Canada’s vaccine rollout debacle key contributor to COVID-19 third wave

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The continued dysfunction of Canada’s COVID-19 vaccine rollout threatens to contribute to ever greater deaths as a third wave of the pandemic—driven by new, more contagious and lethal variants—surges across the country.

The absence of large-scale inoculation against the virus, coupled with the ruling elite’s rejection of the public health measures necessary to stop its spread, are causing the third wave to spread far more quickly than the previous two. As a result, Canada’s health care system, especially in Ontario, is on the verge of collapse.

Hospital intensive care units (ICU) in Ontario are already under great strain, with patients who require ventilators being moved to cities outside hotspots to reduce the pressure. Figures presented to the Ontario government predict up to 18,000 infections per day and 1,800 ICU patients by the end of next month in a worst-case scenario.

So low are supplies of tocilizumab, an anti-inflammatory drug that reduces death rates among seriously ill COVID-19 patients, the province’s COVID-19 Science Advisory Table has recommended the province prepare to use a lottery to determine who will get it, in other words who will be given a chance to live and who will be left to die.

Canada’s Chief Medical Officer Theresa Tam has admitted that the spread of the disease is outpacing the vaccine rollout. In fact, the vaccine campaign is barely running at half of its capacity, according to a report by Ipolitics. Only 1.8 million people were vaccinated in the seven days to April 20, just 58 percent of the 3.1 million weekly vaccines that could have been administered.

As of Tuesday, less than 25 percent of Canadians had received a first dose, and just 2.13 percent were fully vaccinated as of April 16, the most recent date for which official statistics are available.

Having had to abandon their original vaccine dosage timeline, Canada’s federal and provincial governments have moved to a strategy of extending the time between the requisite first and second doses to four months in hopes of providing each Canadian a single dose sooner, and thereby reducing the rate of severe cases and hospitalizations.

According to the guidelines issued by the National Advisory Committee on Immunization, the lengthy delay in the administration of the second dose should be applied to everyone except those with specific conditions, such as cancer diagnoses that would place them at greater risk.

Earlier this month, Public Services and Procurement Minister Anita Anand promised a surge in vaccine supplies that would help boost vaccination rates. This announcement suffered a blow when Moderna cut its supply to Canada by half for April and stated that some of the doses it intended to deliver in the second quarter of 2021 will only be available in the third quarter.

Although Pfizer was able to cover some of this shortfall by increasing supplies over the coming weeks from an initially announced level of one million doses each week until the end of May, the much heralded surge of vaccines is clearly not happening. The US Food and Drug Administration decision to pause the approval of the one-dose Johnson & Johnson vaccine has added yet another hitch to Canada’s vaccination program.

Prime Minister Justin Trudeau has claimed that all Canadians who want to be vaccinated will have been able to receive a first dose by the end of the summer. According to the Public Health Agency of Canada, 60 percent of those 60 and over have to date received at least one dose.

The shambolic vaccine rollout is producing bitter recriminations between various levels of government. Seeking to deflect attention away from their own role in the murderous premature reopening of the economy and schools, Premiers Ford, Moe and Kenney, respectively of Ontario, Saskatchewan and Alberta, have all criticized Ottawa for not supplying the provinces with sufficient vaccines and adhering to its supply schedule. The Liberal government has responded by pointing to the provinces’ failure to get the doses that they do have into people’s arms.

The fundamental problem blighting the vaccine program is the anarchic global capitalist system and the vaccine nationalism it engenders. All of Canada’s vaccine supplies are imported from abroad, from the United States, Europe and India. The contracts signed with manufacturers have allowed the latter to delay shipments as deliveries were scheduled for certain fiscal quarters and not specific dates. The manufacturers have struggled to keep pace with orders because they refused to invest early enough in expanding production facilities, and the EU and India have imposed or threatened export restrictions.

Public Services and Procurement Minister Anand has claimed that the government will diversify its sources, and Ottawa has now hastily launched a scheme to establish a domestic manufacturing capacity with the construction of a facility to produce mRNA vaccines in Quebec now under way. However, it will be many months before the facility begins mass producing COVID-19 vaccines.

Ottawa has turned to the World Health Organization’s vaccine sharing program COVAX, taking in its first shipments of batches of the AstraZeneca vaccine manufactured in South Korea. This prompted widespread criticism of Canada’s government for resorting to a program designed to alleviate the vaccine disparity between rich and poor countries. Canada is the only G7 nation to receive COVAX supplies to date. At the same time, Canada has joined the United States and the European imperialist powers in refusing to allow the waiving of the pharmaceutical giants’ patents so as to allow for the mass manufacture of generic vaccines for Asia, Africa and Latin America.

The Trudeau government’s resort to COVAX is a tacit admission that, following years of vicious austerity and deliberate neglect by all political parties, Canada’s dilapidated health care system is little better than those in less developed countries. The public health infrastructure required to coordinate a mass vaccine rollout, not to mention the publicly funded laboratories to develop, test, and produce vaccines, is nonexistent. Even commentators in the bourgeois press have been forced to note the devastating consequences of the decision to privatize invaluable publicly funded health resources, like the Connaught Laboratories, which was once a world leader in vaccine research and development.

Despite the calls for national digital surveillance programs in the aftermath of the 2003 SARS outbreak, little is in place to allow for communication between different levels of government and with the local pharmacies that are administering many of the vaccines. This is only the most direct consequence for the vaccine rollout of the Canadian ruling elite's conscious refusal to learn the lessons of the 2003 SARS epidemic, which prompted a series of comprehensive policy recommendations to prepare for a coronavirus-like pandemic that was both foreseeable and foreseen.

Instead, the entire political establishment, from the New Democrats to the Tories, prioritized balanced budgets, public spending austerity and tax breaks for the banks and super-rich. (See: The 2003 SARS epidemic: how Canada's elite squandered the chance to prepare for the COVID-19 pandemic)

The disastrous outcomes of decades of underfunding of health care and social services find particularly grotesque expression in the neglect of low-income, working class communities in the vaccine rollout, even though these communities are disproportionately impacted by COVID-19.

A study by the Institute for Clinical Evaluative Sciences found that high-income neighbourhoods have been getting the vaccine at far higher rates than low-income neighbourhoods in the Toronto and Peel regions despite the greater proportion of cases and deaths in low-income areas. Pharmacies administering the vaccines are more likely to be located in the wealthier communities.

Older immigrant populations with language barriers and who lack computer skills are also at a disadvantage in registering for the vaccine. A CBC investigation found that while 43 percent of retail pharmacies in the 10 neighbourhoods with the lowest COVID-19 infection rates in Ontario are administering vaccines, just 19 percent of pharmacies in the 10 areas with the highest infection rates are doing so. Two overwhelmingly poor neighbourhoods in northwestern Toronto, Maple Leaf and Humbermede, do not have a single pharmacy administering vaccines.

This remains the case despite the evidence that these neighbourhoods are populated by essential workers and multigenerational families that are being decimated by the coronavirus. As a doctor at one Toronto hospital described his ICU patients recently, "These are not people who are disobeying the rules. These are people who are trying to make a living and haven't been afforded the protection necessary to minimize their exposure risk."

That COVID-19 has become a "poor man's disease" is the result of a deliberate ruling class policy of allowing the virus to spread unchallenged in the interest of maintaining profits for big business. From their standpoint, the murderous reopening policy was a success as it allowed profits to continue to flow as the corpses piled up. Statistics Canada recently reported the economy added 300,000 jobs in March and was on pace to recoup all the losses incurred due to the initial outbreak. The recent inadequate "shutdowns" are attempts to belatedly forestall the collapse of the health care system and, crucially, an outburst of resistance to the policies of the ruling class among working people.

For their part, the transnational pharmaceutical corporations have used the vaccine shortage to criticize regulations that restrict drug prices in Canada which they claim have undercut their profits and created incentives to move production overseas.

The United States, motivated by its desire to reopen its border with Canada, may soon export vaccine supplies to its northern neighbour. Notwithstanding huge problems in its own vaccination campaign, US vaccination rates are far higher than Canada's—with a third of all adults fully vaccinated—and the US is projected to soon have a surplus in vaccines. For the first time since the beginning of the pandemic, the COVID-19 infection rate in Canada has surpassed that of the US, which was long the world epicentre of the pandemic.

Questions surrounding the Oxford-AstraZeneca vaccine, which have been exacerbated by geopolitical rivalries and ruthless competition to control the market for coronavirus vaccines, have compounded Canada's vaccine debacle. The government's new guidelines instruct Canadians under 55 not to take the vaccine due to its potential relationship with cases of blood clotting, despite the extreme rarity of such instances. However, facing a dramatic rise in infections and reports of AstraZeneca doses going unused, Ontario, Alberta, British Columbia, and Manitoba have lowered the cut-off point for the vaccine to 40. Concerns over the AstraZeneca vaccine are now contributing to its low uptake by those outside of the at-risk age group.

Meanwhile, those below 55 or 40 years old in some provinces who received the vaccine prior to the guideline change must now be switched over to an alternative vaccine for their second dose, further straining supplies and raising the question of the efficacy of mixed dosages, for which there has yet to be sufficient research. The European Medicine Agency has said that the side effects associated with the vaccine are exceedingly rare and its benefits outweigh its risks.

The disastrous vaccine rollout testifies to the impossibility of mounting a rational response to the pandemic on the basis of the capitalist profit system, which prioritizes the profits of the pharmaceutical giants and the geopolitical and economic interests of the rival national ruling elites over the protection of human lives.

Rather than using the tremendous scientific achievements represented by the vaccines to curb the spread of the pandemic and save lives, Canada's ruling elite, like its counterparts the world over, is using the vaccines as an argument to dismantle all remaining public health measures.

Overcoming the pandemic requires a united intervention by the working class in defence of lives over profits, and in pursuit of a scientifically informed response to vaccine production and distribution. Only a socialist internationalist perspective can provide the basis for such a political movement.