Canada heads toward deadly winter surge of COVID-19

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Canada is entering the second winter of the COVID-19 pandemic with all signs pointing to an impending surge of mass illness and death. With the blessing of the Trudeau Liberal government, provincial and territorial governments across the country have dismantled almost all public health measures designed to prevent viral transmission, while spreading the lie that the worst of the pandemic is over and insisting the population has to learn to "live with the virus."

Infections are rising in the majority of provinces and territories as the country heads into the winter months when inclement weather forces people to congregate indoors, and viruses consequently spread much more rapidly.

Alarming COVID-19 flashpoints are emerging in the prairie provinces of Manitoba and Saskatchewan, the northwestern Yukon Territory, and the Atlantic province of New Brunswick.

Infections have also begun to spike again in Ontario and Quebec, Canada's two most populous provinces. The two westernmost provinces of British Columbia and Alberta, which bore the worst of the early fall surge, are still recording elevated death rates.

Data produced by biostatistician and educator Ryan Imgrund shows that with the exception of Saskatchewan, every province has a reproductive value, or Rt, greater than 1.0, which indicates an exponential growth of the pandemic. Among cities with the most explosive spread is Winnipeg, Manitoba, where infections are spiraling out of control with an Rt of 1.28. This figure means that 100 infected individuals will go on to infect 128 more.

Even though Saskatchewan's reproductive rate is below 1, its health care system is buckling under the weight of COVID-19 hospitalizations, which are the direct product of right-wing Premier Scott Moe's decision to lift all public health restrictions last July. This led to a massive spike in new infections and hospitalizations in September and October. High numbers of hospitalizations have continued into November.

Saskatchewan reported its worst month of the pandemic in October, when it recorded 156 deaths. This is more than in January of this year, before the widespread availability of vaccines. According to Dr. Dennis Kendel, a former physician and health policy consultant, the death toll would have been far higher if COVID-19 patients in Saskatchewan's overflowing ICUs had not been transported to hospitals in Ontario.

Manitoba, where the Progressive Conservative provincial government boasted of its relatively low infection rates over the summer, is experiencing a spike in cases. From a seven-day average of 86 cases per day one month ago, the province now reports an average of 166 cases per day and rising.

The province's Chief Medical Officer, Dr. Brent Roussin, was forced to admit that with its current trajectory, the province could soon be overwhelmed with COVID-19 patients. In response to the runaway spread of the virus, Roussin recommended the reinstatement of indoor gathering capacity limits on November 12.

The Liberal government in the sparsely populated Yukon Territory was forced to declare a state of emergency last week as an outbreak rapidly spread in the capital of Whitehorse. Citing "widespread and untraceable" community transmission, on the order of 80 cases over three days, Premier Sandy Silver announced the roll-out of a vaccine passport program for non-essential services like restaurants, bars, and gyms.

A major contributing factor to the surge in cases in the Yukon and other parts of the far north, is the waning effectiveness of vaccines after six months, even for those fully inoculated. Because of the vulnerability of the largely indigenous population, the far north was given priority in the rollout of vaccines. A surge in infections recently led the North West Territories to accelerate the distribution of vaccine booster shots, but in most of the country the availability of booster shots is very limited.

In New Brunswick, the Progressive Conservative government of Premier Blaine Higgs has called for "circuit breaker" measures to try and slow the spread of the virus.

After experiencing a very brief drop in daily cases from a peak of 115 per day in mid-October, cases are again rapidly

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rising in New Brunswick, sitting at 57 per day with an upward trajectory. The so-called circuit breaker only limits social gatherings between households, while leaving schools, businesses, and non-essential services virtually unaffected.

Both Ontario and Quebec, whose hard-right governments recently rejected vaccine mandates for health care workers, are seeing an upsurge in new cases. As of November 14, the seven-day rolling average of new cases in Ontario and Quebec was 563 and 639, respectively. At the low point of transmission last month, daily infections in Ontario dropped below 300.

Ontario's Progressive Conservative government, led by erstwhile Trump enthusiast Doug Ford, recently laid out a road map to completely dismantle all public health measures by March 2022, including mask mandates. As a result of rising cases, which members of the Ontario COVID-19 Science Advisory Table warned would lead to a doubling of cases within 15 days, Ford was forced to temporarily delay the next round of relaxations, pausing the lifting of capacity limits in gyms, strip clubs, and dance venues. The reopening plan as a whole, however, remains in place.

In British Columbia and Alberta, the seven-day average of daily deaths stand at 8 and 4 respectively. Both provinces' pandemic reporting systems have come under fire for alleged government tampering. Data compiled by the Institute for Health Metrics and Evaluation appears to corroborate claims that COVID-19 deaths are underreported in these two provinces by at least a factor of two.

The discovery that the AY.25.1 subtype of the Delta variant has become the predominant strain of the virus in Alberta, Saskatchewan, and likely British Columbia, stands as an indictment of the reopening policies of the three provinces' governments, who early in the summer dropped virtually all COVID-19 public health measures and let the virus rip through the population.

Although researchers currently believe that AY.25.1 is no more transmissible nor lethal than its parent strain, the unchecked spread of viral mutations of the SARS-COV-2 virus (AY.25.1 is thought to have originated in the US state of Idaho) always poses the risk of the arrival of a "super" strain that can circumvent vaccine immunity and cause greater harm.

The reckless reopening of schools for the fall term in September has played a major role in the resurgence of cases, as it did during the second wave a year ago. The age group with the highest infection rate in Canada is currently the under 11s, which reflects the fact that they can't get vaccinated and are crammed into overcrowded school buildings with virtually no protections.

A worrying report in the Montreal daily *La Presse* notes that three hundred Quebec youth have been inflicted with Multisystem Inflammatory Syndrome in Children or Kawasaki disease since the start of the pandemic. Of these, at least 60 required intensive care.

The report exposes as lies the constant refrain by capitalist governments that children don't get seriously ill from COVID-19. The true number of young victims of government reopening policies across the country, suffering from MIS-C, Long COVID, or other debilitating aftereffects of COVID-19 infection, is doubtless in the thousands.

The picture that emerges from the current stage of the pandemic in Canada is one in which every province and territory is either in the midst of a deadly upsurge or teetering precariously on the brink of one.

This is not primarily due to the tenaciousness of the virus itself, but of the homicidal policies pursued by both the federal and provincial governments. Their mantra of learning to "live with the virus" is designed to remove all obstacles to the operation of the capitalist economy and the accumulation of billions in profits by the corporations.

These policies have needlessly killed over 29,000 Canadians, by and large workers packed into unsafe workplaces and hospitals, and the elderly and vulnerable who were callously left to die in ramshackle long-term care homes. At the same time, the corporations and super-rich were and continue to be showered with hundreds of billions in subsidies, leading to record corporate profits and wealth gains for the financial elite since 2020.

Despite the widespread desire among workers across the country to fight back against these pro-corporate reopening policies, from wildcat strikes among autoworkers at the start of the pandemic to teachers fighting for safer classrooms and personal protective equipment, their militancy has run headlong into the opposition of the corporatist trade unions, who openly support the drive to "live with the virus."

To prevent further mass loss of life and the subordination of an entire population's health to the avarice of the capitalist ruling class, the working class must adopt the scientific strategy of eliminating COVID-19, and form rank-and-file committees, independent of the unions and all capitalist parties, to fight for the implementation of this program. This must include the closure of all nonessential production and in-person learning in schools until the virus is suppressed, with full compensation paid to all workers affected by these closures.

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