

Ontario's health system increasingly overwhelmed by pandemic's third wave

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7 April 2021

Ontario Conservative Premier Doug Ford announced a totally ineffectual stay-at-home order yesterday in response to growing warnings from doctors that the surging third wave of the COVID-19 pandemic has brought the province's hospitals weeks, and possibly just days, away from collapse.

Already there are more than 500 COVID patients in hospital intensive care units (ICUs). This is far higher than the number hospitals have warned would severely impact their ability to treat other critically ill patients. On Wednesday, 311 of the province's 504 COVID-19 ICU patients were on ventilators.

Ford's stay-at-home order, which included the reinstitution of the state of emergency he let lapse in February, imposes no new restrictions on schools and workplaces, even though these are the two main sources of the transmission of COVID-19 and its new more infectious and lethal variants.

The order limits nonessential retailers to offer kerb-side pickup but allows big box stores to continue operating. Ford announced that education staff and all adults in pandemic hotspots will be vaccinated sooner. But this will provide little comfort given the Canadian ruling elite's shambolic vaccine rollout to date.

The government's callous indifference to workers' health and lives is underscored by the fact that Ford announced no restrictions on industrial, logistics and other large worksites. And he and Education Minister Stephen Lecce continue to insist that schools are "safe" and adamantly resist calls for the suspension of in-class learning.

It has been widely acknowledged for months that the institution of sick pay is critical to reducing workplace infections. At present, large sections of the workforce, especially frontline workers in logistics, food distribution and health care, are so poorly paid they cannot afford to miss work. Yet Ford continues to stubbornly oppose even a temporary sick pay plan.

In a tragic case that highlights the government's and employers' prioritizing of profits over human lives, a

woman in her 40s died from COVID-19 last week after contracting it from her husband, who was ordered to continue going to work in a factory where an outbreak was under way. "He was told to go work at this factory, and he got COVID, so did everyone else on his shift, and they got the variant," said Dr. Michael Warner, medical director of critical care at Michael Garron Hospital. "It got brought home, their daughter got COVID and his wife got COVID."

In Peel Region and Toronto, two of the worst hit areas of the province, local public health officials felt compelled earlier this week to announce temporary, ad hoc school closures due to high infection rates. The medical officers of health for Peel and Toronto have ordered all schools to return to online learning for the remaining few days prior to spring break, which is scheduled for next week. However, nothing has been said about what will happen beginning Monday, April 19.

The total inadequacy of the Ford government's measures is demonstrated by the dire picture more than 150 ICU doctors and other medical experts painted in the open letter they released last week. Addressed to Ford, Ontario Health Minister Christine Elliott, and the province's Chief Medical Officer of Health, Dr. David Williams, the letter demanded a hard lockdown, warning that it is the only way to prevent mass deaths.

"The current measures and framework are not working to contain the spread of this virus," they wrote. "Ontario," they continued, "is at a critical point in the pandemic, and we are being led down a very dangerous path by using ICU capacity as a benchmark for tolerance of COVID-19 spread."

The doctors wrote that they are bearing witness to a swift rise in patients with variants of concern (VOCs), and that this matters because the VOCs spread more easily, making them "much harder to get back under control."

They added that each person who gets infected with a VOC has a higher chance of hospitalization, ICU admission and death. This has been confirmed by Ford's own COVID-19 panel of experts, the Ontario Science Table, which recently reported that the new variants or VOCs pose

a 63 percent higher risk of hospitalization, a 103 percent higher risk of ICU admission, and a 56 percent greater risk of death.

As of April 1, there have been 483 confirmed cases of the P.1 variant (first identified in Brazil) nationwide, 10,856 cases of the B.1.1.7 variant (first detected in the United Kingdom) and 313 cases of the variant first detected in South Africa. On Tuesday, provincial authorities reported that 63 percent of all infections are made up of new variants.

“Even if we had unlimited ICU capacity, allowing these VOCs to spread exponentially is unethical,” the doctors wrote. “About 4 in 10 patients who come to the ICU with COVID will die. More than half of patients requiring mechanical ventilation due to COVID will die.”

Patients who survive a prolonged ICU admission and are discharged can have significant long-term impacts on physical or cognitive function, the letter noted.

The doctors also described how they are now seeing a younger range of people being admitted into critical care: “We are seeing younger patients on ventilators—many are parents of school-aged children. We are seeing entire families end up in our ICUs.”

The doctors’ open letter provided a damning account of how the working class has wholly borne the burden of the pandemic, forced to choose between remaining in unsafe workplaces with minimal protections or sacrificing their income. “The impact of this virus has been disproportionate, infecting those with highest exposure risk, commonly from lower-income and racialized communities,” they wrote.

The signatories went on to paint a grim picture of what is soon to occur in Ontario if different measures are not taken rapidly. Doctors will be forced to triage the critically ill, to decide who gets ICU care and a chance to survive and, alternatively, who receives palliative care and dies. Patients who today can be saved will not have access to life-saving treatment in the event that hospitals are forced to enter a triage scenario.

“These next few days and weeks matter,” the doctors emphasized. They stated that not enough vaccines have been administered to the population to blunt the spread of the virus and reiterated that the virus cannot be allowed to run free.

“We cannot rely on the public health measures framework,” they asserted. “It did not contain the less infectious, less deadly original variant in Wave 2, and it will not be enough to protect us from VOCs in Wave 3. Immediate public health interventions are needed today in order to curb transmission and prevent further unnecessary deaths.”

On April 4, the medical officers of health of Toronto, Ottawa and the Peel Region issued their own open letter

addressed to Dr. Williams calling for stronger health measures to be imposed. Dr. Eileen de Villa, Dr. Vera Etches, and Dr. Lawrence Loh implored Dr. Williams to issue a provincial stay-at-home order, stating that stronger restrictions are immediately required to “reverse the surge” of cases spreading throughout their respective regions. They wrote: “A stay-at-home order issued by the province through an Emergency Order is necessary to prevent and mitigate large scale morbidity and mortality and irreparable strain on the health-care system.”

In an interview with the CBC News broadcast on April 4, Anthony Dale, the president and CEO of the Ontario Hospital Association, echoed this dire warning, saying, “This is the biggest crisis in modern Ontario hospital history.” “Within a matter of a few short weeks, it seems very probable that our intensive care units are gonna run out of space completely,” he added. “That is why you see so many physicians, in particular, panicked.”

In a tweet posted on April 4, Dale stated that over the next five days, 88 critically ill COVID-19 patients are to be transferred out of Greater Toronto Area hospitals that are struggling with a “very high” ICU occupancy. His tweet went on to say that these hospitals already need “urgent relief” to ensure equitable access to life-saving critical care services for patients.

The hospitals such patients are being transferred to are dubbed “rescue hospitals.” While this is perhaps an adequate short-term fix, the third wave in Canada is as yet in its early stages. Ontario hospitals already have a pandemic-related surgical backlog of 245,000 patients.

The letter from the 150-plus ICU doctors and epidemiologists concluded with a final plea: “As ICU doctors, we are the last line of defence, and we are ringing the alarm bell. Please hear it. We implore you to act now.”

The ruling elite’s disastrous mishandling of the pandemic has underscored that if the necessary action demanded by medical professionals is to be taken, the working class must intervene as an independent political force to enforce the prioritization of human life over private profit.

We urge all workers and young people who want to take up this fight to attend the Cross-Canada Educators Rank-and-File Safety Committee’s inaugural public meeting on Sunday, April 11, at 1:00 p.m. Eastern Time.



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