

April 25, 2020 - No. 14

**One Humanity, One Struggle**  
**Our Security Lies in the Fight  
for the Rights of All!**



**MAY DAY CALENDAR OF EVENTS**

- **May Day Virtual Workers' Forums**
- **The Workers Are Saying Enough! There Is an Alternative!**  
- *Pauline Easton* -
- **The Workers' Striving for Empowerment Will Secure Their Future**  
- *Anna Di Carlo* -

**Resistance to the Conditions in Seniors' Homes**

- **Killing Off Canada's Seniors -- The Heart of the Matter**  
- *Christine Dandenault* -
- **Concerted Action Launched to Smash Code of Silence on Conditions in Long-Term Care Centres and Seniors' Homes**
- **Ontario Court Rules Long-Term Care Homes Have to Respect Nurses' Professional and Clinical Judgment**

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**Our Security Lies in the Fight for the Rights of All!**

## **May Day Virtual Workers' Forums**

**Forum in French**

**Friday, May 1**

**7:00 pm**

**Forum in English**

**Sunday, May 3**

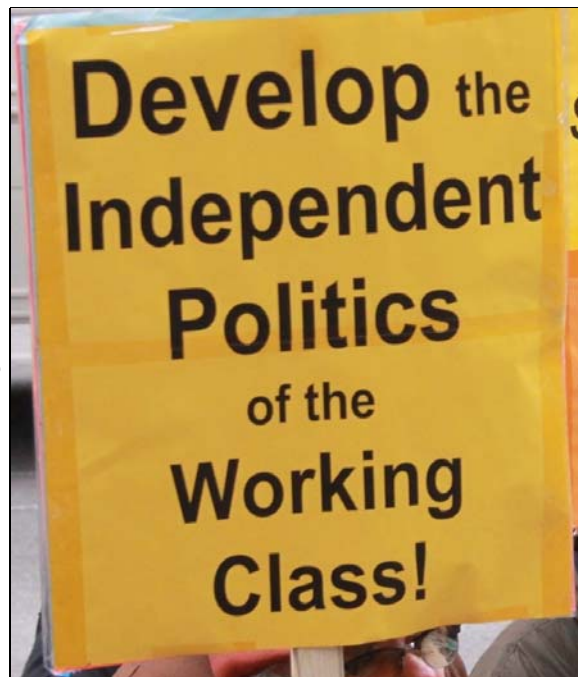
**2:00-4:00 pm EDT**

Across the country and around the world, it is the working people who are fighting to defend their own rights who defend the rights of all and protect us during this COVID-19 pandemic.

On the occasion of May Day 2020, under the conditions of the global COVID-19 pandemic, the Workers' Centre of the Communist Party of Canada (Marxist-Leninist) is organizing several video meetings to provide workers who are on the front lines of fighting for their rights and the rights of all with a Workers' Forum to share their stories and exchange experiences.

The pandemic is revealing above all else, especially as workers are being told to get back to work to ramp up the economy and "get back to normal," that our society cannot afford this "business as usual" approach which has caused such devastation.

The conditions of the pandemic show beyond the shadow of any doubt that neo-liberal anti-social policies are destructive and cause havoc which the people pay for with their lives.



A mural in Madrid reads: *We will not go back to normal because normal was the problem (No volveremos a la normalidad porque la normalidad era el problema).*

In this vein, the Workers' Centre of CPC(M-L) is calling on the workers to make May Day 2020 a turning point for the workers' striving for empowerment. Never again must the working people be left in the dark about the decisions which are taken which affect their lives. Never again must they be told what to do without their say-so. The working people must be the ones who determine what must be done. The working people must continue both during the pandemic and beyond the pandemic to put themselves in a position that ensures what they say is done.

Those who want to be included in the video-consultations please inform:  
workerscentre@cpcml.ca or centreouvrier@cpcml.ca

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## **The Workers Are Saying Enough! There Is an Alternative!**

**- Pauline Easton -**



All over the country, working people are under tremendous pressure to wage only defensive battles and depend on others to represent them politically. But the clash between the conditions in which the people have to face the coronavirus pandemic and the authority, which does not share the same conditions as the working people, is leading more and more contingents of workers to break out of this old way of doing things.

Workers and their organizations across the country are taking measures to hold governments to account. They are working out programs which defend their own health and safety and protect the rights of all. It requires taking a bold stand against what is unacceptable by using the full weight of their numbers to make sure *No Means No!* Meanwhile, those who call themselves elected representatives work in a system that acts to resolve the crisis in favour of private interests which impose an untenable dictate upon the people. This dictate is the reason the disasters are taking place in seniors' homes and long term care residences. From hospitals to seniors' homes to mines, mills and factories, as well as places linked to agri-business, the retail sector and all others, workers are treated as expendable. This includes the meat-packing plants and slaughterhouses where contract migrant labour is employed.





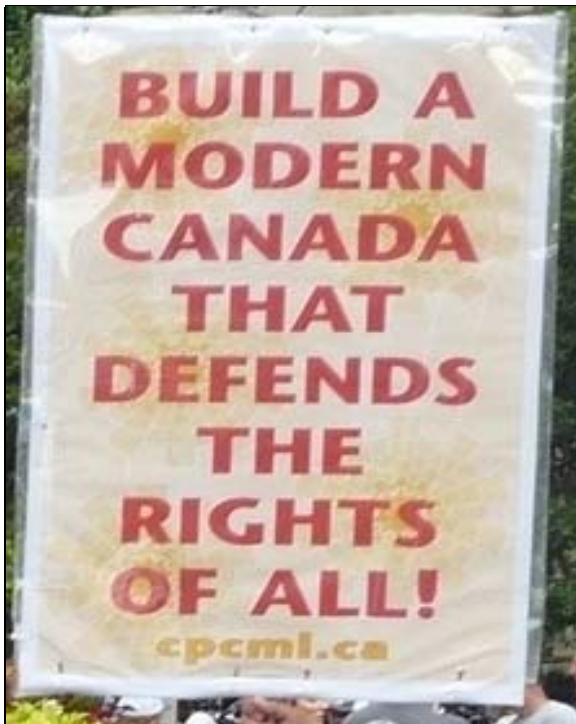
The conditions of the pandemic reveal the brutality and irrationality of the monopoly dictate more every day. Everywhere, this neo-liberal dictate has led to devastating nation-wrecking, impoverishment, wars of aggression and occupation.

Every day Prime Minister Justin Trudeau uses what are called press briefings to overwhelm us with how much money the government is spending during the pandemic. Any time he is asked a question about what the government is doing in deeds, he repeats over and over and over again how much money is being spent to deal with the problem. In fact, most people cannot even conceive of what a billion dollars looks like and where they fit into the equation.

The Prime Minister seems to be in denial, as is also the case of other government ministers at the federal and provincial levels. Since he failed to win a majority government in the last election, he has been adding a larger than life appearance of humility to his narcissistic debating skill -- which seems to be his only skill. Amongst other speaking techniques, he avoids answering a question by repeating the same response over and over again. And that is wearing increasingly thin in the face of the reality which the pandemic is revealing for all to see.

Over and over Trudeau and others refuse to act in the present in a manner that favours the people. Despite money being thrown in all directions to overwhelm the people so that they believe they are being looked after even as they are forced to fend for themselves, when it comes to taking action in a manner that makes a difference, what does Trudeau have to say? Is he making sure seniors who show symptoms of COVID-19 are moved to hospitals where they can be properly cared for? No, in too many cases they continue to be left to die alone, in distress, in facilities that are not equipped to deal with the disease and those who are infected.

The fact is that in Canada, where the hospitals are not overwhelmed, our seniors are being left to die alone and in distress. This belies the statement that only in Italy is the decision being taken about who should live and who should die. When our relatives in seniors' homes become sick due to conditions of contagion, a family member might get a phone call to tell them their relative is dying and to ask if they want their loved one to be given morphine to alleviate their pain?



government to account but all of it is to ensure that the lessons we draw from the tragedies unfolding before our eyes are dismissed.

Trudeau prides himself on making the army available to the premiers of Ontario and Quebec or Indigenous communities but nothing is done to reverse the decision to not permit the affected people to be transferred to hospitals where they can be given the care they require. Over and over Trudeau repeats the mantra that there will be plenty of time in the coming months and years to study "our shortcomings and weaknesses."

Coming months and years? Shortcomings and weaknesses? Implementing a policy which specifically leaves seniors to die a horrible painful death virtually alone in conditions of neglect is not a "shortcoming." It is not a "weakness." It is a criminal decision taken by cartel party governments which, at the behest of private interests, have created a system over which nobody exercises control. The Loyal Royal Opposition parties claim they hold the

What happened to the many lessons which were drawn in the months and years following the SARS epidemic? Where are the stockpiles of gowns, masks, gloves and hand sanitizer to prepare the system for the next emergency? CBC and other media reporters are pernicious architects of disinformation when they wag their little fingers and tongues at China. They demand to know why China is sabotaging Canada's efforts to fight the COVID-19 virus when it is the rulers in Canada who should be charged with criminal negligence for what is taking place. They are the ones who have reams of excuses why they did not, could not stockpile needed emergency supplies. Laments of could've, would've, should've in the style of Ontario Premier Doug Ford are like the perennial tears of the crocodile whose teeth are ready to tear you to shreds if you get too close.

The stock answer, whatever the question, has become -- oh yes, we are throwing more money at that. It is beneath contempt. And while it will take "months and years to come" to fathom who is benefitting from the billions which are being dispersed by the government, it is the workers who are *de facto* defending the rights of all by demanding the wages and working conditions they require to be safe.

The lesson of today is that the only way out of the present situation is for the working class to lead the way by exercising control over the decisions which affect their lives. We call on the fighting workers across the country to use the strength of their numbers and organization to wage the struggle with this aim in the forefront.

Only the working class has an interest to defend the guiding principle that the society must provide for all. In the face of the attacks of the monopolies and the federal and provincial governments, the workers are fed the fairy tale that nothing can be done about the crisis except to accept it and, willingly or unwillingly, "share its burden." But Hamilton steelworkers set the tone in 2005 with their courageous ten-year fight when their pensions were being stolen. The steelworkers called on workers from coast to coast to oppose the ideological defeatism and passivity the ruling elites and their media were seeking to impose on them, and set their own course. They adopted the slogans: *Canadians Stand as One in Defence of Public Right! Manufacturing Yes! Nation-Wrecking No!* Since then, across the country the workers in every sector of the economy are doing precisely that.

In this way, organized workers everywhere are figuring out an alternative for themselves by taking a militant stand that No Means No! No, they are not expendable! No to private social services and social programs! No to making the people pay so as to pay the rich!

The workers are saying *Enough! There Is an alternative!*



# The Workers' Striving for Empowerment Will Secure Their Future

- Anna Di Carlo -



During this coronavirus pandemic, the workers and oppressed peoples all over the world are reeling under the weight of the profound crisis of the monopoly capitalist system and the dictate of the international financial oligarchy and its oligopolies which dominate all sectors of the economy. Their only concern about society is their pursuit of maximum profit, no matter what gets auctioned off or who and what get destroyed. Governments use the full weight of the state, its agencies and revenues to meet the demands of the monopolies and financiers.

Now, once again in the name of rescuing the economy, their slogan is that We are all in this together and Helping each other is the Canadian Way. The "we" is presumably the Team Canada Justin Trudeau endlessly refers to, picking up the slogan of his predecessor Jean Chrétien. It is shameful that in the aftermath of what Jean Chrétien did to sell out the country in the name of Team Canada, Justin Trudeau promotes this as the way "to win," to "come out on top."

His is not the definition of winning Canadians espouse. Far from it, every day reveals the consequences of the damage their so-called Team Canada Canadian Way has caused for society. It is not for nothing that Jean Chrétien also called for getting back to "business as usual" following the defeat of the Charlottetown Accord when Canadians demanded their own empowerment and an end to the old way of doing things. Because of this "business as usual" approach, the workers are facing massive economic insecurity, unemployment and the denial and negation of their rights.



The cutbacks to social programs in the name of high ideals have made life increasingly untenable for years but, despite this, the only claims on society which governments at both the federal and provincial levels have recognized are those of the speculators and money lenders. When it comes to the claims of the working people, every



bogus excuse is given as to why recognizing them is not possible."

It is truly criminal to use the power of the state and its institutions to deny what belongs to the working class and people by right.

Even in the conditions of pandemic, the financial oligarchs, oligopolies and imperialist countries and states in their service pursue their private interests. Rule of law at home and abroad lies in tatters because anarchy has been raised to authority with devastating consequences. Governments simply remove any barriers in the way of private interests. They are even perpetrating the fraud that parliaments are in charge of decision-making while the cartel political parties vie with one another and give themselves accolades for allegedly genuinely caring for the people and holding governments to account.

Workers must intensify their movement to empower themselves, not divide behind disinformation that the Parliament, virtual or not, will hold governments to account as if this or that faction of the rich is any better than the other.



Working people cannot afford to stay in the trap of "left" versus "right." What exists is a cartel party system within anachronistic liberal democratic institutions over which the people exercise no control whatsoever. The independence of organizing, thinking and actions of the workers' opposition becomes a bulwark against the disastrous approach of constantly responding to and following the agenda of the financial oligarchy and its so-called right-wing and left-wing cartel political parties.

It is the stand of the workers to defend their rights in practice to the wages and working conditions they require which opens up prospects for a bright future. Without this, life is grim; the future is bleak. Across the country and internationally, let us step up the work to uphold the dignity of labour by opposing the dangers facing humanity, which are made worse by the rule of the rich who are a blight on society, a burden it cannot afford to carry any longer.

The striving for empowerment that working people are embracing in the present reality will secure their future. Working people can turn things around by refusing the agenda set by the ruling elite and speak directly to those matters that concern themselves. Discussing and working out how to resolve the economic, political, social and environmental problems in ways that favour working people and not the rich is what makes a difference. By engaging in actions with analysis to establish and strengthen independent institutions based on the fight to defend the rights of all is the work for political renewal. This is what will bring in the New.



## Resistance to the Conditions in Seniors' Homes

# Killing Off Canada's Seniors -- The Heart of the Matter

- Christine Dandenault -

The unsustainable situation faced by older people during this pandemic is of great concern to workers, families and their loved ones.



As of April 22, the Quebec government had made more than 7,000 beds available in the hospital system. However, of the 21,838 cases of people with COVID-19, only 1,400 have been hospitalized since the beginning of the pandemic while some 5,000 beds are currently available. Of the 1,243 people who have died, 1,211 -- 97.5 per cent -- were over 60 and, of this number, 850, or 81.7 per cent, were left to die in seniors' residences or long-term care homes (CHSLDs) in dire circumstances, alone and in distress.

The fact is that on March 23, 25 and April 9, the Ministry of Health and Public Services issued directives to CHSLDs telling them not to transfer

patients to hospitals.

The March 23 directive specifies that "Suspected or confirmed COVID-19 patients should only be transferred to hospital on an exceptional basis and after consultation with the on-call physician. [...]"

The Directive of March 25 explicitly states that transfers to hospitals must be avoided. The same directive says there must be a systematic review of all levels of care for this specific clientele. This is so complicated that it makes transfer to hospital virtually impossible.

The directive of April 9 states that "If their state of health requires it, the user is transferred to a hospital centre designated COVID-19. **This decision depends on the level of care, which is determined according to the wishes of the user and his or her family and the judgment of the physician**" [*emphasis added*].

In stating that the decision is determined on the basis of the patient, family and the judgment of the physician, the Ministry seems to wilfully deny the conditions under which the decision has to be made -- the facilities are understaffed and the staff available are often not qualified nurses or physicians; the patient is in isolation, very possibly in distress; and the family is barred from entering the premises. How is the systematic review of care supposed to take place? The government stands accused of reneging on its responsibility to provide the maximum care possible, at the highest standard of modern health care, whether the patient is in a CHSLD, a seniors' residence or a hospital.





Surreptitiously introducing the notion of the "patient's decision" avoids the heart of the problem. Who is responsible for killing off so many seniors? The government says that care is available in these places despite all the evidence which shows that the level of care is already far below what it should be. Patients who are incontinent are not taken care of because of a lack of staff and the wait times involved. Others do not receive a ventilator because there are none on site or none available at the right time or there are not enough. Families might be called to ask their permission to give morphine for pain relief and that is supposed to qualify as a "systematic review of all levels of care" required by a patient? The excuse given for this negligence is that "the patient has asked only to be comfortable and does not want what are called heroic measures." If families protest, they are the ones portrayed as inhuman. In this way, through sleight of hand, the government's responsibility is shifted onto seniors and their families who are forced to make decisions under unacceptable conditions which in any case have no bearing on what preventative measures should have been taken and what humane treatment should be available.

For the past 20 years, Quebeckers have been decrying the conditions in many of these homes, which are understaffed. Furthermore, many of our relatives are parked there because they have had strokes and the medical establishment is not permitted to rehabilitate them, or they have Parkinson's which they do not want to tackle. The dedicated staff is chronically underpaid and often do not have the nursing qualifications required to meet the needs of the residents. Who in Quebec does not know that many patients who need rehabilitation or have illnesses do not belong in the CHSLDs where people are sent to die. Why is it considered "normal" to have so many deaths in these places during flu season? Why are seniors not transferred to hospitals as soon as they show symptoms to be treated properly?



The large number of deaths in the CHSLDs reveals a lot about the conditions there, none of which is new information. All of Quebec knows what has been happening there because governments have imposed the neo-liberal anti-social agenda of cutbacks. The elites who rule know it because they are doing it and getting richer thanks to the austerity policies the cartel party governments have adopted and imposed with impunity. The working people know it because they bear its burden with their

lives. It has been on the agenda of repeated elections, including the one in which the current premier usurped power.

Quebeckers are determined to hold governments to account for their refusal to take social responsibility for the conditions in the CHSLDs. Another concern is what will happen once elective surgeries can no longer be postponed? The hospital beds available to treat COVID-19 patients were freed up throughout Quebec by postponing "non-urgent" (i.e. elective surgeries). This is a two-fold problem. What happens to the patients who need treatment, and if elective surgeries restart, where will COVID-19 patients go? It is reported that there are normally 9,000 surgical procedures in hospitals every week. By the week of March 28, some 6,750 surgeries had been postponed. Specialists are predicting a bottleneck as early as May as thousands of patients will need surgery at the same time.

*(Translated from the original French by TML)*



## **Concerted Action Launched to Smash Code of Silence on Conditions in Long-Term Care Centres and Seniors' Homes**

On April 21, the Collège des médecins du Québec, the Ordre des infirmières et infirmiers du Québec and the Ordre des infirmières et infirmiers du Québec announced a joint survey to evaluate the quality of health care and practices at the Héron private long-term care centre (CHSLD) in Dorval, which belongs to the Katasa Group, and the Institut universitaire de gériatrie de Montréal (IUGM). The Fédération interprofessionnelle du Québec (FIQ) writes: "We hope that this inquiry will break the code of silence on seniors' care, and that the professional orders' voices will finally be added to those of our members who also want to protect the public."

"For the health care professionals, the facts are clear. Our members tell us they no longer have the conditions that enable them to give safe, quality care, there is a chronic staff shortage, a constant excessive workload, managers ration out care, the CHSLDs have been suffering for several years now, and unfortunately, we see this sad fact today," says Nancy Bédard, President of the FIQ.

At CHSLD Ste-Dorothée, at the request of the medical staff unions, the Labour Standards, Pay Equity, and Workplace Health and Safety Board (CNESST) intervened in the centre for these same reasons. The report delivered on April 12 identified several shortcomings. "Some workers with symptoms compatible with COVID-19 continued to work, staff members had to perform risky interventions with infected patients without adequate protective equipment," among other things, according to the document filed with the court. Infected residents were not transferred to the Cité de la santé hospital in Laval, even though this could have provided better care.



At the CHSLD Ste-Dorothée in Laval, as of April 16, 2020, there were 150 cases of COVID-19 among residents, (78 per cent), and 56 deaths, in addition to 79 cases among employees.

The son of a senior who died of COVID-19 at CHSLD Ste-Dorothée has instituted a class action suit for more than \$13 million against the Centre, accusing it of gross negligence that cost the lives of 56 residents. On April 21, the firm Ménard, Martin, avocats filed a request for authorization to institute a class action against the CHSLD Ste-Dorothée in Laval, as well as the Centre intégré de Santé et de Services sociaux de Laval.

The plaintiffs are claiming millions in compensation on behalf of 192 residents of the centre and on behalf of their loved ones who are still experiencing psychological distress in the face of the situation.

Prior to filing the request, the firm expressed its concerns about the situation in the CHSLDs in a letter dated April 3 to Danielle McCann, Minister of Health and Social Services, writing:

"In the last few days, several extremely worrisome situations have been reported to us by people

living in CHSLDs or in private residences for seniors, as well as by the families of these people. The current health emergency decreed on March 13 gives unprecedented powers to the Quebec government. However, these powers are not without limits."

It is taking direct aim at the decision of the ministry to revise downward all the levels of care that were being provided. It also rejects the pretext of overcrowding and resource limitations when hundreds of beds have been freed up, and rejects the pressure on families to accept a *de facto* reduction in care.



"We are very concerned about certain directives we have read, particularly those concerning CHSLDs issued on March 23 and 25 by the ministère de la Santé et des Services sociaux," Ménard, Martin write.

"First of all, the decision to review all levels of care, at the very time of this health crisis, is particularly problematic.

"In this context, while the free and informed consent of the patient or his or her representative is essential for the establishment of a level of care, the systematic review of all levels of care for all CHSLD residents is clearly inappropriate. Several families reported to us an unacceptable review process where the patient

or his or her representative is under very strong pressure from doctors and nurses to consent to a reduction in the level of care or is simply forced to make a decision to this effect.

"Your directives go far beyond what is strictly necessary to deal with the current emergency situation. This is not a question of limited resources. As of April 2, 2020, there were 365 hospitalizations of patients with COVID-19, while 7,000 beds were freed up in anticipation of the crisis. Similarly, places in intensive care are still widely available according to the information that you make public daily. As recently as yesterday, Premier Legault stated that Quebec has no shortage of ventilators."

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## **Ontario Court Rules Long-Term Care Homes Have to Respect Nurses' Professional and Clinical Judgment**

A ruling of the Superior Ontario Court rendered on April 23 orders four long-term care homes to immediately rectify several serious health and safety issues that have resulted in devastating COVID-19 outbreaks, the Ontario Nurses' Association (ONA) informs. Justice E.M. Morgan ruled on an urgent injunction brought by the ONA, that the homes must comply with Public Health Directives. They require that long-term care homes respect the professional and clinical judgment of nurses when deciding how to protect themselves, and therefore their residents. He also ruled that the decision as to what personal protective equipment (PPE) and other health and safety measures are required in delivering care to a resident is to be made by nurses, based on their assessment.



In his ruling, Justice Morgan quoted the precautionary principle: to err on the side of caution and take all measures reasonable to keep workers safe. The late Justice Archie Campbell, in his 2003 SARS report, also emphasized the need to use the precautionary principle, the ONA informs.

Justice Morgan wrote in his ruling that nurses are "sacrificing their personal interests to those under their care" not only for the immediate benefit of their patients, but for the benefit of society at large. He characterized the private homes' suggestion that nurses' request for masks, protective gear and cohorting of patients (i.e., using shared rooms for infected patients) is "for the nurses' own narrow, private interest" as "ironic," and said it "seems to sorely miss the mark."

"Now, nurses and health-care professionals will have access to appropriate PPE, residents will be cohorted and proper infection control measures will be brought into these homes," said ONA President Vicki McKenna, RN. "I am optimistic that these measures may soon result in putting out the raging spread of COVID-19 in these homes," she added.

The ONA is the union representing more than 68,000 registered nurses and health care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.



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## COVID-19 Update

# On the Global Pandemic for Week Ending April 25

## Number of Cases Worldwide

As of April 25, the worldwide statistics for COVID-19 pandemic as reported by Worldometer were:

- Total reported cases: 2,855,699. This is 568,376 more than the total reported on April 18 of 2,287,323. The increase in cases in the previous week was 526,739
- Total active cases: 1,841,276. This is 297,259 more than the number reported on April 18 of 1,544,017. The increase in total active cases in the previous week was 286,462.
- Closed cases: 1,014,423. This is 271,117 more than the number reported on April 18 of 743,306. This compares to an increase in the previous week of 233,509.
- Deaths: 198,532. This is 41,064 more deaths than on April 18, when the toll was 157,468. This compares to an increase in the previous week of 55,983.
- Recovered: 815,891. This is up 230,053 from the April 18 figure of 585,838 and compares to an increase the previous week of 190,434 recoveries.

There were 105,825 new cases from April 23 to 24. This compares to the one-day increase in cases from April 16 to 17 of 86,496 new cases.

The disease was present in 210 countries and territories, as was the case the week prior. Of these, 68 had less than 100 cases, as compared to April 18 when there were 79 countries with less than 100 cases. A notable development is that there are now several countries and territories that no longer have active cases: Saint Lucia (15 cases, all recovered); Greenland (11 cases, all recovered); Mauritania (7 cases; 6 recovered; 1 death); Saint Barthélemy (6 cases, all recovered); Yemen (1 case, recovered).

The five countries with the highest number of cases on April 25 are noted below, accompanied by the number of cases and deaths per million population, which permits a more direct comparison between countries, as well as figures from the previous week on April 18:

**USA:** 926,530 (763,855 active; 110,432 recovered; 52,243 deaths) and 2,799 cases per million; 158 deaths per million

- April 18: 715,105 (613,375 active; 63,841 recovered; 37,889 deaths) and 2,160 cases per million; 114 deaths per million

**Spain:** 223,759 (105,149 active; 95,708 recovered; deaths 22,902) and 4,786 cases per million; 490 deaths per million

- April 18: 191,726 (96,886 active; 74,797 recovered; 20,043 deaths) and 4,101 cases per million; 429 deaths per million

**Italy:** 192,994 (106,527 active; 60,498 recovered; deaths 25,969) and 3,192 cases per million; 430 deaths per million

- April 18: 175,925 (107,771 active; 44,927 recovered; 23,227 deaths) and 2,910 cases per million; 384 deaths per million

**France:** 159,828 (94,090 active; 43,493 recovered; deaths 22,245) and 2,449 cases per million; 341 deaths per million

- April 18: 147,969 (94,868 active; 34,420 recovered; 18,681 deaths) and 2,267 cases per million; 286 deaths per million

**Germany:** 155,054 (39,466 active; 109,800 recovered; 5,788 deaths) and 1,851 cases per million; 69 deaths per million

- April 18: 142,569 (52,764 active; 85,400 recovered; 4,405 deaths) and 1,702 cases per million; 53 deaths per million

The U.S. alone has about 32.44 per cent of all cases worldwide. Cases in Europe comprise 43.46 per cent of all cases worldwide.

### **Cases in Top Five Countries by Region**

In Europe on April 25, the country with the fifth highest number of reported cases after the four listed above, is the UK:

**UK:** 143,464 (123,614 active; recovered N/A; 19,506 deaths) and 2,113 cases per million; 287 deaths per million

- April 18: 114,217 (98,409 active; recovered NA; 15,464 deaths) and 1,682 cases per million; 228 deaths per million

On April 16, British Health Secretary Matt Hancock admitted that at least 15,000 people a day (or 105,000 people per week) have been flying into the UK without checks on their medical conditions, including travellers from countries where the pandemic is very serious such as the U.S., China, Spain and Italy. The government claimed that given the scale of the outbreak in the UK, such screening would not contribute to halting the spread of COVID-19.

Belgium, with a population of 11.46 million people, has the highest death rate in Europe (not including the tiny Republic of San Marino that is enclosed by Italy), with 518 deaths per million.

Another notable country is Sweden, which has purposefully avoided widespread lockdown and social distancing measures, with schools, restaurants and nightclubs remaining open, based on the premise that this will enable it to achieve herd immunity at a faster rate. Notably, compared to the other Scandinavian countries which have instituted such measures, Sweden has logged 217 deaths per million population, compared to 72 for Denmark, 37 for Norway and 34 for Finland.

In Eurasia on April 25:

**Turkey:** 104,912 (80,575 active; 21,737 recovered; 2,600 deaths) and 1,244 cases per million; 31 deaths per million

- April 17: 78,546 (68,146 active; 8,631 recovered; 1,769 deaths) and 931 cases per million; 21 deaths per million

**Russia:** 74,588 (67,657 active; 6,250 recovered; 681 deaths) and 511 cases per million; 5 deaths per million

- April 17: 32,008 (29,145 active; 2,590 recovered; 273 deaths) and 219 cases per million; 2 deaths per million

**Kazakhstan:** 2,564 (1,910 active; 629 recovered; 5 deaths) 137 cases per million; 1 death per million

- April 17: 1,546 (1,182 active; 258 recovered; 5 deaths) and 82 cases per million; 0.9 deaths per million

**Azerbaijan:** 1,617 (516 active; 1,080 recovered; 21 deaths) and 159 cases per million; 2 deaths per million)

- April 17: 1,340 (1,064 active; 174 recovered; 66 deaths) and 132 cases per million; 1 death per million

**Armenia:** 1,677 (846 active; 803 recovered; 28 deaths) 566 cases per million; 9 deaths per million

- April 17: 1,201 (780 active; 402 recovered; 19 deaths) and 405 cases per million; 6 deaths per million

In West Asia on April 25:

**Iran:** 89,328 (15,485 active; 68,193 recovered; 5,650 deaths) and 1,064 cases per million; 67 deaths per million

- April 17: 79,494 (20,472 active; 54,064 recovered; 4,958 deaths) and 946 cases per million; 59 deaths per million

**Saudi Arabia:** 16,299 (13,948 active; 2,215 recovered; 136 deaths) and 468 cases per million; 4 deaths per million

- April 17: 7,142 (6,006 active; 1,049 recovered; 87 deaths) and 205 cases per million; 2 deaths per million

**Israel:** 15,148 (8,791 active; 6,159 recovered; 198 deaths) 1,750 cases per million; 23 deaths per million

- April 17: 12,982 (9,705 active; 3,126 recovered; 151 deaths) and 1,500 cases per million; 17 deaths per million

**Qatar:** 9,358 (8,419 active; 929 recovered; 10 deaths) and 3,248 cases per million; 3 deaths per million

- April 17: 4,663 cases (4,192 active; 464 recovered; 7 deaths) and 1,619 cases per million; 2 deaths



per million

**UAE:** 9,281 (7,457 active; 1,760 recovered; 64 deaths) and 938 cases per million; 6 deaths per million

- April 17: 5,825 (4,695 active; 1,095 recovered; 35 deaths) and 589 cases per million; 4 deaths per million

Iran, which was hit hard early in the pandemic, with a peak level of 3,186 new cases per day on March 31, and a peak of 32,612 active cases on April 5, has succeeded in flattening the curve of infection. It now has about 1,200 new cases per day and 15,485 active cases. Iraj Harirchi, Iran's Deputy Minister of Health, announced in Tehran on April 25 that "There is a declining trend in corona disease in most provinces and this has been the result of effective actions by the people and the government," adding that "at a time when smart and gradual social distancing takes place, any violation can have serious and irreparable consequences" and that outbreaks worldwide are still likely and people should avoid unnecessary trips outside the home. Iran's Health Ministry tweeted a day earlier that "None of our provinces are in the red, but warnings remain, and the situation will not be considered normal at all."

The recovery in Iran is taking place despite U.S. sanctions and other hostile actions during the pandemic. Most recently, the U.S. moved to block Iran's request last month for a \$5-billion IMF loan, to aid its response and recovery to the pandemic, Press TV reports.

In South Asia on April 25:

**India:** 24,942 (18,664 active; 5,498 recovered; 780 deaths) 18 cases per million; 0.6 deaths per million

- April 17: 13,385 (11,606 active; 1,777 recovered; 452 deaths) and 10 cases per million; 0.3 deaths per million

**Pakistan:** 12,227 (9,216 active; 2,755 recovered; 256 deaths) 55 cases per million; 1 death per million)

- April 17: 7,025 (5,125 active; 1,765 recovered; 135 deaths) and 32 cases per million; 0.6 deaths per million

**Bangladesh:** 4,998 (4,745 active; 113 recovered; 140 deaths) 30 cases per million; 0.9 deaths per million

- April 17: 1,838 (1,705 active; 58 recovered; 75 deaths) and 11 cases per million; 0.5 deaths per million

**Afghanistan:** 1,463 (1,228 active; 188 recovered; 47 deaths) and 38 cases per million and 1 death per million

- April 17: 906 (777 active; 99 recovered; 30 deaths) and 23 cases per million; 0.8 deaths per million

**Sri Lanka:** 440 (315 active; 118 recovered; 7 deaths) and 21 cases per million; 0.3 deaths per million

- April 17: 244 (160 active; 77; 7 deaths) and 11 cases per million; 0.3 deaths per million

In India, on April 23 the Indian Medical Association observed Black Day to protest the violence, social boycott and verbal abuse doctors and nurses who are treating coronavirus patients are experiencing. There are many reports of landlords throwing doctors and health workers out of their homes. They have become the new Untouchables. The anarchy, anxiety and violence permeating the society, unleashed by the ruling elite is showing its ugly face in many forms. One form it is taking is politicians of the ruling party and its affiliates blaming

Muslims for coronavirus and inciting attacks against them. The Organization of Islamic Countries (OIC) has asked the Indian government to take action against such politicians. Nearly 100,000 students are stuck in Kota Rajasthan from different parts of India. They are appealing to their respective governments for food and transportation.

In Southeast Asia on April 25:

**Singapore:** 12,693 (11,725 active; 956 recovered; 12 deaths) 2,170 cases per million; 2 deaths per million

- April 17: 5,050 (4,331 active; 708 recovered; 11 deaths) and 863 cases per million; 2 deaths per million

**Indonesia:** 8,607 (6,845 active; 1,042 recovered; 720 deaths) and 31 cases per million; and 3 deaths per million

- April 17: 5,923 (4,796 active; 607 recovered; 520 deaths) and 22 cases per million; 2 deaths per million

**Philippines:** 7,294 (6,008 active; 792 recovered; 494 deaths) and 67 cases per million; 5 deaths per million

- April 17: 5,878 (5,004 active; 487 recovered; 387 deaths) and 54 cases per million; 4 deaths per million

**Malaysia:** 5,742 (1,882 active; 3,762 recovered; 98 deaths) 177 cases per million; 3 deaths per million

- April 17: 5,251 (2,198 active; 2,967 recovered; 86 deaths) and 162 cases per million; 3 deaths per million

**Thailand:** 2,907 (309 active; 2,547 recovered; 51 deaths) 42 cases per million; 0.7 deaths per million

- April 17: 2,700 (964 active; 1,689 recovered; 47 deaths) and 39 cases per million; 0.7 deaths per million

The situation in Singapore continues to dramatically worsen due to the substandard living conditions for migrant workers, who are housed in overcrowded dormitories, where social distancing is virtually impossible and proper sanitation facilities and supplies have not been provided for the workers. Singapore now has the highest number of cases in southeast Asia. A September 2019 study in the *Singapore Medical Journal* reported that migrant workers face "significant barriers to accessing healthcare [...] furthermore, many had poor knowledge regarding their healthcare coverage and had experienced financial barriers in accessing healthcare. Migrant workers often bear the costs of, or face barriers, in outpatient care; inpatient insurance coverage may also be easily breached in the face of catastrophic illness." This state of affairs indicates that situation of these workers is likely to worsen as many are made ill from their living conditions during the pandemic.

Vietnam, a country of 95.54 million people that shares a border with China, continues to hold the number of reported cases steady at 268 since April 15, or three cases per million population. Of these, 160 entered Vietnam from abroad, accounting for 59.7 per cent, while 108 were infected in the community, accounting for 40.3 per cent. There remain 45 active cases, with 223 recoveries and no deaths.

In Ho Chi Minh City, a city with a population of 9 million people, the municipal Centre for Disease Control announced on April 23 that as of that day it would stop mass testing for COVID-19 at airports and train stations, having recorded no new cases for 16 days. Since testing began, a total of 13,861 samples had been taken from passengers at Tan Son Nhat International

Airport and 5,599 from those at railway stations, the centre said, adding that 6,281 had also been screened for the virus at lodgings for factory workers. With these results as proof that the virus is no longer in the community, it has been deemed that it would be inefficient to continue testing. There have been 54 cases in the city, 52 of which have recovered, Tuoi Tre News reported. Of these, 45 continue to be monitored by city health workers, with 38 tested. Thirty-seven of these have tested negative, with one person still awaiting their results.

Nationally, the Vietnamese government decided on April 22 to ease social distancing restrictions due to the lower infection rate since April 4, allowing non-essential stores and services to reopen subject to local conditions. The public is still advised to avoid unnecessary trips outside the home. When they do go out, they are required to wear face masks and maintain a physical distance of at least two metres in any social interactions.

"Officials have publicly said that the country should be prepared to adapt to 'a new normal,' hinting at continuing life when the disease has not been completely eradicated given the absence of a proven drug and vaccine," Tuoi Tre News reports.

In East Asia on April 25:

**China:** 82,816 (838 active; 77,346 recovered; 4,632 deaths) 58 cases per million; 3 deaths per million  
- April 17: 82,692 (116 active; 77,944 recovered; 4,632 deaths) and 57 cases per million; 3 deaths per million

**Japan:** 12,829 (10,954 active; 1,530 recovered; 345 deaths) 101 cases per million; 3 deaths per million  
- April 17: 9,231 (8,106 active; 935 recovered; 190 deaths) and 73 cases per million; 2 deaths per million

**South Korea:** 10,718 (1,843 active; 8,635 recovered; 240 deaths) 209 cases per million; 5 deaths per million  
- April 17: 10,635 (2,576 active; 7,829 recovered; 230 deaths) and 207 cases per million; 4 deaths per million

**Taiwan:** 429 (148 active; 275 recovered; 6 deaths) and 18 cases per million; 0.3 deaths per million  
- April 17: 395 (223 active; 166 recovered; 6 deaths) and 17 cases per million; 0.3 deaths per million

This past week, Japan surpassed south Korea for the second highest number of cases in the region. In Taiwan, a recent spike in cases was attributed to infected personnel on a military vessel that had returned from exercises with Palau.

In North America on April 25:

**USA:** 926,530 (763,855 active; 110,432 recovered; 52,243 deaths) and 2,799 cases per million; 158 deaths per million  
- April 18: 715,105 (613,375 active; 63,841 recovered; 37,889 deaths) and 2,160 cases per million; 114 deaths per million

**Canada:** 43,888 (26,117 active; 15,469 recovered; 2,302 deaths) and 1,163 cases per million; 61 deaths per million  
- April 18: 32,412 (20,523 active; 10,543 recovered; 1,346 deaths) and 859 cases per million; 36 deaths per million

**Mexico:** 12,872 (4,502 active; 7,149 recovered; 1,221 deaths) and 100 cases per million; 9 deaths



per million

- April 18: 6,875 (4,204 active; 2,125 recovered; 546 deaths) and 53 cases per million; 4 deaths per million

In the United States, the death toll from COVID-19 doubled in just 10 days to become the highest in the world, Reuters reports. The number who have died reached 50,031 on the morning of April 24, according to tracking by Johns Hopkins University. This is out of about 875,000 USians who have contracted COVID-19 since the first case was recorded on February 6. But reports indicate that deaths are likely in fact higher, as most states only count hospital and nursing home victims and not those who died at home. About 40 per cent of the deaths have happened in New York state, the epicentre of the U.S. outbreak, followed by New Jersey, Michigan and Massachusetts.

In Central America and the Caribbean on April 25:

**Dominican Republic:** 5,749 (4,719 active; 763 recovered; 267 deaths) 530 cases per million; 25 deaths per million

- April 17: 3,755 (3,344 active; 215 recovered; 196 deaths) and 346 cases per million; 18 deaths per million

**Panama:** 5,338 (4,865 active; 319 recovered; 154 deaths) and 1,237 cases per million; 36 deaths per million

- April 17: 4,016 (3,809 active; 98 recovered; 109 deaths) and 931 cases per million; 25 deaths per million

**Cuba:** 1,285 (820 active; 416 recovered; 49 deaths) and 113 cases per million; 4 deaths per million

- April 17: 862 (664 active; 171 recovered; 27 deaths) and 76 cases per million; 2 deaths per million

**Costa Rica:** 687 (465 active; 216 recovered; 6 deaths) and 135 cases per million; 1 deaths per million

- April 17: 642 (564 active; 74 recovered; 4 deaths) and 126 cases per million; 0.8 deaths per million

**Honduras:** 591 (478 active; 58 recovered; 55 deaths) and 60 cases per million; 6 deaths per million

- April 17: 442 (391 active; 10 recovered; 41 deaths) and 45 cases per million; 4 deaths per million

In Cuba, the public health system is treating all seniors in their homes and those living in seniors' homes with a homeopathic mixture of remedies to prevent respiratory ailments such as coronavirus and dengue. It will follow this by going door to door to provide the treatment to all households. This week, the Vice Premier of Cuba in charge of the temporary working group dealing with the COVID-19 pandemic said that of the 1,085 day care centres on the island, 444 are functioning with the required staff in order to minimize the economic damage.

In South America on April 25:

**Brazil:** 54,043 (22,684 active; 27,655 recovered; 3,704 deaths) and 254 cases per million; 17 deaths per million

- April 17: 30,891 (14,913 active; 14,026 recovered; 1,954 deaths) and 145 cases per million; 9 deaths per million

**Ecuador:** 22,719 (20,777 active; 1,366 recovered; 576 deaths) and 1,288 cases per million; 33 deaths per million

- April 17: 8,225 (6,984 active; 838 recovered; 403 deaths) and 466 cases per million; 23 deaths per million

**Peru:** 21,648 (13,518 active; 7,496 recovered; 634 deaths) and 657 cases per million; 19 deaths per million

- April 17: 12,491 (6,097 active; 6,120 recovered; 274 deaths) and 379 cases per million; 8 deaths per million

**Chile:** 12,306 (5,805 active; 6,327 recovered; 174 deaths) and 644 cases per million; 9 deaths per million

- April 17: 8,807 (5,403 active; 3,299 recovered; 105 deaths) and 461 cases per million; 5 deaths per million

**Colombia:** 4,881 (3,653 active; 1,003 recovered; 225 deaths) and 96 cases per million; 4 deaths per million

- April 17: 3,233 (2,539 active; 550 recovered; 144 deaths) and 64 cases per million; 3 deaths per million

In Africa on April 25:

**South Africa:** 4,220 (2,668 active; 1,473 recovered; 79 deaths) and 71 cases per million; 1 death per million

- April 17: 2,605 (1,654 active; 903 recovered; 48 deaths) and 44 cases per million; 0.8 deaths per million

**Egypt:** 4,092 (2,723 active; 1,075 recovered; 294 deaths) and 40 cases per million; 3 deaths per million

- April 17: 2,673 (1,881 active; 596 recovered; 196 deaths) and 26 cases per million; 2 deaths per million

**Morocco:** 3,889 (3,232 active; 498 recovered; 159 deaths) and 105 cases per million; 4 deaths per million

- April 17: 2,528 (2,122 active; 273 recovered; 133 deaths) and 68 cases per million; 4 deaths per million

**Algeria:** 3,127 (1,304 active; 1,408 recovered; 415 deaths) and 71 cases per million; 9 deaths per million

- April 17: 2,268 (1,137 active; 783 recovered; 133 deaths) and 52 cases per million; 8 deaths per million

**Cameroon:** 1,518 (768 active; 697 recovered; 53 deaths) and 57 cases per million; 2 deaths per million

- April 17: 996 (810 active; 164 recovered; 22 deaths) and 38 cases per million; 0.8 deaths per million

The total number of cases in Africa on April 25 is 30,192, up from about 20,000 the week before.

Director General of the World Health Organization (WHO) Dr. Tedros Adhanom Ghebreyesus on April 20 informed that "Solidarity flights continue to ship lifesaving medical supplies across Africa to protect health workers, who are on the frontlines in the effort to save lives and slow the pandemic.

"Over the past week, WHO has been working closely with the World Food Programme to deliver masks, goggles, test kits, face shields and other medical equipment to 40 countries.

"This is part of the overarching drive to keep supply chains moving and ensure key supplies reach 120 priority countries."

In Oceania on April 25:

**Australia:** 6,695 (1,243 active; 5,372 recovered; 80 deaths) and 263 cases per million; 3 deaths per million

- April 17: 6,523 (2,639 active; 3,819 recovered; 65 deaths) and 256 cases per million; 3 deaths per million

**New Zealand:** 1,461 (325 active; 1,118 recovered; 18 deaths) and 303 cases per million; 4 deaths per million

- April 17: 1,409 (582 active; 816 recovered; 11 deaths) and 292 cases per million; 2 deaths per million

**Guam:** 136 (5 deaths)

- April 17: 135 (5 deaths)

**French Polynesia:** 57 (16 active; 41 recovered) and 203 cases per million

- April 17: 55 and 196 per million

**New Caledonia:** 18 (1 active; 17 recovered)

- April 17: 18 (4 active; 14 recovered)

*(With files from WHO, Euractiv, Tuoi Tre News, Reuters)*

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## On the Work of the World Health Organization



**WHO Director General Dr. Tedros Adhanom Ghebreyesus in virtual conference on national COVID-19 strategy for Pakistan, April 23, 2020.**

### Transitioning to Next Stage of Measures as Countries Strive to Reopen

Countries in various regions of the world are considering reducing physical distancing and lockdown measures. Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO), on April 19 urged that the reopening of societies and economies be a phased process, and that this is not the end of the epidemic but the next stage of dealing with the situation, where emphasis must be placed on educating, engaging and empowering the people to prevent and respond rapidly to any resurgence. It is also crucial, he pointed out, that at this time, countries build up their capacity to "detect, test, isolate and care for every case, and trace every contact; and

to ensure their health systems have the capacity to absorb any increase in cases."

During his April 22 media briefing, Dr. Tedros continued to be circumspect about the situation, urging caution: "Make no mistake: we have a long way to go. This virus will be with us for a long time. There's no question that stay-at-home orders and other physical distancing measures have successfully suppressed transmission in many countries. But this virus remains extremely dangerous. Early evidence suggests most of the world's population remains susceptible. That means epidemics can easily re-ignite.

"One of the greatest dangers we face now is complacency. People in countries with stay-at-home orders are understandably frustrated with being confined to their homes for weeks on end. People understandably want to get on with their lives, because their lives and livelihoods are at stake. That's what WHO wants too. And that's what we are working for, all day, every day. But the world will not and cannot go back to the way things were.

"There must be a 'new normal' -- a world that is healthier, safer and better prepared. The same public health measures we have been advocating since the beginning of the pandemic must remain the backbone of the response in all countries."

One of the terrible features of this pandemic is precisely complacency by governments that did not take the lesson from the 2002-2003 SARS epidemic to be prepared with the necessary equipment and procedures to be able to act quickly to protect populations and frontline health care workers, with the active participation of health care workers in making those preparations. In countries such as Canada, where neo-liberal governments have instead weakened health care systems with cuts and privatization, the question facing working people is precisely how to ensure that they are empowered to change the situation so that the situation does not return to "business as usual" after the pandemic.

### **WHO Efforts to Strengthen and Worldwide Capacity for Testing, Access to Protective Equipment and Therapeutics**

To ensure that all countries are able to fulfill the guidelines it has outlined to test all suspected cases, the WHO "is providing technical, scientific and financial support for the rollout of sero-epidemiologic surveys across the world," Dr. Tedros informed on April 20. He explained that "Early data from some of these studies suggest that a relatively small percentage of the population may have been infected, even in heavily affected areas -- not more than two to three per cent. While antibody tests are important for knowing who has been infected, tests that find the virus are a core tool for active case finding, diagnosis, isolation and treatment."

He further explained that the WHO is working with other organizations "to identify and validate five tests that can be manufactured in large quantities. Working together with the Global Fund, UNICEF and Unitaïd, we have now placed orders for 30 million tests over the next four months. The first shipments of these tests will begin next week, through the United Nations Supply Chain we have established with the World Food Programme and other partners."

Regarding research into vaccines and their eventual distribution to all countries, Dr. Tedros on April 24 stated:

"Since January, WHO has been working with thousands of researchers all over the world to accelerate and track vaccine development -- from developing animal models to clinical trial designs, and everything in between. We've also developed diagnostics that are being used all over the world; and we're coordinating a global trial on the safety and efficacy of four therapeutics against COVID-19. [...] Past experience has taught us that even when tools are available, they have not been equally available to all. We cannot allow that to happen.

"Today, WHO is proud to be uniting with many partners to launch the Access to COVID-19 Tools Accelerator, or the ACT Accelerator. This is a landmark collaboration to accelerate the development, production and equitable distribution of vaccines, diagnostics, and therapeutics for COVID-19. Our shared commitment is to ensure *all* people have access to *all* the tools to defeat COVID-19. The ACT Accelerator brings together the combined power of several organizations to work with speed and scale. Each of us are doing great work, but we cannot work alone."

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## **Herd Immunity Not a Proven Way to Reopen Society WHO Says**

The World Health Organization (WHO) published a brief on April 24 which says that there is "currently no evidence" that people who have recovered from COVID-19 and have antibodies would be protected from a second infection. They would nonetheless, end up with "some level of protection," the WHO subsequently clarified.

WHO cautioned in its brief that due to a lack of evidence, doling out "immunity passes" based on recovery from the virus could lead to people ignoring public health advice when they could still get re-infected and continue the chain of transmission.

Having a large portion of a population with antibodies that make them immune to another infection from the same virus is known as "herd immunity," because those who have yet to be infected and lack the antibodies are conferred some level of protection because the virus cannot take hold in the population as a whole. Herd immunity is being floated in Canada and elsewhere as regions and countries seek to end lockdowns and social distancing measures.

For example, Quebec Premier François Legault stated in an April 23 press conference announcing plans to restart the economy, "The idea is to gradually -- and that's the important word -- to gradually let people go out, let children go out." Those under 60 years of age might be candidates for developing immunity, he suggested.

Canada's Chief Public Health Officer Dr. Theresa Tam, during a press conference on April 25, said that there is insufficient evidence to back herd immunity as a way to reopen society, as Quebec's Premier suggested.

"The idea of [...] generating natural immunity is actually not something that should be undertaken," Dr. Tam said. She called on people to be "extremely cautious" about the concept. She said that even a young person might become severely sick and end up in the ICU, "so it's not a concept that should be supported."

Canada's official position is that until a vaccine is developed against the COVID-19 virus, the population will not be safe from infection.

In response to the demands of premiers for the economy to be opened after a one-month shutdown, Canada's first ministers, including the Prime Minister, on April 24 agreed to work on a joint set of national guidelines that would lay out how to carry out the process. Trudeau said at his press briefing on April 25 that those plans do not rely on using immunity as an interim form of protection.

"In the approach that we're taking very carefully around the provinces and across the country on looking at reopening, I don't believe that there are any plans that hinge on certain people or individuals being immune or having immunity to COVID-19," Trudeau said.



Some countries, such as Chile, are moving to issue "immunity passports" to those who have recovered from the virus, media reports inform. The passes would be issued to gradually exempt people from restrictions put in place to limit the spread of COVID-19, permitting them to return to work, attend mass gatherings or even travel across borders.

Dr. Tam said that without a clear understanding of immunity tests for COVID-19, it's too early to think about issuing passes for those who might be protected.

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## Possibility of Mass Starvation in India

A recent article published by the Indian news agency *The Wire* calls attention to the existing problem of food insecurity for millions of Indian workers, that has been exacerbated under the conditions of the COVID-19 lockdown in India that have been extended to May 11.

India's public distribution system (PDS), established under the 2013 *National Food Security Act*, is meant to provide subsidized food and other goods to impoverished sectors of the population. Access to the PDS system is dependent on having a ration card. Not all workers or their families who should qualify for ration cards have them. As well, migrant workers, who are amongst the impoverished workers who would benefit from the PDS, cannot receive their rations if they are away from their home state.

"Scholars Meghana Mungikar, Jean Drèze and Reetika Khera [...] have recently estimated that 108.4 million people in India are excluded from the PDS. That is about eight per cent of India's population," *The Wire* points out.

Overall, the *National Food Security Act* covers 67 per cent of the population. Based on 2011 census data, when India's population was 1.22 billion, that comes out to 814 million people were eligible for the PDS. In 2020, the population is estimated by these scholars to be 1.37 billion, meaning that 922 million people should qualify for the PDS. However, the system continues to operate based on 2011 figures, meaning that 108.4 million people who should qualify for rations under the PDS are not covered.

The article goes on to point out that state governments have already exhausted their quotas, which have remained frozen since the *National Food Security Act* was put in force. For instance, Jharkhand stopped issuing new ration cards several years ago and the applications of 8.4 lakh (840,000) households are pending.

*The Wire* informs that an estimated 90 per cent of India's workforce is employed in the informal sector where there is minimal job security and low wages. It says, "About 85 per cent of India's workforce -- assuming 68 per cent of the workforce is male, based on Census 2011 -- earns less than Rs 10,000 a month [CAD\$184.86]. And about 50 per cent of the workforce earns less than Rs 5,000 a month [CAD\$92.43], or less than Rs 166 a day [CAD\$3.07]. Even this income would now have, in the case of most of these workers, been wiped out owing to the lockdown."

A report released on April 15 by the Stranded Workers Action Network (SWAN) -- started by a group of 73 volunteers on March 27 when it was obvious that migrant workers are extremely vulnerable -- notes that 50 per cent of the 11,000 workers they have been in touch with had rations left for less than a day.

Ninety-six per cent of the workers had not received rations from the government and 70 per cent had not received any cooked food. To compound problems, 89 per cent of them had not been paid by their employers during the lockdown period, the Network points out.

*The Wire* also gives the statistics on inter-state migrants. "According to estimates, India may have between 120 million and 150 million internal migrants who work in cities as domestic help, construction workers, in brick kilns and in the transport sector, among others. They are now made extremely vulnerable as their sources of incomes have dried up and most would be in cities where they do not have ration cards or a safety net. These migrants are now forced to rely on charity.

"This reliance on benevolence of those who are better-off as state policy is also evident from a submission made by the Centre to the Supreme Court last week," *The Wire* writes. "It showed that in 13 states, non-governmental organizations (NGOs) had set up more food camps and fed more people than the respective state governments had done, while the Centre has done nothing of the sort. In India, 9,473 camps had been set up by NGOs, while 7,848 had been set up by state governments."

"The 5 kilogram of additional grain and 1 kilogram of pulses that she announced will not reach the more than 100 million who are not eligible for PDS due to the use of Census 2011 data. It will not reach the millions of migrant workers who are stranded away from their home states with no source of income."

As well, homeless people, beggars, the elderly and denotified tribes are not on anyone's radar, says Nikhil Dey, co-founder of the rights group Mazdoor Kisan Sangathan.

Meanwhile, *The Wire* reports that as of March, "the Food Corporation of India held 77 million tonnes of rice and wheat stocks, which is more than three times the required buffer stock. This stock will go up further as the government plans to procure 40 million tonnes of wheat during the rabi harvest, which will occur soon. An average of the last three year's shows that the PDS needs about 54 million tonnes of food grain to ensure provisions for one full year. An additional 20 million tonnes would be needed to universalize the system for one year."

Starvation deaths have already begun according to reports by researchers Thejesh G.N., Kanika Sharma and Aman.

*The Wire* concludes that "With the FCI [Food Corporation of India] godowns [warehouses] filled to the brim with food stocks, it is important to recall Amartya Sen's study of the 1943 Bengal famine in which he found that it was not shortage of food but lack of access to it that led to starvation deaths.

"The people who died in front of well-stocked food shops protected by the state were denied food because of lack of legal entitlement, and not because their entitlements were violated,' Sen wrote in his 1981 book *Poverty and Famines*."

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## **U.S. Nurses' Heroic Defence of Health and Safety Amidst Pandemic and Neo-Liberal Wrecking**

In the midst of the pandemic, the lives of U.S. health care workers and the public are being put at unnecessary risk by government inaction and conflicts between the state and federal governments. As the experience of health care workers in Canada has shown, it is the workers themselves who are defending health and safety standards against governments and employers that have other agendas, especially in the U.S. system that is largely organized to create profit for private interests. From February to the present, National Nurses United and state nursing associations have regularly issued press releases and organized public protests to continue to push nurses' demands.



**Nurses outside the White House honour health care workers who have died from COVID-19 and demand proper protective equipment to do their jobs, April 21, 2020.**

A February 28 National Nurses United press release regarding a patient with COVID-19 treated at the UC Davis Medical Center in California, is indicative of the attitude nurses across the U.S. are facing. The National Nurses United pointed out that the case "highlights the vulnerability of the nation's hospitals to this virus and the insufficiency of current Centers for Disease Control guidelines.

"The single COVID-19 patient admitted to the facility on February 19 has now led to the self-quarantine at home of at least 36 RNs and 88 other health care workers.

"These 124 nurses and health care workers, who are needed now more than ever, have instead been sidelined. Lack of preparedness will create an unsustainable national health care staffing crisis.

"Nurses view the handling of this COVID-19 case as a system failure and not a success. National Nurses United RNs are speaking out because they are dedicated to protecting the health and safety of their patients, health care workers, and the public.



**Protest outside hospital in Antioch, California, March 24, 2020. National Nurses United estimates more than 150 actions have taken place across the U.S. since the shelter-in-place orders were issued in different states.**



"Nurses employed by the University of California medical centres had met with UC officials four times and written repeatedly, starting from January 28, to notify them about the urgency to prepare for coronavirus, make information requests, and offer to work with them. On February 18, UC nurses wrote to Janet Napolitano, the UC system president, to demand increased protection for nurses and patients against the coronavirus. UC Davis nurses on February 11, eight days before this patient was admitted, approached hospital management and asked them to institute infection control plans that already existed and had been in place during the 2014 ebola outbreak, but the hospital did not."

"We know that we can be successful in getting all our hospitals prepared to control the spread of this virus," said Bonnie Castillo, RN, executive director of National Nurses United. "We are committed to working with hospitals and state and federal agencies to be ready. But nurses and health care workers need optimal staffing, equipment, and supplies to do so. This is not the time for hospital chains to cut corners or prioritize their profits. This is the time to go the extra mile and make sure health care workers, patients, and the public are protected at the highest standards."

The following month, in a March 10 press release, the National Nurses United stated, "Registered nurses are outraged to learn that the Centers for Disease Control (CDC) on [March 10] further weakened its guidance on measures to contain COVID-19. These changes include, among other things, rolling back personal protective equipment (PPE) standards from N-95 respirators to allow simple surgical masks; not requiring suspected or confirmed COVID-19 patients to be placed in negative pressure isolation rooms at all times; and weakening protections for health care workers collecting diagnostic respiratory specimens. These are moves that National Nurses United nurses say will gravely endanger nurses, health care workers, patients, and our communities."



From March to the present, nurses have been holding rallies at shift changes to back their demands, as well as actions to defend nurses suspended for refusing to work without being provided the necessary PPE to do their work safely.

### Clashes Between State and Federal Authorities over Equipment



As in Canada, working people are confronted with an economy that is not organized on a self-reliant basis to meet people's needs, in this case to provide the necessary PPE, ventilators and other equipment needed for health care workers and COVID-19 patients. In the U.S. the situation is exacerbated by infighting between federal and state authorities over medical equipment.

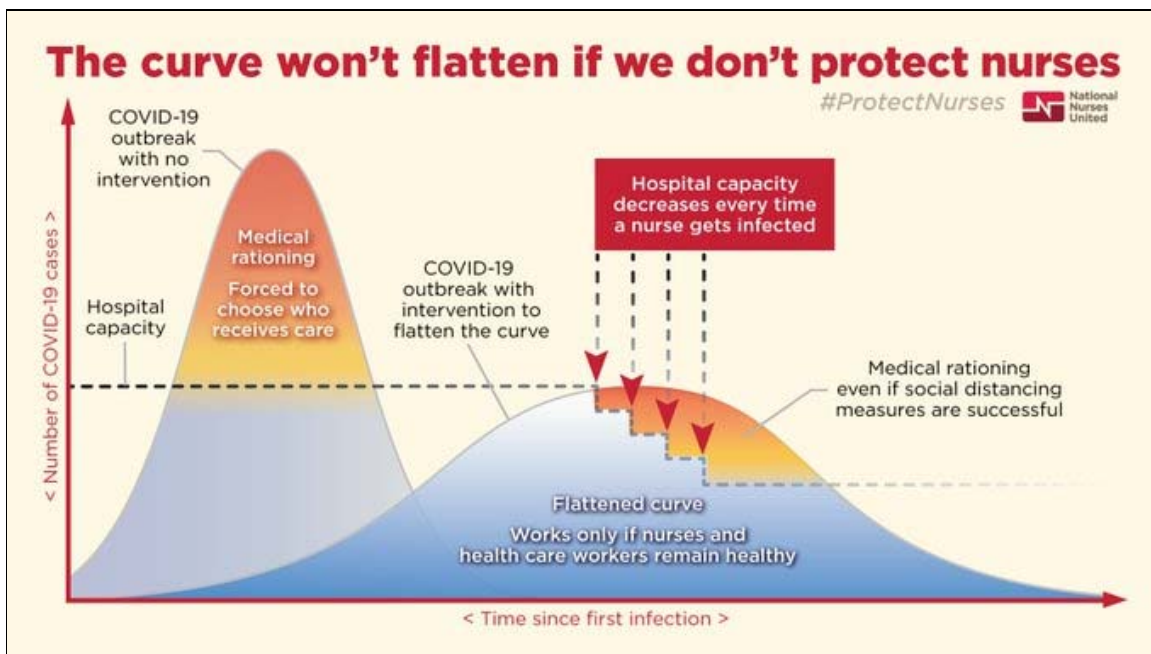
The *New York Times* on April 6 reported that "In Massachusetts, state leaders said they had confirmed a vast order of personal protective equipment for their health workers; then the Trump administration took control of the shipments.

"In Kentucky, the head of a hospital system told members of Congress that his broker had pulled out of an agreement to deliver four shipments of desperately needed medical gear after the supplies were commandeered by the Federal Emergency Management Agency (FEMA).

"Governor Jared Polis of Colorado thought his state had secured 500 ventilators before they were 'swept up by FEMA.'

"For weeks, the Trump administration pushed states to procure their own ventilators and protective gear, like masks, gloves and face shields. But a new effort by the administration to create a hybrid system of distribution -- divided between the federal government, local officials and private health care companies -- has led to new confusion, bordering on disarray, and charges of confiscation."

### Neo-Liberal Wrecking of U.S. Centers for Disease Control and Prevention



The U.S. Centers for Disease Control and Prevention (CDC) is a federal agency under the Department of Health and Human Services. From the beginning of the COVID-19 outbreak, many questions have been raised about the CDC and the lack of timely action and leadership on its part to combat the pandemic.

One initial problem was the CDC's failure to provide reliable COVID-19 tests in January, after the U.S. decided to establish its own test, rather than following the test established by the World Health Organization. The *Washington Post* reported on April 18, "The failure by the Centers for Disease Control and Prevention to quickly produce a test kit for detecting the novel coronavirus



was triggered by a glaring scientific breakdown at the CDC's central laboratory complex in Atlanta, according to scientists with knowledge of the matter and a determination by federal regulators.

"The CDC facilities that assembled the kits violated sound manufacturing practices, resulting in contamination of one of the three test components used in the highly sensitive detection process, the scientists said.

"The cross contamination most likely occurred because chemical mixtures were assembled into the kits within a lab space that was also handling synthetic coronavirus material. The scientists also said the proximity deviated from accepted procedures and jeopardized testing for the virus.

"The *Washington Post* separately confirmed that Food and Drug Administration officials concluded that the CDC violated its own laboratory standards in making the kits. The substandard practices exposed the kits to contamination.

"The troubled segment of the test was not critical to detecting the novel coronavirus, experts said. But after the difficulty emerged, CDC officials took more than a month to remove the unnecessary step from the kits, exacerbating nationwide delays in testing, according to an examination of federal documents and interviews with more than 30 present and former federal scientists and others familiar with the events."

A *New York Times*' report from April 18 notes, "Testing is still rationed in some states and uneven in others, and it can take days before doctors and patients receive results. Many infectious disease and public health experts say testing is nowhere near widespread enough to reopen the country or return to some semblance of normal."

The situation begs the question as to why the CDC was unable to adhere to basic procedures to avoid contamination of its test kits.

In 2017, as part of a federal hiring freeze, 700 positions were left vacant at the CDC, which "officials and researchers say affects programs supporting local and state public health emergency readiness, infectious disease control and chronic disease prevention," the *Washington Post* reported at the time. Even then, "At the National Institutes of Health, staff say clinical work, patient care and recruitment are suffering," the *Post* reported.

More cuts to the CDC have followed in subsequent years, such as an 80 per cent cutback to CDC efforts to contribute to global efforts to fight infectious disease epidemics, such as Ebola.

The situation indicates that the COVID-19 crisis in the U.S. is a direct result of neo-liberal cuts to the very institution meant to prevent mass disease outbreaks, such that the CDC cannot even maintain basic laboratory standards nor play its role to provide national safety guidelines that properly protect health care workers.

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## **Canada Silent as COVID-19 Spreads Among Prisoners in Israeli Jails**

There are an estimated 4,520 Palestinian prisoners in crowded Israeli jails, including men, women and children as young as 14. In the face of well-founded concerns that COVID-19 is spreading in its prisons, a global outcry is rising demanding Israel release Palestinian prisoners, particularly women and children and those held without charge under so-called "administrative detention." But Peter Larson, Chair of the Ottawa Forum on Israel/Palestine (OFIP), says that so far, Canada,

which claims to be a "friend of the Palestinian people," has not shown any interest.



Larson informs that Palestinian prisoners are held in over a dozen prisons across Israel and the West Bank. Torture is often used at the interrogation centres.

For years Palestinian human rights organizations have used Prisoners' Day (April 17) to shed light on Israel's repressive policies toward its Palestinian prisoners in the West Bank and Gaza, Larson points out.

According to the Gaza-based Palestinian Centre for Human Rights, these include:

- inhuman and cruel detention conditions;
- psychological and physical torture, and solitary confinement;
- administrative detention;
- unjust military orders and decisions; and
- a ban on visits from medical professionals

A recent appeal from Addameer, a West-Bank based prisoner rights organization, called on the international community "to join us in an urgent campaign to free all Palestinian prisoners in order to protect them from COVID-19, particularly in light of the increased restrictions on their rights by the Israeli Prison Service."

The Addameer appeal noted that as of early March 2020, the Israeli Prison Service (IPS):

- halted all family and lawyers' visits for Palestinian prisoners,
- postponed all trial proceedings in the military courts
- stopped bringing Palestinians undergoing pre-trial detention or interrogation for their detention extensions. [...]
- barred Palestinian prisoners' legal representatives from direct communication with their clients



**Palestinian artists paint street mural marking Prisoner's Day, April 17, 2020.**

Around the world, human rights organizations have taken up the issue of the spread of COVID-19 among prisoners with alarm, Larson informs. "I urge all states to release all those detained without a lawful basis, including those held in violation of human rights obligations," said Michelle Bachelet, UN Commissioner for Human Rights.

Larson points out that in fact, Israel did announce the release of approximately 400 Israeli prisoners to curb the spread of the coronavirus, but this does not appear to have included any Palestinians.

Larson also informs that in the U.S., the Friends of Sabeel North America, a Christian organization, has launched a petition urging that the USA bring pressure on Israel to release its Palestinian prisoners. The U.S. Campaign for Palestinian Human Rights (USCPR) has launched its own campaign toward the same end.



Larson decries the fact that Canada has not showed any concern. A letter sent to Canada's Mission in Ramallah three weeks ago asking them to investigate the situation of Palestinian prisoners, has gone unacknowledged and unanswered, he says.

The letter to the Canadian Mission in Ramallah, March 31, 2020, reads:

When our Come and See group was in Ramallah last fall, we met with representatives of Addameer, the Palestinian prisoner rights organization. We got an excellent, detailed briefing on how accused Palestinians are "processed" by Israeli authorities. Most are held for months without charge under "administrative detainment." All are under duress, with poor medical attention. Many are tortured. Now it appears that family visits have also been suspended, which makes any outside surveillance almost impossible.

I have just received an urgent appeal from Addameer indicating that some of these prisoners (still not charged) have now become infected with the COVID-19 virus while under interrogation.

I urge you, as representatives of the Canadian government, to investigate the veracity of these allegations and to make representation to the Israeli government to release those not convicted of any crime.

Thank you in advance

Peter Larson, group leader<sup>[1]</sup>

Anyone who thinks Canada should take up the demand to liberate Palestinian prisoners in Israeli jails is invited to send a note to the Prime Minister, Foreign Affairs Minister, Canadian Ambassador in Tel Aviv, or Canada's Chief representative to the Palestinian Authority in Ramallah. Copies might also be sent to your local MP.

### Note

1. This letter was published in Canada Talks Israel Palestine (CTIP), the weekly newsletter of Peter Larson, Chair of the Ottawa Forum on Israel/Palestine (OFIP). The newsletter aims to "promote a serious discussion in Canada about the complicated and emotional Israel/Palestine issue."

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## British Government Ignores People Who Die in Care Homes

On April 17, the British government admitted for the first time that the figures of the deaths of people in care homes and the community from COVID-19 were false. Matt Hancock, Secretary of State for Health, confirmed that the figures had been "substantially underestimated" as he appeared before the Commons Select Committee. He admitted that there had been more deaths of care home residents than had so far been reported by the Office of National Statistics (ONS), and the share of deaths taking place in homes was higher than so far reported. "I have asked the CQC [Care Quality Commission] to make sure we record the deaths of those who are residents of care homes. They started to collect that data yesterday and it will start to be published shortly."

The *Health Service Journal* commented: "The size of the discrepancy for only a single week to April 3 suggests that a figure of 1,400 total deaths in care homes from COVID-19 given by Care England this week may be a substantial underestimate."<sup>[1]</sup>

With no hard data being recorded by the government and ONS, the National Care Forum after doing a survey demonstrated "a significant increase in coronavirus-related deaths within care homes," which when scaled up suggest that "more than 2,500 care home residents may have died in the homes of suspected or confirmed COVID-19 during last week alone, representing a 193 per cent increase. This analysis suggests that a total of 4,040 people may have died of this illness within UK residential and nursing services before April 13. Factoring in the deaths of individuals who were admitted to hospitals, the figure is a tragic 7,337 deaths amongst our most vulnerable communities."<sup>[2]</sup>



This government admission shows more than the criminal way in which it is handling the



COVID-19 pandemic by ignoring the deaths of patients dying in care homes. This miscounting of deaths shows the whole disregard for human life that has always been evident with the ruling elite and successive British governments. For example, for many years, the "winter crisis" in the National Health Service has seen the unnecessary deaths of patients due to lack of beds, trolley waits and so on, which has never been formally recorded and highlighted by government, let alone the tragic loss of life in care homes in the present pandemic. Also, during the Iraq war, not only did the Blair government of the time criminally commit war crimes by invading Iraq, but it also refused to count the hundreds of thousands killed or maimed in Iraq by their invasion. The pandemic in this respect is playing the role of exposing the criminal disregard and contempt for human life of those in power whose outlook is to serve private interests, not safeguard human life and the public well-being.

Indeed, one of the striking features of the *Coronavirus Act 2020*, which received Royal Assent on March 25, is its perspective of "a reduced workforce, increased pressure on health services and death management processes" and to "introduce new statutory powers which are designed to mitigate these impacts," as the Explanatory Notes to the Act state. The contrast between the safeguarding of public health and well-being, including preventing deaths from the disease, and the Act's focus on "a reduced workforce" and "death management processes" is impossible to ignore.



Moreover, the admission that the government's figures for deaths from COVID-19 are wrong exposes the outdated and unacceptable arrangements, where the lives and concerns of the people are ignored and where the health care workers have little or no say in the arrangements. What health care workers and the people in the community have been fighting for is the necessity for a human-centred system of health and social care that meets the needs of all for hospital, community, mental health and care homes. Central to such a system is the necessity

to empower health workers and care workers to make the crucial decisions. This includes the ability to mobilize the working class and people to their full capacity and with their full involvement, especially in times of crisis, such as the COVID-19 pandemic.

Nothing less is acceptable.

## Notes

1. "Care home deaths substantially underestimated as Hancock moves to speed reporting," by Dave West, *Health Service Journal*, April 17, 2020.
2. "Ring of steel needed to support care homes as deaths double in a week," National Care Forum press release, April 18, 2020.

(*Workers' Weekly*, April 18, 2020.)