

Canada's governments lift COVID-19 restrictions, even as pandemic rages

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Canada recorded its 20,000th death from COVID-19 last Sunday.

Of those 20,000 deaths, 5,000, or fully a quarter, came in the 36 days between December 26 and January 31—underscoring just how much more lethal the “second wave” of the pandemic is proving to be than last spring’s.

In recent days, the number of daily new COVID-19 infections has fallen to around 4,000, as a result of a spate of late December-early January lockdown measures. But governments across Canada, flying in the face of the recommendations of the most reputable epidemiologists, are now rushing to lift these restrictions.

They are doing so under conditions where many hospital intensive care units remain almost fully occupied. As of February 2, there were 1,144 hospitalizations in Quebec, 183 of which were in intensive care. Neighboring Ontario reported 1,158 patients in hospital, 354 of whom were in intensive care.

Transmission in the workplace continues, and it is picking up momentum in Quebec schools following their reopening last month. A similar process will soon be under way in Ontario after hard-right Education Minister Stephen Lecce announced Wednesday plans to reopen all schools by the middle of this month.

Meanwhile, with the support of Justin Trudeau’s federal Liberal government, provincial governments are reopening the few economic sectors that had been closed.

On Tuesday Quebec’s government announced that stores, hair salons and museums will reopen across the province starting February 8. Restaurants and gyms will be reopened in six regions; colleges and universities are encouraged to resume face-to-face education immediately.

In Manitoba, businesses have started to reopen in the southern part of the province with the lifting of various measures. In Alberta, Premier Jason Kenney, one of the strongest advocates of the reckless back-to-work policy of the ruling class, recently said, “We need to recognize that we can’t suspend businesses indefinitely because many of them simply won’t survive that.”

With the detection in Canada of scores of cases of the more contagious strains of the coronavirus that were first identified in the United Kingdom and South Africa, this lifting of restrictions threatens to plunge the country into a death spiral.

The ruling elite believes that the price of further mass deaths is worth paying in order to guarantee the profits of big business.

The danger of a resurgence of the pandemic and thousands more deaths is made all the more likely by the ruling elite’s disastrous mismanagement of the rollout of COVID-19 vaccines. The development of multiple effective vaccines against the novel coronavirus within the space of a year is a tremendous scientific achievement. But the domination of for-profit pharma giants like Pfizer and Astra Zeneca over its production and distribution, and the associated phenomenon of vaccine nationalism, have proven calamitous.

Speaking at a press briefing Thursday, Maj. Gen. Danny Fortin, the military officer tasked with leading the federal government’s distribution of vaccines, said that he does not know how many doses Moderna will supply during February and March. The first shipment in February, which arrived this week, was reduced by 20-25 percent from the originally agreed upon volumes.

To date, less than 2.5 percent of Canada’s population has received the first of the requisite two doses of either the Moderna or Pfizer Bio-NTech vaccines, and less than 0.5 percent both doses.

Leading epidemiologists insist that now is not the time to lift the limited restrictions that the ruling elite adopted through gritted teeth as infections surged in December. According to Covid Strategic Choices’ forecasts, which agree with those of public health agencies, new daily cases could reach the 9,000 mark in Canada this spring, putting intense pressure on already overwhelmed hospitals.

Among the many experts who deplore the premature lifting of restrictions is Dr. Matthew Oughton. He recommends instead “bringing the numbers down and then easing up,” especially under conditions where evidence

demonstrates that the much more contagious British variant is already being transmitted in the community in at least two of Canada's most populous provinces, Alberta and Ontario.

Other experts warn that with the critical situation in hospitals and potential increases in cases, we could soon face widespread use of triage, which occurs when doctors and nurses are forced, due to equipment and personnel shortages, to choose which patients to treat and which to let die.

According to Dr. Mathieu Simon, the chief of intensive care at the Quebec Heart and Lung Institute, "If we were to slacken off in February, there is a risk of overcapacity and a return to the dynamics that we were talking about not so long ago, including allocation protocol and inhumane selection for intensive care beds."

In recent weeks, hospitals in Quebec and Ontario have conducted "simulations" to train physicians in deciding who will—and will not—have access to intensive care in the event of triage.

While governments are blaming citizens for community transmission, statistics show that the majority of infections are occurring in the workplaces or being transmitted from workplaces and schools to homes. In Quebec, for example, workplaces account for more than 40 percent of infections, while nursing homes account for nearly 35 percent of cases.

Across Canada, there have been countless outbreaks among health care workers, in factories and at workplaces. Last week, more than 250 cases of COVID-19 were detected at a Canada Post facility in Mississauga, Ontario, with one worker dying as a result. A Toronto meat processing plant, Belmont Meats, reported 78 cases, including at least two associated with the new British strain.

As for the public agencies that are supposed to ensure the health and safety of workers (such as the CNESST in Quebec), they are turning a blind eye to the flagrant violations of public health measures by businesses. Since the beginning of the pandemic, out of more than 17,000 interventions, the CNESST has issued only 86 statements of offense, resulting in the closure of only two establishments and 23 construction sites.

Numerous studies have demonstrated the central role schools are playing in community transmission, including one conducted in Montreal after the start of the school year last fall. (See: **The media falsely claims schools are safe: What the science actually says**).

Falsely claiming that health risks are low among young people, governments are forcing students back to school so that their parents can be ordered to return to work and generating profits for big business.

This has made schools important vectors for the spread of the virus. In Quebec, just three weeks after schools reopened

from the Christmas/New Year holidays, there are already 1,450 schools with at least one case, 857 closed classes and three completely closed schools.

In addition to the unknown long-term effects of COVID-19 on young people, the virus can cause hospitalizations and even deaths in this age group.

A 14-year-old boy from Quebec City, Viktor Rousseau, was recently hospitalized after developing multisystemic inflammatory syndrome, a disease similar to Kawasaki disease, weeks after contracting the virus in his classroom. While Rousseau survived after being taken to an intensive care unit, another Ontario youth was not so fortunate. At only 19 years of age, Yassin Dabeh of London, Ontario died of COVID-19 after being hospitalized with respiratory problems.

It is imperative for the working class to intervene and advance its own response to the health and socio-economic crisis that has been triggered by the pandemic.

Workers must establish rank-and-file safety committees, independent of the pro-capitalist unions, in all workplaces—hospitals, schools, factories, distribution centers and construction sites.

Through these committees the working class can mobilize its social power to enforce the emergency measures needed to contain the pandemic: mass testing and systematic contact tracing; billions of dollars of additional investments in health care; shutting down schools and all non-essential production, with full financial compensation for affected workers and small businesses until the vast majority of the population is vaccinated.

This program of struggle must be based on a socialist perspective aimed at the establishment of a workers government and the reorganization of the economy to satisfy the social needs of the majority, not creating private profit for a tiny minority.



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