

As XBB.1.5 variant spreads across Canada, COVID-19 deaths hit 11-month high

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As the COVID-19 pandemic enters its fourth year, the virus continues to take an immense toll on the health of the population across Canada. This state of affairs has been enabled by the capitalist ruling class' homicidal "forever COVID" policy, which has been overseen by the Trudeau Liberal government and enforced by all provincial governments irrespective of their political affiliation.

According to data compiled by Johns Hopkins University published on the Our World in Data website, the rolling seven day average of COVID-19 fatalities in Canada reached 78 per day on January 12, the highest since February 28, 2022, when the Omicron first wave was cresting.

Provincial government figures show that the XBB.1.5 Omicron subvariant, which has spread rapidly in the North Eastern region of the United States, particularly New York City, is now showing signs of community transmission across the country. On January 4, Alberta announced that it had identified four cases of the variant, alongside rising viral detection rates in the city of Calgary's wastewater. Quebec announced that 2.4 percent of the infections sequenced for the last week of December were positive for the variant, while Saskatchewan found two cases in its sequencing during the same time period. British Columbia announced on January 13 that the variant now accounted for 5.6 percent of all samples sequenced.

At the same time, over 5,500 Canadians continued to be hospitalized per day, a staggeringly high number that has stayed relatively constant over the past year. Health care systems continue to buckle under the weight of this increased burden, with emergency rooms hit especially hard.

Figures released by the province of Quebec show that more than a fifth of emergency rooms in the province are currently exceeding 150 percent capacity. The average

length of time a patient waited on a stretcher was between 18-20 hours, and over 5 hours in the waiting room. The head of emergency medicine for Halifax, capital city of the Atlantic province of Nova Scotia, recently told the *Toronto Star* that ER deaths in the province were up 10 percent in 2022 compared to 2021, and that emergency care was "in a state of crisis."

The comments came in the wake of the death of 37-year-old Allison Holthoff in the emergency room at Cumberland Regional Health Care Centre in Amherst on December 31. Holthoff waited for seven hours in excruciating pain to receive any primary care, according to her husband.

Charlene Snow, aged 67, died one day earlier after returning home following a seven-hour wait in the emergency room at the Cape Breton Regional Hospital. Snow's tragic death prompted her daughter-in-law, Catherine Snow, to set up a website entitled Nova Scotia Health Care Crisis to gather similar stories. "We understand that the staff that work within the health care system are suffering as much as the patients that need to take advantage of it," she told Global News. "We in no way want any anger or bad thoughts directed at staff members who are already working under such challenging conditions."

As of January 17, Snow's website had logged 559 ER deaths and received 1,100 stories about the impact of the health care crisis.

Health care workers across the country are expressing increasing concern that the situation could deteriorate rapidly in the event of a surge in COVID cases produced by XBB.1.5 or another variant. Dr. Melissa Yuan-Innes, an emergency physician at Hôpital Glengarry Memorial Hospital in Alexandria, Ontario, stated that there are no preparations "in a meaningful way" for a renewed surge because the health care system has no remaining capacity to deal with one. "We don't have the capacity. Our health

care system is starting to look like a set of dominos that you're starting to knock over," she commented to Global News. "It's not a question of do we have enough experience with it, it's do we have enough personnel. And we don't.

"We want you to stay healthy and you want to stay healthy. So please don't count on the system. We don't have any magic."

Dr. Brian Conway, medical director of the Vancouver Infectious Disease Centre, also speaking to Global News, explained his growing concern about the danger of a surge in Long COVID cases due to XBB.1.5. "It may spread more easily, it may attach to cells more easily, it may not be as susceptible to protection by vaccination as the original Omicron (variant) or as some of the other variants, so we need to keep an eye on this going forward," he said, adding the crucial point that every infection compounds an individual's risk of contracting Long COVID.

A compilation of the *World Socialist Web Site's* coverage of this global crisis, available in epub and print formats.

On January 6, BC Health Minister Adrian Dix announced that he was activating Emergency Operations Meetings protocols at 20 hospitals throughout the province as of January 5. The measure, a tacit admission that the health care system was already reaching over-capacity, aims to discharge patients earlier.

In Ontario, hospitals in Ottawa and Kitchener recorded the highest number of emergency room patients in a single day in their history last week. Yvonne Wilson, vice president of patient care at Queensway Carlton Hospital in Ottawa, told the Canadian Press that the main drivers of the increased admissions were influenza, COVID, RSV, mental health issues, and chronic illnesses. Commenting on the daily number of patients, she said, "We've been seeing about 240 to 250 patients coming through our (ER), and pre-pandemic we averaged around 200 to 220. So that makes a big difference, having that extra volume."

Despite these grim statistics, provincial and federal public health agencies across the country show no indication that they are considering any mitigation measures whatsoever to slow the continued spread of disease and death. All remaining mask mandates, vaccine mandates, and other substantive public health measures were eliminated last spring when the Trudeau Liberal government and all provincial governments embraced wholesale the demands of the far-right "Freedom" Convoy. The results were disastrous, with 2022 becoming

Canada's deadliest year of the pandemic to date with close to 20,000 official COVID-19 deaths.

One of the few remaining reliable indicators of the pandemic's impact is the tracking of excess deaths in the country by University of Toronto Medicine's Dr. Tara Moriarty. Dr. Moriarty's weekly updated tracking of excess deaths nationally shows that they have continued to trend at about 10 percent higher than the pre-pandemic baseline, a number that translates into almost 20,000 more deaths nationwide than we would have seen before the pandemic. The corporate-controlled media and political establishment have tried to pin such discrepancies on absurd pseudo-scientific claims, such as the supposed detrimental effects of lockdowns and "immunity debt." But as Dr. Moriarty has noted, the most likely culprits for the rise in excess deaths are an over-burdened health care system and repeated COVID reinfections.

Public health agencies across the country speak openly the same language as the demands of the "Freedom" Convoy. This is not an accident. The convoy movement has been used as a battering ram by influential sections of the ruling class against the implementation of any public health mitigations. Provincial governments of all political stripes, from Danielle Smith's right-wing United Conservative Party government in Alberta, to the "Quebec first" CAQ Legault government in Quebec, to the social democratic NDP government in BC, all now speak the language of the "Freedom" Convoy, claiming that the pandemic is over, public health mitigations harm the public and that there is no public support for any new mitigations.

The capitalist policy of prioritizing corporate profit over every other social need has produced horrific results in Canada. Government policies have seen between 50,000 and 70,000 people die from a preventable illness. These policies need to be opposed by workers in Canada and internationally on a class basis by taking up the fight for the global elimination of the virus.



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