

CLOSING WINDOWS DURING COVID-19: HOW NEW BRUNSWICK MEDIA FRAMED A PANDEMIC

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Abstract

The New Brunswick English-language news media's coverage of the COVID-19 pandemic from March 2020 through May 2021 is examined utilizing a frame analysis. The media provided significant essential information but frequently did not address social, political, and economic factors that exacerbated the health crisis. New Brunswick's experience of the pandemic was conditioned by structural factors, which opened a policy window for a transition away from neoliberal austerity to a stronger health and social safety net. The news media played a role in closing these policy windows by failing to investigate and elucidate the policy causes and solutions at play during the pandemic.

Résumé

La couverture de la pandémie de COVID-19 par les médias de langue anglaise du Nouveau-Brunswick de mars 2020 à mai 2021 est examinée dans cet article à l'aide d'une analyse de mots-clés et d'encadrement. Les médias ont fourni des informations essentielles importantes mais n'ont souvent pas abordé les facteurs sociaux, politiques et économiques qui ont exacerbé la crise sanitaire. L'expérience de la pandémie au Nouveau-Brunswick a été conditionnée par des facteurs structurels, lesquels ont ouvert une fenêtre d'opportunité en matière de politiques pour une transition de l'austérité néolibérale vers une sécurité sanitaire et sociale accrue. Les médias ont joué un rôle dans la fermeture de ces fenêtres d'opportunité en omettant d'enquêter et d'élucider les causes et les solutions des politiques en jeu pendant la pandémie.

Introduction

The news media in New Brunswick played a vital role during the COVID-19 pandemic by conveying public health information and political directives to audiences eager to stay informed. The changing medical advice about precautionary and preventive practices, as well as highly localized government restrictions on gatherings, openings, and travel meant that local newsrooms worked overtime to provide up-to-the-minute information. Health reporting requires careful attention to scientific accuracy and terminology as well as navigating the fine line between elevated risk and public panic. Given the rapid development of new information about transmission and contagion factors, as well as vaccine advances and availability, non-specialist journalists worked heroically to access authoritative sources and sift through reams of unverified claims, misinformation, and malicious disinformation in order to publish verified news, sometimes multiple times each day.¹ Despite the heightened need for locally relevant news about a contagious disease, the economic losses experienced by significant numbers of businesses caused a drastic decline in advertising revenues for the media, resulting in thousands of lost jobs in newsrooms across the country, as well as the closure of over forty newspapers including the *Tribune Post* in Sackville, NB.² Despite these tremendous challenges, the news media in New Brunswick rose to the occasion in

providing the “who, what, when, and where” of journalism’s “five Ws” of reporting practice. However, the all-important “why” was often lost from the media coverage of the COVID-19 pandemic. We argue that this may have important consequences for the public’s understanding of the structural causes of the pandemic’s impact and could affect the current and future political response to the health crisis. Policy reform during and after a crisis has been shown to be related to the nature and quality of news media coverage.³ Politicians and the public can react quickly and effectively to institute policy solutions to identified weakness in the public health safety net, but policy reform can also stagnate in a context of poor media coverage.⁴ Our analysis of the news media’s coverage of the COVID-19 pandemic suggests that New Brunswickers were not provided with sufficient information about the political, social, and economic factors that exacerbated the harm caused by the pandemic, and were not informed about potential policy solutions that could alleviate these problems at the present time and prevent them in the future.

Methodology

We examined the English-language news media coverage of the COVID-19 pandemic in New Brunswick from January 2020 to May 2021. The Canadian Newsstream database, which provides access to over four hundred Canadian news media publications (including Postmedia, Torstar, and Brunswick News publications), was searched for relevant terms related to the pandemic.⁵ In addition, online news publications that were not included in the Newsstream database (such as Global News, CTV News, and CBC News) were consulted for key topics and dates. Alternative media publications such as the NB Media Co-op were accessed online.

Theoretical Framework

Communication scholars regularly utilize frame analysis to examine the content of the news media as it is an effective tool to capture and summarize the main themes expressed in the journalistic accounts of a particular topic.⁶ Frame analysis highlights the ability of the media to define a situation and to set the terms of a debate.⁷ Frames can also limit the range of meanings that the public and policy-makers draw from the media coverage.⁸ Scholars who study the news media have observed that journalistic practice often leads reporters to frame a news story as an *event* instead of an *issue*.⁹ This becomes problematic in the case of a complex and ongoing news story such as a public health crisis because event-oriented coverage does not sufficiently address the contextual factors that are essential to society’s understanding of the problem.¹⁰ Reporting on COVID-19 outbreaks and deaths in particular locales such as nursing homes or workplaces in the format of isolated events instead of exploring the larger social, political, and economic aspects of the issue narrows the interpretation of causes, consequences, and solutions. Health communication researchers have noted that when the news media limit discussion of the causes of health and disease to primarily individualized factors, this can serve to trivialize the complex and systemic processes that are needed to understand a complex health crisis.¹¹

Frames about COVID-19 used by journalists globally include “scientific” frames that focus on symptoms and health effects, “containment” frames that address attempts to ameliorate risks, and “social” frames that concentrate on the disease’s impact on social, political, and economic institutions.¹² An extension of the social frame, called “the population health” frame, has been identified by public health leaders as a particularly desirable format for health journalism as well as natural disaster reporting, as it provides a wider lens on the problem to help audiences understand the potential policy interventions that can be activated to respond to it.¹³ A population health frame characterizes health issues in a manner that

is not just limited to medical conditions but instead encompasses the social, economic, and political factors that can exacerbate a health issue, such as homelessness, access to personal protective equipment, and stigma and discrimination. News media frames that identify the policy solutions can prevent or ameliorate the issue.¹⁴ Thus, depending on the types of frames that are used, the news media can place health issues on the public agenda and catalyze meaningful policy action.¹⁵ Scholars of health communication have noted that the lack of media coverage focused on social policy solutions conveys limited information to the public or policy-makers about social, governmental, or corporate levels of responsibility for addressing health problems.¹⁶

Data Analysis

Media Coverage of New Brunswick's Successes and Failures in Containing COVID-19

New Brunswick's COVID-19 pandemic experience was considerably better than that of the rest of Canada. As of late May 2021, New Brunswick had a total of 2,113 cases, which was among the lowest numbers in Canada (at 277/100,000 people), and forty-three deaths.¹⁷ Some media commentators credited specific individuals for this success, including the Chief Medical Officer of Health, Dr. Jennifer Russell, who provided exemplary leadership of the provincial COVID-19 taskforce,¹⁸ and Education Minister Dominic Cardy, who was declared a "hero of the pandemic" by the *National Post* in an article that labelled the official as a "virus whisperer" who "crushed the COVID-19 curve"¹⁹ by authoring a briefing document for the New Brunswick Cabinet and winning Premier Blaine Higgs and the government over to early preventive action. Other media emphasized New Brunswick's exercise of political will and the strong action taken by Premier Higgs.²⁰ As the head of a minority government first and then a majority, Higgs declared a provincial state of emergency in March 2020 and closed the borders to non-essential travel, so that only crucial workers could enter New Brunswick without isolating for up to fourteen days.

There were, nonetheless, structural factors in New Brunswick and the rest of the region that facilitated this decision making and its successful results, which were largely ignored by the news media's celebration of individual actors. One exception was an insightful *al Jazeera* article that accurately noted the importance of key contributing factors to New Brunswick's COVID-19 success, including the following: the province's low population density and high percentage of residents in rural areas; the limited land access of the three Maritime provinces to the rest of Canada; and the reduced availability of international air travel.²¹ However, other important points in understanding New Brunswick's relative success at avoiding COVID-19 were not discussed in the media, including the fact that the private sector economy is resource-oriented but not with problematic concentrations of workers that one might find in "man-camps," slaughterhouses, or large retail distribution centres, which became significant sources of outbreaks in other provinces. In addition, the political pressure to stay open exerted by the service sector (retail and hospitality) in other provinces was notably weaker in New Brunswick. Significantly, as a have-not province, federal aid in the form of the Canada Emergency Response Benefit and aid to small businesses went further than in higher-income provinces. This made it viable for New Brunswickers to be more willing to follow directives to stay home in 2020.

Although New Brunswick's pandemic experience was far less deadly than in some other Canadian provinces, it was similar to other jurisdictions in that a significant proportion of deaths have occurred in the long-term care (nursing home) sector. While media stories covered these deaths, they did not provide the necessary political and economic context for the audience to make sense of why the nursing homes

were hardest hit, such as the fact that over 75 per cent of all COVID-19 deaths in New Brunswick (31 of 43) were in long-term care (LTC) facilities (as of 22 May 2021), and almost all of these were in private facilities.²² Research from other provinces has shown that for-profit nursing homes have vastly more COVID-19 deaths than non-profits.²³ For-profit nursing homes are fast replacing the non-profit forms of care in New Brunswick and were the subject of controversy when it was revealed that the Higgs government had allowed private special care homes in the north of the province to cut staff levels, which resulted in malnourished and dehydrated residents.²⁴ The media did comment on an October 2020 NB Nurses Union report entitled “The Forgotten Generation,” which detailed widespread staffing shortages and a failure of many nursing homes to meet provincial standards particularly in the personal care of residents, but the news articles on the COVID-19 outbreaks and deaths did not “connect the dots” to these important causal factors raised by the report.²⁵ Instead, media coverage of the nursing home outbreaks continued to follow a formula of listing the number of infections and deaths without questions about relevant funding and regulatory issues such as staffing, workers on contract at more than one facility, and a lack of time allocated to provide preventive COVID-19 care for elderly patients.

It is interesting to note that in April 2021 the Higgs government announced that workers at LTC homes would no longer be on the high-priority list for early vaccination, and they would instead be vaccinated with their age cohort. While the media reported the critical response of seniors’ advocate Cecile Cassista, who pointed out that the home-care staff interact with their clients who are mostly senior citizens, a vulnerable population,²⁶ articles about subsequent COVID-19 deaths in the LTC sector did not reference the potential contributing factor of insufficient and unvaccinated staff.

During the pandemic the provincial government was still in a contract dispute with LTC home workers largely about wage increases, going back to 2016, yet Premier Higgs turned down federal money to help increase LTC workers’ pay, saying it was not necessary in New Brunswick.²⁷ Some media shared the results of a study from the Canadian Centre for Policy Alternatives that revealed that the province has not accessed \$30 million for Essential Workers Wage Top-Up, nor \$19.7 million for its Safe Long-Term Care Fund—funding meant to cover additional LTC expenses. The top-ups were intended to ensure that provinces could retain LTC workers, given the increased pressures on their job due to the pandemic.²⁸ Nevertheless, in articles about the nursing home outbreaks, the media did not reference this lost opportunity to raise workers’ wages, but instead placed the blame on employees who stayed off the job because of the availability of the federal COVID-19 Emergency Benefit Program.²⁹

The population health frame was notably absent from the New Brunswick media’s coverage of the COVID-19 outbreaks and deaths in the LTC facilities. The journalists minimized or ignored the social, political, and economic factors that undermined effective prevention of the spread of disease, instead focusing on and reinforcing the individual vulnerabilities of elderly patients. Scholars of health communication note that when prevention possibilities are framed in this manner, it “individualizes the responsibility both for diseases and for their treatment” and “system accountability is, relatively speaking, ignored.”³⁰ They argue that public mobilization and policy innovation are more likely to take place when the media instead emphasize causes or solutions that lie outside the individual, in the social structure or more commonly in the actions or omissions of various political and economic actors.³¹

Media Coverage of Incidents of Institutional Racism in New Brunswick during COVID-19 Indigenous Segregation

A significant issue during the COVID-19 pandemic in our province was the treatment of New Brunswick's land borders with other provinces. Among these, the site of greatest dispute and media attention was the border at Campbellton, NB, and its Quebec neighbours who live roughly ten minutes away across the Restigouche River: Pointe-à-la-Croix and Listuguj (Mi'kmaq) First Nation. Historically, those Quebec communities have relied predominantly on Campbellton for work, shopping, and access to high school education. During the school year commencing in September 2020, provincial COVID-19 physical distancing regulations meant that all New Brunswick high school students attended in person on a half-time basis; also included in this measure were approximately a hundred students from Listuguj who attended Sugarloaf Senior High School (SSHS) in Campbellton. However, on 8 October 2020, Premier Higgs dismantled the "bubble" that had allowed non-essential day trips between New Brunswick and the border communities in Quebec's Avignon region, and, on the following day, he moved Health Zone 5 into the orange phase, thereby eliminating in-class high school instruction only for the SSHS students from Quebec. On 3 December, citizens from Listuguj staged a protest march that took them across the J. C. Van Horne Bridge to SSHS calling for the same access to in-person instruction as the one available to the local students. Subsequently, Campbellton City Council passed a resolution denouncing the government blocking of the Listuguj students.³² The Canadian Civil Liberties Association stated that New Brunswick's COVID-19 travel restrictions singled out First Nations students and opened the province to accusations of racial discrimination.³³

Campbellton's weekly community newspaper, *The Tribune*, provided timely updates on the events and it did not shy away from exploring the issues and impacts in a comprehensive manner. In addition to covering press conferences and quoting official sources, *The Tribune* articles included multiple and diverse sources from the Indigenous community as well as local residents. Space was given to explain important contextual information including the fact that students from Listuguj were allowed to cross the border to shop or work at part-time jobs but not to go to school; and the journalists posed questions to the education minister about these apparent inconsistencies.³⁴ In addition, the Indigenous community's experiences of racist harassment in person and on social media in relation to the border restrictions were covered.³⁵

Listuguj students interviewed on CBC Fredericton's *Information Morning* radio described how they were negatively impacted by being barred from attending school with their classmates and they were invited to share stories of their struggle to complete the school year without access to the hands-on requirements of their trade-related courses, with precarious Internet access and in isolation from their friends.³⁶ This interview and other media stories about the issue, including those that addressed instances of racist comments about the Indigenous community arising on social media, were marked by expressions of sympathy from the journalists.³⁷ Yet, most national media outlets that covered the story provided greater social, political, and historical context and analysis; for example, they featured quotes from Listuguj Chief Darcy Gray, who raised the question, "Is it because we're Mi'kmaq, or is it because of some other circumstance that allows for us to kind of be brushed aside a little easier?"³⁸ Gray was quoted as saying that the students were learning first-hand about the nature of "systemic racism,"³⁹ and stated, "I don't know how you can send First Nations kids home and keep other kids in school and think that's OK."⁴⁰ New Brunswick media outlets, however, did not include these quotes and did not address the "segregation" of the Indigenous students, which was raised regularly by spokespeople from Listuguj.⁴¹ In an interview with a resource teacher from Listuguj, CBC Radio Fredericton morning host Terry Seguin seemed

surprised that she characterized the exclusion of the Indigenous children as an issue of segregation that was linked to a pattern of racist treatment of Mi'kmaq people and he invited her to defend her position.⁴² A commentary by the education columnist at Brunswick News, Paul Bennett, was an exception to this pattern as he featured Chief Darcy Gray's concerns about the harm caused to Indigenous students who were "separated out as being different" and suggested that the incident could have a lasting impact on the precarious relations between the Mi'kmaq and non-Indigenous communities, which the chief, a former guidance counsellor at Sugarloaf Senior High School, had been working hard to improve.⁴³

Leading health researchers have noted that the COVID-19 pandemic has resulted in "racialized and discriminatory responses to fear, disproportionately affecting marginalized groups."⁴⁴ They note that public health is not just a matter of medical interventions but also one of "social inclusion, justice, and solidarity," clarifying: "In the absence of these factors, inequalities are magnified and scapegoating persists, with discrimination remaining long after. Division and fear of others will lead to worse outcomes for all."⁴⁵ Moreover, health researchers argue that news media's coverage of infectious diseases is frequently associated with othering.⁴⁶ The person or group being "othered" experiences this as a process of marginalization, disempowerment, and social exclusion. This effectively creates a separation between "us" and "them."⁴⁷ Scholars of settler-colonialist dynamics in Canada note that colonialism is reproduced and renegotiated through policies of legal and social exclusion that create inequitable opportunities and reinforce ideas of otherness.⁴⁸ The New Brunswick news media's silence on the fundamental issue of systemic racism that was regularly identified by the Indigenous community members in this case highlights the way in which racial discrimination is often ignored as an explanatory variable in "shaping white people's behaviors and worldview."⁴⁹ This journalistic silence or even erasure narrows the boundaries for debate on the issue and can serve to limit understanding and mobilizing action on the part of the public and policy-makers.

Blaming and Shaming

Another significant controversy in the province during the pandemic centred on the case of a medical professional who was publicly accused and criminally investigated for violating the province's COVID-19 travel restrictions. *Maclean's* magazine noted that Dr. Jean Robert Ngola had come to be known as "Canada's most infamous COVID spreader."⁵⁰ In mid-May 2020, a cluster of COVID-19 cases arose in the Campbellton area shortly after Dr. Ngola, a Campbellton physician, returned from a trip to Quebec and tested positive for the coronavirus. Details about his health status were instantly leaked on social media.⁵¹ Premier Higgs said at a 27 May news conference that an "irresponsible health-care worker" had travelled out of the province and failed to self-isolate upon his return, causing the outbreak that would eventually lead to dozens of infections and two deaths. The premier also claimed that the medical professional "was not forthcoming at the border" with provincial staff and said the matter was being handled by the RCMP.⁵² RCMP memos would later reveal that, when Premier Higgs announced the criminal investigation, no complaint or inquiry was underway and that the Mounties and the provincial government worked in tandem to bring forth a complaint.⁵³ Dr. Ngola, who is a Black immigrant from the Democratic Republic of the Congo, was identified on social media as the health care worker in question; his home address was published; and he was subjected to racist abuse and threats on social media including a Facebook message that said "Kneel on his neck."⁵⁴ Ngola later identified himself to media as the health professional alleged by the province to be responsible for the outbreak and resigned his practice, in which he served over two thousand patients, but he was also suspended by the Vitalité Health Network without pay on 28 May.⁵⁵

Meanwhile, fifteen hundred doctors from across Canada signed a petition in support of Dr. Ngola, and his legal counsel called for a public inquiry into his public vilification.⁵⁶ The signatories raised concerns about the racialized criminalization of Dr. Ngola, given that as many as ninety health care workers live in Quebec and regularly travelled to work in Campbellton during this period without being required to isolate, yet he was the only one who was investigated and publicly shamed.⁵⁷ The premier refused to apologize for his role, insisting that he did not name the health professional involved.⁵⁸ Dr. Ngola's lawyers contend that their own investigation indicates that the doctor was not the source of the outbreak, since all of his contacts in Quebec during his 19 May trip were COVID-19 negative.⁵⁹ This was further supported by a CBC *Fifth Estate* and Radio Canada investigation that noted that the premier's claims of 27 May were made without a full investigation and conclusion of contact tracing.⁶⁰ The RCMP closed its investigation of Ngola without laying charges,⁶¹ and Crown prosecutors withdrew the provincial *Emergency Measures Act* charge against the doctor for failing to self-isolate for fourteen days after travel outside the province.⁶²

The incident received international media coverage, including articles in *The New York Times*, on the BBC, and in the *British Medical Journal (BMJ)*. Overall, Dr. Ngola and his lawyers were given considerable media time and space to air evidence and arguments in his defence, and the news stories contained multiple sympathetic quotes from health professionals, community members, and local officials who expressed sadness and outrage at the way he had had been stigmatized and scapegoated. Headlines included the following: "For Canadian Doctor, the Virus Came With Stigma" (*The New York Times*);⁶³ "New Brunswick Outbreak: How a Small Town Doctor Became a Covid Pariah" (BBC);⁶⁴ "The Unsettling Case of Dr. Ngola, the RCMP and the New Brunswick Government (*Maclean's*);⁶⁵ "Black Canadian Doctor a Target of Unfair Blame and Racism" (*Toronto Star*);⁶⁶ and "Tracing N.B. Doctor's Steps and Contacts Casts Doubt on Whether He Was Source of Spring COVID-19 Outbreak" (CBC, *Fifth Estate*).⁶⁷

Nevertheless, the actions of journalists in the initial reporting of the events can certainly be seen as a contributing factor in the consequent harassment of Dr. Ngola. Multiple media headlines identified Dr. Ngola as "patient zero" in the cluster of COVID-19 cases, repeated Premier Higgs's labelling of the doctor as "irresponsible," and linked his actions to the resulting increased restrictions in the province. Journalists stated that Dr. Ngola did not follow the mandatory provincial order to self-isolate for fourteen days when he returned without referencing the exceptions in place for the almost one hundred health professionals living across the border.⁶⁸ Headlines included the following: "'Please, I'm Not a Criminal': N.B. Doctor Who Exposed Patients to COVID-19 Speaks Out" (*Yahoo News*);⁶⁹ "How a Medical Professional Scuppered N.B.'s Virus Victory" (*National Post*);⁷⁰ "Massive Setback in NB After Healthcare Worker Violates the Rules" (CTV);⁷¹ and "New COVID-19 Outbreak in N.B. Traced to Doctor Who Went to Work after Quebec Trip. Now People Are Very Angry" (*National Post*).⁷²

A particularly egregious example was on the CBC TV's *The National* in which host Adrienne Arseneault interviewed Harry Forestell, host of CBC News *New Brunswick at 6*, about the case. Forestell told the national TV audience that "What's shocking is that a doctor caused this outbreak, someone who should have known better."⁷³ He specifically blamed the doctor for ruining New Brunswick's current record on COVID-19 prevention, stating the following: "New Brunswickers have been revelling in their status as the province that beat COVID-19. No contagion haunting nursing home corridors, no deaths. A hard-won victory now put at risk."⁷⁴ The news item also featured an interview with a local resident who stated that the doctor should, "you know, be put away for a while because that's not right what he did there because half of the city is going to be infected with that there."⁷⁵ The journalist's inclusion and

amplification of this unsubstantiated claim that thousands of people could become infected from this doctor was remarkably sensational for a media organization like the CBC, especially during a pandemic, and it may well have served to stoke fear and hostility in the local community and elsewhere.

New scholarship in the areas of bio-mediatization and bio-communicability contains observations that news media frames can affect public perception of risk behaviour and lay the blame for health crises on certain groups and individuals.⁷⁶ Reporters' choices of language, sources, and narrative emphasis can transform scientific facts into moral facts as these journalists assess how well each party is playing its assigned role in following health guidelines or placing blame on those seen as responsible for failing to listen or being unable to comprehend and respond rationally to the pandemic. The media's focus on the alleged transgressions of Dr. Ngola in the transmission of the virus and their amplification of discourses invoking criminalization effectively demonstrate this dynamic. It is noteworthy that the news media was unable or unwilling to assign blame to the owners of understaffed and under-resourced LTC homes, yet proved to be so willing to cast aspersions on this Black doctor.

Media Coverage of the COVID-19 Income Benefits

Early in the pandemic, the federal government created a program called the Canada Emergency Response Benefit (CERB) to address the sudden increase in unemployment caused by its onset, which resulted in over 3 million jobs lost nationally by May 2020.⁷⁷ It provided individuals who lost employment or income as a result of the pandemic with taxable payments of \$2,000 for every four-week period. This program was replaced on 5 October 2020 by an integration of CERB within the Unemployment Insurance system. The public policy rationale for CERB was that it acted as an automatic stabilizer for Canadians' lives and the country's economy given the COVID-19 depression that hit in March-April 2020.

The CERB program provided essential economic relief to over 167,000 applicants in New Brunswick,⁷⁸ but the media coverage of this program, especially by the Brunswick News publications, characterized the benefits program as a problem (see Table 1).

Table 1. Media headlines that frame COVID-19 economic benefits program as problematic (selected)

Date	Headline	Publications
24 April 2020	Policies must not stifle work	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Telegraph-Journal</i>
8 May 2020	Jobs go unfilled as workers hesitate to return	<i>Telegraph-Journal</i>
27 May 2020	Higgs slams federal spending, questions promise of 10 sick days	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Telegraph-Journal</i> <i>Miramichi Leader</i> <i>Bugle-Observer</i>
17 June 2020	CERB requires major reform	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Telegraph-Journal</i> <i>Miramichi Leader</i> <i>Bugle-Observer</i>
24 June 2020	Easy benefits threaten workforce	<i>Times-Transcript</i>

10 July 2020	We're all on the hook for Ottawa's spending	<i>Daily Gleaner</i> <i>Times-Transcript</i>
18 July 2020	Government cheques can't continue forever; COVID-19 pandemic	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Miramichi Leader</i> <i>Bugle-Observer</i> <i>Kings County Record</i> <i>The Northern Light</i>
23 July 2020	Crisis benefit a disincentive to return to work	<i>Times-Transcript</i>
17 August 2020	Stop paying people to stay home	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Telegraph-Journal</i> <i>Miramichi Leader</i> <i>Kings County Record</i>
21 August 2020	It's "free," but someone has to pick up the bill	<i>Times-Transcript</i>
27 August 2020	Extending relief a "credibility risk"	<i>Times-Transcript</i>
5 October 2020	CERB replacement will hurt our recovery	<i>Daily Gleaner</i> <i>Times-Transcript</i> <i>Miramichi Leader</i>

The values expressed by headlines and accompanying news stories and editorials communicate a clear message: economic hardship is a good motivator for people to accept whatever jobs are offered at whichever rate of pay is proposed; that the future of government support in any form, such as transfer payments, is unreliable and people should not count on it; and that Canadians are all being harmed by the emergency income assistance programs. One editorial cartoon depicted CERB and governmental income supports as a barbaric device to torture the taxpayer, with the federal government giving instructions to a masked executioner to further "extend" the rack of pain.⁷⁹

Over the last ten years, the Irving-owned newspapers have advocated predominantly neoliberal public policies.⁸⁰ This has involved advocating for the following standpoints: de-regulation of the economy; restraint of public spending; privatization of public assets; tax cuts especially for corporations, investors, and high-income earners; and deference to the private sector in investment decisions. In the contemporary universe of their newspapers, there is no discussion of policies that were commonplace in the 1960s and 1970s, such as the idea of the "mixed economy" and a government role in steering the economy, let alone the taxation of New Brunswickers' wealth sheltered in tax havens or the creation of new social programs, like subsidized child care or exclusive public provision of LTC for seniors.

Across North America the pandemic has led to a rethinking of whether neoliberalism is an adequate public policy model because, by minimizing government program spending at a macro level, it made programs in education, health care, and social services vulnerable to collapse when confronted with a new challenge such as the one we are currently facing worldwide. At a micro level, neoliberalism has clearly led to economic inequality, the result of which is that the poorest third of the population has inadequate savings and little capacity to cope with the above shocks. The Brunswick News publications' one-sided portrayal of the economic assistance programs as a source of grave harm to the economy provides evidence for the corporate media's role and responsibility in the promotion and implementation of a neoliberal doctrine.⁸¹ In particular, as the media now focus on the return to economic "normalcy," we

see the role of these mass communication channels in promoting a view that “any policy shift away from market logic could result only in futility, perverse outcomes, and systemic jeopardy.”⁸²

Discussion

Crisis often opens a window for policy change. Many advocates have responded to the COVID-19 pandemic with calls for change directed at preventing the causes and consequences of the health crisis as well as setting the groundwork for a “just recovery.” In New Brunswick, coverage of these arguments was primarily restricted to the alternative media. The New Brunswick Media Co-op ran stories outlining various proposals: for example, paid sick days and access to improved health and safety protections and training for essential workers;⁸³ proposals for the regularization and social inclusion of the rapidly increasing number of temporary foreign workers in New Brunswick, with the aim of reducing the racism and xenophobia directed at migrant communities;⁸⁴ and pay equity policies underlining the economic equality of women, who were particularly hard hit by the economic “she-cession” caused by COVID-19.⁸⁵ Yet, policy scholars note that frequently the outcome of crisis is that nothing changes because the event closes more windows than it opens.⁸⁶ A number of factors are responsible for stagnation of policy responses to a crisis, but research shows that both policy-makers’ perceptions of policy issues and the public’s acceptance of potential policy responses are considerably influenced by media debates.⁸⁷ When the news media do not present the social, political, and economic factors that contribute to the problem, policy change does not move onto the agenda.⁸⁸ Our observations about the frames found in the New Brunswick media’s COVID-19 coverage include several key silences or absences regarding important, particularly disadvantaged groups and the role of social-structural policies in perpetuating social exclusion during the pandemic and in the plans for the economic response and eventual recovery.

As will be clear by now from our discussion, in its coverage of a public health crisis, the media is a bridge between scientists and the general public, distilling complex and changing facts into information for the lay person. The media play a central role in alerting audiences to unseen health threats, and can also act as a “watchdog,” helping audiences assess risk and protect themselves.⁸⁹ This critical role of the media has been previously documented in a number of public health areas, including HIV, tobacco control, road safety, and injury prevention.⁹⁰

Articles that adopted a population health frame connected the causes, consequences, and solutions for the reader and invited a discussion of policy changes; such was the example of the New Brunswick Media Co-op articles that identified homelessness as a key social determinant of health, which had the effect of increasing the risk of COVID-19 contraction and mortality, while also outlining the policy proposals that could ameliorate this situation.⁹¹ However, this frame was almost non-existent in the New Brunswick mainstream media coverage of COVID-19. Instead, the health crisis was most often treated as a natural disaster that was not aggravated by social, political, or economic factors. More socially oriented framing of health can be challenging culturally and ideologically for journalists, readers, and media owners; while analyzing the reporting of COVID-19 in New Brunswick, we can see journalists struggling with this reality, which leads them to contain the challenge or shift to more familiar and comfortable terrain, with the result that the framing is softer or absent.⁹² The reasons for this reporting stance lie in the professional practices of journalism, which emphasize event coverage over issue discussion as well as promote the neoliberal agendas of monopoly media owners.

The nature of the New Brunswick media landscape, however, meant that not all policy reform was foreclosed. The dominance of the monopoly ownership of the English-language newspapers by the province's most powerful industrial family resulted in New Brunswickers being treated to a relentless stream of criticism aimed at economic benefit programs and proposals for paid sick leave. A "just recovery" was actively discouraged in the Irving-owned news media, but policy proposals in the form of reduced government regulation and spending, including in the areas of health care and education, were actively promoted. "Disaster capitalism" is the term used to describe the opportunism of governments and corporations to take advantage of a natural disaster by introducing policies and proposals to further neoliberal austerity agendas.

This article has been based on the view that whether we are conscious of it or not, we go through life with a *mediated* view of the world in which the content supplied by the media helps us construct meaning about our social and political circumstances. This mediation is neither neutral nor objective but rather reflects the power of those who operate it, which is typically the economic and political elite. It is a very durable system because this process of mediation appears to be normal and natural, while our understanding of the world as socially constructed is invisible. Reflecting on the media coverage during the pandemic is a moment for us to better understand this system, which is a first step toward considering the ways in which we can try to change it.⁹³

Addendum: This article was completed on 31 May 2021 and covers the media coverage of the first year of the COVID-19 pandemic in New Brunswick. By 31 May 2022, the death toll had reached 416,⁹⁴ with estimates that one in every nine New Brunswickers had contracted COVID-19 since the beginning of the pandemic.⁹⁵ Long-term care deaths currently represent nearly 38 per cent of the province's pandemic death toll.⁹⁶ The union representing nursing homes and workers in New Brunswick stated that the government had failed those working in the sector and seniors, describing it as a heartbreaking failure, noting that hundreds of employees had left the sector while more than forty LTC facilities continue to grapple with COVID-19 outbreaks. This central social policy issue only resulted in a single news story.⁹⁷ On 14 March 2022, the New Brunswick government lifted all COVID-19 restrictions in a move that was considered controversial by many health care experts. In particular, the end of masking requirements in schools resulted in considerable media coverage of concerns expressed by parents, pediatricians, and teachers.⁹⁸ Premier Blaine Higgs's comment that "We're all going to get COVID" received some media coverage,⁹⁹ but a direct discussion of the government policy as ableist was restricted to alternative media sources.¹⁰⁰ Brunswick News, which was sold to Postmedia in February 2022, endorsed the lifting of the school mask mandates,¹⁰¹ continued to regularly decry federal government financial support programs that were blamed for a lack of available workers,¹⁰² and enthusiastically supported the government's lifting of restrictions.¹⁰³

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