

# British Columbia hospitalizations set new record as COVID-19 variants spread

Alexandra Greene  
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British Columbia's health care system is becoming increasingly strained as active COVID-19 cases and hospitalizations reach their highest-ever levels in Canada's West Coast province.

As of Saturday evening, 486 people stricken by COVID-19 were hospitalized and 160 in intensive care. The rapid rise in infections is the direct product of the provincial New Democratic Party (NDP) government's reckless open economy/open schools policy, which has created an ideal environment for the new, more infectious variants to flourish among younger, working-age adults.

Currently, there are 8,842 active COVID-19 cases in BC and a further 12,608 people are in self-isolation after public health agency warnings that they have potentially been exposed to infected persons.

Hospitals in four of the province's five health regions are nearing capacity. Already on April 19, 94.9 percent of total beds were occupied and 80.9 percent of critical care beds. Hospitals in the Vancouver Coastal Health region were at 100 percent of critical care capacity before emergency "surge beds" were added. Surge capacity, it should be noted, commonly consists of patients being placed in hospital hallways, waiting rooms, shower rooms, sunrooms, or having to be kept in the emergency room for abnormally long periods due to a lack of availability of in-patient units.

Dr. Kelly Kasteel, a doctor from Royal Columbian Hospital in New Westminster, wrote a public Facebook post last weekend detailing the conditions she is working under and the growing crisis hospital staff are bearing witness to. "Last week, all of our emergency beds including suture beds and casting beds had admitted patients in them and I only had 2 chairs to assess patients in," she wrote. "Let that sink in. ... 2 chairs in my entire department that I had at my disposal to assess every emergency patient that came in."

Dr. Kasteel went on to describe assessing a patient on the floor of the emergency room. "She was in the Covid area," explained Dr. Kasteel, "and after waiting four hours was feeling so faint she decided it was better to lay on a disgusting emergency floor than to collapse. Covid patients

who are transferred in by ambulance because their oxygen is critically low are waiting 3 hours for a bed. ICUs are refusing our transfers out because they literally have no space to care for patients. This is dangerous care. Nothing about this situation is acceptable."

On April 20, there were only 23 unoccupied hospital beds in all of the BC Lower Mainland, where most of the province's residents live.

Across the Lower Mainland, 1,750 surgeries have now been postponed at nine hospitals, in a desperate attempt to ease the strain on the health care system, by freeing up critical care staff and hospital beds for the influx of COVID-19 patients.

Over 1,550 people in British Columbia have lost their lives to the virus to date, including an infant under two years of age who is now the youngest person to have died from the virus in Canada.

According to data provided by the British Columbia Centre for Disease Control (BC CDC), as of April 13, 52 of those hospitalized with the virus were children under the age of 10. Yet, John Horgan's trade union-backed New Democratic Party government continues to insist that schools remain open across the province, as part of its systematic prioritizing of corporate profits over working people's health and lives.

The government has even refused to switch to a more appropriate stage of its own much-touted "Five-Stage school reopening plan." The K-12 reopening framework was created by the NDP government at the beginning of the pandemic, with total remote learning due to high case numbers being the advisable measure to enact at Level 5, and full in-person schooling with no protective health measures—the standard before the pandemic — reached at Level 1.

Schools entered Level 2 (full-time in-person learning but within learning groups of limited size) in September 2020. Despite pandemic conditions having dramatically worsened since then, there has been no indication whatsoever that Levels 3 or 4, let alone 5, will be returned to or even

considered.

In a public address delivered on April 15, BC Chief Medical Officer Dr. Bonnie Henry claimed, “Most of the cases in the school setting were acquired outside the school and there was little transmission within the school itself.” This is merely a restatement of the falsehood continually promoted by the ruling class in Canada, the US and around the world that schools are safe and children are not vectors of the virus.

The authorities in BC have perfected an especially perfidious tool to peddle this big lie. They describe a school outbreak, regardless of its size, as a single “exposure” event, meaning that nobody ever knows how many infections actually occur in a specific school. Nor, as a result, can they properly trace “an exposure’s” community impact.

COVID-19 infections in BC have been rising sharply since mid-March, driven by new, more infectious and lethal variants. Last Wednesday, BC health officials announced that a doubly mutated strain of the virus first identified in India, known as B.1.617, is now in the province.

Officials said that several cases of this variant had been identified in early April, but that at that time B.1.617 was not classified as a variant of concern (VOC) or variant under investigation, and so the development was not immediately made known to the public.

On Wednesday and Thursday, health officials in Quebec and Alberta announced respectively that B.1.617 cases had also been identified in those provinces. Ontario health officials followed suit, announcing on Friday that they were aware of 36 cases of the variant in the country’s most populous province.

Updated reports state that there are now 42 known cases of the variant in British Columbia. The province is already struggling with the spread of the VOCs first identified in Brazil (P.1.), the United Kingdom (B.1.1.7) and South Africa (B.1.351). As of April 22, more than 78,000 cases of these VOCs had been recorded across all 10 Canadian provinces.

B.1.617 is currently being labelled a “variant of interest” by the BC CDC, as scientists have yet to determine whether or not it is more contagious, deadly or vaccine-resistant than the original strain. But a March report from the Indian Ministry of Health and Family Welfare states that the pair of double mutations found in the B.1.617 variant “confer immune escape and increased infectivity.”

From April 4 to April 16, 120 flights arrived in Canada with at least one COVID-19 positive passenger; 32 of these were flights from India, which is currently struggling with a staggering 2.5 million active cases of the virus. In response to mounting public pressure, the federal government announced at a press conference last Thursday that all

commercial and passenger flights from India and Pakistan would be suspended for 30 days.

Domestic travel restrictions were announced for British Columbia by Public Safety Minister Mike Farnworth on April 23. Farnworth told reporters that the provincial government will be splitting the province into three regional zones and that residents will soon be confined to their home region.

The restriction of travel between the three regions of the province will be enforced through the establishment of fixed police checkpoints on major roads and at ferry terminals. Farnworth stated that the police will not engage in random checks and made remarks that insinuated disapproval of the recent measures taken by Ontario’s Ford government that saw police granted sweeping new powers, an action that was quickly retracted due to public outcry.

Farnworth repeatedly compared the new police checkpoint process to the roadside stops carried out by police to target intoxicated drivers. Many questions remain surrounding the grey area of what travel is considered essential versus non-essential, and on what legal grounds law enforcement can issue fines of up to \$575 for those deemed to be in violation of the rules.

While the new, more infectious and deadly variants are undoubtedly facilitating the more rapid spread of COVID-19, the lion’s share of responsibility for the mounting health care crisis in BC is borne by the Horgan government, and its close political ally, the Justin Trudeau-led federal Liberal government.

Like Ottawa and its provincial counterparts across Canada, the ostensibly “left-wing” NDP government has kept schools and large workplaces—especially resource industries, manufacturing and construction sites—open, while blaming working people when outbreaks occur.

This outlook was callously summed up by Horgan himself, who recently slandered workers for the resurgent pandemic. “Don’t blow this for the rest of us,” Horgan demanded in a late March press conference, addressing people from the ages of 20 to 39.



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