

Canada imposes draconian travel restrictions citing Ebola crisis

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Canada's Conservative government followed Australia's example last Friday and imposed draconian travel and immigration restrictions, citing the need to prevent the spread of Ebola to Canada.

In doing so, it ignored the advice of scientific experts and appeals from the World Health Organization (WHO) and is likely breaching Canada's international commitments.

Under an order signed by Citizenship and Immigration Minister Chris Alexander, Canada is suspending consideration of all visa and permanent residency applications from foreign nationals who are or have been present in a country with "widespread and intense transmission of the Ebola virus" within the past three months.

Under WHO criteria, this currently applies to three West African countries, Guinea, Sierra Leone and Liberia. But the order is so written as to allow these restrictions to be expanded to other countries should they be declared at a later point Ebola-stricken.

Contrary to some media reports, the order affects all foreign nationals and not just citizens of the three West African countries.

The government's definition of being "present" in an Ebola-affected country is extremely broad, with even someone who transited through an airport in such a country falling under the de facto travel ban.

A Conservative government spokesman sought to distinguish Ottawa's response from that of Australia, arguing it has not gone as far as Canberra because it is still allowing Canadian citizens and permanent residents to travel from affected areas without having to first undergo a 21-day quarantine and because current visa holders, at least for the present, are not impacted.

Nonetheless, in some respects Ottawa has gone further. For example, the order also includes a

provision to refuse visa applications from foreign nationals merely "intending to travel to an Ebola-affected country."

Canada's decision reflects the callous indifference of the government to the plight of the growing numbers of people suffering as a result of the spread of Ebola in Africa. Although the Conservative government boasted in its press release announcing the travel restrictions that it is a "world leader" in dealing with the disease, Ottawa has provided just \$65 million (US \$57.2 million) to fight the epidemic in West Africa—an epidemic that, due to chronic poverty and the lack of a coordinated effort to mobilize the world's medical and scientific resources, has the potential to kill millions.

Yesterday, Health Minister Rona Ambrose revealed details of a further \$30.5 million in Canadian government funding to combat Ebola. Just \$3 million, or 10 percent of the total, is to go directly to WHO efforts to treat patients in West Africa. \$23 million is earmarked for research and development activities, \$1 million for deploying new quarantine officers at Canadian airports, and \$3 million for training frontline health workers in Canada.

Canada has refused to send any medical personnel to the affected region, citing concerns about its capability to fly out those who fall ill.

Last month, opposition MPs strongly criticized the government after reports surfaced that it had recently auctioned off, at knock-down prices, "surplus" supplies of personal protective medical equipment now urgently required by the WHO.

The government's travel restrictions have come under strong criticism from health professionals. They have pointed out that they will be ineffectual in preventing the spread of the disease, promote misconceptions as to the nature of the threat posed by

Ebola, and will likely prove counterproductive.

In particular, the imposition of a halt to visa applications for foreign nationals who have travelled or are intending to travel to Ebola-affected regions has been attacked for hampering the work of scientists working on potential treatments, since it will impede their collaborating with Canadian researchers.

This is not merely a theoretical possibility. Canadian scientists have been at the forefront in developing one of the two experimental vaccines for Ebola, and 800 vials of the drug are to be shipped to the WHO in Switzerland for trials.

Just days prior to Canada's announcement, the emergency committee advising the WHO on its response specifically advised against travel bans. In a report of the group's latest meeting on 22 October, attended by Dr. Theresa Tam, head of the health security infrastructure branch of the Public Health Agency of Canada, the committee warned, "A general travel ban is likely to cause economic hardship and could consequently increase the uncontrolled migration of people from affected countries raising the risk of international spread of Ebola."

David Fidler, a well-known international law professor at Indiana University, criticized both Canada's and Australia's decisions as violations of the "International Health Regulations" (IHR), an international agreement designed to combat public health risks. Canada played a leading role in negotiating the treaty in the aftermath of the SARS outbreak in 2003. A key principle in the IHR is that borders should not be closed during major public health incidents. At the time of the SARS outbreak, two current federal Conservative government ministers participated in a delegation that visited WHO at its Geneva headquarters to protest its decision to advise against travel to Toronto to limit the spread of the virus.

"The whole thing that so many years and so many efforts and so much money was spent on just seems to be disintegrating in this Ebola panic," Fidler told the *National Post*.

His comments point to the utter failure of world capitalism to respond in an organized and timely fashion to the Ebola crisis. As the *World Socialist Web Site* has noted previously, the actions of the world's governments, especially the imperialist powers, have been driven by national self-interest and geopolitical

considerations, as illustrated by the US deployment of troops to West Africa.

The test drug developed in Canada provides yet another example of the detrimental impact of private ownership and production for profit. According to the *Globe and Mail*, scientists working on a publicly-funded project had developed a drug a decade ago capable of curing Ebola in monkeys. Rather than moving quickly to test the drug on humans, the government sold the license in 2010 to a US-based private firm for just \$205,000. No steps were taken to move forward with trials until the virus began spreading rapidly this year.

A key factor in the spread of Ebola is poverty and the lack of health infrastructure, both of which are the outcome of colonialism and imperialism.

Under Conservative Prime Minister Stephen Harper, Canada has slashed foreign aid budgets and cut back on projects in developing countries. In 2012, the foreign aid budget was cut by 7.5 percent. But because a further \$800 million in that year's foreign aid budget was left unspent, the total cut amounted to 20 percent. The cuts reduced Canada's foreign aid budget to just 0.31 percent of GDP, less than half of the UN's modest target of 0.7 percent of economic output.

Last year, the government merged the Canadian International Development Agency (CIDA), which had traditionally run aid projects, with the department of Foreign Affairs and International Trade. The change is part of a government drive to tie foreign aid even more directly and explicitly to Canadian foreign investments, particularly in mining and resource extraction, and to the push for neo-liberal economic restructuring.



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