

Surge of COVID across Canada as hospitals drop mask mandates

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As the new and highly infectious XBB.1.16, or “Arcturus” variant of the SARS-CoV-2 virus sweeps across the world, Canada, like every capitalist country, stands woefully ill prepared to handle further waves of the COVID-19 pandemic.

The resurgence of COVID is above all due to the “Forever Covid” mass infection policy of governments at the provincial and federal levels, mirroring their counterparts internationally. The Trudeau Liberal government has spearheaded this policy, including by embracing the demands of the far-right Freedom Convoy in early 2022 to dismantle all remaining public health measures. The Liberals received unflinching support from the trade unions, which have suppressed all efforts by workers during the pandemic to resist dangerous working conditions.

Several provinces have recently experienced an uptick in COVID-19 hospitalizations and deaths. During the week leading up to May 12, Manitoba saw 41 COVID-19-related hospitalizations, up 16 from the previous week. ICU admissions also increased to 11, and two died of the disease.

In the same week, Nova Scotia reported eight COVID-19 deaths, with health authorities quick to point out that these were previously unreported deaths and “most likely occurred” during previous weeks and months.

This only underscores the extent to which any semblance of data gathering on the pandemic has been dismantled by every level of government, with the exception of wastewater monitoring. In essence, the country’s entire population of 38 million people is flying blind through an ongoing pandemic, with the only systematic data analysis and interpretation conducted by volunteer groups like COVID-19 Resources Canada, which compiles a monthly national Hazard Index and tracks both hospitalizations and deaths.

The XBB.1.16 variant is thought to have originated in India and has led to a massive surge of infections and hospitalizations in that country. On April 11 alone, the country registered 5.5 million new infections, which is almost certainly an undercount given the notorious COVID-19 minimizing of Prime Minister Narendra Modi, who infamously vowed to save the country not from the virus itself, but from “lockdowns.”

XBB.1.16 is a combination of the BA.2.10.1 and BA.2.75 variants and features an additional mutation on its spike protein. Lab studies have shown that this mutation could potentially increase infectivity and severity of disease. Nevertheless, government and health authorities across Canada have blithely dismissed the danger of the new variant. In this, they took their cue from the misnamed World Health Organization, which recently ended its designation of the pandemic as a global health emergency as a concession to the financial markets.

The new variant was expected to make up at least one-third of all new infections in Ontario by mid-April. Positivity rates have begun to climb in the province after reaching a one-year low two weeks ago. The province witnessed 16 COVID deaths during the second week of May, although hospitalizations are below the previous low set in June 2022.

Several disturbing developments point to a further weakening of collective protection against the coronavirus, which will lead to an increase of infections, hospitalizations, and deaths.

The vast majority of health care settings in Canada have dropped mask mandates for both patients and staff. This includes hospitals and community clinics. At the same time, public messaging from provincial capitals and their health authorities has put the onus on individuals to mask, effectively placing the responsibility for acquiring COVID-19 on the individual themselves, not on capitalist public health policies designed to infect the entire

population.

The rhetoric guiding this campaign is degenerate and politically dishonest, emanating from provincial public health officers and health care executives whose conduct throughout the pandemic has directly led to the deaths of tens of thousands of people from COVID-19. In essence, they are political criminals trying to whitewash their complicity in policies of mass death.

Dr. Bonnie Henry, British Columbia's provincial health officer, who oversaw the reopening of schools during the first year of the pandemic and steadfastly refused to categorize SARS-CoV-2 as an airborne pathogen, claimed that the province was not "telling you not to wear a mask, what we're saying is it's no longer mandatory..."

Dr. Alon Vaisman, an infection control physician at the University Health Network in Toronto, Ontario, had the gall to claim that health care worker burnout, caused by mass infection policies that have pushed the health care system past the breaking point and drove legions of workers to quit the industry, was actually caused by mask-wearing.

"...if there's anything we can do to try to alleviate the stress," Vaisman began, "if you could remove masking where it's no longer necessary and where the risk is extremely low ... it's very helpful to reduce burnout."

The response by Canada's trade union bureaucracy is indicative of its position throughout the pandemic, which has been to buttress the governments' workplace and school reopening drives and mass infection policies, while sabotaging all worker opposition.

Mark Hancock, national president of the Canadian Union of Public Employees (CUPE), responded to news of the lifting of mask mandates in hospitals by exclaiming that it was "not acceptable for governments to allow employers to 'download workplace safety onto front-line workers.'"

But this is precisely what CUPE and every other union in the country has allowed these governments to do for over three years. Whenever workers, including teachers, nurses and factory workers rose up to overturn unsafe pandemic conditions and institute better protections, union bureaucrats quickly smothered these initiatives. In one collective bargaining struggle after another, the unions conspicuously omitted any mention of COVID-19, while working behind the scenes with management to ratify sellout contracts.

In addition to the removal of mask mandates in the country's ailing health care institutions, free rapid-test disbursement has ended or is ending across the country.

Quebec has just pulled free rapid-tests from store shelves, and Ontario is quickly following suit. These tests in and of themselves are a poor substitute for the more accurate polymerase chain reaction (PCR) tests, which for over a year have been denied to all but the most medically vulnerable.

Dr. Tara Moriarty, head of COVID-19 Resources Canada, recently pointed to the steep drop-off in vaccine uptake in the population. According to Moriarty, only 12.8 percent of the population has completed their primary COVID vaccine series or had a new dose within the last six months. This rises to 30 percent for people aged 70 or older, but vulnerability among the population at large puts the elderly at increased risk of acquiring the disease, especially in health care settings where there are now zero mitigations in place.

Canada's public health care system, already buckling after decades of budget cuts prior to the pandemic, is being shaken to its very foundations. This fact was highlighted by an open letter penned by a group of physicians at British Columbia's Surrey Memorial Hospital, desperately warning "the public of the unsafe conditions that exist in our hospital, and the lack of communication about this crisis to patients and public."

The letter paints a macabre picture of hallway medicine in the province's busiest emergency department, including patients waiting for days on a gurney to be seen by a doctor, with some dying in the process. While the example of Surrey Memorial is illustrative, workers all over Canada will be familiar with similar horror stories in their own regions.

Even though ICU admissions for severe COVID-induced pneumonia are lower than the brutal Omicron-fueled winter surge of 2021-2022, at least 52,000 of the most medically vulnerable Canadians to date have died of what is a completely preventable disease.

In other words, had a robust COVID-19 elimination strategy been instituted at the start of the pandemic, and coordinated on a global level, tens of thousands of people would still be alive. This is before taking into account the effects of Long COVID, which could prove to be a lifelong affliction for those affected.



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