Border Policy Research Institute Publications   Border Policy Research Institute

Fall 2020

A Border Policy Framework for Safe Travel Between Canada and the U.S.

Border Policy Research Institute, Western Washington University

Follow this and additional works at: https://cedar.wwu.edu/bpri_publications

A BORDER POLICY FRAMEWORK FOR SAFE TRAVEL BETWEEN CANADA AND THE U.S.

QUARANTINE IN CANADA: THE FEDERAL QUARANTINE ACT AND PROVINCIAL APPROACHES

On March 25, 2020, Canada invoked the federal Quarantine Act to impose mandatory 14-day self-isolation for travelers returning from another country. Essential workers and a few other exempt travelers are excluded from this measure. Since implementation, Canada has enforced this requirement, with numerous instances of violators being identified and/or fined. While the Quarantine Act is federal, provinces also have their own approaches to managing inbound travelers, including the "Atlantic bubble" which essentially walled off domestic travelers from other parts of Canada from entering the four Atlantic Provinces.

In November 2020, the Province of Alberta began a six-month pilot project for Canadians returning from the U.S. directly to the Calgary airport or via the Coutts land crossing. This pilot allows Canadians to shorten their mandatory 2-week quarantine by taking a COVID-19 test upon arrival, as well as a follow-up test.[1] It is important to note that this is a post-clearance model rather than a pre-clearance model.

INTRODUCTION

The arrival of the COVID-19 pandemic marks a pivotal moment for border operations and policy. Governments and private industry around the world are trying to develop and implement screening protocols to protect travelers and limit the spread of the virus. This Border Policy Brief explores efforts to incorporate public health concerns into approaches to ease the border restrictions between the U.S. and Canada. The brief outlines key guiding principles, as well as specific pilot projects that have the potential to advance safe and healthy cross-border mobility.

BACKGROUND

On March 21, 2020, the U.S. and Canada took unprecedented bilateral action and restricted cross-border land and marine travel to 'essential' purposes. Although bilateral in nature, the restrictions, as well as what categories are considered essential, vary by country. While the U.S. considers all work to be essential, Canada only considers certain categories of work essential.[2] On the other hand, while Canada currently allows entry for certain categories of family members, the U.S. has not reciprocated. Similar discrepancies exist regarding international students.[3] A major difference between the two countries is Canada's requirement that most travelers entering, with the exception of a handful of exemptions, undertake a mandatory two-week quarantine upon return to Canada (see sidebar).

Both countries consider commercial cargo essential and thus the movement of goods has continued largely unimpeded in both directions across the border. Regardless, bilateral trade between the U.S. and Canada decreased significantly at the start of the border restrictions but has since recovered to near pre-pandemic levels.[4] Furthermore, trade values via truck decreased less than overall trade values, suggesting that reduced trade flows were more likely the result of broader macroeconomic conditions and supply chain disruptions, rather than an impact of the border restrictions themselves.[5] However, the border restrictions are having an impact on business interactions and negotiations, which may negatively impact future trade activity.[6]

Despite the discrepancies within the restrictions, both countries have remained in lock step in their continual 30-day extension of the border restrictions. Given the high rate of infection in the U.S. vis-à-vis Canada, and the overall state of the pandemic, these border restrictions will remain in place until cross-border mobility can resume in a way that does not endanger public health.[7]

MOVING BEYOND THE 30-DAY EXTENSION OF RESTRICTIONS

The effects of the border restrictions have been far reaching-impacting business negotiations and separating loved ones-and these impacts are felt unevenly and vary by region (see inset below). Although Canada recently expanded exemptions for families, students, and compassionate reasons[8] the mandatory 14-day quarantine still makes such travel difficult, if not prohibitive. Despite vaccine relief ahead, the COVID-19 virus is still likely to be active for some time, and continuing to keep our borders heavily restricted is not a realistic option. The fact that Canadian public opinion overwhelmingly supports continued border restrictions[9] should not preclude the collaborative work that needs to be undertaken now in order to develop new approaches to managing public health at the border. In other words, limiting the spread of the virus across our borders should not be dependent on border restrictions or blanket quarantines, but rather on developing smarter, more refined tools to ensure that cross-border travelers are virus-free.

The pandemic has drawn attention to the significance of the border and created an opportunity to further streamline border operations. This requires us to develop new ways of managing our shared border by incorporating a third element into a longstanding focus on security and efficiency: that of public health. Much work has been done in this regard since the inception of the restrictions, as the following sections highlight.
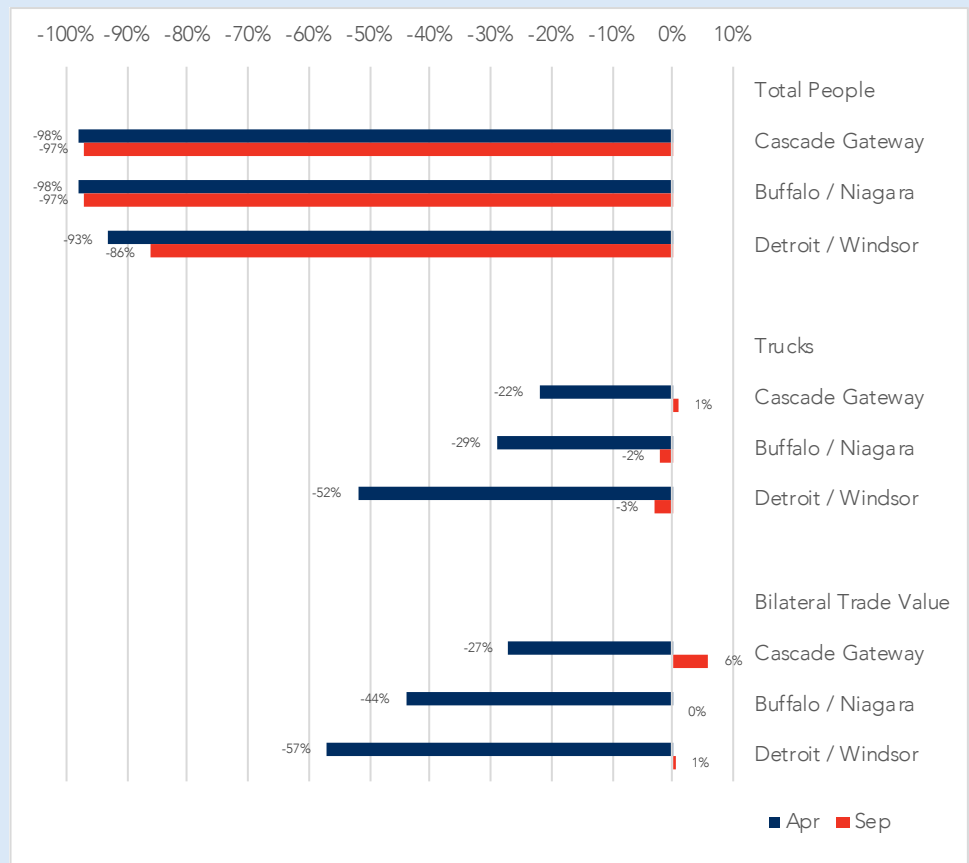
TESTING A MODEL OF HEALTH PRE-CLEARANCE

Vaccine uptake and testing protocols are likely to be the key ways of ensuring that only healthy, virus-free travelers are crossing the border. Whether proof of a vaccine or proof of a negative test, this information will need to be shared with a border officer at some point in a traveler's border crossing experience. While challenges associated with testing , vaccine uptake, and privacy concerns still need to be resolved[10], this Brief focuses solely on integrating health data into the border crossing environment.

The Future Borders Coalition (FBC), a binational consortium of stakeholders, has advanced a number of recommendations for restarting safe international travel.[11] This includes a health pre-clearance pilot project for flights between Vancouver and Seattle that would require a layered testing process prior to boarding, ensuring that all passengers are COVID-free *before* departure and thereby negating the need for quarantine upon arrival (this is an approach

---

IMPACT OF BORDER RESTRICTIONS ON TRAVEL & TRADE

The first 6 months of the border restrictions have produced uneven impacts on the three busiest regions along the Canada – U.S. border. The table below displays the percentage change in flows between 2019 and 2020 for the month of April (which captures the immediate impact of the restrictions) and September (the most current data available).[12]

The Detroit-Windsor region experienced less impact on travelers than other regions, largely because there are a number of essential workers in the healthcare industry who continue to cross the border. However, that region experienced the biggest impacts on truck flows and trade values immediately following the restrictions, which reflects the nature of automobile manufacturing and supply chains in the region. Bilateral trade values have largely returned to pre-pandemic volumes in these three large regions.

	Apr	Sep
Total People		
Cascade Gateway	-98%	-97%
Buffalo / Niagara	-98%	-97%
Detroit / Windsor	-93%	-86%
Trucks		
Cascade Gateway	-22%	1%
Buffalo / Niagara	-29%	-2%
Detroit / Windsor	-52%	-3%
Bilateral Trade Value		
Cascade Gateway	-27%	6%
Buffalo / Niagara	-44%	0%
Detroit / Windsor	-57%	1%

already in place on domestic flights to Hawaii and on international flights in several locations around the world). This pre-clearance approach has the added benefit of creating a more sterile environment, waiving physical distancing requirements during the boarding process, and alleviating concerns about in-flight transmission.

In addition to pilot projects in the air mode, the FBC's Land Border Working Group (co-chaired by BPRI) has also developed recommendations for testing a health pre-clearance model at the land border, which are highlighted below. Unlike in the air mode, where passengers can easily use their phones to convey a secure test result with a QR code on their phone, communicating such information in the land border environment presents major constraints. Imagine, for example, the added processing time and cost involved in requiring officers to use a handheld device to scan phones. Therefore, a process needs to be established whereby a traveler can make verified and secure lab results available to border officers in a seamless (and ideally, touchless) environment.

KEY PRINCIPLES FOR A NEW ERA OF BORDER MANAGEMENT

There are a few key principles that should be foundational to border management while the COVID-19 virus remains a threat. These principles are aimed at incorporating public health issues into border processing in a way that also improves security and efficiency. Although this Border Brief focuses primarily on the land border, such approaches benefit efficiency, security, and collaboration across modes.

1. Move to more seamless and touchless processing to minimize contact between travelers and border officers while maximizing efficiency. This can be accomplished through the use of biometrics and facial verification approaches, which are currently being tested and implemented at multiple locations and for multiple modes, including at Detroit and Champlain for southbound pedestrians.[13] In addition, the use of vicinity-readable RFID technology in border crossing documents, which have security and efficiency benefits, also enable a touchless processing environment. Finally, adjudications of visas and trusted traveler applications should move to virtual platforms to minimize in-person contact, both for enrollment centers and secondary inspection facilities.

> *Proposed pilot project:* Introduce remote interviews for Global Entry, FAST and NEXUS applicants and eliminate the need for face to face interviews. Start as a pilot project in selected locations with renewals, and then roll out to first time applicants.

2. Establish a health pre-clearance model so that submission and verification of individual health data is done prior to arrival at the land border. This approach will require health information to be shared with border agencies, who can then ensure that a traveler is COVID free before they arrive at the border through a health pre-clearance model. This limits potential exposure for officers and decreases the frequency of refused entry or referral to secondary, both of which are a public health risk and inhibit efficient processing. Private labs have the ability to protect health information and only provide access to a binary dataset that would indicate a test result or a vaccination.

> *Proposed pilot project:* Conduct a NEXUS Healthy Traveler Pilot as a proof-of-concept for sharing and verifying test results through a voluntary program. Pilot participants would follow guidelines and submit results through a secure portal similar to the CommonPass program currently being tested in the air mode.[14] This information is then verified by the appropriate health agencies depending on the individual's citizenship or place of residence. This verification produces a binary result (green or red light) that can be queried by CBP and CBSA when an individual scans their NEXUS card upon arrival at a port-of-entry. No health information is stored by CBP or CBSA and no documents are exchanged. Because verification is done in advance, this 'health pre-clearance' model greatly reduces the chances of an infected individual arriving at the border.

3. Establish platforms to collaborate between multiple agencies. Developing new ways of managing our shared border will require bilateral collaboration between various scales of government, as well as a multitude of agencies that have not previously been involved in border operations. While strong channels exist for collaboration between the U.S. and Canada, including Public Safety Canada and the Department of Homeland Security, the pandemic has created a new set of challenges that requires additional agencies to work together in new ways. If the U.S. and Canada develop different standards (i.e., for tests or vaccines) or different processes (i.e., post- versus pre-clearance), the result will be a thickening of the border, which was the case following the massive shift in border policy in the post-9/11 years. Programs such as NEXUS, which is a joint partnership between the U.S. and Canada, can serve as a proof-of-concept approach to developing an aligned method for processing health data at the border, which is rooted in collaboration.

CONCLUSION

The coming months are a critical time to conduct small scale pilot projects to evaluate the concepts laid out above. Not only is a proof-of-concept project important for evaluating best practices, but the data that such projects produce regarding testing and/or vaccine efficacy is equally important for assuring the public that cross-border travel can be undertaken without increasing public health risks. Pilot projects that are conducted while the border restrictions remain in place can help to inform how and when the restrictions can be safely eased.

Many challenges remain for developing and implementing safe ways to resume cross-border operations between Canada and the U.S. These include privacy concerns around sharing individuals' health data, alignment on testing/vaccine standards, and agreement on a phased, data driven approach to easing border restrictions. In the long-term, however, beginning this process through a collaborative and integrated partnership between agencies in both countries is critical to ensuring safety and efficiency at the border.

ENDNOTES

1. See alberta.ca/release.cfm?xID=745292BA041FB-0EF1-C209-733CF878164FB904.

2. See ca.usembassy.gov/travel-restrictions-fact-sheet/ and Coronavirus disease (COVID-19): Current border measures and requirements (cbsa-asfc.gc.ca).

3. International students are able to cross the border into Canada if they have a valid study permit and their "designated learning institution" has an approved COVID-19 readiness plan (see canada.ca/en/immigration-refugees-citizenship/services/coronavirus-covid19/students.html#exemptions). The U.S. considers all study to be 'essential.' See ca.usembassy.gov/travel-restrictions-fact-sheet/.

4. See usatrade.census.gov/.

5. See bts.gov/transborder.

6. See "A Practical Approach to Easing Restrictions at the Canada – US Border in the COVID-19 Pandemic," Cross-Border Institute, available at cbinstitute.ca/wp-content/uploads/2020/11/Easing-Border-Restrictions-at-the-Canada-US-Border.pdf, and "Companies looking for consistent enforcement and predictable access," available at windsorstar.com/news/lost-opportunity-part-1-automotive-sector-losing-millions-in-new-contracts-due-to-border-issues.

7. On December 1, Prime Minister Trudeau stated, "Until the virus is significantly more under control everywhere around the world, we're not going to be releasing the restrictions at the border."

8. Seecanada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice/compassionate-entry-limited-release-from-quarantine.html.

9. For example, see globalnews.ca/news/7185471/us-canada-border-travel-coronavirus-poll/ and thechronicleherald.ca/news/local/opposition-to-reopening-canada-us-border-strongest-in-atlantic-canada-poll-finds-496016/.

10. Pilots conducted by the CommonPass program are currently testing the ability for individuals to store and share secured and verified test results via a phone app and have so far proven successful in the air mode. See cntraveler.com/story/common-pass-app-international-air-travel.

11. For more information, see futureborderscoalition.org/.

12. See bts.gov/transborder.

13. See cbp.gov/newsroom/national-media-release/cbp-introduces-biometric-facial-comparison-secure-streamline-travel.

14. For more on the CommonPass initiative, see weforum.org/agenda/2020/08/covid19-coronavirus-travel-data-privacy-commonpass/.

Dr. Laurie Trautman

201 Canada House, MS 9110, 516 High Street
Bellingham, WA 98225 USA

Laurie.Trautman@wwu.edu • 360.650.2642

WWU is an equal opportunity institution.

To request this document in an alternate format, please contact laurie.trautman@wwu.edu

wwu.edu/bpri