The great unmentionable during the Ontario election campaign—the COVID-19 pandemic

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The most glaring omission in the official campaign for Thursday’s Ontario provincial election is the ongoing COVID-19 pandemic and the health and social catastrophe it has produced.

The four mainline parties have hardly had a word to say about the pandemic, which according to the official count has killed more than 13,200 people in Ontario since March 2020. None has explained why the province has been ravaged by six successive waves of mass infection and death, or why these waves have continued even after vaccines became readily available. None has even attempted to seriously address the pandemic’s calamitous impact on a health care system already reeling from decades of austerity.

Discussion of the pandemic has been left to the New Blue and other far-right fringe parties that denounce lockdowns, vaccine mandates and any mandatory public health measures aimed at stopping the deadly virus’s spread as an intolerable attack on “freedom.”

The reason for the mainline parties’ silence is obvious. All of them, from the ostensibly “left” New Democrats to the hard-right Conservatives, agree on the policy of mass infection and death that the ruling elite has pursued during the pandemic. They all view the pandemic as an event in the past, showing utter indifference to ongoing high rates of infection and the hundreds of thousands of Long Covid cases they will produce in the years to come. Regardless of the composition of the new government, all parties agree there should be no restrictions on corporate profit-making and plan to do nothing to curb transmission of ever more infectious COVID-19 variants.

Progressive Conservative Premier Doug Ford has ensured that lockdowns, necessary to preserve life, were only ever implemented as a last resort, when pressure from workers became too great and the entire health care system was on the brink of collapse due to the surge in COVID infections. The government has even held on to hundreds of millions of dollars in a pandemic relief fund rather than disburse the emergency monies to hopelessly underfunded healthcare facilities. Testing has been restricted, and to a considerable extent privatized, meaning the population can no longer gauge the extent of the virus’ spread, even as the official mantra is that individuals must take more “responsibility” in managing infection risk.

The Ford government, like its counterparts across Canada, used the far-right “Freedom Convoy” as a pretext to justify rescinding virtually all remaining anti-COVID public health measures. This decision, which was greenlighted by Justin Trudeau’s federal Liberal government, played a significant role in the province’s Omicron-driven fifth and sixth waves. Since the first cluster of Omicron cases in December 2021 an estimated 40 percent of Ontarians have been infected with COVID-19, and a further 3,235 people have succumbed to the virus.

While Alberta Tory Premier Jason Kenney and his Saskatchewan counterpart Scott Moe loudly declared their support for the Convoy’s occupation of downtown Ottawa, Ford—a fellow right-wing populist and erstwhile Trump enthusiast—tried to play both sides of the fence. So as not to alienate his constituency among the far-right he expressed sympathy with the Convoy, while calling for it to end, so as not to alienate sections of corporate Canada angered by the disruption of cross-border trade. Ultimately, Ford backed the Trudeau government’s invocation of the never-before-used Emergencies Act, which granted the state sweeping anti-democratic powers to clear the capital, even as his government implemented the Convoy’s ultra-reactionary pandemic program.

The opposition New Democrats and Liberals have tried without success to portray themselves as defenders of the public health care system in the face of Ford’s incessant efforts to undermine and defund it. These cynical efforts rely on obscuring both parties’ active participation in the decades-long assault on the public health system (Medicare), and their support for the ruling class’ profits-before-lives pandemic policy.

Pointing to the disastrous conditions in long-term care homes that led to many of them becoming veritable killing fields during the pandemic, the Canadian Union of Public Employees (CUPE) called on the three main opposition parties, the NDP, Liberals and Greens, to use the deplorable state of health care in Ontario as a means to highlight the Ford government’s anti-worker record.

CUPE made no mention of the role the Liberals and the New Democrats have themselves played in implementing austerity and paving the way for the Tories’ gutting of health care. Throughout the pandemic, CUPE and the rest of the union bureaucracy have systematically suppressed all worker opposition to the state-led back-to-work/back-to-school drive, preventing workers from waging a collective struggle against dangerous conditions and the risk of getting infected with a potentially deadly virus.

All three opposition parties have vowed to repeal the Ford government’s Bill 124, which imposes a 1 percent per-year cap on wage hikes for over 1 million public sector workers, including health care workers. But they are not promising to raise wages to recover losses in income due to inflation, let alone overturn the decades of wage stagnation these workers have suffered under Ontario Liberal, NDP and Conservative governments alike. For his part, Ford has offered nurses, but not other health care workers, a measly one-time “retention” bonus of $5,000 in lieu of a substantial and permanent cost-of -living increase.

The NDP has promised that it will implement universal pharmacare, as millions in the province lack insurance coverage for their
medications. Like the governing Liberals in 2017, who introduced pharmacare for those under 25 when anticipating an election debacle, the NDP hopes its pledge will enable it to distance itself from its record—in this case that of the province’s first and only-ever NDP government. That government, which held office under Bob Rae from 1990-1995, slashed social spending and imposed a wage- and job-cutting “social contract,” paving the way for the Tory Mike Harris to sweep to power in 1995 and launch his Thatcherite “Common Sense Revolution.”

At the federal level, it was the Liberal Party government of Jean Chretien in the 1990s that implemented the deepest ever social spending cuts, reducing health care transfer payments to the provinces by billions per year. More recently, both the Harper Conservative and Trudeau Liberal governments have enforced real-term cuts in health care spending by providing below-inflation and population-growth increases in transfer payments.

All of this led to a health care system that even prior to the pandemic was operating in permanent crisis mode. As we wrote in a May 2020 article titled, “The 2003 SARS epidemic: How Canada’s elite squandered the chance to prepare for the COVID-19 pandemic”:

“The rationing of health care funding means that even under normal conditions, hospitals now operate near the limit and often over their capacities. Health care workers and experts have noted that despite the SARS experience, the government failed to ensure bed capacity to deal with another public health emergency. Physicians have for years argued that hospitals are leaving no margin for an influx of patients. Hospitals should use no more than 85 percent of their capacity under normal circumstances to accommodate a surge in patients. However, the majority of Ontario hospitals have been using 100-110 percent of available beds, resulting in a drastic increase in so-called ‘hallway medicine’.”

Ontario’s per capita health care spending is the lowest in the country, and it consistently ranks in the lower half of provinces in hospital spending and hospital beds per person.

The pandemic has enormously exacerbated the physical and mental toll on workers struggling to provide care with inadequate personnel and equipment. According to the Registered Nurses Association of Ontario, 75 percent of nurses nationwide are feeling burned-out and 69 percent are planning on finding employment elsewhere. In addition to onerous workloads, nurses complain of low wages and the lack of full-time, permanent jobs, as hospitals skimp and save by casualizing much of their workforce.

A survey of health care workers in general found that more than half are planning to leave their jobs in the next two years due to poor pay and working conditions. Staffing shortages, already acute before the pandemic, are now severe. Incidences of Long COVID will only make this problem worse.

Lurking in the background of the coronavirus pandemic is the ongoing epidemic of opioid deaths. Drug overdoses claimed the lives of 2,800 people in Ontario last year and nearly 10,000 in the past five years, according to the coroner’s office. The northern parts of the province have been particularly impacted.

The parties all promise some form of funding for mental health and counselling services, as well as increasing the availability of the life-saving drug Naloxone. However, none of the parties even acknowledge the social crisis that has produced these conditions of despair, for which they bear responsibility, let alone made commitments to tackle it. In British Columbia, opioid deaths have steadily climbed since the early 2000s under both Liberal and NDP governments. Despite the pious proclamations by the likes of Mayor John Tory of Toronto (which recorded at least 511 opioid related deaths in 2021) that every overdose death is “totally unacceptable,” the ruling class has made abundantly clear during the last two years of pandemic that they are perfectly content to see workers die if it fattens their bottom lines.

Future waves of the pandemic and the ongoing opioid crisis will put further strain on the health care system, which is already teetering on the brink of collapse. Those who were unable to receive care during the pandemic or avoided doing so for safety reasons will increasingly attempt to receive services from a system that can’t cope. Cancer screening, for instance, fell by more than 40 percent in Ontario from 2019 to 2020, leading to concerns that coming years will see an influx of later-stage cancers. Tens of thousands of vital surgeries have been cancelled, creating lengthy backlogs. According to the Children’s Health Coalition, there are 16,000 children on waitlists for surgery in the province. The Ontario Medical Association estimates that there is a backlog of one million surgeries and a staggering 20 million health procedures, including doctor’s visits.

The ruling class intends to use the crisis created by decades of austerity and its criminal mishandling of the pandemic to move forward with privatizing health care. In the name of attracting “additional resources” and “reducing wait-times,” it wants to create a two-tier system that will allow the wealthy to increasingly avail themselves of private services rather than the chronically underfunded public ones. Significant health care costs have already been shifted onto families, with household expenditures rising sharply since the 1970s.

Reports have revealed that if the Ford government wins re-election, it intends to introduce new private hospitals, selling this as an “innovative” means of reducing wait-times.

Opposition to the disastrous working conditions in the health care system is already developing. Over 70,000 health care workers have been working without contracts since at least December. They participated in rallies throughout May to protest Bill 124, which continues to limit their pay increases to a miserable 1 percent per year while inflation approaches 7 percent.

The critical task for health care workers entering into struggle is to break politically with the established parties and trade unions, who are complicit in creating the present health care crisis. To fight for better working conditions, an end to the pandemic, and a high quality health care system for all, health workers must form independent rank-and-file committees to wage a political struggle against capitalist austerity, wage cutting and privatization.