

# Canada's health minister promotes “herd immunity,” after admitting government's coronavirus failure

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The coronavirus is a biological phenomenon. But if COVID-19 has become a global pandemic that now threatens a catastrophic loss of life, it is because of the criminal indifference of capitalist elites around the world.

They ignored frequent warnings from scientists and even their own organizations, like the World Economic Forum, about the looming threat of a global pandemic, then failed to respond in a timely manner when the coronavirus was identified as a threat at the beginning of 2020.

This is true of Canada's ruling elite, no less than that of Italy, Spain, or the US. Successive Liberal and Conservative governments in Canada took no steps to prepare for this foreseeable and foreseen catastrophe, while subjecting public healthcare to the death of a thousand cuts.

In the face of a dramatic surge of COVID-19 cases and deaths throughout the country, with over 17,875 cases and more than 300 deaths registered by late yesterday, Health Minister Patty Hajdu was forced to acknowledge this fact. At a press conference last Wednesday, Hajdu said that the country's hospitals are “likely” to run short of medical supplies, such as personal protective equipment (PPE), during the pandemic. “We likely did not have enough. I think federal governments for decades have been underfunding things like public-health preparedness,” she said.

Hajdu's comments are both a devastating admission of the Trudeau government's failure to mount an effective response to the COVID-19 pandemic and an indictment of the policies pursued by the Liberals going back decades. Between 1995 and 1998, the Liberal government of Jean Chretien and Paul Martin implemented the largest social spending cuts in Canadian history, ravaging the healthcare system. Since Justin Trudeau came to power in 2015, his Liberal government, following the example of its Conservative predecessor under Stephen Harper, imposed real-terms health spending cuts on the provinces.

The Trudeau government and Hajdu's ministry wasted the first two months after the coronavirus outbreak was identified in China. Like the Trump administration, the Liberal government's preoccupation was minimizing any impact on big business.

As late as February, fully one month after the first warnings were made by the World Health Organization, Hajdu and other government officials were downplaying the seriousness of the threat. On February 3, for example, Hajdu declared in the House of Commons, “Here in Canada we have very different processes in place than in the United States. For example, we do not need to call a public health emergency here because we already have the structures, the systems and the authorities to spend appropriate dollars necessary to respond, treat and maintain our public health systems.” On February 20, Hajdu tweeted that the threat from COVID-19 “remains low.”

Only on March 10, as cases were surging across North America, did the federal Liberal government even write the provinces to ascertain their inventory of critical medical supplies and any possible shortages.

When the Liberal government finally roused itself to action, it made available a pathetic \$25 million to combat the global pandemic. As the situation rapidly deteriorated, it increased this piddling sum to \$1 billion, and finally last week it raised it to \$3 billion. The bulk of the government's emergency healthcare funding, fully \$2 billion, is being pumped into a “made in Canada” manufacturing initiative that has seen over 2,000 for-profit companies seek to secure their pound of flesh by agreeing to produce masks and other urgently required medical equipment. As yet, no timeline has been provided on when such products will be ready.

As a result of what Hajdu concedes is “decades” of “underfunding,” hospitals are now running out of critical equipment, placing patients, medical staff, and the public at grave risk.

Doctors, nurses, care workers, and other healthcare professionals are being forced to work in terrible conditions, with little and even no protection against the deadly virus. In Ontario, a directive states that PPE will only be provided when a COVID-19 case has been confirmed, exposing caregivers and patients to a high risk of infection since people can be infectious but asymptomatic.

Testifying at a virtual meeting of the House of Commons health committee yesterday, Canadian Medical Association

President Sandy Buchman said the “dark reality” is that the shortages of N95 masks, respirators, face shields, gloves and gowns are even more serious than first thought. Healthcare workers, he said, “are scared. They are anxious. They feel betrayed. They don’t know what supplies are available.”

Doctors are also warning of an imminent shortage of vital drugs such as salbutamol, also known by its brand name “Ventolin,” which is used to sedate COVID-19 patients when they are intubated.

The confusion over how many ventilators are even available illustrates the shambolic state of Canada’s healthcare system. Until mid-March, there was no official figure. Then, the government discovered a 2015 study asserting that there were less than 5,000 ventilators, or about 14.9 for every 100,000 people, across the country

Subsequent research by CBC and Radio Canada brought to light that when emergency stocks and recent purchases were counted, there were in fact 7,752 ventilators nationwide, but 80 percent of these are being currently occupied for other treatments. Until yesterday, when Trudeau announced that the government is working with Canadian manufacturers to make another 30,000 ventilators, less than 500 more were on order.

Another major concern is the shortage of hospital beds. Whereas in 1976 Canada had 6.9 hospital beds for every 1,000 inhabitants, including 4.9 acute care beds, this figure had plunged to just 2.5 beds per 1,000 inhabitants, and 1.96 acute care beds, by 2018. This is well below the OECD average, and even less than in the US, Italy, or the UK.

The crisis situation is being exacerbated by national divisions. Over the weekend, the Trump administration ordered Minnesota-based 3M to cease exporting N95 masks and respirators currently manufactured in the United States to Canada and Latin America. According to one report from Ontario, where some hospitals are set to run out of PPE in a matter of days and medical staff are being ordered to reuse masks, a shipment of three million N95 masks was blocked at the US border. After bitter talks with US Trade Representative Robert Lighthizer, a mere 500,000 masks were approved for export.

Late Monday, 3M announced it had reached a deal with the White House to restart exports to Canada and Latin America. However, it remains unclear when the purchases can be fulfilled and whether they will come too late.

The squabbles between Canadian and US officials point to a more fundamental global problem: the subordination of every aspect of the ruling elite’s response to the healthcare crisis to capitalist private profit and their struggles for geopolitical advantage. The declarations by politicians of the need for a “made in Canada,” “America First,” or “made in Germany” solutions are always bound up with the handing of multibillion-dollar sums to private corporations, who in turn commit to producing a mere fraction of the PPE, ventilators, and other medical equipment that are so urgently needed.

The Canadian ruling class has responded to the crisis by giving hundreds of billions of dollars to the financial oligarchy, while placing millions of workers who have lost their job due to the coronavirus crisis on rations. A Canadian Centre for Policy Alternatives study suggests that 850,000 workers will not even qualify for the Canadian Emergency Response Benefit put in place by the Liberals, which was set at the totally inadequate sum of \$2,000 per month for four months.

Behind the government’s hypocritical statements that “no one will be left behind,” Trudeau and his Liberals are callously indifferent to the loss of human lives. Health Minister Hajdu summed this up, declaring in a Canadian Press interview that pursuing a policy of “herd immunity” would not necessarily be a bad thing.

“Having 70 percent of people get COVID is not the end of the world,” claimed Hajdu. “It is, though, if it all happens at once, and that’s what we’re trying to prevent.”

Currently, Canada’s COVID-19 death rate stands at about 1.5 percent of those who have tested positive, but the examples of Italy and Spain demonstrate that the fatality rate rises sharply when hospitals are overwhelmed. As Hajdu herself declared, “The death rate is intimately connected to your capacity to provide hospitalization and care for those who are most sick.”

Hajdu and the rest of the Liberal government know full well that Canada’s healthcare system lacks “surge capacity” and, consequently, is already on the verge of collapse. Therefore, to suggest that “herd immunity” would not be “the end of the world” means to accept a vast increase in fatalities. Considering 70 percent of the Canadian population represents about 26 million individuals, and even allowing for the conservative estimate that the fatality rate remains around one percent, the Honorable Patty Hajdu is claiming that the deaths of 260,000 individuals, most of them older workers who no longer produce surplus value through labour, is “not the end of the world.”

For the Canadian ruling elite, the coronavirus crisis serves as a pretext to turn politics to the right and implement long-planned antidemocratic measures. Hajdu’s remarks underscore that significant layers, including within the “liberal” wing of the elite, are adopting the social Darwinist outlook of the far right. The ruling class is embracing such reactionary ideas because it is champing at the bit to get the economy up and running again so that workers, like the slaves of ancient Egypt, can be forced to risk their lives to boost the wealth of the super-rich.



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