

# Study revealing vast undercount in Canada's pandemic death toll buried by corporate media, political establishment

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The political establishment and corporate media have effectively buried a major study that shows Canada's official tally of pandemic deaths is a vast undercount. Titled "Excess all-cause mortality during the COVID-19 epidemic in Canada," the study was released by the Royal Society of Canada's pandemic task force on June 29. In examining the period between February 1 and November 28, 2020, it found that overall pandemic fatalities were likely underestimated by two thirds with approximately 6,000 deaths of people aged 45 and above not being registered as being caused by COVID-19. These deaths were instead attributed to heart attacks, strokes and other ailments.

The authors wrote that their conclusions were "based on an examination of the best available reports of excess deaths across Canada, the pattern of COVID-19 fatalities during the pandemic, cremation data showing a significant spike in at-home versus hospital deaths in 2020 and antibody surveillance testing that collectively unmasked the likely broad scope of undetected COVID-19 infections."

To ensure the most accurate results, the researchers were compelled to factor in the growth in opioid-related deaths. The arrival of the pandemic significantly worsened the opioid epidemic, which has claimed thousands of deaths across Canada in recent years.

The report also points to the degree to which workers have succumbed to the pandemic. A quarter of the un-official COVID-19 deaths were in the 45-64 age cohort, likely consisting of frontline and essential workers.

The report offers several possible explanations for the large discrepancy in the official death toll and the number of excess deaths. In comparison to wealthy countries of similar size, testing in Canada has remained very low when adjusted for case burden. There is no systematic post-mortem testing except in the provinces of Manitoba and Quebec. When there is no positive test attached to a mortality, many provinces do not report likely causes of death. These factors have contributed to COVID-19 deaths being missed when comorbidities are present in the deceased.

The authors explain, however, that their results are only

preliminary even for the period which they examined. The nation's antiquated reporting system (baseline data from the period of 2015-19 only became available late last year) means that mortality statistics for the study period are still rolling in. The death count is therefore likely to be revised upwards as more data becomes available.

Differences in the per-capita death rate and seroprevalence numbers indicate that the attribution of 95 percent of cases and deaths to Ontario and Quebec may not be accurate. Seroprevalence itself, the authors point out, may underestimate the extent of infections as levels of antibodies decline over time.

Content to downplay the risks inherent in their drive to reopen the economy amid the pandemic, officials allowed testing capacity to remain woefully inadequate as the virus spread. The report observes that by "May 17, 2021, Canada's peer countries had performed a cumulative average of 98 tests per positive case over the course of the pandemic, while Canada had performed 25 tests per positive case."

Screening of the population was rare; even long-term care homes, whose residents were the hardest hit in the pandemic's first wave in the spring of 2020, only implemented regular testing during the second wave. This meant that, in the words of the report, "During the frequent, lengthy periods of the Canadian COVID-19 epidemic when local public health contact tracing was overwhelmed and non-epidemiologically linked community cases were high, a person who died of symptoms clinically compatible with COVID-19 would not be reported as a COVID-19 death unless post-mortem testing was conducted."

The authors damning findings are undermined by their effort to impose a racial framework on the excess deaths that is rooted in reactionary identity politics. They write that among the "uncomfortable truths" brought to light by the pandemic is the existence of "systemic racism" in light of the high numbers of immigrants and minorities among the dead. In truth, the deaths among these groups point to their overrepresentation in the most oppressed layers of the working class. Compelled to live in multigenerational homes, ride crowded transit vehicles, and work in-person in jobs with little prospect of social distancing,

it is their socio-economic, i.e., class, status that put them at increased risk of contracting the virus.

Despite this weakness, the study itself ultimately acknowledges the class nature of the pandemic. It states that “[blood] donors in the most materially deprived neighbourhoods were nearly four times more likely to be seropositive than donors in the most affluent neighbourhood.”

With little reported information on the occupations of those who died from COVID-19, the authors examined 142 workplace outbreaks and found that among the jobs commonly associated with infection were health care workers, cleaners, transportation workers, postal workers, agricultural and restaurant workers, as well as those in the mining, manufacturing and construction sectors.

Internationally, reports on excess deaths during the period coinciding with the pandemic have also shed light on the degree to which the toll of COVID-19 has been understated. A recent report by the *Economist* magazine estimates that the virus has claimed the lives of more than 15 million people worldwide, triple the official figure. The response of the ruling classes in every country to these revelations has largely been to ignore these studies or, in the case of the Narendra Modi-led government in India, to virulently denounce them. The hostility stems quite clearly from the recognition that the true death toll is further evidence of the fruits of the murderous “herd immunity” policy pursued by capitalism the world over so that profits can be ensured by forcing workers back on the job, public health be damned.

Canada’s media has for all intents and purposes suppressed the study since its initial release. Many news outlets carried reports on the Royal Society study on the day of its release. But this was not followed up with further analysis building on its findings of excess mortality, let alone scrutiny of the political decisions that left Canada woefully unprepared for the pandemic and have led to successive waves of mass infection and death. Subsequent reporting on Canada’s official death toll has almost never been accompanied with the acknowledgement that the real number of COVID-19-related deaths is in all probability far higher.

All sections of the Canadian ruling class have advocated the prioritizing of profits over saving lives, and backed the ruinous back-to-work/back-to-school drive. Provincial governments whether led by the New Democrats in British Columbia, the Coalition Avenir Québec in Québec, the Progressive Conservatives in Ontario, or the United Conservative Party in Alberta have systematically abandoned even the most basic public health measures aimed at slowing the spread of the disease.

At the federal level, with the election campaign entering its closing stages, the major parties have been squirming to differentiate their virtually identical approaches to the pandemic. All of the parliamentary parties support a “profits before lives” strategy that insists that the wellbeing of the big

banks and corporations must take priority over the safeguarding of human life. The only difference between the pandemic policies of the Liberals, Conservatives, New Democrats, Bloquistes and Greens is the degree to which they support vaccination mandates. Even the BBC was forced to conclude that the differences in the parties’ COVID-19 platforms were “pretty thin.” All are committed to keeping the economy open, whatever the cost and are complicit in the enormous death toll this strategy has produced.

The ruling class and its political representatives are determined to prevent lockdowns—although they have been shown to be the most effective means of preventing the virus’ spread. Thus, they promote vaccination as the only acceptable public health measure to fight the pandemic, placing their hopes that the hospital system does not collapse as the pandemic’s fourth wave rages (despite models showing enormous strain on ICU capacity), and the working class does not independently intervene to shut down schools and workplaces until the pandemic is brought under control.

Vaccination, while a critical component of the fight against the disease, is not a panacea. A policy guided by a scientific understanding of the disease must recognize the threat posed to the unvaccinated and the threat of new variants emerging that evade existing vaccines.

The Royal Society report points out that the official death toll of nearly 26,000 at the time of writing in early June (currently more than 27,000) is greater than any mass casualty event in Canadian history, save the influenza pandemic of 1918 and the two world wars. To prevent further devastation and to institute a rational, science-based response to the pandemic, the working class must intervene to halt all non-essential work, so that the necessary public health measures, travel bans, school closures, vaccination, testing, and contact tracing can be employed as part of a comprehensive eradication strategy to stop the continued spread of the deadly virus.



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