

***Sawbones* 428: How Justin McElroy Became a Trusted Source for COVID News in Canada**

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Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And it's— I mean, it's happening, Syd. I don't know how else to say it, but it's— it's— it's happening!

Sydnee: This is a very exciting day.

Justin: Podcast history... is being made here. I— I cannot imagine if this episode of the podcast does not have this title. Somebody call Guinness, because this is, I believe, the first podcast in history... that features two Justin McElroys in the same episode.

Sydnee: I think so.

Justin: I'm thrilled.

Sydnee: But definitely the most Justin McElroys that have ever been in a podcast episode. [laughs]

Justin: Easily, easily. There's one other Justin McElroy that keeps filling out insurance applications and trying to buy cars in Missouri, and for some reason just keeps putting my name down, and my email address? It is— he is a Justin McElroy. He's a valid Justin McElroy. But I think people guess at the na— at the

email address. And their like, "It's probably Justin McElroy." And then they try to figure it out.

Sydnee: Oh, they're— okay. So he's not trying to—

Justin: He's using my email address [through laughter] rather than writing his own email address!

Sydnee: Ohh.

Justin: Yeah, it's great. Anyway, welcome to, from the CBC Vancouver or British Columbia, depending, the municipal affairs reporter, Justin McElroy. Hello, Justin McElroy.

Justin (Reporter): Hello, Justin McElroy.

Justin (Podcaster): Wow. I cannot believe we're finally on the same podcast. This is fantastic.

Justin (Reporter): After a decade of misplaced DMs and emails and weird jokes, this is it.

Justin (Podcaster): I've gotten so many fascinating emails about the inner workings of municipal affairs in both Vancouver and British Conne—[laughs] uh, British Columbia, thanks to you, Justin. Uh, that I have always forwarded on to you.

Justin (Reporter): And I appreciate it. I have not forwarded on nearly as many DMs about Mountain Dew Dorito chips or, uh, chili flavored Oreos, or whatever the heck else it is that you get excited about on one of your 70,000 podcasts—

Justin (Podcaster): [giggles]

Justin (Reporter): —and I apologize for not communicating all of those. But there are so many.

Justin (Podcaster): Yeah, yeah.

Justin (Reporter): Uh, and you have such... you have such fans, with such weird food tastes, that I don't want to overburden you any more than you already are, with—

Justin (Podcaster): Yeah, the signal to noise ratio is—[laughs] is tough.

Sydnee: Are they— are they, like, 50% cereal? And then I imagine, like, I don't know, another 25% haunted dolls, and then just—

Justin (Reporter): Yep, no. I've gotten a few. This is— I don't— and I'll have to be honest, I do not listen to, uh, to *My Brother and... My Brother and Me*. But I feel that I get an arc of what is being discussed and what are your bits, based on the intensity and selection of DMs that happen.

Justin (Podcaster): I don't— well, I don't read all of your... important reporting on municipal affairs—

Justin (Reporter): That's fair.

Justin (Podcaster): —in Vancouver and British Columbia. So there.

Justin (Reporter): [laughs]

Justin (Podcaster): Well, we are, uh—

Sydnee: [laughs]

Justin (Podcaster): —we specifically want to have you on the show, not because of the incredible power of your name. But, uh, also because you have filled a lot of your hours in the last few years reporting on the COVID pandemic, specifically from kind of a data perspective. Um, where did you— let's take it back a little bit. How did you— what did you get started reporting? What was sort of your beat before all this happened?

Justin (Reporter): Yeah. So, I was not, as maybe some of your fans think of me and sometimes message, a Vancouver crime reporter, uh, that always looks at bodies in sewer holes. Uh, [wheezes] but I was a— I was just a local news general assignment reporter for a while, and then I turned into a municipal affairs reporter, which basically covering city halls across, uh, the province of British

Columbia here. And, you know, property taxes and potholes and people trying to ban pigeons from backyards, and things like that.

Uh, but I had always done a bunch of things with charts and stats. I always found it interesting where you could insert them into stories, and people would— it would reveal things about it that were a little bit more quantitative as opposed to qualitative.

It gives the story a little bit more authenticity and legitimacy if you're saying, "Hey, this is what it's like compared to everywhere else." So when Politician A is saying our taxes are too high or too low, you can say "Well, actually, here's a chart, and here's what it shows."

So that was always sort of interesting to me. Uh, and then in March, early March 2020, I was in early contact with someone who might've had COVID, and I was sent home from our newsroom for two weeks. About a week before it started becoming a global pandemic.

Justin (Podcaster): Right.

Justin (Reporter): And I started to think of, well, what can I do to be helpful in this situation? I can't do my regular job for two weeks, and this looks like it's going to be an ongoing thing. And at the time, in British Columbia we were starting daily reports on this pandemic, and there would be— and it's very depressing to say this— is like, there would be two cases a day, or three. Oh, and then one day it spiked up to six. Uh, but this was data, and it wasn't really being collated anywhere by the government, or shown in a visual way.

Uh, and so I said to my bosses, "What if I tried doing this for a little bit?" And we'll just see if it's useful, we'll see how the audience reacts, and we'll just do it once a day. And they said, "Sure."

And from doing it once a day and saying "We'll see how far it goes," it went from 18 months where literally every single day that the data was delivered, which was either five or six days a week, that was my job. Showing that data, doing five or six or seven charts, showing what it meant to an increasing number of British Columbians as things went along. Uh, and it very quickly morphed into my full-time job, which was a huge change from what it was before, but something that deeply mattered to a lot of people.

Justin (Podcaster): Right. And, I mean, it's interesting to sort of reflect back on this, 'cause I don't know if you heard, but COVID's actually over here.

Justin (Reporter): Yes!

Justin (Podcaster): Our President decided. I don't know, are you still... have it? 'Cause it's...

Sydnee: [laughs]

Justin (Podcaster): I don't know if it's still a problem in Canada, but it is wrapped up.

Justin (Reporter): I didn't know— yeah, I didn't know that a President could just declare that, right?

Justin (Podcaster): [wheezes]

Justin (Reporter): I mean, it is— it is very much here as well. You get the sense at this point that for most people, it is no longer a matter of really concern. Uh, everything is reopened except, weirdly, the Pacific Buffet on BC ferries is one of the few things still closed—

Justin (Podcaster): [laughs]

Sydnee: [laughs]

Justin (Reporter): —that used to be a thing. Uh, but for— yeah, for the most part. You know, you will still see on the streets I would say about 5-10% of people wearing masks. In crowded buildings or ferries or buses, uh, masks are still recommended, and you will see, you know, maybe 30-60% of people wearing masks, depending on the situation and the bus and so forth.

Um, but the culture has been different here in Canada, uh, all throughout the pandemic, just in terms of the number of people buying in to the health regulations. But in terms of a declarative statement from our Prime Minister or Premier? No, that hasn't happened, although you can certainly see, even compared to three or four months ago, there's been a big shift in terms of how people are reacting.

Sydnee: It's— it's really weird for me to think. Um, so I'm currently doing one of my stints in the hospital. I periodically will work in our local hospital taking care of patients there, and it really feels like people have just... stopped thinking about it. [laughs] No— no one is concerned anymore.

Justin (Podcaster): To take you back to that beginning phase, Justin, how did you— I remember— and I'm sure a lot of people had this experience— of especially pre-vaccines sort of obsessively refreshing our county, uh— or actually it was the state website that would show the cases that—

Sydnee: Initially the state, before the county got rolling, yeah.

Justin (Podcaster): Yeah, the state website. Like, every single day as the new reports came in, we were absolutely beholden to that data. How did you, um— how did you sort of process that early data, where it's— it's, uh— there's so few cases coming in, and watching it balloon? What was it like in the early days?

Justin (Reporter): Yeah, and to your point there, Sydnee, there's 305 people in hospital in British Columbia at this moment with COVID, and that normalization— both that normalization of that number and just the fact— shows itself in all sorts of ways, both in that we don't talk about those daily numbers, it's now weekly in BC, as much. And it just gets flat lined in into... people don't think about it.

But to your point, Justin, when it started, uh, it was very... it was very scary and uncertain in a sense of nobody knew where these numbers would go, and it was people's only way of really understanding what was happening at the time. You know, the thing that I always talk about when we say how do people wrap their heads around this is traditionally in the news, right? When there's a story, it's about a person, and they have something, and they talk about how it impacted them, and we see them on TV or we talk to them, and it's very individual-focused. But at the beginning of the pandemic, you know, you couldn't go into someone's house and film them, and say how they were feeling.

It was something that was spreading invisibly, in a sense. And so, people had no conception of how bad it would get, and, you know, what does 10 cases mean in a day? What does 50 cases mean in a day? What does 100, or 200? And what does that mean for my sense of... are things getting better or worse, or my chances of getting COVID?

You know, I would have so many questions that would come in every day in the first few months of people asking, "Is it safe for me to do this activity?" Or "Is it safe for me to do that activity?"

And I would have to say, you know, I am— I report on city halls, right?

Justin (Podcaster): [laughs]

Sydnee: [laughs]

Justin (Reporter): I am looking at the numbers and I can show you the trend line, and I can tell you better than most, you know, are things on an okay trajectory right now, or are things spinning out of control. But people wanted all sorts of certainty about what was happening, where we were going, and what their individual risk level was, that was just impossible to provide.

Uh, and like you said, once people started getting vaccinated I think it stopped mattering as much, sort of those daily numbers coming in, sort of like the stock market each day. Uh, it just receded as to "Okay, that's interesting." Uh, but during that time where people couldn't do that, and folks were still wrapping their head around basic knowledge of how this transmitted and what the symptoms were, the numbers were all people had.

Uh, and if you were dealing with the numbers every day, it meant people really cared about what you were saying and how you were communicating it. But I always tried to remind people, look. This is an important part of the story, it's a part of the story that we can tell in a better way compared to past plagues and pandemics because health reporting is just much more advanced and digitized than it was then, but it's only section, and so there's only so much we can extrapolate from that.

Sydnee: It was interesting to watch. So, the way that we did it here— and West Virginia, our state, came up with its own color-coded risk assessment system.

Justin (Reporter): Oh, ooh, really?

Sydnee: Yes, and it was actually different from the CDC's color-coded risk assessment. It was like our own, personal... [laughs quietly]

Justin (Reporter): That doesn't sound confusing at all.

Justin (Podcaster): No, it was perfect.

Sydnee: No, and it— well, it was, um, specifically— if you can believe this— it was aimed at trying to not just keep kids in school, because the colors were used to decide if in-person school could happen, but also for school sporting events.

Justin (Podcaster): That was— yeah, that was a big one.

Sydnee: And that was a major concern in our area was that if the risk color was too high, then we'd cancel high school sports. But if the colors were better... [laughs quietly] so we invented new colors.

Justin (Podcaster): In between, gold.

Sydnee: Yes, we—

Justin (Reporter): [laughs]

Sydnee: We— we did.

Justin (Podcaster): Gold is the color where you can play sports! [wheezes]

Sydnee: Gold is the color— there were days—

Justin (Reporter): [laughs] That— that means it's the best.

Sydnee: Yeah.

Justin (Podcaster): Yeah, it's the best.

Sydnee: There were days were you could play sports, but maybe—

Justin (Podcaster): But not go to school! [wheezes loudly]

Sydnee: —but not go to school. And the entire county— I mean, and I'm sure this was true all across the state— the entire county was obsessively watching. Like, refreshing for the moment that the state would announce each mor— or the county would announce each morning what our color was. What is our color?

What is our county color? And then immediately this social media storm from angry parents, or happy parents, or... you know.

Justin (Podcaster): Right. No one liked what color ended up. That'd be a rough gig.

Justin (Reporter): No. How often did the colors change? I'm curious.

Justin (Podcaster): Uh, what was it, daily?

Sydnee: [simultaneously] It was daily.

Justin (Podcaster): Yeah, daily.

Justin (Reporter): Oh, wow.

Justin (Podcaster): Yeah.

Justin (Reporter): See, we— in our province and, you know, much like in America this was dealt with, you know, on a state-by-state basis, in Canada a province-by-province basis. We didn't really— we didn't have color codes, and this government tried very hard to have a minimal amount of, like, minor shifts. They would do big shifts every once in a while and say "These restrictions are now in, or lifted." But they tried not to do regular tinkering.

And on one hand, that's sort of good. It gives people certainty. It means that they don't have to wake up every day stressed. It's like, how is this going to change? Will my child be able to do things?

On the other hand it meant, you know, there would be daily press conferences with our health minister and our chief medical officer, and people would ask invariably, once you've been doing this 200 days in a row, the same sorts of questions, uh, with hypotheticals. And the health officers sort of went at a certain point, "The guidelines we've put in are the guidelines, and you need to make your own decision."

Uh, and so it is an interesting balance of what happens when you try and create— you know, make things more prescribed and try and react day-to-day and get people on board, uh, versus the complacency that can set in when you're not doing that. And you can tell people, "Well, it's the guidelines." But if the

guidelines had been the same for three or four months and you don't have special color coding happening, uh, some people are going to get more lax over time.

[theme music plays]

[music plays]

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[music and ad end]

[music plays]

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Speaker 3: [singing] We got this!

[music and ad end]

Justin (Podcaster): How, when you were watching the numbers, uh, as this started and things were shifting very rapidly, were there times where you felt a sort of... when you were watching the actions of maybe public sentiment or the government that just simply was not... in line with the data you were seeing? Like, was it hard to fight the, like, Chicken Little "sky is falling," like, situation where you're looking at these numbers and you know what the numbers are saying, and you're hearing them interpret it or ignore it in different ways?

Justin (Reporter): Uh, yes. Um—[laughs]

Sydney: [laughs]

Justin (Reporter): To put it mildly. You know, it... and this is one of those things where when you have data daily with politicians, it creates that cognitive dissonance, because most of the time, you know, a governor or a senator would say "Things are looking up in West Virginia," and you can say, "Well, who's to say?" Right?

Um, but if your— if a Premier of your province is saying, as he did, John Horgan, in the middle of February when cases were starting to rise, the middle of March when cases were starting to rise quite rapidly in BC, two weeks after they removed some restrictions and people said, "John, you just removed some restrictions. People can gather in large groups outside again. Doesn't this seem wrong given that numbers are rising?"

And he said, "I'm confident we're on the right track," and he said this, and his government said this every day for, like, two or three weeks while cases were starting to rise. And as a journalist, um, where, you know, you're caring about balance and keeping your emotions in check, it was very hard sometimes. Because you're going, alright. You're displaying the facts and you're displaying them every day, and you're pointing out that... this is incongruous to rhetoric with what they're saying. But at the same time, there's only so much you can do, right?

Uh, all you can— there's only so many times you can say, "What they're saying is not backed up by the data." And so, uh, when they changed eventually after two weeks of it going up— and there were similar times where this narrative would play out.

On one hand, it's sort of gratifying that it's like, okay, they're finally looking at the data. They're finally listening to what people are saying. They've put things in place.

But on the other hand, uh, it's extremely vexing to know in the moment all you can do is just repeat this again and again while, you know, trying to remain even keel of it. Uh, and that's all you can do. Because, you know, we put our faith in these politicians and these public health officials, and their meetings that they're having in private where the politics and the health concerns are being debated and balanced and we don't know exactly how those discussions go.

Uh, and our job as communicators at the end of the day, we can point out those inconsistencies, but we can't change what's going to happen on the ground.

Sydnee: And I don't know if this was true there, but I know here the way that that has kind of played out is that when I would hear especially, like, the governor of our state saying that things were good or things were fine or things are going in the right direction, and the numbers said otherwise, um, or if somebody in the media pointed out that the numbers said otherwise, usually now you're kind of— it's blamed on you being negative, or you're hanging on to this, you're clinging to this, that it's for political purposes or to make people look bad, or just... I mean, that's usually, like, if the local media runs anything about COVID, all of the responses are "Why do you have to be so negative and always talk about COVID? What is wrong— everything's fine now!" Like, "Oh, I hate this liberal media talking about COVID again."

Justin (Podcaster): [laughs]

Sydnee: It really is seen as, like, "Well, you only talk about it because you have a bad attitude." [laughs]

Justin (Podcaster): Yeah, you're living in the past!

Justin (Reporter): Yeah. And, I mean, it has— the dynamic has shifted over time. I would say throughout 2020 and 2021, there was a lot of appetite to be critical of the government when they did this. When we pointed out that hey, what they're saying isn't backed up necessarily by the data at the moment, there wasn't necessarily a lot of push back.

You know, there were some people that were very pro-individual right, shall we say, the entire time that would send emails and tweets and yell at you. But there was that real buy-in, at least in British Columbia and most Canadian provinces, for that.

Uh, that being said, you know, now for a lot of people— I don't do the charts daily anymore. I do them week— every week or couple weeks, partly because the data only comes out every couple weeks, but partly because there is only so much new information you can tell people. Uh, but even now when I do them, you get people replying saying "Who cares?" Or "Move on," or "What does this have to do with life right now?"

And I'm like, I don't know. There's still 300 people in hospital. There's still three or four or five people dying a day in our province of five million people. I get that this is not a day-to-day ongoing concern for people anymore, and I think that is

the thing that is difficult for some people to wrap their heads around. The difference between— you know, something doesn't have to be a day-to-day, I'm thinking about it constantly in the same way that we were in 2020. But at the same point, this is still an ongoing concern that you should be thinking about sometimes, certainly, and should be in your brain at least a little distantly at all times.

And to point out that it's still happening is not something that is, you know, a stern or offensive statement to make, or something that should be triggering, but just a statement on this virus existing. [laughs] And continuing to transmit. No matter how much it is frustrating that that is still the case.

Sydnee: Absolutely.

Justin (Podcaster): It's, uh— you know, something you said struck me about how much data we had, this being the first pandemic where we had this amount of data being shared this rapidly. And, like, it's fascinating for us because we've talked about pandemics so many times that to live through them and to see how these things happen, and to see stories repeat. You know, even the masking was like, 100% out of the playbook of when the—

Sydnee: The influenza pandemic of 1917.

Justin (Podcaster): What do you see now? As having access to this data and reporting on the pandemic, what do you think in a public health crisis like this, what are the limits of data, and what can data do really well for us in a situation like this?

Justin (Reporter): I think data can really make stark, so long as it's consistent, consistently given, and so long as there's a level of detail at a community level, that shows that it's— yes, it's in your backyard.

Uh, makes it hard for most people to deny its existence, to deny or to argue the fact of whether something is increasing or not. You know, we're very visual people, right? If Bob down the street is fine and everyone on my block is good, then what do I have to worry about? Well, if you have this every day, and it's creeping up, yeah sometimes people might be skeptical, but as soon as Bob does get it you go "Okay, well I guess that data was correct."

And to have that on a daily basis and— you know, it's not gonna convince everyone, but I think for a large portion of the population it really helps them wrap their head around things and adjust in a way that is much harder to do, or sort of only much more emotionally laden if it's all just you're hearing anecdotally what's happening.

But in terms of its limits, again going back to the fact that it is not going to tell you everything. It is not going to let you know about a new variant that is coming in and how quickly it is, because it takes health authorities time to start screening for these new variants, for example. And there can often be a lag time in terms of how long it gets it.

So you might be— you know, it might be two weeks already through your community, and it's only then that the information gets posted to confirm that. And by the same token as well, it's still not going to convince everyone.

And, you know, this is a debate that happens across all sorts of political and policy issues now, that there is one group of people that go, "If we just present the data in a right way, surely people will agree that what we are doing or what we are proposing makes sense." Uh, but, number one—

Justin (Podcaster): Sydnee is shaking her head. [laughs]

Sydnee: [laughs]

Justin (Reporter): Right? But A, there's some people that are never going to buy in. The way that they come to conclusions, a spreadsheet is not gonna help. And B, uh, the thing is, there can always be different data points, right? There would be times during this pandemic that I would say, "Look, the overall hospitalizations across the province are down 20% in the last month. Things are looking sort of good."

And somebody would say, "Well, what about... you know, what about this?" Right? Hospitalizations in this specific place, or I'm seeing over the last two days the total number of daily admissions go up in these places.

And what I would say sometimes is, like, "Look, those are certainly points that you can make an argument that things right now are getting worse," or flipped, getting better, depending on what they're showing. Uh, and everyone can

interpret things a little bit differently, and there's not just like this king data crown that is going to get everyone on side with the same framework.

Justin (Podcaster): How did you—

Sydnee: [simultaneously] Well—

Justin (Podcaster): Oh, sorry, go ahead.

Sydnee: I— you know, what worries me now is, um, our number— I mean, they're still reporting our numbers to some extent. We still get, like, the county alerts, but they're not colors now. It's like high, medium, or low.

Justin (Reporter): [laughs]

Sydnee: Um—[laughs quietly] so we still get that. But so many people, um, started doing home testing, and there's so much— on one side, I'd say there's still shame associated with getting COVID. People who don't want to admit that they did, because then it somehow reveals that they broke some sort of guideline. And then on the other hand, there are people who don't want anyone to know that they have COVID, or their child has COVID or whatever, because they need to go to work, or they need their kid to go to school, and they can't afford to be out for it. Um, and then there are a lot of people who just won't— I mean, I have patients who refuse to get tested because they don't believe it's real, they don't want the test, they think it's fake.

Um, and so because of all that, I feel like we never really know how many people actually have COVID at any given time. And, I mean, we're moving to a point now in the US where they're starting to talk about, "Well, no more free testing." We're gonna have to end that, so you're gonna— everybody's gonna have to pay for testing moving forwards. No more free vaccines. That's not true, yet. But at some point— I mean, eventually—

Justin (Reporter): Yeah.

Sydnee: —in the US, eventually this stuff will become for profit. And then what? What do we do?

Justin (Podcaster): Justin may not know. See, over here, medicine...

Sydnee: [laughs]

Justin (Reporter): [laughs]

Justin (Podcaster):... is... is not— I know you're thinking, "Medicine. That's a free thing." But no, hold on!

Sydnee: We have a segment— we have— at our ad break during our show we call it the billing department, and that's because... [laughs] in the— in the US...

Justin (Podcaster): Justin, if you could go back to yourself with everything you've learned, um, and talk to yourself for a couple minutes right at the beginning of all this, like, what do you wish that you had known then? What would you wish you could pass on?

Justin (Reporter): Oh, I wish I could've told myself, you know, this would— this would be two and a half years.

Justin (Podcaster): Yeah! [wheeze-laughs] Well, yeah, hold on, Justin.

Sydnee: [laughs]

Justin (Reporter): [laughs]

Justin (Podcaster): Before you say that, are you sure? [wheezes] Are you sure that Justin then wants that infor— I remember looking—

Justin (Reporter): Yeah.

Justin (Podcaster): —at people saying, like, 12 to 18 months and thinking like, "Absolutely no way on Earth is this 12 to 18 months!"

Justin (Reporter): You know, I... yes, there is that risk. However, I go— you know, if I had known that, then maybe some of both my thought process of how long this would take, but also the way I communicated it where it's like... you know, a lot of us went, "Once the vaccines are in place things will be fine." Right?

Sydnee: Mm-hmm.

Justin (Reporter): Quote, "Fine."

Sydnee: Yep.

Justin (Reporter): And then when it's not, and you go, "Okay. Once we get through this var— once we get through the delta variant, things will be fine."

And that's because— it seems like it, but to have more skepticism and caution in how you're communicating it to people, both so they don't get false hope, and B so, you know, people don't become more cynical about the virus over time. And, you know, the "Well, we're all going to get it, and it's going to be here forever, so why should I care even a little bit about trying to protect myself?"

That's one thing that would've been helpful to think about early on. And then, you know, the other thing is to just block out much more the, uh, amount of anxiety and people yelling at you one way or the other about how you should be looking at the pandemic differently, right?

Sydnee: Yeah.

Justin (Reporter): Uh, and it was— you know, I went from someone that people cared about a little bit if they cared about local politics or thought it was funny that I had the same name as a famous podcaster, to someone that lots and lots of people in this province suddenly started caring about. When he would put out the charts, and what he was saying about how the pandemic was going. And, uh, you know, you start looking at too many replies, and start debating with people a little bit too much, and knowing, "Okay. This is... this is a health crisis. This is not something where I need to have online brain worms of— of arguing with folks."

Knowing early on that yeah, this is going to last a bit, there's going to be all sorts of people with all sorts of arguments and anger and anxiety towards this the entire time. Uh, you've gotta be able to dispel that away and focus on, what can I say about the numbers and the data? How can it help people? What limitations there are, and block everything out. Um, would've made the job just, you know, like 10% more peaceful over the last two and a half years? Who can say.

Justin (Podcaster): [laughs quietly] Um, well, hopefully you can say. You're the data guy! You should be able to say exactly how much.

Justin (Reporter): [laughs]

Sydnee: Do you— now, are you tracking, like we do here, how many people are vaccinated, how many people— what percentage of this area—

Justin (Reporter): Yeah.

Sydnee: You're following all that, too? 'Cause that's been—

Justin (Reporter): Yeah, yeah.

Sydnee: That's been a struggle here. So, West Virginia, our state jumped out ahead once the vaccines were available, and we had the— we were, like, vaccinating people at the fastest rate. Which, even— I mean, and not just sheer number. We have a very small population. But our rate was really good, and we were top of the nation.

Justin (Podcaster): It's actually with the— your province. It's right around that, right? Like—

Justin (Reporter): Like, we got to about— so, we got to about, like, 93, 94% for first doses.

Justin (Podcaster): Wow!

Sydnee: Oh my gosh! No, we're— no. No, no, no.

Justin (Reporter): [laughs]

Sydnee: We're n— not— no, no. We jumped out in the lead, but it's because we were incredibly efficient at delivering vaccines, not because we had a population that was accepting of vaccines. We are not, if not 50th... [laughs quietly] we're very low.

Justin (Podcaster): Yeah, we're 58th.

Justin (Reporter): So you started off with a bang, and then— but the second tier of people that might've been persuaded were not exactly persuaded.

Justin (Podcaster): Right.

Sydnee: Yeah, we vaccinated everybody who would accept it, and then no one else has accepted it. And s—[wheezes] so we dropped to the bottom of the list.

Justin (Reporter): Yeah, no. And, so one thing that's been interesting here is, yeah, our first dose pickup was about, you know, 93% or so. Our second dose one, about, like, 89 or so. Um, then— but then the third dose, which happened post-omicron, was 53%. So suddenly only about 60% of people that got that second dose got a third one. And now the fourth, uh, we're in the middle of doing that right now, but it's only at 9.63%. It's very slow there. Um, and so it shows sort of, like, in real time and cycle after cycle just how many people feel that getting an additional booster is important to them, despite the fact that all scientific literature shows that it helps with your immunity and that there is a serious drop off somewhere between three to six months down the line from your past dose.

And so, yeah. So that's what worries me, going forward.

Sydnee: Yeah. And to give you an example— so, currently West Virginia's sitting at 64% have had one dose, and we've got 55% who they're saying are fully vaccinated, but I guarantee you they just mean two doses when they say fully vaccinated.

Justin (Reporter): We say primary series now, and then it's— and then we have the data on the first and second one. And, you know, it's one thing right now for us to look around and say, yeah, some— there's a few more people sort of sick every once in a while, and it's not great, but we can go through this. But if another variant comes along that is more dangerous and transmissible than BA.5, then how hard is it going to be to rebuild that faith with people to take the public health measures that were so crucial in the first wave?

Uh, and that's— I don't know the answer for that. When I start thinking about the potential answer, it makes me pretty depressed. Uh, and—

Justin (Podcaster): [laughs] Yeah.

Sydnee: [laughs]

Justin (Reporter): You know, hoping that the worst thing doesn't happen has been a pretty poor strategy over the past few years.

Justin (Podcaster): Yeah, right?

Justin (Reporter): Uh, in many countries.

Sydnee: Yes.

Justin (Podcaster): Did you— Justin, it has occurred to me while we were recording this show— because— largely because of how often we've talked about disease in the history— like, it occurred to— has it occurred to you the fact that, like, you are creating the sort of data that people in the future will look to to, like, contextualize this pandemic?

Sydnee: Whoever does this podcast in 100 years, 200 years.

Justin (Reporter): [laughs]

Justin (Podcaster): Right, our great-great-grandchildren.

Sydnee: Yes. [laughs]

Justin (Podcaster): But have— do— I know that obviously I was a reporter for several years. So, like, I know that it's very much a day-to-day job. But have you taken any time to sort of reflect on the fact that you're creating a little bit of history right now?

Justin (Reporter): Oh, oh yeah— yeah. I mean, like, there's— I have an agreement with the biggest universities in BC that I'm just going to give them all of my spreadsheets at the end of this. A weird thing, because our province has been very bad at sort of, like, publicly making a lot of this data accessible in ways that aren't just, like, PDFs or little, like, info chart, infogram charts, uh, is that— it is strange that it is me providing this to universities and not, you know, a 40 billion dollar government, but that's neither here nor there.

Sydnee: [laughs]

Justin (Podcaster): [laughs]

Justin (Reporter): Um... but... so, you know, you're aware of that, that it's gonna be used in the future. And then, you know, it's the— when you're doing something every day in a very sort of repetitive way, you realize by, you know,

day 100, 200, certainly by 500, 600 or so, that it's like, this is a diary in its own way, right? Uh, it's not a long form book. It's a lot of pictures and snarky asides about weird things that politicians are saying in the moment. But it is a compendium that you're vaguely aware that it's like, yes, you know, a few Ph.D students are going to use for their thesis, five, six, ten years from now. And that's strange that, you know, as you said, as a journalist you're in the day-to-day and then you move on to the next thing. Uh, but it— you know, it makes you realize— and it has been strange, you know, in my personal life when the rare time that someone will want to chat with me on the street or whatever. Uh, it suddenly went from "That was a funny story you did about city hall" or "I disagree with you on what the third best hamburger in Vancouver is—"

Sydnee: [laughs]

Justin (Reporter): Because I rank things as well. Uh, but instead just "Thank you for the charts."

Justin (Podcaster): Hmm.

Justin (Reporter): Right? Uh, and it is a strange place to be as a journalist, to know that you are providing that real first draft of History, in a capital H way. Uh, but also it's very gratifying to know that you're helping people. Um, more sense of the world. That's part of the reason why we get into this.

Justin (Podcaster): You mentioned moving on to the next thing, as we've alluded to sort of interest in following cases and things like that daily is starting to wane. Have you started to pivot to other assignments at this point? Or do you know what the future looks like for you right now?

Justin (Reporter): Yeah. I mean, over the last— over the last year, it has been sort of a slow pivoting back to my job as municipal affairs reporter. There is an election—

Justin (Podcaster): Who was minding the story over there during COVID? They were just going hog wild without a Justin McElroy-type to keep an eye on 'em, huh?

Justin (Reporter): I mean, there was— honestly, there was a little bit where I did feel guilty that it's like, there's a bunch of council meetings that ordinarily I

would be at, and they are discussing things and passing some stuff and probably saying some stupid stuff, that it's just—

Sydnee: [laughs]

Justin (Podcaster): [laughs]

Justin (Reporter): —that it's not getting done. But, you know— but you go, "This is more important." And there were times that I had conversations with my bosses where they're like, "No, we need you on the pandemic still." And it's like, you know, well, I can't really argue with that.

Now, you know, again, while I can tell myself, you know, there's a local election on October 15, and there's so many municipalities here and it's important to break that down. This is still going on, and there are still giant issues with our provincial government when it comes to transparency, and real issues with, you know— in Canada in many provinces right now, there are big doctor shortages. There are big nursing shortages. There are big paramedic shortages, and it's because so many people have gotten burnt out and left the profession over— especially in the last year or so. They went, "Alright, I got over the hump, over the worst of the pandemic. I need to do something else." And it's creating ongoing strains. And those are stories worth telling, still.

And the fact that there are other things that I want to report on and that my skill set can be worked on, is something that causes some angst. You know, when it slowly— you go over the course of a year from, you know, it's 80% pandemic one month to, like, 75% the next, and then down and down, and now it's really only about 10, 15% of my time. It makes it easier to deal with that, but people are still getting sick, and it's still something you think about.

Sydnee: Well, I appreciate you doing that, 'cause I— leading a team of medical students and residents through the hospital who are— they're already burnt out, and they haven't even embarked on their careers in our understaffed hospital. And, um, screaming in the hallways, "COVID is still happening, how does no one know?" I really appreciate that you're telling that story, because it feels that way, especially a lot in the work that I do that— well, all of us in the medical profession are doing, that the pandemic just kept going, except nobody was paying attention anymore except us, 'cause that's our job to.

Justin (Podcaster): Yeah.

Justin (Reporter): And, uh, the split between people that have to care and react to it every day versus the vast majority of people that desperately mentally want it to move on, for all sorts of valid reasons. But when you— I can't imagine. When you don't have that choice, 9 to 5, it must create such a weird and sometimes disheartening mental split.

Sydnee: Mm-hmm, absolutely. And we're seeing the same thing. Um, we can't— we just can't get things done in the hospital the way we used to, 'cause we are so chronically understaffed in every— on every level.

Justin (Podcaster): Justin, what's the best way for people to find your work out there?

Justin (Reporter): Uh, they can go to— I don't know if you know this, Justin, but I have a website called justinmcelroy.com, uh—

Justin (Podcaster): [loudly] Oh yeah, I know a little something about it, Justin McElroy.

Sydnee: [laughs]

Justin (Reporter): Uh, it might have come up. Uh, they can go to CBC.ca/bc. If they see any stories about local politics, chances are I have written it. They can also check me out on the poison machine known as Twitter.com @j_mcelroy.

Justin (Podcaster): [wheeze-laughs]

Justin (Reporter): Uh, you have done a better job than me of disassociating from that website. Uh, and kudos on that. And... I am also on TikTok as theotherjustinmcelroy. Because sometimes a bit is too good to pass up.

Justin (Podcaster): [laughs] Thank you so much for joining us today, and thanks to you, for—

Sydnee: [simultaneously] Yeah, thank you. I really enjoyed this.

Justin (Podcaster): —for listening. Uh, we will be back with you next week. Thanks to The Taxpayers for the use of their song, "Medicines," as the intro and

outro of our program, and thanks to you for listening! We'll be back next week.
Until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin (Podcaster): And, as always, don't drill a hole in your head.

[theme music plays]

[chord]

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