour to issue a stop-work order to prevent the plant from reopening.
MAY 3	AHS initial epidemiological analysis estimates infection rates among workers to be between 13% and 41%.
MAY 3	Minister Copping releases ministerial order approving use of KN95 and other prescribed masks on worksites where "a worker is or may be exposed to an airborne biohazardous material."
MAY 4	Slaughter section of Cargill plant reopens.
MAY 4	Three OHS officers conduct an in-person inspection of the reopened plant wearing N95 masks. The Officer report noted that each Cargill worker was provided with a surgical mask when entering the plant.
MAY 6	Fabrication section of Cargill plant reopens.

MAY 7	Benito Quesada dies in hospital due to COVID-19.
MAY 7	Premier Kenny promises a review of the response to the Cargill outbreak as part of a broader review of the pandemic.
MAY 11	Internal AHS email speculates that there could have been over 20 outbreaks associated with Cargill staff, contractors, or close contacts.
MAY 13	A media report shows that 18 of approximately 35 CFIA meat inspectors working at Cargill had tested positive for COVID-19.
EARLY JUNE	Release of AHS' internal "Lessons Learned" report on the Cargill outbreak.
JUNE 19	AHS Cargill outbreak report acknowledges: "Collectively, asymptomatic infection, lack of masks at critical time periods, high-humidity-high-traffic areas, and working while symptomatic likely contributed to increased transmission" at Cargill.

First Workers Test Positive for COVID-19 (April 3 to 6)

On April 3, AHS was made aware of the first Cargill worker to test positive for COVID-19.¹⁰⁷ By April 6, Cargill determined that five of their employees, some of whom carpooled together with the worker who had tested positive, would isolate. Additional confirmed cases followed on April 6. That day, AHS formally assigned a case number to the Cargill "staff and contractor outbreak."

Later, AHS opened a separate outbreak file for Cargill "close contacts" in the community. Subsequent epidemiological analysis found that a number of Cargill workers experienced symptoms in late March. Figure 6 is an epidemiological curve, produced on June 9, that shows symptom onset for the worker and close contacts outbreaks.

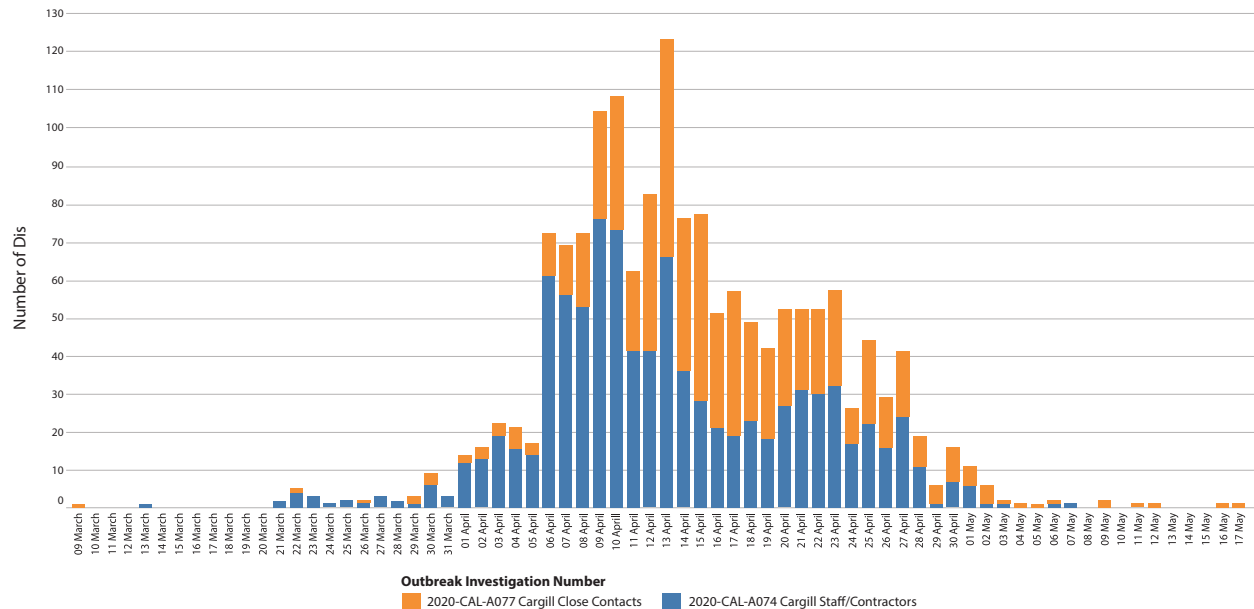
A post-outbreak study noted that rural physicians "were the first to raise alarm" about the Cargill outbreak [...] "[They] started noticing an increase in numbers of patients reporting COVID-19 symptoms at the emergency room at High River General Hospital." Further, "clinicians knew almost instantly that given the layout and nature of work at the plant the propensity for infection to spread was high."¹⁰⁸

News of the first positive case at Cargill prompted officials in the Ministry of Agriculture and Forestry to prepare a briefing note containing the same key messages used for Harmony Beef. The assistant deputy minister wrote in an email that Cargill had implemented all recommended measures and “no disruption to the plant operations is expected.”¹⁰⁹ The union was very concerned and posed a series of requests to Cargill’s senior plant manager, Dale LaGrange:

- “1. Restricting flow in public areas (lunchrooms, washrooms, locker rooms, etc.)
2. Ensure adequate and proper PPE for all employees
3. Putting up signage
4. Ensuring employees have financial assistance if they are ill or isolating
5. Fully and strongly implementing AHS directives on social distancing and PPE in all production and public areas”¹¹⁰

Despite the espoused importance of meat-processing plants, the size of Cargill’s operations, and the optimism in Cargill’s prevention practices, we found no evidence of any proactive inspections of the plant conducted by either AHS or OHS between the declaration of the pandemic and April 7, the date of the first in-person inspection.

Figure 6. Epidemiologic Curve by Self-Reported Symptom Onset Date as of June 9, 2020



Source: AHS, “Cargill Staff and Contractors Outbreak 2020-CAL-A074 & 2020-CAL-A077,” FOIP file 2022-G-358. **Note:** In the y-axis label, “Dis” refers to disease investigations and corresponds to the number of individuals recorded for each symptom-onset date.

Joint AHS and CFIA Inspection (April 7)

“Cargill did not introduce the necessary precautions on time. It did not even provide us with basic PPE tools: mask, glove, sanitizer and face shield.” (Cargill employee)¹¹¹

“We know that AHS was in the plant earlier this week and made recommendations (we do not know what they are) and the employer will only say that they are following them, but since they were in the plant there have an exponential rise in confirmed cases. The employees need to know what the recommendations are so they can ensure they are being followed.” (excerpt of complaint received by the AHS from a Cargill employee)¹¹²

“I was just anxious about what we have to do or what protection we need. But there was also no one who would guide us on safety that we needed. We were told we only needed masks. But they wouldn’t give us masks anyway.” (Cargill employee)¹¹³

Prior to the pandemic, AHS Environmental and Public Health (EPH) monitored food establishments, butcher shops, and small-scale meat-processing facilities. AHS would later note that “the relationships that our EPH teams have with regularly inspected facilities was not present with Cargill.”¹¹⁵

From about April 3 to 16, Sarah Nunn, an AHS manager of environmental and public health, acted as the AHS lead for Cargill.¹¹⁶ After the confirmation of the first positive case, Cargill provided the CFIA with a response plan and requested AHS EPH inspect its plant.¹¹⁷ In an April 3 email, Nunn stated: “The request for inspection I will deal with through a AF [(Agriculture and Forestry)], CFIA & AHS working group that are dealing with CFIA and AF licensed facilities...”¹¹⁸ That same day, Nunn wrote to two CFIA officials and one official from the Ministry of Agriculture and Forestry, confirming an inspection but noting: “AHS workload is significant at this time, so in person inspections at several plants is not feasible. Your teams are ultimately responsible for safe operation of these plants, but we are here to assist with help and advice.”¹¹⁹

Nunn coordinated the on-site plant inspection with representatives of the CFIA on April 7. In accordance with the CFIA’s COVID-19 protocol, Cargill submitted a “response plan” to the CFIA the day before the inspection.¹²⁰ During the inspection, Nunn was joined by another AHS employee and one or two CFIA employees. No representatives from the workers’ union participated in the inspection. This would be the only in-person inspection of the plant by AHS and OHS before it closed on April 22. On the morning of the inspection, an internal AHS email noted “there are quite a few cases [at Cargill] now.”¹²¹

The inspection documented control measures in place and recommended new ones. Related notes, which we did not have access to, were emailed to Cargill on April 8. The AHS’ outbreak file summarized the main points of the inspection. Key among them was ensuring workers who were ill or showed signs of possible

illness were not allowed to enter the plant:

“Controls measures in place:

- Staff screening: Symptom & temperature checks
- Staggered shift changes and lunches to decrease crowding
- Partial implementation of physical barriers between people on the assembly line and in changing rooms
- Increased frequency of environmental cleaning

Recommended new control measures:

- Increased spatial separation of workers on the assembly line
- Complete physical barriers between people on the assembly line where 6ft spatial separation is not possible
- Issue PPE for workers who are unable to spatially separate
- Recommend against carpooling”¹²²

“A Medical Officer of Health did not issue a formal compliance order with EPH’s recommendations, nor did AHS share its written recommendations directly with the union or workers.”

An MOH, who was later involved in co-leading the response to the Cargill outbreak, clarified that EPH’s April 7 recommendation related to PPE concerned the use of masks and visors where physical distancing was not possible.¹²³ The MOH stated that this was the same advice given to health-care workers who could not physically distance.

After the inspection, in an email message to AHS colleagues, Nunn described Cargill as “very cooperative” and, to her CFIA contact, “The facility are keen to nip this in the bud (sic) quickly.”¹²⁴

An MOH did not issue a formal compliance order with EPH’s recommendations, nor did AHS share its written recommendations directly with the union or workers. Subsequently, a Cargill manager verbally communicated details about the AHS report to a union official.¹²⁵

Late in the evening on April 7, Dr. Nick Etches, acting lead medical officer of health for the Calgary Zone, sent an email to Nunn, which stated Hinshaw requested the following information regarding the situation at Cargill:

- 1) “number of total workers
- 2) whether there will be a disruption to operations
- 3) general update”¹²⁶

Later that evening, Nunn replied:

“There are 7 cases plus contacts with some links to long term care facilities that could well be the source. I can have something more detailed for you in the morning.

We made some recommendations to the company, they are very cooperative and have/in process of proactive measures.

[Redaction].”¹²⁷

In subsequent correspondence, AHS officials noted that their recommendations were implemented by Cargill by April 11. However, we found no evidence that this was independently verified by way of a follow-up inspection or speaking directly with Cargill workers or their union. With respect to workers, AHS noted that “cohorting” workers to work in one department of the plant in order to reduce transmission “was not implemented due to interference with facility business model.”¹²⁸ The practice of carpooling, for example, which senior public health officials later claimed was a significant vector for transmission of COVID-19 among workers, continued after April 11. Further, as will be shown, Cargill did not require workers to wear masks until April 16. AHS officials took Cargill’s word that its recommended measures were uniformly and consistently implemented.

On April 8, AHS made separate recommendations to the CFIA, chief among them that its meat inspectors work at one facility only.

There was frequent email and phone communication between Nunn and Katie Robinson, a Cargill health manager and occupational nurse who was Nunn’s main point of contact.

AHS maintained a dual role with Cargill: exchanging information about confirmed positive cases and conducting contact tracing, while also making recommendations to prevent transmission in the plant.

Robinson later recalled at the arbitration hearing that AHS initially took the lead on contact tracing for workers who had tested positive for the virus. However (this is the arbitrator’s summary of Robinson’s testimony), “once numbers began to increase and AHS was still staffing-up the contact tracing process,

AHS asked Cargill to do the contact tracing for workplace contacts and provide the information to AHS. AHS would do the contact tracing for non-workplace contacts.”¹²⁹ Cargill eventually came to characterize its relationship with AHS as a partnership and collaboration.

Cargill Attendance Bonus

“Incentives to keep working while sick at Cargill” (Subject line of an email to Nunn and Calgary MOHs, April 11, 2020)

“Most of the employees [were] scared and no one wanted to work...The only way people got back to work is when the company started to give bonuses.” (Cargill employee)¹³⁰

From late March onward, Cargill struggled to maintain sufficient staffing to continue operations. It announced an attendance bonus and a \$2 hourly wage increase effective March 23 to May 5. Under the company policy, workers who were off work due to COVID-19 received their regular pay but not the \$2 increase.¹³¹ According to a Cargill memo to staff, “Employees who complete their scheduled weekly shift for the next eight (8) consecutive weeks as of March 23, 2020, will receive a one-time net \$500 bonus. Time off for pre-scheduled vacation and absences related to COVID-19 are excluded.”¹³²

An internal AHS document noted that Cargill was historically focused on attendance management, but a union notice stated a “suspension of attendance discipline for reasons related to COVID-19.”¹³³ After the incentive was implemented, on April 2, a senior Cargill manager told the union that it was dealing with “exceptionally high absenteeism.”¹³⁴

On April 11, a public health resident doctor wrote to Nunn and Calgary MOHs: “\$2/hr pay increase for everyone who is working at the plant still. Those who are home due to COVID-19 illness/exposure will only get their regular rate. Yikes.”¹³⁵

The email messages that we reviewed between Cargill and AHS were cordial and supportive. However, from time to time, frustration was expressed when AHS received complaints from workers. Of particular concern was the attendance bonus.

“A concerned caller reported that [Cargill] promised to give bonus or extra pay if they still continue working. Employees who are very eager to get paid are showing up even if some of them are really sick. They just take Tylenol before arriving to work to get a normal temperature when they get tested.”¹³⁶

“Taken together, the bonus, the ~10% hourly wage increase, the essential service designation, and a culture of attendance management served as powerful motivators for Cargill workers to continue to go to work.”

On April 8, Nunn wrote in an email to two contacts at Cargill that the bonus was “quite concerning,” adding: “I think we are all keen to stop the spread of this organism.”¹³⁷

We found no evidence that an MOH issued a directive for Cargill to change its wage and bonus policies.

Taken together, the bonus, the ~10% hourly wage increase, the essential service designation, and a culture of attendance management served as powerful motivators for Cargill workers to continue to go to work.

Cargill Outbreak Grows (April 9 Onward)

“All of us were nervous. All of us wanted not to go home, to spare each of our family.” (Cargill employee)¹³⁸

“I was really worried when I had the symptoms because I thought of infecting my family.” (Cargill employee)¹³⁹

“It was waiting for the result that was excruciating. I felt like my chest was about to explode.” (Cargill employee)¹⁴⁰

On April 9, Nunn wrote to a CFIA official expressing concern about the growing number of cases, highlighting outbreaks in High River’s hospital and long-term care facility, as well as

outbreaks in long-term care homes in Calgary. Nunn suggested possible links to Cargill.¹⁴¹ By the end of the day, Dr. Christine Kennedy, the lead MOH for the Calgary Zone, wrote to Nunn, “We have a tonne of new cases!” associated with Cargill.¹⁴²

By April 10, the total number of known confirmed and probable cases among Cargill workers grew to 32. Epidemiological analysis would later show that daily cases peaked at this time, with the actual total number of cases between the first Cargill worker testing positive in late March and April 10 being approximately 315 (see Figure 6).

On April 10, Kennedy wrote to Nunn: “This is a totally different scenario to Harmony [Beef]...”¹⁴³ In a reply, Nunn wrote that the situation was “looking worse. We might have to take more drastic action.”¹⁴⁴ In a related message, Nunn told CFIA representatives:

“There is another case that worked while symptomatic. [Redacted] I’ll be contacting [Cargill’s] manager with some questions about the most recent cases. I am concerned that we need to take a harsh approach to stop this. I already gave the Medical Officer of Health a heads up.”¹⁴⁵

Late in the evening on April 10, Nunn wrote to multiple contacts at Cargill and copied CFIA officials emphasizing the gravity of the situation and AHS’ desire to avoid having to order the entire plant, or parts of the plant, to close:

“We have received more cases through (sic) that are linked to Cargill which is concerning. The most recent one was working with symptoms for 2 days. [...] I am wondering if it’s worth looking at the cases and department areas and linking up potential spread with our CFIA colleagues. **We are trying to prevent shut downs.**”¹⁴⁶ (emphasis added)

That same day, a Cargill manager told the union that there were 38 confirmed cases — 29 unionized workers, five salaried employees, and four contractors.¹⁴⁷ Also on April 10, in an email message to Cargill, an AHS official noted “language barriers” as a possible reason for confusion among some workers about isolation instructions.¹⁴⁸ The next day, an MOH inquired about the main languages spoken by Cargill workers.¹⁴⁹

On April 11, Nunn wrote to the AHS public health leads for the Calgary Zone: “Critical information pieces that have been missing that are crucial to understand the spread include:

- Specific Cargill job roles (department number)
- Close contact/family member roles/occupations (we have family members that also work at Cargill that have not been excluded)
- Last shift date worked.”¹⁵⁰

“Compliance was on a voluntary basis and involved no on-site verification or direct communication with workers.”

AHS, CFIA, and Cargill representatives held a meeting on April 11 to “brainstorm potential actions collaboratively” to reduce infections.¹⁵¹ This resulted in an agreement on action items, including Cargill completing “all other planned measures discussed during the call.”¹⁵² What these measures were is unknown. However, again, no orders or enforcement measures were taken by an MOH. Compliance was on a voluntary basis and involved no on-site verification or direct communication with workers.

On April 12, Nunn wrote a lengthy email to the general manager of Cargill’s High River plant expressing concern and AHS’ desire to “support the business continuing.” The email copied the local medical health officer and officials with the CFIA. Nunn stated:

“I am getting more concerned about the significant increase in cases that are related to the company. Some of these are of course contacts to other cases external to the company, but my worry is not transmission in the workplace. [Redacted] departments are regularly mentioned, so we need to look proactively at what we should do as a next step. [...] I would like to highlight that we want to work with you and support the business continuing, but we may have to look at a reduction of output or staffing levels. We’d like to do what we can to keep the facility running, but reducing risk for your workforce and the community.”¹⁵³

It is unclear what Nunn meant by “my worry is not transmission in the workplace,” as her email message suggests the need to address spread of the virus within the plant.

Community and Union Call for Plant Closure (April 12)

On April 12, the president of the union representing Cargill's workers, Thomas Hesse, wrote a letter to the general manager of Cargill's High River plant, Dale LaGrange, and copied it to Premier Kenney and Labour Minister Copping. Hesse demanded that the plant be immediately closed to prevent further transmission among workers. That day, over 250 Filipino residents of High River signed a letter demanding the closure of the plant.¹⁵⁴ The union's letter expressed the fears of many Cargill workers:

"Your workforce approaches or exceeds two thousand people. There is no reason to believe that hundreds of individuals in your working environment won't soon be carrying the virus. [...] There are now reports of 30 North American UFCW member deaths. Employees are scared. Your employees are scared. It is time to act. It is time to protect life."¹⁵⁵

The union made three demands:

1. "An immediate 2-week closure of your plant to conduct a comprehensive assessment of its safety.
2. Guaranteed full compensation for every single employee during this temporary shutdown. There is no reason why workers' livelihoods AND lives can't be protected.
3. An immediate meeting with Union officials, experts, and government officials of appropriate competency and jurisdiction to design clear and enforceable rules around health and safety in your workplace."¹⁵⁶

The next day, Cargill's vice-president of Labour, Tanya Teeter, responded to the union's letter, which they characterized as "highly inflammatory."¹⁵⁷ Teeter wrote that Cargill "strongly reject[s] the UFCW's suggestion that Cargill is not doing enough to protect its employees from COVID-19." She emphasized the essentiality of Cargill's operations and the company's compliance with AHS guidance.

“All of Alberta Health Services directions with respect to our operations are being followed and Alberta Health Services continues to be very supportive of our processes and procedures to ensure the health and safety of our employees. We will continue to cooperate and collaborate with Alberta Health Services.”

“Cargill’s operations have been designated an essential service by the Alberta government. On review of all of the circumstances, including the safety measures that Cargill has taken, and in consultation with Alberta Health Services, Cargill’s decision is that a closure of the plant is not required to protect employee safety at this time and would be damaging to the important public goal of maintaining the food supply for Albertans.”¹⁵⁸

However, Cargill also stated that it was immediately suspending the second shift (the night shift) for its fabrication operations due to staff shortages. As a result, the harvest section then operated at lower capacity to avoid overflowing the plant’s coolers. A few days later, the slaughter section stopped operating altogether. Later, a representative of the union recalled that Cargill merged the “willing workers into the remaining shift.”¹⁵⁹

On April 13, during a provincial pandemic update, a journalist raised the issue of a “big spike” in positive cases in High River. They asked Hinshaw: “Are you aware of any event or location where that spike may [have occurred]?” Hinshaw did not mention Cargill in her response: “...what I’m aware of is that in High River there have been several cases linked to households where there are lots of people living together where transmission has likely happened in those households.”¹⁶⁰ That same day, Nunn noted in an internal email message: “a lot more cases associated with Cargill that came in over the last 24 hours.”¹⁶¹

Meanwhile, Ministry of Agriculture and Forestry officials were still focused on the continuous operation of meat plants. One internal email noted that “AHS continues to work with [Cargill] on what additional measures can be taken at the plant to allow them to continue to operate.”¹⁶² Another stated, “AHS and CFIA are still working with Cargill to support the resumption of the plant.”¹⁶³

On April 14, the CFIA informed AHS that one of its inspectors at Cargill had tested positive for COVID-19. Another inspector likely tested positive the next day. In a separate email message to Cargill representatives and AHS and CFIA officials, Nunn wrote:

“We have evidence to show there is definitely transmission at the facility. There are a number of staff that have worked while symptomatic, which has been most concerning.

Although some of these symptomatic cases may be from a week ago or more, we have more positive cases, it’s probably worth talking about what our options are as a group.”¹⁶⁴

Working While Ill (April 14 Onward)

“I did not say anything. I was blacked out.” It was terrible. [...] Who will help my kids? and I cried.”⁽⁴¹³⁾ CORIGQI & Habitus Consulting Collective.

“Throughout the outbreak, AHS was aware that Cargill workers with probable or confirmed COVID-19 infections were coming to work.”

Throughout the outbreak, AHS was aware that Cargill workers with probable or confirmed COVID-19 infections were coming to work. On April 14, AHS received a complaint from a worker who had tested positive and was symptomatic. The worker claimed that Cargill had called them back to work because it was, in the words of the worker, “losing lots of money.”¹⁶⁵ In an email to Cargill’s general manager and a senior AHS official, Nunn wrote: “This is another concerning report from an employee. [...]. If someone could find out the rationale here, that would be great. It’s not helping the company position.”¹⁶⁶

On April 15, AHS officials learned of another presumed positive Cargill worker being asked to return to work before their isolation period had ended.¹⁶⁷ Once again, no enforcement action was taken by an MOH.

Two investigative reports published in early May 2020 found evidence that corroborated what AHS officials heard from some Cargill workers: that they felt pressured to come to work when they were ill. For their piece published in the *Globe and Mail* on May 2, journalists Katherine Blaze Baum, Carrie Tait, and

Tavia Grant spoke with 21 Cargill employees across different departments. This is how they described the situation at the Cargill plant:

“... an environment in which some workers say they felt pressured — even incentivized — to continue to work. Multiple employees said the company’s medical staff cleared them to continue working despite symptoms, positive COVID-19 test results, incomplete isolation periods and recent travel abroad.”¹⁶⁸

A few days later, a CBC report by Joel Dryden and Sarah Rieger drew on interviews with 14 Cargill employees and similarly found that some workers felt “Cargill pressured them to return to work even after they contracted COVID-19.”¹⁶⁹

In an email to CBC, a Cargill spokesperson stated they are “very clear” in communications to employees that they should not come to work sick or if they have had contact with someone with COVID-19 in the past 14 days. “Employees who must remain off work due to COVID-19 impacts have access to up to 80 hours of paid leave and short-term disability benefits are available to eligible employees.”¹⁷⁰

Public Disclosure of the Cargill Outbreak (April 14)

“Hearing that it can kill and there wasn’t medication, it made me more stressful.”
(407) CORIGQI & Habitus Consulting Collective.

“I was told that there was no medicine, just Tylenol. I was told to just call 911 if it gets worse. I felt hopeless.” (419) CORIGQI & Habitus Consulting Collective.

During the province’s April 14 COVID-19 update, a journalist said that the union representing Cargill workers had informed the media that dozens of workers had tested positive. Hinshaw was asked: “Can you confirm the status of testing for workers at that

facility and should that facility be closed?” This was the first time that Hinshaw publicly acknowledged the Cargill outbreak; however, she avoided addressing whether the plant should be closed:

“I am aware that that particular plant has had several cases and that my colleagues, the medical officers of health, at the front line in Calgary Zone are working with the plant operator to make sure that all appropriate processes are followed at the plant and that workers are kept safe” [...] I know that Alberta Health Services is working to make sure that that's happened with any of the other workers who were exposed and that appropriate controls are in place in the facility so that with those workers who were not exposed, they can continue to work safely.”¹⁷¹

The next day, Hinshaw announced a plan to open a dedicated COVID-19 testing centre in High River.¹⁷²

On the evening of April 14, Kennedy emailed Nunn, Calgary's MOH office, and others a summary of outbreaks in large meat-processing plants in the Calgary area. She highlighted a case of a Cargill worker as a close contact of a long-term care facility worker in Calgary in late March, noting:

“Most (Cargill) cases were linked to long term care facilities with known outbreaks within Calgary and the small community of High River. Large extended households are common in both the LTC staff and meat processing staff. Many households contain more than 13.”

“Given the control measures put in place no later than April 9th and 10th, epidemiologically we expect to see minimal exposures after these dates, and expect to see a commensurate decrease in onset of symptomatic persons by April 15-16, and a decrease in cases with onset after April 15-16th.”¹⁷³

There was no mention of confirmed or probable COVID-19-infected workers coming to the plant and the influence of Cargill's incentives. And critically, the note did not mention that AHS had yet to undertake an epidemiological analysis of the outbreak to understand where transmission was actually occurring.

Workers later told Globe and Mail journalists that they felt blamed by public health officials for the spread of the virus.

“When public-health officials and company executives started saying that carpooling and tight living quarters were responsible for the swift rise in COVID-19 cases tied to the plant, workers felt betrayed. “I am upset with them,” said a fabrication worker who came to Canada from the Philippines and is a permanent resident. He said he felt scapegoated.”¹⁷⁴

“The worsening outbreak prompted some AHS officials to raise the alarm internally, with references to undefined ‘drastic measures’ and taking a ‘harsh approach.’ Still, AHS MOH issued no legally-binding directives on Cargill.”

The worsening outbreak prompted some AHS officials to raise the alarm internally, with references to undefined “drastic measures” and taking a “harsh approach.” Still, AHS MOH issued no legally-binding directives on Cargill. Ironically, on April 14, an AHS EPH update highlighted the enforcement of public health orders at a restaurant: “Likely to initiate first COVID-related prosecution on a food facility promoting seating.”

Despite expressing concerns, AHS staff outwardly maintained a collaborative, supportive role with the leadership of Cargill's facility. For its part, the Ministry of Agriculture and Forestry remained focused on maintaining operations at Cargill and other meat-packing plants. The Ministry of Labour was absent. In the regulatory vacuum, the decision to temporarily close the plant was Cargill's to make.

Meat-Processing Plant Resumption Protocol (April 14)

As the Cargill outbreak grew, the Ministry of Agriculture and Forestry completed work it began following the Harmony Beef closure on a meat-processing plant outbreak protocol. On April 14, the ministry announced its “Business Resumption Protocol,” claiming that it would protect worker safety while minimizing “disruption to the food supply system.”¹⁷⁶

Unlike the CFIA's guidance, which served as a detailed guide to operators, the provincial government's protocol was designed with the public in mind. A draft press release from the ministry boasted:

"The protocol has already been utilized on two occasions to help ensure human health and safety and minimize disruptions to operations in processing plants, including at Harmony Beef on March 26 and at Cargill, which was initiated on April 6 and is an ongoing situation. We are proud of the fact that this protocol has already proven effective in advance of it being formally signed by all parties."¹⁷⁷

A ministry document marked "Advice to the Premier," which referenced parts of the union's April 12 letter calling for the closure of Cargill, noted:

"It is anticipated that the public announcement of the Protocol will help to alleviate some concerns regarding the safety of workers in the [meat-processing] plants."¹⁷⁸

Days after the release of the protocol, an official in the ministry downplayed expectations in response to an external inquiry: "[It] is not a protocol for industry, and does not have steps for a facility to follow. It is essentially a collaboration agreement between CFIA, AHS, and ourselves when workers test positive."¹⁷⁹

Phone Call With the Lead Medical Officer of Health (April 15)

Consistent with Hinshaw's public comments on April 13 regarding the role of household transmission of the virus in High River, there was a shared belief among some senior public health officials that the virus was spreading among workers outside the plant. Cargill's primary point of contact with AHS, health manager Katie Robinson, was later a witness during the arbitration case between the union and Cargill. As part of her testimony, Robinson recounted a phone call with MOH Kennedy

on April 15. This is what she said, according to the arbitrator's summary of part of her testimony:

"Dr. Kennedy indicated that she absolutely did not agree with the suggestion that there was ongoing risk from the facility. There is not a public health risk within the facility. Shutting down the Plant is not going to solve the problem as long as there is community-spread, there will be positive cases in Cargill employees and that she has confidence in the control measures being implemented since they are based on science and evidence."¹⁸⁰

“It was not until the announcement of Cargill’s closure on April 20 that an analysis of the outbreak data was initiated by AHS.”

However, in an email to Hinshaw and others on April 15, Kennedy expressed the need for support, including in assessing where spread was occurring: “We in Calgary Zone cannot keep up [with contact tracing]. We need more help in the overall outbreak management, including advanced field epidemiology support, and Provincial and Federal support for the jurisdictional issues.”¹⁸¹

As we will see, at this time, AHS had yet to conduct an epidemiological analysis regarding the source(s) of the outbreak. Thus, it is unclear on what basis Kennedy made the assertion that “there is not a public health risk within the facility.” On April 14, an internal AHS email spoke to a “very preliminary dashboard linked DI heat map and Epi curve.”¹⁸² It was not until the announcement of Cargill’s closure on April 20 that an analysis of the outbreak data was initiated by AHS.

Alberta OHS Virtual Inspection (April 15)

“If the government cannot stop the company because they are the ‘backbone’ of the economy, they should at least support the workers. They need to fix this, [...] That is what they should do”. (UFCW official)

It is not known when Alberta’s Ministry of Labour first became aware of the growing number of Cargill workers becoming ill as a result of COVID-19. By April 14, the outbreak was beginning to be reported in the local press.

It appears that a Calgary-based OHS manager in the Ministry of Labour contacted a representative of the union around the time of the union's open letter to Cargill. On the evening of April 13, a union representative wrote to the OHS manager:

"Primarily we have major concerns about the lack of social distancing on the production floors and common areas as well as the lack of enforcement from management of safety measures. [...] Workers have told us that everything they see on the news, social media and elsewhere talks about ensuring 2 meters of distance between everyone but that seems to apply everywhere except inside the plants. [...] Workers are scared and feel that they are putting their personal safety, as well as those of their family, on the line."¹⁸⁴

The next day, a manager within the OHS department of the ministry scheduled an initial meeting with several OHS staff "to further discuss COVID-19 concerns at the meat plants." The email message referred to both the letter from the president of the union to Cargill and a follow-up call that the OHS manager had had with a Cargill safety manager "to discuss the measures they have put in place."¹⁸⁵ This is the only correspondence we received from multiple freedom of information requests submitted to Alberta's Ministry of Labour.

That same day, two inspectors met virtually with Cargill's safety manager, its head nurse, and two union representatives. One union representative later told the Alberta Labour Relations Board that the meeting topics included "poor social distancing between operators and staggers (helpers), noise levels inhibiting communication from a safe distance, difficulties with mask use, problems sourcing face shields, and the state of communications between management and union."¹⁸⁶ According to the union, one of the OHS officers asked Cargill whether it had conducted a hazard assessment for COVID-19.¹⁸⁷

On April 15, an OHS officer was assigned to "remotely" inspect the plant. The officer's report noted that "The inspection was video recorded by [a Cargill safety manager] and a copy of the employer's virtual inspection was provided to the OHS officer" the next day.¹⁸⁸ The Cargill manager who recorded the inspection was joined by another employee and a union shop steward. The inspection began at 2 p.m. and lasted approximately 30 minutes.

“The independence and rigour of the inspection were questioned by the union and others.”

Even though OHS officers were deemed essential workers, the official said a virtual inspection was undertaken instead of an in-person inspection “due to the circumstances of the pandemic” and to “mitigate risk of exposure to all parties involved due to the pandemic.”¹⁸⁹

The independence and rigour of the inspection were questioned by the union and others. A journalist reported that a spokesperson for the minister of labour indicated that the “OHS officer directed the camera shots when needed to observe employees at their daily duties.”¹⁹⁰

The officer’s report noted that Cargill’s safety manager informed him that, as of April 16, “all employees would be required to wear a minimum surgical mask.” The officer provided Cargill with a copy of the document “Respiratory Viruses and the Workplace,” which read in part:

“Alberta occupational health and safety (OHS) legislation includes a number of provisions that can apply when respiratory viruses are in the workplace.

[...]

Effective controls for workplace hazards depend on site and task-specific factors. For instance, at work sites where workers have a high risk of exposure to infectious droplets and/or airborne hazards — such as health care settings — respirators may be part of the control mix. Other work environments may not require the same type of controls for hazards associated with a respiratory virus. Employers need to do a risk assessment to determine what controls would be most appropriate at their specific work site.

In all cases, employers must evaluate the effectiveness of their control measures, and review and revise hazard assessments as needed, to prevent the development of unsafe or unhealthy working conditions.”

The officer’s report concluded:

“It is the opinion of the officer, that the employer, as far as it is reasonably practicable for the employer to do so, ensure the health and safety and welfare of workers engaged in the work of that employer, those

workers not engaged in the work of that employer but present at the work site at which that work is being carried out, and other persons at or in the vicinity of the work site who may be affected by hazards originating from the work site, as required by Section 3(1)(a) of the OHS Act.”¹⁹¹

About three days later, a Cargill manager shared the officer’s report with the union.¹⁹²

It is not known if the officer had received the ministry’s COVID-specific training related to biological hazards. They did not consider ventilation, nor did they speak with any frontline workers about their experiences, although it would have been impossible to safely speak with workers because a Cargill manager was recording the inspection on their phone.

The union representative that joined the virtual tour later expressed to the Alberta Labour Relations Board that (note: this is a summary from the Board’s decision): “the cafeterias were closed, hallways were empty, the line was “really slow”, harvest and night shift had both been cancelled, and day shift had been reduced from about 500 to 200 employees.” Overall, the union official felt the inspection “had not been conducted at a normal time and was not a fair depiction of the plant.”¹⁹³

Later, Minister Copping defended the April 15 inspection, noting that the officer had visited the plant over 20 times in the past. He disputed claims that the inspection was “subpar,” instead characterizing it as a “focused assessment.”¹⁹⁴

We requested previous OHS inspection reports through access to information, but none were provided. According to the union, past inspections of Cargill’s facility were conducted in person and evaluated several areas of compliance. In addition to the officer’s lack of physical presence in the plant, no qualified industrial hygienist participated. Further, the officer did not appear to consider whether Cargill was meeting its obligations under parts 2 and 4 of the Occupational Health and Safety Code, among other regulatory requirements, which would have permitted a more specific evaluation of Cargill’s control measures related to COVID-19.

“By April 16, the total number of known confirmed positive cases had reached approximately 550. At this point, there had only been one in-person inspection of the plant.”

None of the evidence we reviewed showed any communication or coordination between AHS EPH officials and Alberta OHS at this time. In response to our freedom of information requests for email correspondence between the manager for OHS in Calgary and several AHS officials who were directly involved in the Cargill response, we were informed by the Government of Alberta's access to information that “a thorough search [...] did not yield any records responsive to your request.”¹⁹⁵

By April 16, the total number of known confirmed positive cases had reached approximately 550. At this point, there had only been one in-person inspection of the plant, that being AHS' April 7 visit, which resulted in non-binding recommendations. And, as mentioned, there was no epidemiological analysis of the outbreak showing the temporal pattern of the spread within the plant and in the community.

An internal AHS MOH update on April 17 noted that “84% of new COVID-19 cases [in the province] are in Calgary Zone, ‘most related to Cargill.’”¹⁹⁶ By this time, a Cargill worker and union shop steward had been admitted to an ICU. On April 18, another worker would need life support care in the ICU. Cargill, AHS, and OHS had lost control of the outbreak.

AHS Cargill Task Force (April 17)

Hinshaw and other senior provincial officials started monitoring the situation at Cargill more closely. On April 16, the outbreak was discussed in a meeting among senior AHS officials and elected officials.¹⁹⁷ During the provincial pandemic update on April 16, Hinshaw stated:

“My Alberta Health Services colleagues also continue to work with the operators of the Cargill meatpacking plant in High River. They have assured me all appropriate measures are being taken and Cargill has voluntarily and fully cooperated to ensure the health and safety of staff. In addition to complying with all public health measures, Cargill has increased physical distancing between employees and slowed down the lines, while ensuring meat processing can continue safely. I would like to stress to Albertans that everything

that needs to be done to keep people safe in [...] food processing facilities like Cargill is being done.”¹⁹⁸

The next day, on April 17, AHS established a multi-disciplinary “Cargill Task Force” to manage the outbreak. The group was co-lead by doctors Jia Hu and Brent Friesen, both Calgary Zone MOHs who had been included in some of the email correspondence from the start of the outbreak. The task force included representation from EPH, contact tracing, epidemiology, isolation hotels, PCNs, community immigrant services, communications, and MOH. Absent were officials from the province’s OHS regulator.

At Cargill’s request, Hu became the sole point of contact for all communications that were not directly related to case management of positive cases. Based on the email correspondence we reviewed, it appears that Hu sought to quickly build a rapport with Cargill officials, going as far as to present Robinson with a gift. After a visit to the plant on April 17, Hu wrote to Robinson: “Pleasure meeting you today in person, super appreciate the work you’ve been doing and hope you use that wine gift card.”²⁰⁰

Hu was later a witness at the labour arbitration hearing between the union and Cargill. The arbitrator’s decision provides a detailed summary of witness testimony from Hu, Cargill senior managers, and others at the time the task force was established. The excerpts presented here are the arbitrator’s summary of witness testimony, not the words of the witnesses themselves.

Hu said that the initial AHS lead, Kennedy, whom Nunn reported to, held the view that Cargill’s facility was “safe and there was limited transmission within the plant.” However, Hu did not think Kennedy had actually toured the plant and that she was relying on information from public health inspections and information from Nunn. Hu believed that Kennedy was concerned about carpooling as a cause of transmission. He also believed Hinshaw’s views were “largely the same” as Kennedy’s.²⁰¹

On April 16, Hu had separate Skype calls with representatives of the union, Cargill, and other medical officers of health. He told the union that his view was that the plant was safe and that carpooling and employees living together were the primary sources of transmission. Hu told the union he would share a report with the union that contained AHS’ COVID-19 mitigation recommendations to Cargill.²⁰² This did not happen.

Later, an Alberta Labour Relations Board decision noted:

“[Representatives of the union] thought that AHS was making an effort to facilitate dialogue between the parties. [A union official] said the tone was one of, “how do we move forward?”, but much of the time was occupied by [the union representatives trying to acquire] basic information from AHS: case numbers, contact tracing procedures, and inspection procedures, for example. [The union was] surprised when AHS ended the call, and said that had they known there was limited time, they might have allocated their own time differently.”²⁰³

The next day, Hu conducted an in-person tour of Cargill's plant. The arbitrator's decision summarized Hu's related testimony this way:

“[Hu] had never been in a meatpacking plant before and was struck by how closely people worked together on an assembly-line process. He recalls seeing some employees wearing masks some of which were cloth. He remembers some barriers between workstations and barriers in the lunchroom.”

The AHS' official outbreak file described Hu's April 17 tour of the plant this way: “visual confirmation of Plant control measures (validating belief of low risk of transmission in Plant).” This was contrary to Nunn's April 14 email stating there was “definitely transmission in the plant.”

Regarding the authority to shut down the plant, the arbitrator wrote that “Dr. Hinshaw told [Hu] that any decisions with respect to closing the Plant would be made by the local Medical Officer of Health, but Dr. Hinshaw wanted to be involved in discussions given the high level of public and cabinet attention to the situation.”²⁰⁵

Testimony from Tanya Teeter, Cargill's VP of Labour, is valuable in terms of its insight into AHS' role in the decision to close the plant. Given this, we quote the arbitrator's summary at length here.

“Dr. Hu told [Teeter] that when he was originally assigned to be the Medical Officer of Health in charge of the outbreak at the Cargill Plant, he thought the Plant should close given all the negative media coverage. **However, after he reviewed all the data, Dr. Hu said he concluded that it would be a mistake to close the Plant since the transmission was in the community with risks being in household transmission.** Dr. Hu was urging that Cargill address carpooling risks. Tanya testified that Cargill could not simply ban all carpooling because then many employees could not get to work at all.

Dr. Hu called [Teeter] back again on April 16, 2020 indicating that he just had a telephone call with [Thomas] Hesse [president of the union] who was extremely concerned and agitated given that a shop steward was in the ICU with COVID-19. Dr. Hu raised the possibility of Cargill closing the Plant for 24 to 48 hours for “political reasons” to try and calm everyone down and to position the closure as a deep-clean. Dr. Hu said it would be totally Cargill’s call whether to do so. Tanya testified that the call with Dr. Hu was then interrupted since he had to take a phone call from Dr. Hinshaw. Dr. Hu phoned Tanya back after the call with Dr. Hinshaw and emphasized that AHS was not suggesting that Cargill close the Plant down for 24 to 48 hours but had raised this as just an idea that might calm people down. Two additional ideas were raised during this call: asymptomatic testing for Cargill employees and AHS taking steps to try and help Cargill secure some masks. [...]

After [Dr. Hu’s] tour on April 17, 2020 there was a call between Dr. Hu and members of the Cargill executive team. There was a discussion about AHS proceeding with asymptomatic testing. [Teeter] indicated that if AHS thought this would be helpful, then Cargill would support this. There was also discussion about AHS trying to help Cargill source masks since there were many challenges in securing a supply of masks. There was also discussion about Dr. Hu’s comments about potentially closing the Plant for 24 to 48 hours as a public relations measure. Cargill representatives

responded that it was not a simple process to shut down and start up a meat-packing plant. Lengthy processes are required. [Teeter] testified that at no time did AHS recommend closing the Plant as a safety measure. She also testified that Dr. Hu did not raise any concerns about ventilation or the possibility of aerosol transmission.”²⁰⁶

“As one member of the task force told us, in their opinion, ‘Medical officers of Health are not in the business of shutting down businesses, especially powerful businesses like Cargill’.”

In summary, Hu had no previous experience with work processes in large meat-processing facilities. Even though AHS had not conducted an analysis of outbreak data, Hu communicated to Cargill and the union that there was little risk of transmission in the plant and, by implication, that Cargill’s control measures were effective. Further, nowhere in Hu or Teeter’s testimony was there any mention of the impact of Cargill incentivizing attendance on the spread of the virus. The testimony suggests that masking was discussed as a control measure but was not possible due to an acute shortage of masks. Finally, the AHS MoH could not or would not exercise its legal authority to order the closure of the Cargill in part due to political considerations. As one member of the task force told us, in their opinion, “Medical officers of Health are not in the business of shutting down businesses, especially powerful businesses like Cargill.”²⁰⁷

Cargill-Ministry of Agriculture and Forestry Town Hall (April 18)

“Cargill was worried about the product and public image. They do not care about us [and] did not introduce the necessary precautions on time. It even did not provide us with basic PPE tools: We are extensively physically close to each other... Still Cargill’s safety protocol on COVID-19 is very weak.” (Cargill employee)²⁰⁸

A virtual town hall for Cargill workers was organized on short notice for April 18. It would be the first time that AHS and other government officials heard directly from Cargill workers. That day, Cargill disclosed to the union that 659 employees were unable to attend work due to “COVID-19 related reasons.”²⁰⁹

The documents we reviewed indicate that the event was organized either by the Ministry of Agriculture and Forestry or Cargill, or perhaps it was a joint event between the two. The event came one day before a previously scheduled union town hall, and was viewed by the union as an attempt to get out in front of the union's message to workers.²¹⁰

Speakers at the April 18 town hall included Dreeshen, Hinshaw, Copping, the deputy ministry of Agriculture and Forestry, Hu and Friesen, and two senior managers from Cargill.²¹¹ Nearly 190 workers registered for the event, which was only available in English, with no translation service.²¹² Representatives from the union were allowed to attend but were not permitted to ask questions or speak. The president of the union, Hesse, said he wrote to the minister of labour beforehand, urging him to cancel the event, arguing that the employer and the Government of Alberta were acting together.²¹³

Hours before the town hall began, Hinshaw wrote to government officials highlighting a case of probable transmission in the plant after AHS-recommended control measures were thought to be in place:

"FYI, I'm just hearing from the local [medical officers of health] that it seems there has been a case of transmission in the Cargill plant between two CFIA workers since the protective measures at the plant were put in place. This could be an issue on the call today. Not sure how/whether it will come up."²¹⁴

Subsequently, Hinshaw's email message was forwarded to senior officials of the Ministry of Agriculture and Forestry, including the deputy minister, who also participated in the event. One email noted: "...we should probably make sure there are a few minutes to brief your Ministers with what we are able to find out, in case this comes up" during the town hall.²¹⁵

Separately, Nunn wrote to Friesen and Hu before the event with a list of 11 (undated) complaints AHS had received regarding the Cargill outbreak (see Appendix 4). Nunn stated, "I want to make sure that you know about these." A number of the comments, which seemed to be from workers, raised concerns about spread in the plant, generalized fear, and calls to close the facility. Here are three examples:

“There are some people confirmed with COVID-19, and they are still in operation. [...] The social distancing only execute during break time but in during production we are very close to each other. I think 1 to 2 feet distances to each employee during work. That is why the virus still spreading to the people. [...] We are worried to carry the virus to our family back home after work at the plant. And also to spread to spread (sic) to other people.”

“While the employer has implemented some measures with temperature checks and limited questions, we do not believe that they are doing enough to protect the safety of the workers in the production areas. [...] workers are terrified to come to work for fear of catching the virus.”

“Please protect us and shut the plant down.”²¹⁶

Dreeshen led off the town hall reading from a prepared statement. He said the purpose of the event was to provide “information on what is being done to manage the COVID-19 pandemic within High River and Cargill and to allow employees to directly ask questions on the work being done to keep their worksite — your worksite — safe.” He encouraged workers to ask questions to health experts who would dispel “misinformation floating around.”

Dreeshen stressed the essentiality of meat processing: “Your continued work is crucial to ensure Albertans and Canadians have a steady, consistent supply of beef on store shelves during this pandemic. Having said that, your health and safety is a critical priority to the Government of Alberta and Alberta Health Services.”

Regarding working conditions at the plant, Dreeshen said: “I am confident that Cargill has taken all appropriate measures and has fully cooperated with Alberta Health Services to ensure the health and safety of staff.” He ended his remarks by highlighting his ministry’s business resumption protocol.

Copping spoke next and began by thanking Cargill for organizing the event.

His remarks reveal that his ministry had adopted a reactive approach to the outbreak and a deference to public health guidance: “...my department will continue to conduct inspections when complaints are made and we’ll make adjustments consistent with the advice from Alberta’s Chief Medical Officer when necessary to ensure Alberta’s work force is protected, health and safety.”

He also reiterated Dreeschen’s belief that Cargill’s plant was safe: “We are confident in the processes and controls in place will minimize the risk and help ensure the safety of employees.” At no point did Copping remind workers of their rights (i.e., right to know, participate in controlling hazards, and refuse dangerous work), mention employer responsibilities to prevent exposure to the virus, or talk about the enforcement tools available to his ministry’s inspectors (e.g., stop-work and other orders).

In her opening remarks, Hinshaw said: “While there has been a lot of effort focused on preventing spread of infection on the work site of Cargill and High River it **has become clear** that carpooling and household transmission are risk areas that we need to address” (emphasis added). This point was reiterated by Hinshaw and Hu multiple times during the town hall.

Hinshaw did not mention the recent case of spread in the plant between CFIA inspectors, nor did she state that MOHs had the authority to shut down the plant. She was, however, the only speaker to acknowledge that Cargill had any responsibility to prevent workers from being exposed to the virus: “I also want to take this opportunity to reiterate that we all have a responsibility to prevent the spread of infection, this includes employers, it includes employees, and all members of the public, and all the settings that we work, live, and play in.”

Next came John Nash, Cargill’s VP of Protein. He expressed gratitude for the efforts of workers and said “...the most important message I think that I want to make sure that you know and is that we absolutely will not operate the facility if we cannot do it safely...”

“At no point did Copping remind workers of their rights, mention employer responsibilities to prevent exposure to the virus, or talk about the enforcement tools available to his ministry’s inspectors.”

Remarks by Andrea Balutis, the food safety, quality, and regulatory manager at Cargill's High River location, attempted to emotionally appeal to workers to continue to come to work:

"The work that we're doing is ensuring Canadians can still have food on the table to gather around, they still have food to share. I think this is so important right now where a lot of us are looking to maintain a sense of normalcy at home. [...] we really need to just keep focusing on keeping each other safe at work, and at home, and keeping Canadian families safe by continuing to provide the food that we make out of the facility."

Workers asked 22 questions on a range of topics. One asked, "If circumstances change, does occupational health and safety stay involved?" Copping responded: "Thank you, the short answer is, yes, guidelines may change over time or directions from the Dr. Hinshaw Chief Medical Officer, and so if we receive a complaint, then our inspectors will come in and perform another inspection."

Another worker said that they thought "in a week or two we could be at 1,000 positive cases and you probably would not even be thinking about shutting down. So my question is what's [Cargill's] plan if you were to lose 1,000 employees in a week or a couple of weeks from now?"

Nash assured the worker that the plant would close if it became necessary. Dreeshen followed up on Nash's response, referring to "contingency plans" to address widespread infections impacting workers in essential workplaces. He said "there are essential services that do need to survive and do need to continue to operate during COVID-19, and it's just something that I know whether it's a hospital or our firefighters or so many other industries, there are contingency plans in place to make sure of what we can actually mitigate with a reduced workforce." Here again, Dreeshen's focus was on maintaining operations rather than taking all steps to prevent workers from being exposed to the virus.

The event wrapped up with remarks from Nash and Dreeshen. But before they spoke, the moderator instructed workers to direct "any questions that have not been answered or you have additional questions" to Minister Dreeshen at af.minister@gov.ab.ca. They also referred workers to the Ministry of Labour's OHS website.

Nash again stressed the essential nature of their work and promised to close the plant if necessary.

“What I want people to walk away with is we are doing essential work it is really important that we were able to feed Canadians and support our farmers and ranchers and partners in the supply chain. [...] If we cannot run the plant safely and provide safe food we will not do it, that is my commitment to you.”

Echoing Cargill’s response to the union’s April 12 letter, Dreeshen cautioned workers not to listen to “inflammatory rhetoric” and appealed to them to instead focus on information from public health experts:

“...On this call are Alberta’s best medical minds and they provide Alberta’s government with the best up to date information on a daily basis and I would just like to encourage everyone to not get distracted by misleading noise or inflammatory rhetoric because any government’s primary goal — our core goal — is to keep our people safe...”

Immediately after the town hall, Dreeshen posted on his social media: “Directly communicated with [Cargill] workers to reassure them that their worksite is safe.”²¹⁷ Internal email messages among senior officials with the Ministry of Agriculture and Forestry suggest there was also “a request” to share some “key messages” about the safety of Cargill’s plant through Hinshaw’s Twitter account.²¹⁸

Hours after the town hall, Dr. Nick Etches, acting lead medical officer of health for the Calgary Zone, wrote to colleagues requesting assistance with an epidemiological analysis of the outbreak:

“[Hu] just spoke with [Hinshaw] and she wants us to answer some questions that will likely require additional epi support. Essentially we want to determine the proportion of the Cargill-associated cases that are due to:

1) Workplace transmission

- 2) Carpool transmission
- 3) Household transmission
- 4) Community transmission”²¹⁹

Just after midnight on April 19, Etches emailed Friesen, Hu, and Nunn: “Confirmed covid +, worked while symptomatic April [redacted] carpooling.” Minutes later, Friesen responded: “This is unbelievable.”²²⁰

Union Town Hall (April 19)

“I thought I was going to die” (Cargill employee)²²²

“I was thinking if I were supposed to make a Will”²²² (Cargill employee)

The day after the Cargill-government event, the union held its own virtual town hall with approximately 600 workers. Some members of the AHS task force attended. Their meeting minutes included a recording of the union town hall and these “key takeaways”:

“A poll was conducted during the call. Of those who participated (number unknown):

- 89% work in slaughter and meat processing
- 75% felt the employer and government were not doing enough to keep workers safe
- 55% English is not their first language
- 84% feel they are afraid to go to work on some days
- 74% feel they are not adequately compensated for the job they do”

At the town hall, union officials again called for the immediate closure of the plant and informed workers of their rights under the OHS Act, a critical piece that was missing from the previous day’s town hall.

Scientific Advisory Group Recommendations (April 19)

At some point, either Hinshaw or the Cargill task force requested Alberta's Scientific Advisory Group (SAG) to conduct a rapid review and make recommendations regarding how AHS should respond to the Cargill outbreak. Established early in the pandemic, SAG comprised a number of the province's leading health experts to provide independent advice to provincial decision-makers. Over the course of the pandemic, the group addressed 93 questions.²²⁴ On April 19, it provided advice to AHS, which informed a response plan to the Cargill outbreak to minimize further community spread.

Of note, the advisory group recommended controlling work-related spread of the virus.

“Need to ensure safe travel to work, including use of medical masks as required (buses with appropriate ventilation and masking likely are lower risk than carpooling)

“Employers should avoid all strategies that incentivize “presenteeism” given the concern that this will encourage patients with symptoms to minimize symptoms and attend work [...].”²²⁵

There is no evidence that the latter guidance resulted in a public health directive for Cargill to modify its bonus or wage top-up policies.

Bui Thi Hiep Dies of COVID-19 (April 19)

“Government officials and employers told our members they are “essential” and must come to work. But they have not adequately protected workers, and now our members are getting sick and dying. If our members’ work is essential, they shouldn’t be treated like they are expendable.” UFCW Local 401 press release (April 21, 2020).

On April 16, 67-year-old Bui Thi Hiep, a 23-year Cargill worker, came home from work feeling ill and very tired. She did not go to work the next day. Two days later, Hiep was taken by ambulance to the hospital, where she tested positive for COVID-19 and was admitted to an ICU bed. She died on April 19. Speaking through a translator, Hiep's husband, Nguyen, said, "I am so, so sad, up to the point I am speechless because I know I will not see my wife anymore."

“None of the evidence that we reviewed suggests that AHS or OHS played a role in the decision to temporarily close the plant.”

Plant Closure (April 20)

The day after Bui Thi Hiep died, Cargill announced that it would temporarily close its High River plant. It attributed the decision to staff shortages. The fabrication section continued to operate until April 22, in order to empty unprocessed meat from the plant's coolers.²²⁷ None of the evidence that we reviewed suggests that AHS or OHS played a role in the decision to temporarily close the plant.

In a memo to employees, Cargill's general manager, Dale LaGrange, thanked workers for their efforts and, again, highlighted the essentiality of their work: "Like healthcare workers, police and others on the frontlines of the COVID-19 response our work as been deemed essential." LaGrange wrote: "We are working in partnership with AHS and other officials and hope to resume operations as soon as possible."²²⁸

Minister of Labour Order (April 20)

The same day that the plant closure was announced, Copping signed a ministerial order giving his assistant deputy minister of labour the authority to appoint, among other positions, a director of occupational hygiene and a director of medical devices (Table 4). It is not known if these positions existed or were previously staffed, nor do we know what staff the ADM appointed as a result of the order.²³⁰

Table 4. Excerpt From Ministerial Order 2020-10

Pursuant to section	Occupational Health and Safety Act
42(1)	The authority to appoint one or more Directors of Inspection, Directors of Medical Services, Directors of Occupational Hygiene, occupational health and safety officers and any other employees necessary for the administration of this Act.
42(2)(a)	The authority to designate any employee of the Government as a person who may perform all or part of the duties and responsibilities of a Director of Inspection, a Director of Occupational Hygiene or an officer.
42(2)(b)	The authority to designate any physician employed by the Government or any other physician as a person who may perform all or part of the duties and responsibilities of a Director of Medical Services.

Ministry of Agriculture and Forestry “Food Supply Narrative” (April 20 to 23)

“The Cargill plant is completely safe from an OHS and AHS perspective.” Ministry of Agriculture and Forestry Food Supply Narrative.²³¹

On the day Cargill announced it would temporarily close, communication staff at the Ministry of Agriculture and Forestry drafted what they called a “food supply narrative.” The narrative provides insights into ongoing efforts by the ministry to influence public opinion, driving home the point that COVID-19 had not been spreading in the plant and, therefore, the closure was not related to occupational health and safety concerns.

The initial version of the document that we had access to included these notes from Minister Dreeshen:

“There are unique external circumstances around the Cargill plant that facilitated a larger outbreak, including housing and transportation, which significantly contributed to the rapid spread in that area. The High River COVID-19 cases are not due [to] conditions in the plant, which are being closely supervised by Alberta Health Services.”²³²

Other drafts of the document stated: “The Cargill plant has temporarily shut down for business reasons because it is difficult to get employees in these tough circumstances.”

On April 22, following a call with Minister Dreeshen, the narrative was revised and shared with AHS “to ensure accuracy” and, later, with the premier’s communications staff. The final draft stated: “There are unique external circumstances around the Cargill plant that facilitated a larger outbreak, including housing and transportation, which significantly contributed to the rapid spread in that area.”²³⁴ No epidemiological analysis or other evidence was cited to support this claim.

The final version of the “narrative” was circulated late on April 21, the day after Cargill announced the shutdown. According to an email from the Ministry of Agriculture and Forestry, AHS and labour communications staff provided input into the final document,²³⁵ which included this bullet point: “The Cargill plant is completely safe from an OHS and AHS perspective.”

AHS Outbreak Plan (April 20)

The morning of the day the plant closure was announced, Hinshaw wrote to Friesen and Hu with an urgent request:

“...I need a written summary today of the outbreak plan, including [...] our current determination (based on recent cases) of where we think transmission is happening, including specifically whether or not you believe there is transmission occurring at the plant, and what extra measures are being put in place.”²³⁶

The “outbreak plan” Hu and Friesen prepared for Hinshaw is shown in Appendix 5. The document acknowledged that there had **“likely [been] significant transmission occurring in the plant due to crowded conditions (normal for this type of operation), lack of personal protective equipment (PPE), and crowding during lunch and shift changes.”** However, they concluded that: “Following the full implementation of control measures (occurred between April 7-11), the risk of transmission in the plant is believed to be quite low.” The document noted there was “some risk from carpooling” but the “greatest risk” was currently within households. The report also acknowledged: “We have recently engaged a team of epidemiologists to improve our data management systems and conduct a thorough epidemiologic investigation that will identify where transmission is occurring (household, carpooling, plant).”²³⁷ Cargill’s attendance incentives, ventilation and lack of masks were not mentioned in the document.

On April 21, a journalist asked Hinshaw: “...when we talk about the outbreaks at High River and JBL plant, how do the working conditions at those work sites [...] contribute to the spread of COVID-19?” In her reply, Hinshaw downplayed the level of early spread in the plant that was communicated to her the day before. There was also no mention that AHS had yet to collect and analyze data to determine where the spread *had* occurred and where it was *currently* occurring.

“...so with respect to the High River Cargill plant, again my understanding from my colleagues is that the outbreak was identified and a worksite visit was conducted in early April to go through all of the different measures to prevent spread with respect to distancing barriers, like Plexiglas barriers, personal protective equipment. But because there are so many people who go in and out of these plants **it is possible that spread did occur before those protective measures were put into place again because there's a high volume of people. And I know in particular with respect to the High River plant that many of the people who work there also live in large households. Also many of them carpooling to and from work. And so I think that when we look at this outbreak we need to look at the fact**

that the people who work there also potentially had exposures in other places and we need to make sure that our efforts in terms of public health and stopping the spread are directed at all of those places where exposure may have occurred [...].”²³⁸

On April 24, AHS’ official “Cargill Outbreak Response Plan” was shared internally and with some officials in the Ministry of Agriculture and Forestry. The plan stated: “Given the high prevalence of COVID-19 among Cargill workers, aggressive public health action must be taken” to stop household and household-to-community transmission.²³⁹ Surprisingly, neither the April 20 draft plan nor the April 24 outbreak plan contained SAG’s recommendations regarding the consequences of incentivizing employee attendance.

AHS-Community Public Health Response (April 20 Onward)

“The Somali community was there for moral support, and they were ready to support me in any way I needed.”²⁴⁰ (Cargill worker)

“There were lots of emails and calls, for example ActionDignity and Filipino Community. They brought some relief goods to our house.”²⁴¹ (Cargill worker)

“... if you tell someone that you worked at Cargill, they will hesitate to come to you or to visit you or want to socialize. It is very difficult because you know you’re working in some place that has been affected by COVID-19. So, people won’t be [comfortable] to meet me or to meet them as well.” (Cargill employee)²⁴²

Using the response plan as a guide, the Cargill task force focused on preventing further household and community spread to the residents of High River and Calgary. Public health officials were

especially concerned about transmission between health-care workers employed at long-term care homes, some of whom lived in the same households as Cargill workers.

In this section, we provide a brief overview of AHS' community response after the plant closed on April 22. We leave it to others to comprehensively document and evaluate the effectiveness of this part of AHS' response.

The Cargill task force rapidly expanded in size, eventually reaching over 200 people. The team included AHS staff, University of Calgary international medical students, and others. A number of community immigrant support organizations and volunteers also played a critical leadership and frontline role in assisting with direct contact with Cargill workers and providing various forms of support (social, food, medical).

The main actions of the AHS Cargill Task Force and Community Response Task Force²⁴³ included:

- Contacting every Cargill employee in their first language by phone in 48-72 hours to share information and answer questions about the virus, testing, and self-isolation.
- Encouraging all workers and household contacts to be tested for COVID-19.
- Connecting with health-care services if tested positive.
- Encouraging 14-day self-isolation in hotels, with food and other culturally appropriate supports provided.
- Developing informative COVID-19 videos in 19 different languages.
- Conducting virtual town halls for workers.²⁴⁴

“Many Cargill employees felt they were stigmatized and scapegoated because the spread of the virus was publicly attributed to their living conditions.”

As part of the response, Hinshaw issued Directive D03-2020, which approved hotel accommodations for the purpose of isolation and quarantine under sections 33(1) and (2) of the Public Health Act.²⁴⁵ Eventually, the Government of Alberta secured up to 500 hotel rooms, although only 58 people used a hotel room to self-isolate.²⁴⁶

At the time, Hu told CBC News: "A lot of the people who work in Cargill live in these households with upwards of dozens of people."²⁴⁷ Many Cargill employees felt they were stigmatized and scapegoated because the spread of the virus was publicly attributed to their living conditions. There were also several

reports of an increase in racism towards Cargill workers (e.g., Cargill workers unable to access some stores in High River) and documented cases of workers being evicted from rental housing because they worked at Cargill.²⁴⁸

In a short time, nearly every Cargill worker was contacted in their first language and provided with information and answers to their questions. Most workers were tested.

On April 28, AHS held a virtual town hall for workers. Friesen reported that 766 employees and contractors had tested positive for COVID-19 and eight were in hospital, five of them in intensive care. The next day, government representatives, Hinshaw, and other AHS officials held another virtual event so workers could ask questions.²⁴⁹

On May 10, Hu wrote to dozens of his AHS colleagues: “Congratulations on containing Cargill [redacted] [...] Seeing the amazingly fast, effective, and collaborative spin-up of groups from across the health and social sectors was beyond inspirational, and I know one-of-a-kind in Canada’s COVID-19 response.” Hinshaw added: “I can’t tell you how much I appreciate the work of everyone on this team to control the spread of this virus — great work!!”²⁵¹

AHS Epidemiological Analysis of the Outbreak (April 20 Onward)

Around the time of the plant closure, AHS epidemiologists Dr. Kate Snedeker and Amanda Alberga led a deep dive analysis of the outbreak data.

To support their investigation, they requested Cargill to provide AHS with a full staff list (including the department in which employees worked and their home address), “a detailed floor plan to assist with contract tracing,” and “daily shift schedules for all staff who worked since April 10.”²⁵² It is not known why public health did not request this information earlier. Cargill provided some of the information but refused, likely based on the advice of their legal counsel (an AHS email noted that Cargill’s reply was copied to their lawyer), to share a sketch of the plant layout and more detailed employee information.²⁵³ Hinshaw was made aware of Cargill’s decision not to share this information.²⁵⁴

Nearly one month later, Friesen sent a follow-up email to Cargill's general manager Dale LaGrange, vice-president Tanya Teeter, and others, with the subject line: "Urgent Immediate Attention Required." He demanded that Cargill provide a drawing of the plant's departments and additional employee information, referring to public health's statutory authority to compel disclosure.²⁵⁵

"This information is being requested under the authority granted to Medical Officers of Health/ Executive Officers by the Public Health Act to require such information be provided in the course of our investigations."²⁵⁶

Friesen added: "Until the information is provided our ability to assess the risk of COVID-19 infection in the plant is compromised."

This is the only correspondence that we reviewed that demonstrated AHS' willingness to use compulsion to gain Cargill's compliance with its requests.

On May 3, Alberga shared initial findings from their epidemiological analysis in a report marked "confidential" (see Appendix 6), in which they stated: "The goal is for this to be a living document that will include the ongoing field epi investigation updates." The report listed several limitations and an "interpretative caution": "Crude stratified analysis — hard to draw conclusions without the department labels (still awaiting data and facility map to label IDs, which may lead to reclassification." It is unclear whether the analysis considered infections before April 10.

The report highlighted infection rates from 13% to 41%, depending on the department and shift start time. It found that infection rates (also known as "attack rates") were 8% higher for employees who worked the 6:45 a.m. shift and were "highest amongst workers from departments in the [redacted] (which also coincided with the 6:45 a.m. shift)". By comparison, the "household attack rate" related to Cargill was estimated to be 15% on April 19, but the task force meeting notes from that day stated that the household infection rate "is likely a lot higher." We found no other references to household or community infection rates in any other reports or email correspondence that we reviewed.

A table in the May 3 report listed plausible transmission pathways for the virus inside the plant, including ventilation, and posed the question “Is there risk associated with closed areas due to aerosols caused by air flow/vent system?”

Table 5. In-Plant Transmission Pathways and Controls

4.0 Qualitative Field Note Themes

Person	Place	Time	Epidemiologic transmission risk for consideration	Controls in place? (See EPH report)
All staff	Cargill buildings in operation	During operations	Cross trained staff working in multiple locations within plant	No
All staff	Services in operation	During operations	Staff working in multiple locations external to plant	No
All staff (vent areas)	Air ventilation (clean, dirty sections)	During operations	Is there risk associated with closed areas due to aerosols caused by air flow/vent system?	s.24(1)(a)(b)
CFIA workers	Office space-equipment	Shift office work, break	Contaminated objects or surfaces	
Plant smokers	Outdoor smoking area	Shift breaks	Volume; barriers to hand washing; sharing of cigarettes	
All staff	Household	Off-hours	Occupation >>>Household contact >>> plant	
Packing workers	Packing floor	During operations	Volume; close contact sharing of machines?	
All staff (on floor)	Sinks on floor	During operations	Close contact creating bottleneck; contaminated surfaces or objects	Yes
CFIA workers	Office space	Shift office work, break	Small communal space for 11 ppl per day; contaminated surfaces or objects	
CFIA workers	Office space	Shift office work, break	Continuous masking (not consistent ?)	Yes
CFIA workers	Office space-lab	Lab use during shift	Compact area; contaminated surfaces or objects	Yes
Shift workers	Locker room	Shift start, breaks	Oncoming shift volume; contaminated surfaces or objects	Yes
All staff	Carpooling	Shift start and end	Household >>> car or bus >>> plant	Yes

Source: Email from Amanda Alberga (AHS) to several recipients, May 3, 2020, “Field Epidemiology Report,” FOIP file 2020-G-0026.

Days later, it was publicly revealed by the media that 18 of approximately 35 CFIA meat inspectors working at Cargill had tested positive.²⁵⁹ This news, providing evidence of transmission in the plant, and the findings of the May 3 report cast serious doubt on Hinshaw’s belief that the virus had primarily spread in households and carpooling.

Union Calls for Investigation and Shift in OHS Involvement (April 21 Onward)

“It is time for immediate government regulation and enforcement in the interest of protecting Albertans’ lives.” (Thomas Hesse, president of UFCW, Local 401)

Following the death of Bui Thi Hiep, the president of UFCW Local 401, Thomas Hesse, issued a public statement in which he said the union had “lost faith that the provincial government can keep working Albertans safe.”²⁶¹ He said:

“I hold the company and the Government responsible. There is nothing that Cargill or the government can do to make this right. We are looking at every possible legal remedy, including the possibility of criminal charges.”

The union announced three steps it was taking:

1. “...we are encouraging all UFCW Local 401 members to learn about their right to refuse dangerous work during COVID-19. It is an important legal right in this country, and each individual worker needs to know about their right.
2. We call on the federal government to show leadership and stretch their jurisdiction to ensure all those who work in Canada are safe.
3. We are calling for an independent, worker-centred review of health and safety in food processing facilities and grocery stores, to create a clear, effective, and well-enforced regulatory regime for Alberta’s food sector.”

The union undertook a series of legal actions over the next two weeks aimed at strengthening OHS oversight at Cargill and increasing worker and union participation in addressing the health risks of COVID-19 in meat plants.

The union also demanded OHS investigate the death of Bui Hiep, stating: “The Union is concerned that AHS and the Government of Alberta’s Occupational Health Safety Officers may have relied on faulty or unreliable information provided by Cargill in its evaluation of the workplace as “safe” over the last two weeks [...].”²⁶² In response, the deputy minister of labour informed the union that there would be an investigation and once complete, “OHS will produce an Investigation Report, which will eventually be made available to the public.”²⁶³ To our knowledge, no report was ever made public.

On April 30, the union requested that Alberta Labour issue a stop-work order to prevent the plant from reopening on May 4. If no order was issued, it proposed that the plant be subject to inspections the week of reopening. In a letter to the union, the deputy minister committed to inspections and “to monitor this situation to determine if any enforcement action is required.”²⁶⁴ On May 4, the union also wrote to the OHS inspector requesting that a stop-work order be issued to extend the temporary closure of the facility.²⁶⁵

The union filed multiple complaints with the Alberta Labour Relations Board, regarding the union’s representational role in evaluating and responding to the Cargill outbreak. As part of interim relief, it sought an order to keep the plant closed. None was granted, and so hearings proceeded at a later date. The board’s decision was eventually made in 2022.²⁶⁶

The union’s attempts to engage with AHS to address workers’ concerns produced mixed results. Official notes from an April 24 meeting (“Labour Relations for Cargill”) of Calgary Zone MOHs highlighted “The unions are now very involved so we need to look at how we can support the MOHs to address the Union questions/concerns,” while acknowledging: “MOHs not familiar or experienced with labour relations.” One meeting action item instructed MOHs “not meet with Union without Employer HR & LR”.²⁶⁷ Another action item called for establishing a “process to ensure plants are meeting the requirements of AHS direction and next steps/management plan if employers are not compliant.”

“AHS meeting minutes on May 6 stated: ‘Anticipating some re-infections at Cargill due to spacing in facility — narrow hallways, etc.’”

Plant Reopening (May 4)

On April 29, Cargill announced that its High River plant would reopen on May 4. In a statement, the company said the decision was made in “partnership” with health and “regulatory officials.”²⁶⁸ Cargill claimed that it had “been working in lockstep with AHS since early March to lead on the implementation of proactive safety measures within the facility.”²⁶⁹ As part of this effort, Cargill informed that it was offering bus transportation to workers. The buses were retrofitted with barriers between seats.

The plant’s slaughter section reopened as planned with one shift on May 4. Two days later, the fabrication section opened. AHS meeting minutes on May 6 stated: “Anticipating some re-infections at Cargill due to spacing in facility — narrow hallways, etc.”²⁷⁰

The day before the reopening, Minister Copping released a ministerial order titled “OHS Approved Respiratory Equipment COVID-19.” It amended Section 246 of Alberta’s OHS Code to approve the use of KN95 and other prescribed masks on worksites where “a worker is or may be exposed to an airborne biohazardous material.”²⁷¹ The amendment went into effect immediately.

Three Ministry of Labour inspectors were on site before the harvest section opened on May 4. Four days earlier, an OHS inspector shared their inspection reports of Cargill’s plant with Friesen.²⁷² On May 3, Friesen emailed Hinshaw and other AHS officials noting that OHS had informed him of the inspection. He added that OHS inspectors would be observing physical distancing in different areas and that the officers would be wearing N95 masks and face shields. Hinshaw replied: “Why will the Labour reps be wearing N95 masks?”²⁷³ Taken together, the minister’s order regarding KN95 masks and his officers wearing N95 masks suggest that the ministry was, at this time, aware of the risks of potential aerosol spread of the virus.

Premier Kenney Responds to the Outbreak (May 7)

In anticipation of the reopening and the need to field questions about the government’s handling of the outbreak, a backgrounder

document on Cargill and other meat-processing plants (“Actions at Food Processing Plants”) was prepared for Premier Kenney. Information had been gathered from the ministries of Agriculture and Forestry, Labour, and Health. Dreeshen’s chief of staff instructed officials in the ministry: “Facts and to the point no fluffy narrative.”²⁷⁴

When the plant reopened, the union set up an information picket outside the entrance to garner public attention and remind workers of their right to refuse dangerous work. A briefing document prepared for Kenney stated: “There is no right to refuse the work under OHS legislation if the employer has implemented reasonable controls, such as those recommended by Alberta’s CMOH as the dangerous condition associated with exposure to the virus should be mitigated.”²⁷⁵

At this time, Kenney was facing public criticism of his government’s handling of the Cargill outbreak. During question period on May 7, he stated: “[...] one of the key learnings, [is] that the public health officers did not take measures quickly enough to deal with the spread outside of the workplace.” The Leader of the Opposition, Rachel Notley, pressed for a public inquiry. Kenney responded:

“Mr. Speaker, I can absolutely commit that there will be an exhaustive review of Alberta’s entire response to the pandemic at an appropriate time, but we are not going to distract officials from the immediate imperative of limiting the spread right now by already engaging in a retrospective way when they’re in the midst of the crisis. Let me quote Dr. Hinshaw further. She said that one of the things that happened with respect to the packing plants was that we focused on the site very specifically, but it became clear that there likely had been some exposures at the site before the outbreak had been declared.”²⁷⁷

For its part, the Ministry of Agriculture and Forestry maintained an active role after Cargill closed and reopened. Dreeshen received daily updates on the status (e.g., infections, PPE needs) of all of the larger meat-processing plants in Alberta. Updates on Cargill between late April and late May noted that “AF [(Agriculture and Forestry)] is coordinating any cross-department requests from the

company, as issues span AF, AH [(Alberta Health Services)] and LI [(Labour and Immigration)].” Cargill was the only meat-processing plant listed where the Ministry of Agriculture and Forestry performed a coordinating role with AHS and the Ministry of Labour.

Benito Quesada Dies of COVID-19 (May 7)

Cargill worker Benito Quesada, 51, a father of four, died on May 7 after fighting for his life in the hospital for nearly a month. Quesada came to Canada from Mexico as a temporary foreign worker and acquired his permanent residency. Later, he brought his family to Canada.

Quesada did not feel well when he came home from work on April 9. Four days later, he was having trouble breathing and was admitted to the hospital, where he tested positive for COVID-19. He spent weeks on a ventilator in a medically induced coma before dying.²⁷⁹

One media report stated: “[Quesada’s family] says that while Benito Quesada isolated at home as a precaution and told family members to stay away from him, he continued to go to work, motivated by the \$500 that would have made a big difference for the family of six.”²⁸⁰

Masking and Ventilation (April 7 to May 15)

Following its April 7 inspection, AHS EPH recommended that Cargill provide workers who were unable to distance with masks. But Cargill said it did not have supply and there was a worldwide shortage of masks. Some workers, fearful for their own health and exposing their loved ones to the virus, sourced or made their own masks.

Alberta’s OHS Code states that employers “must determine the degree of danger to a worker at a work site and whether the worker needs to wear respiratory protective equipment if (c) a worker is or may be exposed to an airborne biohazardous material”.²⁸¹

Even though surgical masks are not considered a qualified respirator under section 249(1) of the Code, Cargill made surgical masks mandatory after April 16 — but workers said there still wasn't sufficient supply.²⁸² During the April 18 town hall, John Nash claimed that Cargill had "plenty of masks" and acknowledged assistance from the government in obtaining them. We briefly examine how this came about.

On April 16, Hu wrote to Hinshaw and others regarding the day's developments, including news that a union steward had been admitted to the ICU. Hu suggested:

"One concrete way we could perhaps help is by supplying PPE to the workers (which Deena agreed with). In chatting w/ EPH yesterday it sounds as if some workers have it (the higher risk ones) but not all. Connected w/ Cargill VP and they've ordered some in but some more would be helpful. Question: Who could I contact at CPSM [(Contract, Procurement, and Supply Management)] to get some urgent PPE for Cargill tomorrow?"²⁸³

It appears that AHS followed up with a request for masks. On April 18, 5,000 surgical masks were delivered to Cargill.²⁸⁴

Again, surgical masks are not compliant with Alberta's OHS Code. In addition, protecting workers from respiratory viruses involves more than providing a mask: training, fit-testing, and supervision are also important. Even more important to preventing exposure is ventilation and air filtration. To our knowledge, aside from SAG's recommendation and the May 3 epidemiological report reference to ventilation, neither was investigated as possibly contributing to transmission.

AHS and OHS provided Cargill with instructions related to the proper use of masks.²⁸⁵ The correspondence we reviewed shows that AHS contacted the British Columbia Centre for Disease Control regarding masking guidelines for meat plant workers, and that AHS was "waiting on OH&S for directive on mask use in meat plants."²⁸⁶ Another AHS document from this time stated: "Industrial hygienists looking at masking issue. Relying on advice and guidance from health. Usually they make recommendations around particulate and chemical exposure. **Don't usually recommend procedural or surgical masks**"²⁸⁷ (emphasis added).

For its part, a senior Ministry of Labour occupational hygienist stated in an email to Cargill that allowing workers to wear a cloth mask over a surgical mask — a practice some workers had adopted — was not in compliance with OHS laws. Interestingly, the senior hygienist endorsed the use of surgical masks even though they are not approved under Alberta's OHS Code:

“The purpose of a surgical mask is to provide a barrier, which retains large droplets, expelled by the wearer through activities such as coughing, sneezing or talking. It protects the work environment or other workers from the wearer's spit or mucous. It does not provide the wearer with the same level of protection from inhaling particles, aerosols or large droplets as a fit tested respirator (e.g. N95).”²⁸⁸

The last email we reviewed related to masking is a June 22 message from OHS' director of inspections regarding an “AHS-OHS joint discussion” of masks.²⁸⁹

OHS and AHS Inspections (May 1 to June 9)

“I would like to highlight that the Government of Alberta and AHS were not too serious in following through what was happening actually. Every time their inspectors come, they often call the company. Knowing when they would show up, they company would often adjust the workstation to appear and pretend like the workstation is in line with the public health expectations. Often enough the machine speed would be slowed, and it appears as though it is a relaxed work environment. When the inspectors leave, all of sudden things change, the machine gets super exceeded and we would be placed in a high stress and close proximity workstation.” (Cargill employee)²⁹⁰

Meeting minutes from an AHS meeting in early May suggest that the Ministry of Labour faced internal government pressure to strengthen its oversight of COVID-19 prevention in meat-packing plants:

“Alberta Labour has taken heat over perception of their initial involvement with Cargill and COVID response. OH&S in process of putting in structures to improve response. Prioritizing different operations for their inspectors to visit.”²⁹¹ [...] “GoA [(Government of Alberta)] has given more directive to OH&S regarding need for vigilance and having an increased role with meat plants.”²⁹²

Around the time of Cargill's closure, OHS introduced its “Alberta 2020 Meat Processing Pandemic Focused Inspection Initiative.” We were unable to obtain a copy of the plan, but it seems that it prioritized proactive inspections of Cargill and other large plants. At the time, representatives of OHS also started participating in weekly meetings with officials from Agriculture and Forestry, CFIA, and AHS to “collaborate on COVID-19 preventative measures and best practices.”²⁹³ It is unclear why Agriculture and Forestry was involved in these meetings, given that its mandate does not include oversight of OHS.

In early May, AHS EPH developed a “process to ensure plants are meeting the requirements of AHS direction and next steps/ management plan if employers are not compliant.”²⁹⁴ On May 8, for example, Friesen noted: “Priorities for the next week [...] “Monitoring closely that control measures are in place, effective, and working for [...] Cargill.”²⁹⁵ By mid-May, AHS released an updated guidance on infection prevention for meat plants.²⁹⁶

Table 6 summarizes Cargill-related inspection and enforcement activities undertaken by Alberta OHS and AHS EPH between April 1 and June 9. It also includes the number of officers involved in each inspection and whether, in the case of OHS inspections, an industrial hygienist participated. As shown in the table, OHS inspections of Cargill's facility increased substantially after the April 20 closure.

Table 6. Summary of OHS and AHS Cargill Inspections and Enforcement Activities, 2020

Date	OHS or AHS	Type of report	# of officers + hygienist present (Y/N)	Outcome
April 7	AHS	Email	N/A	Recommendations
April 14	OHS	Contact report	2 (Yes)	Announce upcoming inspection
April 15	OHS	Contact report	1 (No)	Virtual inspection finds Cargill is compliant with OHS Act
April 23	OHS	Demand	1 (No)	Order to report workplace exposures of COVID-19 to OHS and produce a report about prevention measures
April 28	OHS	Contact report	1 (No)	Confirm findings of virtual inspection
April 29	AHS	Email	N/A	Recommendations
May 3	OHS	Notice to produce	1 (No)	Request to produce documents (e.g., masking-training procedures)
May 4	OHS	Contact report	3 (Yes)	Observed contraventions corrected on site
May 5	OHS	Notice to produce	1 (No)	Cargill agrees to provide a written action plan for physical distancing in locker rooms
May 6	OHS	Contact report	3 (Yes)	Observed contraventions corrected on site
May 6	AHS	Email	N/A	Recommendations
May 8	OHS	Demand	1 (No)	Extension of May 1 demand to May 18
May 12	OHS	Notice to produce	1 (No)	Request to produce documentation related to the joint OHS committee
May 19	OHS	Demand	1 (No)	Extension of May 1 demand to May 25
May 22	OHS	Notice to produce	2 (No)	Compliance with May 12 notice to produce
May 27	AHS	Email	N/A	Recommendations
June 9	OHS/AHS	Contact report	6 (Yes)	Joint inspection of a complaint received by AHS

Sources: Ministry of Labour and AHS reports, UFCW files, and various FOIP files.

It is noteworthy that the officer's April 23 report stated:

"On or about April 6 2020, Cargill Limited [...] became aware of workers who may have been exposed to confirmed or suspected COVID-19 infections/SARS-CoV-2 virus at the work site.

Incidents where a worker at the work site may have been exposed to confirmed or suspected cases of COVID-19 infections/SARS-CoV-2 virus constitutes a potentially serious incident(s) under section 40(5) of the Occupational Health and Safety Act."²⁹⁷

“Inexplicably, despite this observation and hundreds of workers becoming ill, the officer's report offered no evaluation of ventilation or the masking provisions in the Code.”

Inexplicably, despite this observation and hundreds of workers becoming ill, the officer's report offered no evaluation of ventilation or the masking provisions in the Code.

As previously mentioned, OHS inspectors were on site before the harvest section reopened on May 4. Again, both the minister's order regarding masks and the fact that officers were wearing N95 masks on May 4 suggest that the ministry was, at this time, aware of the risk of aerosol transmission of the virus in the plant. However, OHS' inspection report for May 4 stated: "Employees are provided a surgical mask when they come pass through the pre-screening." Like in the report of the April 23 inspection, there was no consideration of regulations requiring employers to provide approved respirators when workers may be exposed to an infectious disease in a workplace."²⁹⁸

Following the May 4 inspection, Friesen wrote to OHS, CFIA, and AHS officials, including Hinshaw, proposing a meeting to debrief and plan future activities.²⁹⁹ A representative from OHS later replied: "We are unable to attend today's call at 3 pm as we are still in the process of debriefing internally."³⁰⁰

8. DEVELOPMENTS AFTER THE OUTBREAK

In this chapter, we document important developments in the weeks and months after the outbreak.

AHS “Lessons Learned” Report (May 28 and June 19, 2020)

“By the time we got to the first inspection, we’d already lost the battle. We will lose the battle if we can’t make those connections [among early cases].” Sarah Nunn, AHS EPH³⁰¹

“I would like to highlight that the government, particularly AHS, implemented poorly when it comes to controlling a big company like Cargill. Imagine: 900 people infected in two (sic) days. Those people have families. AHS can do a better job.” (Cargill employee)³⁰²

*“...it’s important that we see the workers not just an object of our intervention but as partners in the way forward making workplaces safer...”
Cesar Cala, Action Dignity³⁰³*

In mid-May 2020, AHS undertook a review of the activities of the Cargill task force to inform responses to future workplace outbreaks. Interviews were conducted with 15 members of the task force and served as a basis for a 10-page internal “Lessons Learned” report that was published in early June 2020 (see Appendix 7). We obtained a copy of the report through access to information (AHS 2024-G-187). It is unclear who authored the report. In addition, there was a related outbreak file, the latest version of which we had access to was dated June 19.

On May 28, prior to the completion of the “Lessons Learned” report and the outbreak file, four members of the Cargill task force gave an online presentation to public health officials about the group’s response and lessons learned to date.³⁰⁴ Most of the presentation was focused on the socio-cultural and economic circumstances of Cargill workers.

One of the speakers, Cesar Cala, from Action Dignity, stated: “many of the workers in Cargill had always been told they are essential to Canada food supply but the initial treatment [...] was not consistent with that idea.”³⁰⁵ He added that “workers raised the alarm quite early in March when they approached the company to say that spread was happening in the workplace, but those concerns were dismissed.”³⁰⁶ Going forward, he recommended: 1) strengthening workers’ voices; 2) making the workplace safer with their input; and 3) involving workers in prevention and response.

Cala noted that, from the perspective of Cargill workers, some comments from public officials blamed the outbreak on them. Dr. Annalee Coakley, co-director of refugee health YYC at the University of Calgary and a member of the task force, spoke to the racism experienced by Cargill workers:

“I think it's much more than just stigma like its overt discrimination. I've had several patients evicted because they were Cargill workers not because they were positive but because they were Cargill workers and so what message does that send to these workers when they're in fact the victims of their workplace?”³⁰⁷

“Information in the ‘Lessons Learned’ report that is material to our review was heavily redacted from the document we received.”

Cala acknowledged how Cargill’s attendance bonus contributed to the outbreak, a point Friesen, who was one of the presenters, concurred with: “...be really careful in terms of management practices of what you're doing and [if] it's going to have an unintended effect.”³⁰⁸

A number of attendees posted questions in the webinar chat regarding Cargill’s role and changes in EPH practices, such as “what measures have you [(AHS)] put in place to ensure that employers respond to workplace illnesses and report to health?” None of these questions was put directly to the presenters by the event moderator.

Information in the “Lessons Learned” report that is material to our review was heavily redacted from the document we received. This sentence, for example, omits critical information: “Several issues were identified through the task force work and emerged both during regular meetings and in the lessons learned interviews. **The overarching theme** [redaction].”³⁰⁹ In February

2025, we appealed all of the report's redactions to the Office of the Information and Privacy Commissioner of Alberta. At the time our report was published, we had yet to receive a decision from the privacy commissioner. Decisions from this appeal will be posted as an addendum to this report

The contents of the "Lessons Learned" report primarily focused on events during the life of the task force (April 17 to June 10). However, the report also touches on some aspects of the outbreak response before April 17. Thirteen themes are highlighted along with recommendations to improve the response to future outbreaks. The six themes that are most relevant to our review were also the most redacted:

1. Role clarity of AHS in a CFIA facility and the role of OHS
2. Making connections between cases and identification of outbreaks (CDOM and across multiple teams)
3. Epidemiology and field epidemiologist model
4. Initial focus on the plant more than the context of the people working there
5. Relationship between the union, Cargill, and employees
6. Connecting with employees

Despite the scale of redactions, some insights can be gained from the report. Regarding the epidemiological analysis, the report notes: "Linking data is critical to early identification of an outbreak" and, in the case of Cargill, "The epidemiologists needed to be engaged sooner. By the time the "what" [(how many cases)] epidemiologist was brought in there were 500 cases which made it very difficult to disentangle the outbreak."³¹⁰

The report notes that, prior to the pandemic, AHS EPH had neither inspected Cargill nor established a relationship with it. Once contact was established, however, "communication between [Cargill's staff nurse] and EPH was good." Communication with Cargill management, on the other hand, "was not a good indication of employee needs." The report also notes that "Language barriers, low literacy and low health literacy among employees was not recognized early enough."³¹¹ Despite this, there were no suggestions for improving communication between EPH and employees in individual workplaces.

The report fails to discuss several relevant issues. First, there is no assessment of the effectiveness of EPH inspections and the decision not to use enforcement tools to address, for example, attendance incentives used by Cargill. The document also does not appear to include a statement about the relative role of different settings (workplace, household, carpool, community) in the spread of the virus over the outbreak.

Many of the issues that Nunn raised in email messages (workplace transmission, pressure to return to work, worker complaints) are not mentioned. For instance, the report states that “Many workers need to share resources such as housing and transportation (carpooling) to make ends meet, and **this compromises their ability to maintain physical distance** and to self-isolate when they experience symptoms” (emphasis added).³¹² Nowhere in the report is it noted that crowded working conditions compromised workers’ ability to maintain physical distance and that Cargill did not provide masks to workers or improve ventilation for the period of the outbreak where there was the highest transmission.

Interestingly, the AHS’ June 19 Cargill outbreak file seemed to acknowledge what workers said had happened all along: the virus was spreading in the workplace. The epi curve in the file shows that the peak of the plant outbreak occurred about a week before the peak among close contacts and community members (see Figure 6). The file noted that it was plausible that some areas of higher noise, where workers have to yell to communicate with one another, would be “higher risk” of aerosol-generating transmission.³¹³ Critically, it acknowledged that “Collectively asymptomatic infection, lack of masks at critical time periods, high-humidity-high-traffic areas, and working while symptomatic likely contributed to increased transmission.”³¹⁴

Epidemiological Analysis (May 2020 and Beyond)

AHS epidemiologists continued piecing together the origins of the Cargill outbreak. As noted earlier, AHS declared two outbreaks: Cargill staff and contractors (2020-CAL-A074) and household and staff close contacts (2020-CAL-A077). The process of compiling accurate lists of staff and close contacts alongside related individual health information took several weeks. One internal email suggested 22 outbreaks (mostly in care facilities) could be linked to Cargill staff, contractors, or close contacts.³¹⁵

At this time, Hu and others requested related data to analyze and publish a peer-reviewed report. This project was funded by the Canadian Institute for Health Research in July 2020.³¹⁶ It is our understanding that AHS decided not to grant the research team access to the data and provided no explanation for that decision.

RCMP Investigation Into the Death of Benito Quesada (2021)

On January 8, 2021, Benito Quesada's daughter Ariana Quesada made a formal complaint to the High River detachment of the RCMP about her father's death. Under the Criminal Code of Canada, directors and senior managers can be prosecuted for criminal negligence for a serious injury or death of a worker.³¹⁷

The RCMP created an investigation file, and a spokesperson noted: "It's not going to be your routine investigation, certainly. There's probably a lot of moving parts to it."³¹⁸ The United Steelworkers (USW) said in a statement:

"It was the [Cargill] workers who first raised concerns about working conditions and a lack of personal protective equipment. They raised their concerns and they were ignored. The UCP's Minister of Agriculture insisted that plant was completely safe, and then people started to get sick and die. [...] Essential workers are not sacrificial and the workers at Cargill are no exception. Today's announcement of the RCMP criminal investigation brings justice one step closer."³¹⁹

To our knowledge, the RCMP's investigation did not result in charges being laid against any representatives of Cargill.

Ministry of Labour Enforcement and Reporting (2020-2021)

It is our understanding that the Ministry of Labour did not advance prosecution files to Alberta's Ministry of Justice for the deaths of Cargill workers Bui Hiep and Benito Quesada.

“Between 2020-2023, no fatality investigations related to workplace exposure to COVID-19 were posted, despite there being at least 40 such deaths in Alberta during this period.”

Although it is the ministry's practice to disclose summaries of most investigations into workplace fatalities on its website,³²⁰ none of the fatality investigation summaries posted in 2020 are related to the deaths of Bui Hiep or Benito Quesada. More generally, between 2020-2023, no fatality investigations related to workplace exposure to COVID-19 were posted, despite there being at least 40 such deaths in Alberta during this period,³²¹ including approximately eight workers who died in the meat-packing sector.³²²

Finally, the ministry's 2020-2021 annual report noted that “over 69 per cent of OHS inspections addressed COVID-19 related concerns.”³²³ And while there was a significant year-over-year increase in the overall number of inspections in 2020-2021 compared to 2019-2020, there was also a sharp decrease in the number of orders issued (See Table 1: 16,680 (2018-2019); 14,564 (2019-2020); 7,868 (2020-2021)). It is not known how many orders, including stop-work orders, the Ministry of Labour issued related to COVID-19. What is clear is that OHS dramatically curtailed its use of enforcement tools during the first year of the pandemic.

AHS Review of Its Response to the Pandemic (November 30, 2022)

In late 2022, AHS released a 244-page report titled “AHS Response to the COVID-19 Pandemic,” which we obtained through an access to information request (2025-G-037). It appears that relatively little information was redacted from the version we received.

The 25-chapter report includes a description of AHS' role in responding to outbreaks in meat-packing plants, which it characterized as a “higher risk” worksite (see Appendix 8).³²⁴ Interestingly, the report lists 23 task forces struck during the pandemic, but it does not list Cargill as one of them.

In the report, AHS acknowledged the spread of COVID-19 in meat-packing plants and that its teams had little experience monitoring these facilities prior to the pandemic. As shown in the passage below, AHS EPH teams took a reactive approach to COVID-related inspections. Once engaged, teams monitored outbreaks and provided advice, recommendations, education and, when needed, increased joint inspections of worksites. These approaches, according to AHS, were favoured over “issuing infractions” and

were consistent with the public health mantra ‘education is prevention’.

“[EPH] conducted investigations of complaints received from employees/public regarding COVID-19 cases at various plants, as well as COVID-19 cases that were employed at meat-packing plants. [EPH teams] played a key role monitoring outbreaks at facilities and advising Human Resources staff/ownership of preventive measures.

Inspection summaries were provided to partner agencies and facility owners that included information and advice on how to prevent the spread of COVID-19. [...] Many slaughter staff had other work in the food industry and long-term care facilities. If this was not controlled there was potential to spread COVID-19 throughout the community. **The spread of COVID-19 in meat packing plants/slaughterhouses highlighted the need for [EPH] to better educate partners in areas of infection control versus food safety roles in these environments during a pandemic response.** Partner agencies relied heavily on [EPH’s] assistance/expertise regarding outbreaks and outbreak management. **To support this effort, [EPH] provided recommendations and education rather than issuing infractions, and increased the number of joint inspections with other agencies (AFRED, OH&S).**” (emphasis added)³²⁵

The AHS review also documented enforcement of public health orders and directives. It notes that public health inspectors (PHI) responded to more than 110,000 COVID-related complaints between March 20, 2020, and March 20, 2022. In the vast majority of cases, voluntary compliance was sought, whereas in “egregious situations,” EPH collaborated with other regulators, including the Ministry of Labour:

“In rare circumstances, PHIs used enforcement, including issuing EO orders or requesting legal support. EO orders were issued in a minority of situations when multiple attempts at education were insufficient. In total, 302 COVID-19/CMOH-related orders were issued from March 2020 to February 2022. Certain situations involving prolonged non-compliance with CMOH Orders required using

novel legal approaches and collaboration with other stakeholders. To address egregious situations, [EPH] collaborated with numerous partners from a variety of sectors, including law enforcement agencies, Alberta Health, Alberta Labour, Alberta Gaming, Liquor and Cannabis Control, and Specialized Crown Prosecutors.”³²⁶

Recall that we found no ministerial, executive, council, public health, or other order supporting the list of essential services posted by the Government of Alberta on March 27, 2020. The term “essential services” does not appear anywhere in the 2022 AHS report. However, the report notes that in May 2021, Hinshaw issued Directive D4-2021 “Workplace Closures,” which explicitly exempted meat-processing plants from temporary closure. The order provided a framework for closing businesses with outbreaks to avoid spill-over into the community. Specifically, where there was evidence of on-site transmission of three or more cases, a workplace risk assessment was undertaken to inform whether a business would be required to close for 10 days. Businesses that did not comply with a closure order were subject to enforcement.³²⁷ It is not known how many closure orders were issued under the directive. All agri-food workplaces, including food manufacturing, were exempted from closure (see Appendix 10), whereas grocery stores and pharmacies could be closed if there was an alternative provider in a community.

Union-Cargill Arbitration Decision (June 10, 2024)

In June 2024, arbitrator James Casey released his 84-page decision on outstanding grievances between UFCW 401 and Cargill. Casey upheld one part of the grievance, that Cargill failed to comply with involving workers and the union in OHS through the joint OHS committee. Both the union and Cargill have appealed the decision to the Alberta Labour Relations Board; at the time this report was published, no decision had been made.

9. WHY AND HOW THE CARGILL OUTBREAK OCCURRED

Between late March and May 2020, over 950 hourly staff and contractors, and half of the CFIA inspectors working at Cargill's High River facility tested positive for COVID-19. Hundreds of workers became ill, two died, 18 were hospitalized, and an unknown number experienced long-term disability. About a week after the peak of the outbreak, hundreds of close contacts of Cargill workers — family members, friends, and others — also became ill. Eventually, four of them would die. AHS epidemiologists speculated that the Cargill outbreak was associated with 22 other outbreaks, although the directionality was never established in the documents that we reviewed.

“The massive outbreak associated with Cargill was by no means inevitable.”

At the time, Cargill workers lived in fear of catching the virus and spreading it to their loved ones. The outbreak took an enormous physical and psychological toll on Cargill's workforce — a largely marginalized and invisible group.

As the evidence marshalled in this report shows, the massive outbreak associated with Cargill was by no means inevitable. It occurred because systems designed to protect worker health and safety failed. And they failed for a number of interrelated reasons.

OHS and AHS Did Not Adopt the Precautionary Principle

The virus SARS-CoV-2 is spread among humans via aerosol transmission. The period during which someone with COVID-19 can transmit the virus varies depending on factors such as the variant and severity of illness, but transmission can occur both before and after symptom onset. Some infected individuals never experience illness but still spread the virus to others.

At the beginning of the pandemic, Hinshaw and many other public health leaders believed that COVID-19 only spread via large droplets and that asymptomatic transmission was not occurring. As a result, AHS EPH primarily focused on physical barriers, physical distancing, hand-washing, and surgical masks as preventative measures at Cargill.

Cargill, AHS, and OHS did not consider the possible range of aerosol transmission of the virus in a large crowded industrial work setting and, therefore, did not prioritize — let alone consider — higher-level control measures such as improved ventilation, air filtration, and N95 (or equivalent) respirators.

Surgical masks, which were made mandatory at Cargill after April 16, provided inferior protection to workers working eight hours a day, especially for those working in close quarters with inadequate ventilation. Sometime between the closure of the facility (April 22) and its reopening (May 4), Alberta OHS came to believe that tight-fitting, higher-filtration respirators (N95 or equivalent masks) were required, as demonstrated by the ministerial order approving KN95 masks (May 3) and OHS officers' decision to wear N95 masks during their May 4 inspection. However, the evidence suggests that this view was not shared by Hinshaw.

Ventilation was not identified as a potential factor in the spread at Cargill until early May, and even then, there is no evidence that this pathway was further investigated by AHS or OHS.

Had OHS, AHS, and Cargill adopted the precautionary principle, which requires taking proactive measures to maximize human safety before the science about the transmission of a new virus is known, more aggressive control measures would have been adopted early on. If improved ventilation, provision of N95 masks (or cartridge respirators), and other actions had been taken earlier, hundreds of workers may have been spared from illness.

Essential Services Declaration

Agricultural and agri-food businesses were focused on mitigating the economic impact of pandemic-related public health measures. Their workers, however, were worried about being infected with the virus and reluctant to come to work. Responding to the active lobbying from the industry, the Government of Alberta declared meat-processing plants an essential service. This exempted them from public health orders related to gathering sizes and distancing. The designation also gave government and industry a means by which to remind workers why they needed to continue to come to work. Statements by Premier Kenney and Minister Dreeshen sent a message that meat plants could not be shut down under any circumstances.

AHS and OHS' actions suggest that the province's essential services designation, which was not clearly defined and had no basis in law, acted as a barrier preventing them from carrying out their responsibilities to engage in fulsome, proactive inspections and use appropriate enforcement orders, up to and including temporary closure of Cargill's plant. We believe that, if faced with a situation outside of a pandemic where hundreds of workers at a single facility were ill, an OHS regulator would be likely to respond in a more timely and aggressive manner.

Systemic Discrimination

AHS not only made incorrect assumptions about *how* the virus spread but also *where* it was spreading. Explanations for the outbreak's source relied upon cultural stereotypes about living arrangements. On April 13, six days after the outbreak was declared and without sufficient evidence, Hinshaw publicly attributed the rapid increase in positive cases in High River solely to household spread.

AHS officials also assumed that the new virus was only transmitted via large droplets, that asymptomatic transmission was not occurring, and that AHS' recommended control measures were fully implemented by Cargill and were effective in mitigating most spread within the plant.

In the absence of an epidemiological analysis, AHS officials continued to believe that transmission occurred among workers outside the plant, specifically in carpooling and households. This belief persisted in spite of evidence from workers, infections among CFIA inspectors (who were not as dependent on carpooling), and multiple internal AHS emails during the period confirming that transmission was occurring in the plant.

Beliefs about where the spread was occurring were treated as fact by elected officials. Their claims that the outbreak was due largely to household transmission further stigmatized Cargill workers and contributed to the racism experienced by these workers and their families. It is troubling that workers continued to be blamed even after evidence to the contrary about where the spread was occurring emerged. We believe that cultural stereotypes (communal living) and the workers' lack of status contributed to this.

“Claims that the outbreak was due largely to household transmission further stigmatized Cargill workers and contributed to the racism experienced by these workers and their families.”

Even though frontline Cargill workers were the experts of their own work, OHS and AHS did not speak directly to them to learn about their experiences in the plant. OHS and public health officials' efforts to seek out information from a vulnerable immigrant and refugee worker population were insufficient.

It was not until mid-April that AHS officials learned that most workers' first language was not English. Even with this knowledge, the April 18 town hall meeting, which was the first opportunity for officials to hear directly from workers, offered no translation service.

When determining appropriate actions, none of the regulatory bodies seemed to consider that temporary residency status increases economic vulnerability and dependence on an employer. No steps were taken to address language and literacy barriers, cultural differences, or residency status until after the plant closed. Nor was any action taken before the closure to address the lack of safe public transit or alternative transportation options for workers.

In sum, officials with AHS and, to a lesser extent, OHS, relied on cultural stereotypes that shifted responsibility from the employer to workers and their families. Public health's communication and risk framing directly contributed to shaping the public's perception of Cargill workers. Cultural stereotypes are part of a wider structure of systemic discrimination. Along with a segmented labour force and a variety of policy regimes, these stereotypes led to a disproportionate impact on migrant/immigrant and racialized workers.³²⁸

This leads us to conclude that systemic discrimination played a significant role in the response to the Cargill outbreak and the blame directed towards its workers. We strongly believe that a different approach would have been taken by AHS and OHS had Cargill's hourly workers been predominantly white, English-speaking Canadian citizens.

OHS and AHS Failed to Carry Out Their Statutory Responsibilities

OHS did not fulfill its statutory responsibility to protect worker health and safety. For reasons that we do not understand, OHS

“OHS did not fulfill its statutory responsibility to protect worker health and safety.”

accepted that its role was subservient to public health, even though no directive delegated its authority to AHS. Minister Copping’s comments at the April 18 town hall made clear that his ministry was following public health guidance in exercising its oversight and enforcement activities at Cargill. The problems with OHS’ approach were compounded by the fact that their inspections were reactive and inadequate.

The ministry’s April 15 inspection was substandard in many ways: it was conducted virtually, with the support of a Cargill manager, and without the participation of a trained industrial hygienist. The officer did not evaluate compliance in terms of OHS regulations relevant to biological hazards, nor did they speak directly with frontline workers. It resulted in no compliance orders. The ministry claimed that it was conducting remote inspections, in part, to protect the safety of “OHS officers and to comply with public health orders in place at the time.”

OHS had the regulatory authority to issue a stop-work order, yet it failed to act even when presented with mounting evidence of a serious outbreak in the plant. We do not understand why the Ministry of Labour failed to use its enforcement tools when they were most needed.

On May 3, Copping approved KN95 and other types of masks as equivalents to N95 respirators. That same day, OHS inspectors informed AHS that they planned to wear N95 masks during their inspection of the reopened plant. The officers’ inspection report from the next day noted that workers received surgical masks upon entering the plant. Officers should have issued an order related to the masking provisions in the OHS Code but, for reasons we do not understand, no such order was issued. Nor did they comment on the plant’s ventilation system in their inspection report.

We cannot explain why Alberta OHS did not carry out its responsibilities in response to the largest outbreak of COVID-19 in Canada. Was it due to political pressure, a shortage of trained officers, negligence, incompetence, or a combination of these factors? We do not know. All we can say is that its inaction represents a clear case of regulatory failure.

The president of the UFCW union, Thomas Hesse, told us that he exchanged phone calls and texts with Copping during the outbreak. He said Copping “seemed to care” but that this apparent concern “didn’t translate into action.” Hesse’s impression was that

Copping “was torn between what he knew and what his political position was.” Hesse called it “a failure to show courage. A failure to show leadership.”³²⁹

For its part, AHS did not have sufficient experience or expertise in overseeing worker health and safety in large industrial workplaces. While it held the primary responsibility to respond to the public health emergency, its heavy workload and inexperience, not only in industrial workplaces but also in making bold decisions, led to significant shortcomings in its response to Cargill. AHS officials seemed to be torn between the public health mantra “education is prevention” and wanting to do more, but being unable to act. It came to adopt a partnership role with Cargill, which undermined its important regulatory function.

A member of the Cargill task force told us:

“Prior to the pandemic, the day-to-day responsibilities of an MoH did not involve making rapid, high stakes decisions or taking bold action. Cargill required a proactive response. We should have taken a time-out (temporarily closed the plant) and stabilized the situation. No one was willing to take bold action. Taking such action would have required significant courage, especially given the potential political repercussions and personal risks involved.”³³⁰

We believe that AHS did not see itself as a regulator vis-à-vis Cargill, even though it had regulatory powers and was exercising that authority in other settings at the time of the Cargill outbreak (e.g., closure of a restaurant found in non-compliance with public health orders). It tried to help Cargill control the spread of the virus through inspections, recommendations, and ongoing guidance. Cargill said its actions were in “lockstep” with AHS advice and assumed its measures were effective because AHS officials told them they were. As a result, Cargill saw AHS as a trusted partner and collaborator. Because of their approach, intentionally or not, AHS came to own part of the risk associated with controlling the spread of the virus when responsibility ultimately rested with Cargill. As a large multinational company, Cargill should have had the internal expertise and resources to better identify potential exposure and implement controls.

Like OHS, AHS avoided using enforcement measures to make sure its recommendations were followed by Cargill, even though their own frontline staff identified the need for “drastic” measures to ensure compliance. It allowed the continuation of incentive pay despite clear evidence that it increased the risk of infection within the plant.³³¹ Strongly-worded warnings and other admonishments are not a substitute for timely, legally-binding directives in a crisis.

The only time AHS threatened to exercise its enforcement powers was related to its request for a plant floor plan and other information, and this only occurred after weeks of unsuccessfully requesting the information and the passage of the outbreak.

Despite their lack of expertise, inexperience, and absence of epidemiological analysis, Hinshaw and other public health leaders made public comments that projected confidence in their knowledge of where the virus was (and was not) spreading. But regardless of the source of exposure, employers have a duty to prevent the spread of viral and biological hazards within their workplaces.

“AHS officials knew workers with the illness were coming to work. They understood the impact this was having, but did not issue a directive to end or change Cargill’s incentive practices.”

The most effective control is elimination, for example, by not allowing workers who tested positive or were symptomatic and suspected positive from coming to work. Some Cargill workers who tested positive or were probable positive cases did not follow public health advice and went to work due to financial need and financial incentives that encouraged attendance. Some did the same because of management pressure and emotional appeals, the perceived vulnerability of the immigration status for TFWs, or a lack of understanding of public health guidance. Having COVID-positive workers come to work reduced the effectiveness of control measures at the plant. Again, AHS officials knew workers with the illness were coming to work. They understood the impact this was having, but did not issue a directive to end or change Cargill’s incentive practices.

AHS EPH’s lack of experience in large industrial workplaces also led to other mistakes that would have been avoided if OHS had led the response and properly carried out its responsibilities. AHS assumed that Cargill fully implemented its recommendations without speaking with workers or conducting unannounced follow-up inspections of the plant. If it were true that EPH guidance was fully implemented, carpooling would have ended, and workers would have had access to proper masks by April 11. Unfortunately, neither occurred.

Finally, it is unclear whether OHS expertise was utilized by AHS when OHS actions demonstrated it believed guidance from public health was not based on evidence and science, e.g., May 3 ministerial order regarding KN95 masks and OHS inspectors wearing N95 masks during the May 4 plant visit.

We elaborate on related problematic aspects of the regulatory response below.

OHS and AHS Were Passive and too Slow to Respond to Emerging Evidence

OHS and AHS failed to act proactively, were unable to make connections among early cases, and were slow in their responses to the evolving crisis.

Initially, AHS surveillance systems were not able to link the plant to positive cases among Cargill workers and their close contacts. In the absence of sufficient epidemiological evidence, AHS assumed throughout the outbreak that spread to workers occurred through carpooling and crowded households. The failure to recognize that the plant was a primary source of the outbreak caused significant delays in taking appropriate actions.

When the plant eventually closed, Hu and Friesen acknowledged to Hinshaw that there was likely significant transmission occurring in the plant in early April. Yet, Hinshaw minimized this in her public comments the following day. Further, no one from AHS ever acknowledged the significance of half of the plant's CFIA inspectors testing positive for the virus. Appropriate epidemiological data was only collected and analyzed after the plant reopened. Gathering this information earlier and adopting a precautionary approach would have protected workers.

The lack of timely surveillance was compounded by the fact that AHS and OHS did not proactively inspect the implementation of COVID-19 control measures in the province's meat-packing plants. When the initial positive cases were reported, it was Cargill that requested AHS inspect its facility. There was only one (reactive) in-person inspection between the first positive cases being reported and the plant closure on April 22. OHS and AHS stood back waiting for more positive cases linked to Cargill or formal complaints from workers or their union before inspecting.

It also appears that there was no information-sharing or coordination between AHS and OHS until after the closure of the plant on April 24. For instance, it wasn't until April 30 that the lead OHS inspector, Ryan Schur, met Friesen.³³² Coordination seemed to slowly improve when the plant reopened on May 4.

OHS and AHS Did Not Prioritize Basic Worker Health and Safety Rights

There was a disregard by regulators and government officials for basic worker health and safety rights — the right to know about hazards, to participate in the control of hazards, and to refuse dangerous work. Before the April 18 town hall, AHS EPH and OHS did not prioritize sharing the results of their inspections with workers or their union. Possible reasons behind that include the fact that AHS and OHS officials could not communicate with workers in their first language, or because they believed the union was sharing information, or simply because they did not see it as part of their role.

“There was a disregard by regulators and government officials for basic worker health and safety rights.”

Ministers Copping and Dreesen, and Premier Kenney did not acknowledge and reinforce the importance of worker rights. On the contrary, Kenney publicly chastised CFIA inspectors, falsely claiming that a work refusal led to the short closure of Harmony Beef's plant in late March. Later, when the Cargill plant reopened, an internal briefing note to the minister of agriculture and forestry and the premier stated that workers could not use the right to refuse dangerous work because public health deemed the plant was safe. This is not a determination for non-OHS public servants and elected officials to make. The right to refuse dangerous work exists, among other things, to protect workers in situations where there isn't scientific certainty about the transmission and health impacts of a new airborne hazard.

During the April 18 town hall, Copping failed to provide any information regarding basic workers' rights under the OHS Act. He did not even affirm the importance of basic worker rights.

Arbitrator James Casey would later find that Cargill failed to comply with OHS legislation regarding the right to participate in a joint worker-manager health and safety committee. Aside from a Notice to Produce issued on May 3, multiple OHS inspections resulted in no other orders regarding Cargill's compliance related

to joint committee provisions of the legislation or its obligations to include the joint committee in the hazard assessment and control process, which left workers in the dark regarding the risks.

As the legal representative for a vulnerable group of workers, the union made repeated attempts to engage public local authorities as the crisis worsened. Even though MOHs admitted they lacked experience working with unions and, later, noted that “communication with Cargill management was not a good indication of employee needs,” public health officials were apprehensive about establishing direct communication with the union.

OHS, AHS, and Agriculture and Forestry Prioritized Industry Interests

Industry capture created conditions that contributed to weakening the regulatory authority of AHS and OHS. Across the course of the outbreak, email correspondence and actions of AHS officials suggest that they believed it was their role to help Cargill continue to operate. The Ministry of Labour had jurisdiction for worker health and safety but failed to exercise its authority.

Regulators should not need the assistance of those they regulate to do their job. AHS required Cargill's support with contact tracing and related outbreak support. While there is nothing inherently wrong with this, it created a dependency that should have been managed. Over time, AHS acted as a partner with Cargill in trying to address the crisis through, for example, brainstorming solutions. In doing so, it inappropriately took on some of the responsibility for the control of risk in a workplace. For its part, OHS performed substandard inspections, failing to enforce sections of the Act and Code that were obviously relevant to infectious diseases. Most concerning, on April 15, OHS relied on a Cargill manager to record its inspection, a decision that seriously undermined the integrity of that inspection and the independence of the ministry's work.

The April 18 town hall meeting, which was co-led by Dreeshen, created the perception of a “one team” approach where provincial bodies and Cargill were working together to convince workers that the plant was safe. The meeting placed Copping and Hinshaw in a compromised position sitting alongside the employer. Both

told workers their workplace was safe, even as evidence mounted showing the risk of transmission in the plant. Copping failed to state the regulatory independence and powers of his ministry to keep workers safe. Near the end of the meeting, Dreeshen told workers to bring their safety concerns to his attention. The town hall seriously undermined the position of AHS and OHS to act as independent regulators and diminished workers' trust in these bodies.

Improper Influence by the Minister of Agriculture and Forestry

While the Ministry of Agriculture and Forestry was an interested party in how COVID-19 impacted the operations of meat plants operating in Alberta, it had no regulatory authority for occupational health and safety or public health. Despite this, Minister Dreeshen played a central role in shaping the response to the Cargill outbreak. His ministry's goal was the industry's goal: uninterrupted operation of Alberta's meat-processing plants. Dreeshen and his officials created designations and processes that they expected AHS and OHS to work within (essential services designation, business resumption protocol), even though they were not designed with worker safety at the fore. AHS and OHS acted as though the province's essential services designation, which was not clearly defined and had no basis in law, prevented them from exercising their authority to issue orders, including ordering the temporary closure of Cargill's plant.

Dreeshen was overconfident that existing systems and practices were sufficient for meat-packing plants to operate safely. Instead of a mindset centred on preventing worker exposure to the virus, his comments suggest that he thought infections were inevitable and that if large numbers of workers became ill with COVID-19, they could be replaced through contingency plans to maintain operations.

All of these interrelated factors contributed directly and indirectly to the magnitude of the Cargill outbreak.

“If large numbers of workers became ill with COVID-19, they could be replaced through contingency plans to maintain operations.”

10. RECOMMENDATIONS

“We must do better next time. The only way to do better is to ensure that the Ministry of Labour is in a position to oversee and enforce, as aggressively as required, Ontario’s safety standards.”

Justice Archie Campbell, SARS Commission ³³³

Introduction

Justice Campbell’s report on Ontario’s response to the 2003 SARS outbreak in Toronto lays bare the consequences of not being prepared for the emergence of a new respiratory virus, not employing the precautionary principle, and not having a provincial ministry of labour lead the response in workplaces.

Arguably, the most important finding of the SARS Commission relates to the precautionary principle.

“[There] was the debate during SARS over whether SARS was transmitted by large droplets or through airborne particles. The point is not who was right and who was wrong in this debate. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty.”³³⁴

While the workers and settings at the centre of the Cargill COVID-19 and Toronto-area hospital SARS outbreaks were different there is an eerie similarity in the nature of the breakdown of systems in these cases.³³⁵ Because of this, a number of our recommendations overlap with those in the Campbell report. We strongly encourage public health and OHS officials in Alberta and elsewhere to review the Commission’s recommendations.

We begin with our five main recommendations. Our other recommendations address the need for accountability and openness, seek to strengthen the independence of Alberta's OHS and public health regulators and protect vulnerable workers. Ultimately, we hope these recommendations will be implemented to prevent similar conflicts between economic and occupational health and safety priorities.

Consistent with Justice Campbell's calls, and central to our recommendations, we believe it is crucial that employers and regulators adopt the precautionary principle and that Alberta OHS must maintain its jurisdiction for worker health and safety during future public health emergencies. We encourage the Government of Alberta and the federal government to consider other system-related recommendations made by Bronwyn and colleagues.³³⁶

Some of the recommendations that follow are directed, where relevant, to Alberta's health agencies and governing bodies. Under normal circumstances, we would name those agencies specifically. However, the current government's dismantling and reorganization of the province's health system has made that impossible, as the institutions that will ultimately be accountable for these issues remain undefined. Whatever administrative structures emerge from this reorganization, the responsibility for acting on these recommendations should be understood to fall on whichever bodies are given authority over these areas.

Main Recommendations

1. AHS, OHS, and the Government of Alberta should acknowledge and publicly apologize to Cargill's workers for the serious shortcomings of their response to the Cargill outbreak.
2. Alberta's health agencies and OHS must adopt the precautionary principle when responding to new respiratory illnesses. It should require employers to provide maximum protection to safeguard employee health until there is greater certainty about how the virus is transmitted. The precautionary principle ensures that the onus of demonstrating an activity lies with the party undertaking the activity.

3. The Government of Alberta should amend the Public Health Act and the Occupational Health and Safety Act to make it clear that during a public emergency, OHS continues to be responsible for leading the response in workplaces. The amendments should also ensure appropriate funding is allocated to OHS to fulfill this responsibility, as well as direct relevant health agencies and OHS to coordinate their responses during a public health emergency.³³⁷
4. To address the factors that contributed to regulatory failure, Alberta's provincial auditor should undertake a comprehensive review of OHS' internal processes, policies, and practices, including the staffing of key positions (e.g., industrial hygiene officers, director of occupational health), the authority of the minister, and the safety officers' professional responsibility guide.
5. The Government of Alberta should utilize the Alberta Labour Relations Board to create a standing list of public health emergency-related essential services. This list would give proper legal effect to the designation and clarify what, if any, limitations are placed on worker rights and the regulator's authority to undertake enforcement actions during a public health emergency. Designation as essential must not reduce or limit workers' OHS and employment standard rights. As part of this, the Government of Alberta should create principles for designating services as essential, as well as a transparent appeal process within the ALRB structure for employers, workers, and unions to challenge such designations.

Other Recommendations

A. Accountability and Openness

1. OHS should publicly release relevant internal documents (e.g., reports, email correspondence, officer notes) related to its response to the outbreak. The lack of transparency is a barrier to accountability and trust.
2. The Government of Alberta should make the Cargill and community outbreak data available to researchers who request it.

3. OHS and Alberta's health agencies should release those in leadership positions with responsibilities during the Cargill outbreak from any confidentiality or non-disclosure requirements to allow them to speak freely about the incident.

B. Essential Services

4. The Government of Alberta should require all businesses designated as essential during a public health emergency to stockpile at least three months of N95 or equivalent masks for all workers in environments where aerosol transmission of viruses may occur.
5. Immediately following the declaration of future public health emergencies, OHS and relevant health agencies should conduct regular proactive, unscheduled inspections of large essential workplaces.
6. The Government of Alberta should amend the OHS Act to require joint workplace health and safety committees at essential workplaces to meet at least weekly during a public health emergency and provide additional powers to committees (e.g., enhanced inspection authority, ability to impose emergency-related protection measures).

C. Clarifying and Strengthening Regulatory Roles

7. In future public health emergencies, the minister of labour should be a member of the provincial Emergency Management Cabinet Committee or equivalent decision-making cabinet committee.
8. The Government of Alberta should amend the Public Health Act and Occupational Health and Safety Act to establish a joint committee between relevant health agencies and OHS with a mandate to protect workers' and Albertans' safety during a public emergency. Departments with no regulatory responsibility for occupational health and safety should be excluded from this committee.

9. In cases of large outbreaks in industrial workplaces (30 or more cases), this same joint committee should immediately strike a workplace-specific task force with appropriate representation from OHS and health agencies, led by OHS, to respond to the outbreak. Only bodies with regulatory responsibility for occupational health should be represented on the task force. There must be a mechanism for facilitating two-way communication between workers and their union that is separate from communication with employers.
10. OHS must ensure all of its officers have appropriate training related to respiratory illnesses (biological hazards) and the application of relevant sections of the Act and Code.
11. OHS must ensure that all workplace inspections of suspected workplace transmission of a respiratory virus are led by a certified industrial hygienist.
12. Alberta's health agencies should provide training to EPH and MOH staff on employment relations, labour law, and OHS law, including an understanding of employer responsibilities under the OHS Act and Code.
13. OHS, CFIA, and health agencies should meet every six months to review pandemic preparation plans for overseeing industrial workplaces that employ large numbers of workers.
14. Alberta's health agencies should implement changes to the province's surveillance systems so they're able to ensure that accurate, timely, and up-to-date information about infections can be linked to worksites. The health agency in charge of such systems should put in place a data-sharing agreement with OHS and the Workers' Compensation Board to enable real-time sharing of information.
15. Health agencies with a leading role in responding to outbreaks must employ occupational epidemiologists. Epidemiological analysis should include comparable infection rates in households and other community settings.

16. Public health staff, not employers, should be responsible for leading contract tracing for outbreaks.
17. OHS should create a detailed, standalone professional code of responsibility for OHS inspectors. The code must include a strong statement on professional ethics. The current policy — “Integrity in Enforcement Professionalism in the Workplace” — is general in nature and applies to both employment standards and OHS officers.

D. Protecting Vulnerable Workers

18. Equity and anti-discrimination training should be provided to OHS, EPH, and MOH officers using Cargill as a case study. Such training should emphasize the understanding of social inequities — housing, commuting, immigration status, working conditions — and how they are interrelated, as well as what can go wrong when officials rely on preconceived ideas and stereotypes.
19. OHS and health agencies should change operational practices to ensure MOHs and OHS officers actively engage with workers to learn about their experiences when conducting investigations into outbreaks of infectious diseases.
20. OHS and relevant health agencies should ensure that translators are easily accessible to enable communication with workers in their first language.
21. OHS and public health inspectors should use enforcement tools whenever they identify the perverse effects of pay and bonuses on worker health and safety (e.g., incentivizing employees who are ill to come to work).
22. OHS and health agencies should actively recruit for inspector roles employees with frontline experience working in meat-processing plants.
23. OHS, health agencies, and employers must increase information-sharing with workers to ensure they have a full understanding of their rights under the OHS Act. Information must be translated into the workers' first languages.

24. Arms-length community-based organizations and unions should be authorized by OHS to provide information about worker health and safety rights in the workplace. This authorization should include the ability to come to the workplace and access translation services as needed.
25. The Government of Alberta should implement paid sick days and income support for all workers during a pandemic.
26. Alberta's OHS Act should be amended to allow substantial financial penalties for employers who are found to engage in reprisals against workers who report dangerous working conditions or refuse dangerous work.

E. Protecting Independent and Autonomous Regulatory Enforcement

27. The OHS Act, the Employment Standards Act, and the Public Health Act should be amended to stipulate that the first priority of those enforcing these acts is the health, safety, and well-being of Albertans and Alberta workers.
28. The Executive Council should ensure that training, norms, and other supports are provided to cabinet ministers to assist them in exercising their statutory responsibilities.
29. To ensure their independence, EPH and MOH staff should be placed under an arms-length agency led by the CMOH.
30. All communication from employers, unions, and industry associations to members of cabinet and deputy ministers that relates to the enforcement of laws should be proactively released to the public within six months of occurring.
31. Conflict of interest rules and code of conduct and ethics for cabinet ministers should be strengthened to require active neutrality when interacting with parties their department regulates.

11. CONCLUSION

“It’s apparently humankind’s fate never to stop writing the history of pandemics. No matter how often they occur — and they do occur with great frequency — we collectively refuse to think about them until circumstances demand it.

Then, when the immediate crisis passes, we put it out of our minds as quickly as possible. And so we again are unprepared when the next contagion [...] bursts upon us.”³³⁸

Scientists continue to warn governments and the public that COVID-19 will not be the last pandemic humans will face. Our hope is that Alberta OHS, public health, and businesses understand that massive outbreaks in industrial workplaces are not inevitable in the face of a new and unknown respiratory virus.

There needs to be a realization of the enormous cost of prioritizing industry interests over human life and health. We hope that accountability follows in the wake of the release of our report. Above all, we hope the Government of Alberta will heed the lessons from the tragic outbreak at Cargill and, going forward, implement the precautionary principle, prioritizing an active, competent, and independent OHS regulator, and, above all, valuing the health and safety of all workers in Alberta.

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- Before SARS, the ministry was poorly resourced and ill prepared ("most inspectors had little or no training on infectious disease issues" p. 837)
 - Labour assumed a secondary role to public health
 - Labour and its experts were excluded from the higher echelons of the SARS response. For example, they could not participate in the Provincial Operations Centre discussions.
 - Officials took a reactive approach to inspections, acting only when complaints or work refusals were received.
 - Proactive inspections came late: "In Ontario, the Ministry of Labour told the Commission that part of the delay in sending inspectors to SARS facilities was concern over their safety. One senior ministry official said: "It wasn't clear in April whether it was safe for the inspectors to go in."” Archie Campbell, "Vancouver: A Tale of Two Cities," *SARS Commission*, 269, https://www.archives.gov.on.ca/en/e_records/sars/report/v2-pdf/Vol2Chp3iii.pdf
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APPENDICES

APPENDIX 1

Sections From the OHS Act Relevant to the Control of Biological Respiratory Hazards

Definitions

1 In this Act,

(o) “harmful substance” means a substance that, because of its properties, application or presence, creates or could create a danger, including but not limited to a chemical, biological or radiological hazard, to the health and safety of a worker exposed to it;

Part 1. General Obligations

Obligations of employers

3(1) Every employer shall ensure, as far as it is reasonably practicable for the employer to do so,

(a) the health, safety and welfare of

- (i) workers engaged in the work of that employer,
- (ii) those workers not engaged in the work of that employer but present at the work site at which that work is being carried out, and
- (iii) other persons at or in the vicinity of the work site whose health and safety may be materially affected by identifiable and controllable hazards originating from the work site,

APPENDIX 2

Sections From the OHS Code Relevant to the Control of Biological Respiratory Hazards

Part 1. Definitions and General Application

Definitions

1 In this Code,

“biohazardous material” means a pathogenic organism, including a bloodborne pathogen, that, because of its known or reasonably believed ability to cause disease in humans, would be classified as Risk Group 2, 3 or 4 as defined in the Human Pathogens and Toxins Act (Canada), or any material contaminated with such an organism;

“contaminant” means a chemical, biological or radiological material in a concentration that will likely endanger the health and safety of a worker if it is inhaled, ingested or absorbed;

“contaminated” means affected by the presence of a harmful substance on workers or at the work site in a quantity sufficient to pose a risk to health;

“contaminated environment” means a work site that contains or may contain a contaminant;

Part 4. Chemical Hazards, Biological Hazards and Harmful Substances

General Requirements

Worker exposure to harmful substances

16(1) An employer must ensure that a worker’s exposure to any substance listed in Schedule 1, Table 2 is kept as low as reasonably achievable.

16(2) An employer must ensure that a worker’s exposure to any substance listed in Schedule 1, Table 2 does not exceed its occupational exposure limits listed in Schedule 1, Table 2.

16(2.1) The amended occupational exposure limit for coal dust as shown in Schedule 1, Table 2 comes into effect on July 1, 2010.

16(3) If no occupational exposure limit is established for a harmful substance present at a work site, an employer must ensure that a worker’s exposure to that substance is kept as low as reasonably achievable (emphasis added)

Potential worker exposure

21(1) If a worker may be exposed to a harmful substance at a work site, an employer must:

- (a) identify the health hazards associated with the exposure and assess the worker's exposure, and
- (b) establish procedures that minimize the worker's exposure to the harmful substance.

21(2) The employer must ensure that a worker who may be exposed to a harmful substance at a work site

- (a) is informed of the health hazards associated with exposure to that substance,
 - (b) is informed of measurements made of airborne concentrations of harmful substances at the work site,
 - (c) is trained in procedures established by the employer under subsection (1)(b),
- and (d) uses the procedures appropriately.

21(3) A worker who is provided with training under subsection (2) must use the procedures appropriately and apply the training.

Part 18. Personal Protective Equipment

Respiratory Protective Equipment

Respiratory dangers

244(1) An employer must determine the degree of danger to a worker at a work site and whether the worker needs to wear respiratory protective equipment if

- (a) a worker is or may be exposed to an airborne contaminant or a mixture of airborne contaminants in a concentration exceeding their occupational exposure limits,
- (b) the atmosphere has or may have an oxygen concentration of less than 19.5 percent by volume, or
- (c) a worker is or may be exposed to an airborne biohazardous material.

244(2) In making a determination under subsection (1), the employer must consider

- (a) the nature and exposure circumstances of any contaminants or biohazardous material,
- (b) the concentration or likely concentration of any airborne contaminants,
- (c) the duration or likely duration of the worker's exposure,
- (d) the toxicity of the contaminants,

- (e) the concentration of oxygen,
- (f) the warning properties of the contaminants, and
- (g) the need for emergency escape.

244(3) Based on a determination under subsection (1), the employer must

- (a) subject to clause (b), provide and ensure the availability of the appropriate respiratory protective equipment to the worker at the work site, and
- (b) despite section 247, when the effects of airborne biohazardous materials are unknown, provide and ensure the availability of respiratory protective equipment appropriate to the worker's known exposure circumstances.

244(3.1) Subsection (3) does not apply when an employer has developed and implemented procedures that effectively limit exposure to airborne biohazardous material.

244(4) A worker must use the appropriate respiratory protective equipment provided by the employer under subsection (3).

Part 26. Ventilation Systems

Application

This Part applies to work sites if a mechanical ventilation system controls worker exposure to

- (a) an airborne contaminant that exceeds or is likely to exceed the occupational exposure limits prescribed in this Code,
- (b) a biological contaminant that exceeds or is likely to exceed the occupational exposure limits prescribed in this Code, (emphasis added)**
- (c) potentially hazardous dust, fumes, gas, mist, aerosol, smoke, vapour or other particulate of a kind or quantity that is given off by a process,
- (d) an atmosphere that has flammable levels of gases, vapours, liquids or solids, or
- (e) an atmosphere that has less than 19.5 percent or more than 23 percent by volume of oxygen.

APPENDIX 3

Province of Alberta List of Agricultural and Horticultural Essential Services (March 27, 2020)

- Services or businesses that farm, harvest, process, manufacture, produce or distribute food, including beverages, crops, animal products and by-products, aquaculture, hunting and fishing
- Businesses that support the food supply chain including assembly yards, livestock auctions, food distribution hubs, feed mills, farm equipment dealerships and suppliers, feed suppliers, food terminals and warehouses, animal slaughter plants and grain elevators, all farm input including fertilizer plants and distribution
- Business that support the safety of food including animal and plant health and animal welfare
- Businesses that provide veterinary services, and that supply veterinary and animal control medications and related supplies and testing kits
- Operations that provide specialized pharmaceuticals or inputs to pharmaceuticals, to include medicinal marijuana operations

APPENDIX 4

Selected Complaints Received by AHS Regarding the Cargill Outbreak (April 18, 2020)

From: Sarah Nunn
Sent: Sat, 18 Apr 2020 11:23:48 -0600
To: Brent Friesen; Jia Hu
Subject: complaints

Hello Brent and Jia,

I have a number of complaints in the portal regarding Cargill from employees/family/local residents. I want to make sure that you know about these. Many of these are communication issues - These may help the communication sub-group.

- *Not sharing information. Putting employees at risk. No official emails or communication. Employees are blindly going to work. Supervisors finding out only by asking their managers of confirmed cases. Cargill meat plant in High River employees 2000+ employees.*
- *There are some people confirmed with covid19, And they are still in operation,. Although they are doing social distancing in the plant, the virus is continuing to spread to the people. The social distancing only execute during breaktime but in during production we are very close to each other. I think 1 to 2 feet distances to each employee during work. That is why the virus still spreading to the people. We are not against the company but we concerned to our self and our family and we hope the company and the goverment will do the same. We are worried to carry the virus to our family back home after work at the plant. And Also to spread to spread to other people.*
- *Someone is tested Positive on the production line. and two or more people are showing mild symptoms, including one of my family member, as my family member was speaking to them on the phone since they are co-workers.*
- *we are just worried until now we are hearing employees are becoming positive of covid and still they are full operational and not considering of closing for 14 days at least for knowing we are all quarantine i mean with all the employees for us to know and be safe coming back to work. can you pls do something about it....*
- *I wanna complain about my workplace because alot of people working in this company is already positive for COVID19 and yet the operation is still on.. the only response that we got is that we need to be extra careful.. and we have union but then cargill refused to tell in our union that there are people who are already positive.*
- *please inspect cargill High river they have lots of positive cases in there but operation is still on going. Is there possibility to close the plant and sanitize the whole place and have all employees tested since there is some cases already?*
- *numerous concerns over the lack of social distancing on the production floor and public areas (locker rooms, lunch rooms, washrooms, hallways, etc). While the employer has implemented some measures with temperature checks and limited questions, we do not believe that they are doing enough to protect the safety of the workers in the production areas. Workers are shoulder to shoulder in some cases with only maybe a face shield. There are no barriers or screens protecting the workers between each other on the floors. Once the face shields get covered, workers are working the rest of their shifts with it lifted up on their heads because they cannot see and do not have time to clean them. With 38 confirmed cases, the workers are terrified to come to work for fear of catching the virus.*
- *We know that AHS was in the plant earlier this week and made recommendations (we do not know what they are) and the employer will only say that they are following them, but since they were in the plant there have been an exponential rise in confirmed cases. The employees need to know what the recommendations are so they can ensure they are being followed*
- *This facility currently has 38 workers who have tested positive for COVID, the work environment does not allow 6' spacing and they have been paying employees bonuses NOT to take sick leave. These numbers are catastrophic for our community as they shop and live among us. Reducing shifts is not adequate. 711 in High River was closed down after 1 staff member tested positive. Double standards that endanger public health are liable. I have 17 (1) Please protect the rest of us and shut this plant down*
- *It is my understanding that Cargill Foods in High River has a significant amount of COVID 19 cases and they are still operating. I find this to be a threat to the community, especially the elders in this community. They need to be shut down.*
- *I want to voice my displeasure over Cargill Foods here in High Level, Alberta. And now we're starting to see people in town getting in sick here in High Level. And obviously people are of the same race and are passing it onto their family members and getting people in town sick. It's obviously coming from there, I don't know why Cargill hasn't been shut down. So I'm basically making this complaint to Alberta Health that they need to get out there and shut that place down. There's dozens and dozens of sick people out there. Meat places all over North America are being shut down for sick people, I don't know how they are still open.*

APPENDIX 5

High River Cargill Meat-Packing Plant Outbreak Plan (April 20, 2020)

Executive Summary

- Cargill has 16 (1) along with a number of contractors (number not yet quantified); they are currently operating at reduced capacity
- Workers (and their household members) are low-wage earners which makes any loss of employment from public health ordered exclusion very difficult
- There are over 474 confirmed/probable cases associated with Cargill; 2/3 of these are Cargill employees/contractors & ~40% live in High River (with the remainder in Calgary)
- Multiple Control measures have been put in place at Cargill plant (thus the risk of transmission at the plant is now considered low).
- There have been concerns with workers carpooling, but Cargill is working to ensure safe travel to work 16 (1)
- 16 (1)
- It is believed that the highest risk of ongoing transmission is within households (cases are said to live in large homes with up to 20-30 other people).
- Another significant concern is household-to-community transmission – Cargill employees often live with other low-wage workers (e.g., LTC staff, service industry workers) who face financial challenges with self-isolation
- Most workers do not speak English as a first language: Languages spoken by employees include Mandarin, Arabic, Somali, Amharic, Tigrinya, Spanish, Tagalog; health literacy levels are also low; this makes communications challenging
- A number of supports for affected employees and household members have been put in place (e.g., PCN education, referrals for social supports, isolation hotels) to significantly reduce within household and household-to-community transmission

I. Epidemiology and transmission dynamics

- Prior to AHS involvement, there was likely significant transmission occurring on the plant due to crowded conditions (normal for this type of operation), lack of personal protective equipment (PPE), and crowding during lunch and shift changes
- Following the full implementation of control measures (occurred between April 7-11), the risk of transmission in the plant is believed to be quite low
- There is still some risk from carpooling (workers carpool to the plant as they do not have alternate means of transportation)
- The greatest risk is now from within household transmission and this is where we are seeing the largest number of new cases arise
- There has been limited household-to-community transmission as household contacts of cases sometimes do not self-isolate (due to lack of education & financial barriers)

II. Plant control & carpooling measures

Plant control measures

- Following the initial plant inspection conducted by AHS on April 7, a number of control measures were implemented which include

16 (1)

16 (1)

- These measures are believed to be effective in reducing the plant risk; over the past day, we have heard of some crowding that still occurs in the change rooms and sharing of food (more of a cultural practice) – health teaching will be provided on this

Carpooling

- Carpooling has been an ongoing issue at Cargill. This was identified on initial inspections as a problem and workers were advised to stop
- These recommendations did lead to some reduction in carpooling, but it is still continuing due to the inability of workers to find alternate modes of transportation
- To mitigate this risk, PPE was handed out to workers to be used while carpooling on April 18. 16 (1) Apr 20/21 to further mitigate the risk

III. Public health measures

- **Public health follow-up:** Regular public health follow-up will continue to occur for all confirmed and probable cases; Cargill employees/contractors, Cargill associated cases (i.e., household contacts), and High River cases will be tracked through unique outbreak numbers
- **Epidemiologic intelligence:** We have recently engaged a team of epidemiologists to improve our data management systems and conduct a thorough epidemiologic investigations that will identify where transmission is occurring (household, carpooling, plant)
- **Testing access:** As per the mandate to offer testing to all symptomatic & asymptomatic Cargill employees, a testing centre has been established in High River (along with the multiple testing centres in Calgary) and a strategy to communicate how to access testing to employees is being developed between AHS, Cargill, and the Union (UFCW 401)

IV. Enhanced patient education and isolation supports

- **Patient education through primary care:** All Cargill & Cargill associated cases will be called by the geographically appropriate Primary Care Network (PCNs) within 24-48 hours of PH being notified with the assistance of language/cultural supports. They will provide education around COVID-19 & importance of self-isolation
- **Hotels for isolation:** PCNs will identify cases & household members requiring self-isolation (as recommended by the AHS Scientific Advisory Group) and refer these people for hotels
- **Household support:** All cases will also be referring to newcomer organizations (CCIS – Calgary Catholic Immigration Society will be primary point of intake). CCIS will provide

assistance to cases & household contacts with respect to any needs including income support (e.g., applying for CERB), food support, childcare, transportation, etc.

- **Coordinating mechanism:** A steering committee comprising representatives from AHS (MOH, ZEOC), affected municipalities, PCNS, and newcomer organizations has been formed to coordinate activity

V. Deployed resources

- **Primary care networks:** All Calgary Zone PCNs (including physician, nurses, social workers, etc.) are engaged and are already assisting with patient education and social supports
- **Newcomer agencies:** Multiple newcomer agencies including CCIS & FCIS (High River/Okotoks Branch of CCIS), AIMGA (Alberta International Medical Graduates Association), Action Dignity, Eritrean COVID-19 response group etc. are engaged and willing to provide social support services, translation, culturally appropriate assistance, etc.
- **Municipalities:** Municipalities of Calgary and High River are engaged and deploying resources as needed
- **Isolation hotels:** Have been identified by the Government of Alberta; payment mechanisms and referral process are in development
- **AHS ZEOC:** Cargill Task Force has been formed (~12 personnel) with further project management support forthcoming
- **Testing Centres:** A special AHS body has been formed to establish the High River testing centres and facilitate testing of Cargill employees

APPENDIX 6

Field Epidemiology Report (May 3, 2020)

Field Epidemiology Report

1.0 Highlights

- Attack rates 8% higher amongst workers who work the 6:45AM shift
- Attack rates highest amongst workers from departments in the [REDACTED] (which also coincide with the 6:45AM shift)
 - *Interpretative caution: Crude stratified analysis –hard to draw conclusions without the department labels (still awaiting data and facility map to label IDs which may lead to reclassification).*

s.24(1)(a)(b)

2.0 Investigation Goals & Objectives

The field epidemiologic objectives for the Cargill outbreaks 2020-CAL-A074 (staff and contractors declared April 6 2020) and 2020-CAL-A077 (household and close contacts declared on April 19 2020) include:

Goal: To conduct deeper dive analyses to understand and inform how to minimize the spread of COVID-19 outbreaks.

Objectives:

1. To quantify transmission cross-linked to other outbreak locations, households, carpooling, within and across facility exposures, identify the mode/ease of transmission, and flag areas of high transmission risk.
2. To understand transmission dynamics using network mapping and flag potential high-risk transmission pathways for further follow-up.
3. To understand high risk transmission where controls were implemented (i.e. pre-post risk).

Note re AHS CDC DSOP: “a COVID-19 outbreak may be declared if there is evidence of epidemiologically linked transmission of 5 or more COVID-19 cases with a common exposure (e.g. workplace)”

3.0 Epi Curve + Timeline of Events Summary

s.24(1)(a)(b)

Prepared by: Amanda Alberga, Task Force Field Epidemiologist

Revised: May-3-2020 9:00PM

4.0 Qualitative Field Note Themes

Person	Place	Time	Epidemiologic transmission risk for consideration	Controls in place? (See EPH report)
All staff	Cargill buildings in operation	During operations	Cross trained staff working in multiple locations within plant	No
All staff	Services in operation	During operations	Staff working in multiple locations external to plant	No
All staff (vent areas)	Air ventilation (clean, dirty sections)	During operations	Is there risk associated with closed areas due to aerosols caused by air flow/vent system?	s.24(1)(a)(b)
CFIA workers	Office space-equipment	Shift office work, break	Contaminated objects or surfaces	
Plant smokers	Outdoor smoking area	Shift breaks	Volume; barriers to hand washing; sharing of cigarettes	
All staff	Household	Off-hours	Occupation >>> Household contact >>> plant	
Packing workers	Packing floor	During operations	Volume; close contact sharing of machines?	
All staff (on floor)	Sinks on floor	During operations	Close contact creating bottleneck; contaminated surfaces or objects	Yes
CFIA workers	Office space	Shift office work, break	Small communal space for 11 ppl per day; contaminated surfaces or objects	
CFIA workers	Office space	Shift office work, break	Continuous masking (not consistent ?)	Yes
CFIA workers	Office space-lab	Lab use during shift	Compact area; contaminated surfaces or objects	Yes
Shift workers	Locker room	Shift start, breaks	Oncoming shift volume; contaminated surfaces or objects	Yes
All staff	Carpooling	Shift start and end	Household >>> car or bus >>> plant	Yes

Prepared by: Amanda Alberga, Task Force Field Epidemiologist

Revised: May-3-2020 9:00PM

5.0 Quantitative Analysis

The Cargill outbreak will be characterized by person, place, and time to determine who is most at risk of becoming ill, including epidemiologic interpretation of why this may be. Hypotheses outlined below will be compared with the data analyzed to monitor and flag on-going risk to Cargill workers.

s.24(1)(a)(b)

Dept. ID	N(Cases)	Attack Rate (%)
	308	41.1
	166	40.4
	215	34.8
	86	29.7
	31	12.8
	0	0.0

Table1. Attack Rate for confirmed cases by dept.

Shift Start Time	N(Cases)	Attack Rate (%)
6:45AM	474	40.8
4:15PM	301	33.2
Unknown	31	12.7

Table2. Attack Rate for confirmed cases by start time.

s.24(1)(a)(b)

Prepared by: Amanda Alberga, Task Force Field Epidemiologist

Revised: May-3-2020 9:00PM

s.24(1)(a)(b)

6.0 Limitations (methodological and logistical)

- There may be multiple exposures that we cannot feasibly measure
- Delays and variability in reporting may lead to spurious identification of outliers within epicurves
- There may be data gaps within line lists and ability to link data sources across person-, place-, time- linkages.
- Biases such as recall bias (e.g. symptom onset), culpability bias, liability bias, social desirability bias may be inherent
- Data could not be linked for 51(2.2%) on the Cargill employee staff list (<5% may not bias results significantly).

Prepared by: Amanda Alberga, Task Force Field Epidemiologist

Revised: May-3-2020 9:00PM

APPENDIX 7

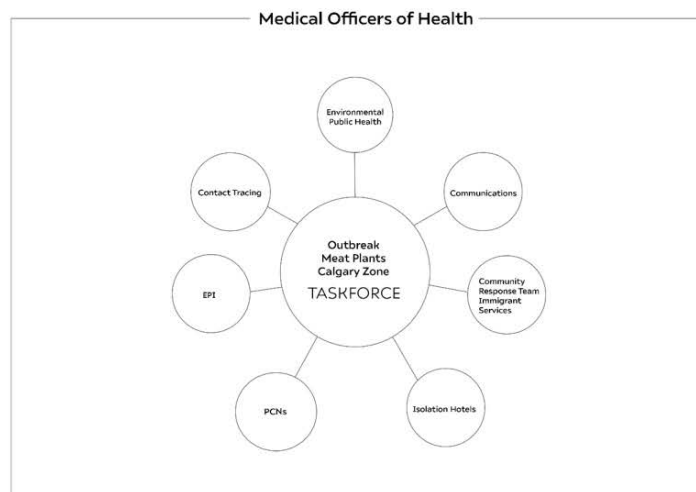
“Lessons Learned” Report, AHS Cargill Task Force (June 2020)

Beef Processing Plant Outbreak - Lessons Learned from the Cargill Task Force

Alberta's health system response to the challenges of the 2019/20 COVID-19 pandemic has required a significant mobilization of resources to combat a unique communicable disease. In addition to affecting the general population, COVID-19 has led to a variety of outbreaks in different settings and communities. It has provided us with a wealth of experience in managing situations that were new to us and it provides us with the opportunity to reflect on what we have learned and apply those lessons to preventing and preparing for future outbreaks.

This document focuses on the lessons learned from the outbreak at the Cargill beef processing plant in High River, Alberta. The insight summarized here comes from interviews with the Cargill Task Force members which included AHS Calgary Zone MOHs and staff, PCNs, Alberta Health, and community organizations. The 15 people interviewed occupied different positions in different organizations and included at least one representative from each of the areas noted in the diagram below. The diversity of perspectives allowed for a broad look at what worked well, and not so well, and the proactive measures that might be taken to prevent and manage future outbreaks. These are individual perceptions and experiences of those involved in the Task Force. This is an internal AHS document meant for continued quality improvement.

Cargill Task Force Structure



Lessons Learned Cargill Task Force • 2

Beef Processing Plant Outbreak Context

The Cargill beef processing plant is located in High River Alberta, approximately 60 Km South of Calgary. The plant employs approximately 2,200 people who reside primarily in the Calgary Zone communities of High River, Okotoks and Calgary. As of June 19th, there were 938 confirmed or probable cases of COVID-19 among Cargill staff and contractors and 651 confirmed or probable cases among close contacts.¹

The majority of Cargill workers are new to Canada, as temporary foreign workers, refugees or permanent residents; come from different racial backgrounds; and speak multiple different first languages. Temporary foreign worker status means that staying in Canada is tied to employment at their company. Many employees support families in their country of origin. Many workers need to share resources such as housing and transportation (carpooling) to make ends meet, and this compromises their ability to maintain physical distance and to self-isolate when they experience symptoms.²

The first case of COVID-19 in a Cargill employee was identified to AHS on April 3rd. On April 7th, AHS Environmental Public Health conducted an onsite site inspection jointly with the Canadian Food inspection Agency and Occupational Health and Safety, and made recommendations for control measures, the majority of which were in place by April 11th. On April 20th, Cargill idled the plant for two weeks.

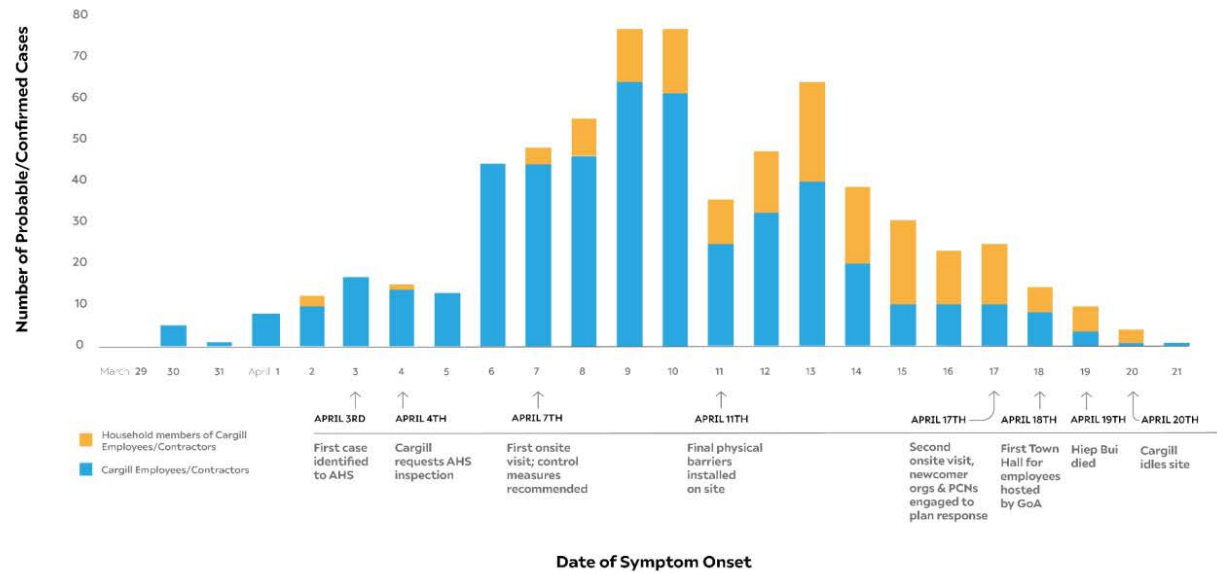
The Cargill Task Force was mobilized between April 17th and June 10th to manage this outbreak. The epidemiological curve on the following page shows the case counts in relation to the events that took place up to April 21st, 2020.

¹ Cargill Staff and Contractors Outbreak 202-CAL-A047 and 2020-CAL-A077 draft epidemiological report, AHS, June 19, 2020

² Canadian Foundation for Health Care Improvement Spotlight Series *What We've Learned (So Far): High River Meat Plant Outbreak Response* webinar May 28th 2020 <https://www.cfhi-fcass.ca/opportunities/webinars/spotlight-series>

Lessons Learned Cargill Task Force • 3

Number of Probable and Confirmed cases by date of symptom onset, and timeline of key events



2024-G-187 3 of 10

Lessons Learned Cargill Task Force • 4

Task Force Member Interview Results

The following section outlines what worked well and what hampered the management of the COVID-19 outbreak at the Cargill beef plant, according to interviewed Task Force members. Several issues were identified through the Task Force work and emerged both during regular meetings and in the lessons learned interviews. **The overarching theme**

24 (1) (a); 24 (1) (b)

The Task Force was continuously incorporating lessons learned throughout the outbreak management.

Interviewees felt the team came together quickly, well and were fully engaged to rapidly respond, motivated by a desire to care for the patient and communities impacted. While issues may have initially hampered the work, many of these were dealt with during the life of the Task Force, and beyond, and were ultimately turned into aspects that worked well and should continue into the future.

24 (1) (a); 24 (1) (b)

Theme areas identified below outline both what worked well and didn't work well, followed by recommendations of points to sustain or improve going forward.

1. Task force structure, roles and project management

The Task Force itself and the accompanying project management allowed for a coordinated multidisciplinary approach to outbreak management. In the initial stages,

24 (1) (a); 24 (1) (b)

Initially, clarity about who was in charge of managing the outbreak was an issue. Incorporation of a project manager/coordinator and a dedicated MOH lead allowed for clear leadership, appropriate documentation and follow-up on actions. Possible further enhancements to this model could include providing greater clarity around the decision making authority within the outbreak management team as well as the bigger picture structures that impact decision making and responsiveness to escalated issues. An appointed team lead who can translate a mandate, scope and strategy into direction for all of the relevant departments was noted as a requirement during time of crisis.

The Task Force Structure and regular meetings allowed the space to clarify roles, identify and solve issues, and work through areas where there was not enough clarity. This structure also allowed for identification of additional groups who should have been part of the task force from the outset, rather than the initial model of Task Force members liaising outside Task Force meetings. For example PCNs were added to the group only after the introduction of isolation hotels as an intervention. In the initial stages, role clarity among some Task Force members and their departments was an issue.

24 (1) (a); 24 (1) (b)

Lessons Learned Cargill Task Force • 5

24 (1) (a); 24 (1) (b) While the task force grew into the team it needed to be, earlier connections would have been beneficial.

Suggestions from Task Force:

- 24 (1) (a); 24 (1) (b)
- Use this Task Force model to manage future outbreaks;
- 24 (1) (a); 24 (1) (b)
- Confirm roles, responsibilities and mandate of ourselves and additional partners.

2. Engagement with community and collaboration with community organizations

The Community Response Task Force was key to connecting with people and organizing a response at the local level. Action Dignity, Calgary Catholic Immigration Society (CCIS) and Alberta International Medical Graduates Association (AIMGA) collaborated to call every Cargill employee with supports, often in the employee's first language, within 72 hours. There were some initial gaps noted in the ability of community organizations to respond to questions and it would have been helpful for the community task force members

24 (1) (a); 24 (1) (b) before calling. AIMGA was a good fit for this work as they understand the health perspective and AIMGA members speak multiple languages, which offered comfort and reassurance to the employees.

Connection between the Cargill Task Force and community serving organizations helped identify community needs and gaps in COVID-19 messaging. It was through the relationships with the community serving organizations that the vulnerabilities and the needs of the employees and their communities were identified for the Task Force. Delivering on the identified needs at the community level was challenging (e.g. food security). AHS was praised by one community organization for recognizing their limitations in community and establishing a community task force. The mobilization of community supports and relationships between AHS, PCNs and community agencies is an important outcome to be scaled.

Suggestions from Task Force:

- Have a template and structure for how to mobilize supports quickly at the community level including who is best situated to deliver on identified needs.
- 24 (1) (a); 24 (1) (b)
- Consider how to best share information across different cultural settings.

Lessons Learned Cargill Task Force • 6

3. Health link support

Health Link was engaged in receiving COVID related calls prior to the outbreak at Cargill. Health Link began getting calls [REDACTED] 24 (1) (a), 24 (1) (b)

[REDACTED] 24 (1) (a), 24 (1) (b) Health Link however is not used as an 'outbreak recognition tool' and they do not capture where people work as part of the call, unless they are health care workers. Health Link is a direct, real time, link to individuals in a community and it needs to be well connected to the outbreak management structure as an avenue for flagging possible outbreaks.

Health Link was able to quickly enhance staffing and ensure that the nursing staff taking calls were comfortable using the language line to support assessments where language was a barrier. A new call-in process was developed so that Cargill employees could "press 2" and be connected with translation services.

[REDACTED] 24 (1) (a), 24 (1) (b)

[REDACTED] 24 (1) (a), 24 (1) (b) Once informed by the MOH, Health Link was able to create triage tools quickly and communicate rapidly with staff. Providing the Cargill staff list to Health Link was noted as useful to help manage calls.

Suggestions from Task Force:

[REDACTED] 24 (1) (a), 24 (1) (b)

4. Medical Officer of Health support and team site visits

Medical Officers of Health leading directly with the communities worked well. Having on the ground MOH support for at least one site visit during an outbreak, especially when high profile, was seen as particularly valuable. The team site visits allowed for a granular fulsome discussion regarding next steps, with a leader to facilitate the discussion, and was an important supplement to the broader Task Force discussions. This experience was the inspiration for the development of the localized team model for outbreak management subsequently developed.

Suggestions from Task Force:

- Establish localized rapid outbreak teams to support employers and employees and manage outbreaks.

Lessons Learned Cargill Task Force • 7

5. Role clarity of AHS in a CFIA facility and the role of OH&S

[REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) The relationships that our Environmental Public Health teams have with regularly inspected facilities was not present with Cargill. Joint inspections with the Canadian Food Inspection Agency (CFIA) and AHS Environmental Public Health and Medical Officers of Health has led to an improved relationship and partnership approach with the CFIA.

Task Force Suggestions:

- [REDACTED] 24 (1) (a); 24 (1) (b)
- Continue collaborative work with CFIA and OH&S.

6. Making connections between cases and identification of outbreaks (CDOM and across multiple teams)

Linking data is critical to early identification of an outbreak. [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) This issue is amplified when multiple teams are involved in collecting data. Prior to the outbreak [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) An epidemiologist to piece together the information that CDC and EPH are collecting, is an important component to include early on. [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) It was noted that South Zone CD is disconnected from the rest of the other Zones in terms of CDC/Epi work.

Suggestions from the task force:

- [REDACTED] 24 (1) (a); 24 (1) (b)
- Organize analytics team and IT communications in a better way for enhanced communications.
- Link data sets and look at the role of Connect Care as a possible secure and accessible way to share information about cases, including primary care physicians e.g. clearance and isolation could be identified within Connect Care.

Lessons Learned Cargill Task Force • 8

7. Epidemiology and field epidemiologist model

The epidemiological team employed a epi - field epi model, which worked well to piece together and see patterns in the collected data, and the impact of the outbreak and outbreak prevention measures. One epidemiologist was tasked with the “what” (how many cases) while the other examined the “how” and “why” to understand the spread within the facility and beyond. The epidemiologists needed to be engaged sooner. By the time the “what” epidemiologist was brought in there were 500 cases which made it very difficult to disentangle the outbreak. Initially the numerous reporting systems requesting data (Task Force; ARC Analytics; ECC and ZEOCs) made it difficult to prioritize requests, and hampered the ability to investigate the how and why to develop appropriate interventions.

24 (1) (a); 24 (1) (b)

24 (1) (a); 24 (1) (b)

Task Force Suggestions:

- Build optimal surveillance tool to identify the transmission chains to investigate and trigger the deployment of the on the ground outbreak team.
- Streamline and clarify data reporting systems and reporting leadership structure.
- Bring epidemiologists into investigations earlier to work alongside CDC, EPH and PCNs.
- Establish daily data needs and develop templates so data pulls can be automated and produced as quickly as possible. This would allow for Epi relief to easily take over.
- Clarify roles between AHS and AH surveillance teams and ensure there is not duplication of work or inconsistent data definitions.
- Establish a dashboard that can be referenced by both AHS and AH.

8. Data flow and early coordination between CDC and PCNs

Primary care needs to be embedded in the pandemic response, engaged from the beginning with clearly defined roles, and the relationship established through this work sustained for the long run. PCNs are involved by their nature because COVID-19 cases are either their patients, or are patients in need of connection to a medical home. PCNs also provide an avenue for early warning signs of outbreaks through their patients. PCNs played a key role in the isolation hotel intervention and managing patients, but were not involved early enough in the planning of an outbreak response. Issues identified included data flow between CDC and PCNs; clarity around roles in connecting with and discharging patients from isolation; and multiple direction changes per day and multiple different players calling patients.

Suggestions from Task Force:

- Engage PCNs early in pandemic response planning.
- As noted above, link data sets and look at the role that Connect Care might play in bridging the data gap between primary care physicians and AHS health care providers e.g. clearance and isolation could be identified within Connect Care.

Lessons Learned Cargill Task Force • 9

9. Communication, approval processed and role clarity with respect to isolation hotels

The messaging about who should access isolation hotels was confusing and seemed to change throughout the process. [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) An on-site resource person was needed to manage user needs. Resources to support isolation hotels were identified early and [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b) There was a lack of clarity around who was solving the issues of concern brought forward by the isolation hotel working group.

The Cargill Taskforce enlisted the AHS Design Lab to conduct user research to understand the experience of individuals isolating in hotels. The Lab conducted 17 interviews (7 users and 10 staff) to create a journey map to identify pain points for improvement. One recommendation included to work with each hotel to adapt isolation guidelines based on hotel configuration and resources. Two key messages; 1) to give agency to isolating individuals and empower them of their rights and responsibilities even during this crisis; and 2) ongoing support post hotel check out. The Design Lab created a [self-isolation hotel brochure](#) that was easy to understand and relatable for hotel guests.

10. Initial focus on plant more than the context of the people working there

[REDACTED] 24 (1) (a); 24 (1) (b)
[REDACTED] 24 (1) (a); 24 (1) (b) The company was reportedly very receptive around environmental controls, and communication between their staff nurse and EPH was good. There was however a bigger picture of need for employees including the use of carpooling to work; crowded housing [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

Suggestions from Task Force:

- [REDACTED] 24 (1) (a); 24 (1) (b)

11. Relationship between union, Cargill and employees

Employees of the plant were [REDACTED] 24 (1) (a); 24 (1) (b)

[REDACTED] 24 (1) (a); 24 (1) (b)

Lessons Learned Cargill Task Force • 10

[redacted] 24 (1) (a); 24 (1) (b)

[redacted] 24 (1) (a); 24 (1) (b) Communication with Cargill

management was not a good indication of employee needs. [redacted] 24 (1) (a); 24 (1) (b)

[redacted] 24 (1) (a); 24 (1) (b) which caused delays in the contact tracing process.

12. Connecting with employees

[redacted] 24 (1) (a); 24 (1) (b) and slowed the process of AHS connecting with employees and the contact tracing process. Language barriers, low literacy and low health literacy among employees was not recognized early enough. As noted previously, community agencies were able to contact employees to offer social supports in 82 languages and AIMGA created COVID-19 messaging videos (e.g. COVID-19, self-isolation, mask use) in 19 different languages which were praised as helpful by the Task Force.

Town Halls were hosted in an attempt to provide direct contact between the AHS and employees and their households with expert advice from the Medical Officer of Health. These were not well attended by employees. It was noted however that these were helpful for the community partners (e.g. AIMGA) to get accurate updated information and messaging. Technological barriers to attendance at virtual meetings was cited as a contributing issue.

The messaging around self-isolation was confusing about when, how to do, and for how long. From the community perspective it appeared that their use was initially encouraged, and then was clawed back. This confusion was amplified with the many different groups calling employees (medical residents/contact tracers/ primary care physicians and community agencies) sometimes providing slightly different direction. One community agency noted that the Canadian “on the fence” approach to communication does not work well with some communities who need clearer direction.

13. Resources to respond to massive outbreak

The contact tracing program did not have sufficient staff to respond to a massive outbreak. To mitigate the shortfall in staff a team of medical residents were brought in to contact all of the employees. [redacted] 24 (1) (a); 24 (1) (b)

[redacted] 24 (1) (a); 24 (1) (b)

Suggestions from the task force:

- Include rapid scaling for contact tracers in a provincial strategy for outbreak management.
- Use field contact tracers to follow-up in person with cases that cannot be reached with phone calls within a specific time frame (e.g. within 12 hours).

APPENDIX 8

Meat-Packing Plants, “AHS Response to the COVID-19 Pandemic” Review (Chapter 7, p. 34-35)

“AHS Public Health (CDC and SHE) were not actively involved with meat packing plants before the pandemic. All slaughter and meat packing facilities are routinely monitored by Alberta Forestry Rural Economic Development (AFRED) for meat products that remain in province, or Canadian Food Inspection Agency (CFIA) for food products that cross provincial or international borders. SHE's role before the pandemic was the routine monitoring of all other food establishments including butcher shops and small-scale meat processing facilities.

During COVID-19, SHE partnered with CFIA and AFRED in the creation and implementation of the COVID-19 Food Facility Business Continuity Agreement in an Alberta Intergovernmental protocol in the event of a confirmed COVID-19 worker in a provincial or federal-licensed food facility. In addition, SHE conducted investigations of complaints received from employees/public regarding COVID-19 cases at various meat packing plants, as well as COVID-19 cases that were employed at meat packing plants.

The CDC Outbreak and SHE teams contributed to coordinated outbreak response teams and played a key role monitoring outbreaks at facilities and advising Human Resources staff/ownership of preventive measures. The teams worked with Government of Alberta Occupational Health & Safety (OH&S), CFIA and Alberta Health to help protect the workplaces, staff, and the communities surrounding these facilities.

SHE conducted inspections of slaughter facilities/meat packing plants in collaboration with either CFIA or AFRED and OH&S. Inspection summaries were provided to partner agencies and facility owners that included information and advice on how to prevent the spread of COVID-19. SHE also assisted CFIA and AFRED with COVID-19 case management for their staff employed at meat packing plants, as well as tracking secondary jobs of workers. Many slaughter staff had other work in the food industry and long-term care facilities. If this was not controlled there was potential to spread COVID-19 throughout the community. The spread of COVID-19 in meat packing plants/slaughterhouses highlighted the need for SHE to better educate partners in areas of infection control versus food safety roles in these environments during a pandemic response. Partner agencies relied heavily on SHE's assistance/expertise regarding outbreaks and outbreak management. To support this effort, SHE provided recommendations and education rather than issuing infractions, and increased the number of joint inspections with other agencies (AFRED, OH&S).”

APPENDIX 9

Epidemiology Support, “AHS Response to the COVID-19 Pandemic” Review (Chapter 16, p. 16)

Summary of COVID-19 Outbreak Epidemiology Team

Alongside the CDC team, PHS mobilized zone-specific outbreak teams that consisted of an outbreak epidemiologist, contact tracing nurses, and a medical officer of health. The zone specific outbreak teams were responsible for managing the outbreaks within their geographic zone and informing AHS leadership of each outbreak status.

Outbreak epidemiologists played a pivotal role in early management to prevent further propagation. The epidemiologist's primary function was to provide direct outbreak management support, details of which are outlined below. The second function of the epidemiologist was to create an "Advanced Outbreak Report~ to document the case information, management strategies, and lessons learned.

Outbreak Management Support: Once an outbreak was declared, the first task for our epidemiology team was to identify the index case to determine where the outbreak came from, and who else may be at risk. Not only were epidemiologists required to follow existing individual cases linked to the outbreak, but they also were to identify cases that may be linked to other outbreaks in the province. This often provided valuable detail on why outbreaks in a particular setting began. Often epidemiologists would create (and update daily) transmission maps to identify clustering of cases within a particular location (i.e., one room within a unit). In addition to understanding the existing cases, epidemiologists were required to detect new confirmed, as

well as possible linked cases, as the outbreak grew. This was done by connecting Provlab data to CD/OM dataset. Early detection of confirmed and possible linkages provided frontline staff and Medical Officers of Health (MOHs) with time to set up isolation and quarantine strategies.

Each day, outbreak epidemiologists would be required to present the above findings in outbreak-specific management meetings. At the height of COVID-19, each epidemiologist had more than five active large outbreaks, requiring five separate daily meetings (often seven days per week).

Advanced Outbreak Report

When an outbreak began to reduce in size and/or propagation, outbreak epidemiologists were required to create and coordinate the Advanced Outbreak Report. The intent of this report was to document all the major findings from the outbreak. Epidemiologists would work with MOHs and stakeholders to include relevant data, figures, a timeline of events, and most importantly lessons learned from what occurred during the outbreak. Once the draft was completed in collaboration with the outbreak investigation team (including, as appropriate, representation from MOHs, CDC, EPH, surveillance, IPC, WHS, etc.), it was escalated for approval via the AHS ZEOC and ECC structure.

APPENDIX 10

Public Health Directive D4-2021 – Workplace Closures

COVID-19 INFORMATION

WORKPLACE CLOSURES

Appendix: Exempt and non-exempt workplaces

Exempt workplaces	Subject to closure with exceptions*	Subject to closure
Public safety and security • Fire, police, EMS, 911 call centres • Corrections • Hazardous material management • Search and rescue	Grocery stores	Professional services • Law offices • Accountants
Health and medical • Hospitals • Urgent/emergency health services • Regulated health services	Pharmacies	Retail stores • Clothing, toys, crafting, car sales, etc. • Includes big box stores
Utilities • Water treatment and distribution • Electricity and energy • Telecommunications • Waste management	Pet stores	Recreation and entertainment entities
Warehouses	Funeral homes	Personal and wellness services
Petrochemical • Oil and gas industry and associated work camps	Transportation services (excludes trucking and long-haul transport)	Food-serving businesses • Restaurants, bars, cafes, pubs, etc.
Commercial construction	Financial services	
Airports	Office work	
Schools (K-12 and post-secondary) • Excluding administration	Small and large manufacturing	
Child care settings • Licensed child care • Daycares and day homes	Hotels/motels	
Shelters and other social programs	Small trades companies	
Continuing care		
Residential addiction treatment centres		
Animal welfare		
Agri-food industry • Farming • Ranching • Food manufacturing		
Public transit		
Courts		

* Exceptions are intended to ensure the continuation of critical services where no other alternatives exist.



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ISBN: 978-1-894949-99-6