

May 30, 2020 - No. 19

Matters of Concern to the Polity

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Reports of the Canadian Armed Forces on Seniors' Homes in Ontario and Quebec

The Crisis Reveals That Decision-Making Power Must Be Taken Out of the Hands of Those Who Are Unfit to Govern

- *Peggy Morton* -

The release of reports from the Canadian Armed Forces (CAF) on conditions in long-term care facilities in Ontario and Quebec has been followed by announcements by Premier Doug Ford in Ontario and Premier François Legault in Quebec in which they promise to address the crisis in long-term and seniors' care. The Ontario report on five long-term care facilities was issued May 20, and released to the media May 26. The report on 25 Quebec homes was released on May 27.

The reports generated major media attention, with the term "abuse" being the most common word used in headlines about the Ontario reports. In response, Ontario's Long-Term Care Minister Merrilee Fullerton said the Ontario government will strike an "independent commission" to examine the province's nursing home sector. Premier Legault announced the government will train and hire 10,000 personal support workers, with guaranteed full-time jobs at \$26 an hour. This

announcement was linked to a request to keep military personnel in the long-term care homes until September, a request that Defence Minister Harjit Sajjan has already rejected.

Care workers and their organizations, families, seniors' advocates and organizations and many others responded by pointing out that they have been exposing the inhuman living and working conditions in seniors' homes for years, and have called for increased investments in seniors' care, an end to private ownership and control, and for a modern and humane seniors' care sector.

Outrage has been expressed across the country that governments respond to the CAF reports but have ignored the reports, studies and inquiries carried out by care workers and their organizations, residents' councils, seniors' advocates, families, academics and others. For years they have exposed the problems of seniors' care and called for increased funding, and a modern seniors' care system where the rights of residents and the workers who care for them are upheld.

The armed forces medical personnel are not trained for the work in long-term care homes, but the governments chose this option in place of mobilizing those willing and experienced in this work. In Quebec, the proposal by the graduating nursing students, who are fully qualified to provide the care needed in the residential and long-term care centres (CHSLDs), was ignored. In Ontario, the registered nurses' regulatory college offered to mobilize retired nurses, nurse practitioners, and student nurses, but the Ford government was not interested. The Ford government turned down a proposal from the Ontario Medical Association (OMA) to set up mobile physician-run COVID-19 assessment centres at long-term care homes. The OMA also offered to provide more administrative support for long-term care homes' medical directors, but this was rejected as well.

Workers report that in Montreal North, military personnel were sent to work in the "hot zones" (where residents are infected with COVID-19), while the workers who are experienced and specialized were sent from the hot zones to the areas where patients were not infected, and this within the same shift. This should never take place from an infection control standpoint, never mind that experienced care workers were replaced by those without training in this work.[1]

It is now also evident that the health and safety of the members of the armed forces too is not well protected. Thirty-nine members of the armed forces working in long-term care homes have become infected with COVID-19. They have been working 12 hours a day, seven days a week.



A serious question arises about why these reports are being given such prominence. The publication of these reports portrays the military as a lead agency in addressing a public health crisis.[2] Despite their hard work, the military personnel have no expertise in providing care or medical or administrative leadership in seniors' care, or in assessing and reporting on the situation. The report from Ontario reinforces what is already well known about the inhumane conditions in care homes, but reports from most of the facilities concentrate on what care aides "failed to do," rather than on the system in which they work and on who runs that system. While in one report, the author is very explicit that short-staffing makes it impossible for care

workers to properly look after the needs of residents, others blame the staff and seem indifferent to the extreme stress and impossible conditions under which they are working. One report seems most focused on showing that the armed forces personnel are more humane and competent than the care home staff.

A recurring theme is that supply cabinets are locked, there is a lack of basic supplies, even bed linen, and that staff are afraid to use too many supplies. Multiple examples are given of staff not using personal protective equipment (PPE) in accordance with accepted infection control procedures, but no information is provided about whether adequate PPE is provided, how new staff are trained, if at all, or whether time is allocated to permit proper gowning and masking between patients (which it obviously is not). The impression is left of indifferent or incompetent staff.

The individual reports from the five homes in Ontario all had an identical statement to the effect that all the concerns reported had been discussed in a collegial manner with "management" of the homes. The reports say that management indicated they would address the problems. It is not fortuitous that the government was forced to assume control of four of the homes the day following the "collegial discussions" with "management."

Coupled with government pledges to hold a commission into this "mismanagement" all of it is disinformation of the first order. Who are they trying to fool here? Who is this "management" if not representatives of the cartels who have taken over these homes and run them like mafia, receive government funding, steal from the residents and their families and are the gods of plague who created this situation in the first place. What action were the armed forces expecting these cartels to take and what conclusions is the public expected to draw except that the problem lies with incompetent "management."

The reports from the military reek of hidden agendas and motives and certainly point out that those in positions of authority at this time are not fit to govern. Together they are covering up the fact that care workers have been and remain a great asset but they cannot perform their duties so long as the modern system of delivery of health services is hampered by narrow private interests which operate as cartels and coalitions. This refers to the hedge and other funds which operate the homes, the pharmaceutical cartels, the cartels which control the technology at all levels, along with laundry, food and cleaning services -- the lot, as well as the cartel party system of government whose first duty is to make sure the people are deprived of decision-making power. The rights of seniors cannot be provided with a guarantee so long as this remains the case.



Health care workers and professionals have been speaking out for years, on the basis that their working conditions are residents' living conditions, fighting for increased investments in seniors' care. For governments to express shock now, when the army reports what is happening, is a sure indication they intend to do nothing about the situation unless of course it means more state funds can be handed over to private interests who claim this will improve the situation.

The problem facing governments across the country now is that they cannot convince the health care workers, the families, or the working people that the status quo can prevail in seniors' care. They also face the problem that it is the workers, together with the families and seniors themselves, who know what needs to be done and are highly motivated to make it happen.

Calling in the military and suggesting that their report has great significance and authority is evidence of a desperate attempt to preserve the status quo and keep the decision-making power firmly in the hands of the rich, even if it means a military takeover of what used to be public institutions. The crisis reveals that those institutions are a thing of the past, privatization is a

disaster and the decision-making power must be taken out of the hands of those who are unfit to govern.

Notes

1. See "Interview: Benoît Taillefer, Vice-President, Occupational Health and Safety, Workers' Union of the Integrated University Health and Social Services Centre, Montreal North," *Workers' Forum*, May 28, 2020.

2. See "Stepped Up War Exercises During COVID-19: Crash of the Snowbird," Tony Seed, *TML Weekly*, May 23, 2020.

(Photos: TMLW, CUPE Ontario)

A Clumsy Attempt to Find a Role for the Military in Civilian Affairs

- Tony Seed -

Following the release of the report on the conditions in long-term care homes in Ontario this week, CBC defence reporter Murray Brewster, who used to be embedded in Afghanistan by the Department of National Defence, wrote on May 27: "Sending soldiers to long-term care homes seemed like a strange idea -- until they told us what they saw there."^[1]

He writes, "The focused yet compassionate perspective of soldiers in the face of inhumane conditions was precisely the tool needed to rip the lid off conditions in some long-term care homes..." He carefully quotes the daughter of a victim to say this, and even goes so far as to use her to blame the entire debacle of the ruling elites' deliberate policy of permitting the privatization of health care and long-term care on ordinary Canadians -- who have been shouting themselves hoarse about the criminal conditions in both the health system and long-term care homes -- for not speaking out.



"We read newspaper reports. We hear reports. The media sometimes has exposés, and we think, 'Oh, that's terrible,' and then we all go into our little bubbles, and I think we're all guilty of that," Brewster quotes Sylvia Lyon, lead plaintiff in a class action suit following the death of her mother, a resident of the Orchard Villa long-term care home in Pickering, Ont.

"Am I angry? I'm angry at myself. I'm angry at all of us. I'm angry at the fickleness of human beings [who] do not focus on issues and that we wait for a crisis to happen. I think we all have ourselves to blame as well, and that is a very, very bitter pill to swallow," says the daughter.

The truth is unfortunately more sinister than Brewster's rendition. It is all about systematically introducing the military to play a larger and larger role in civilian life. All the while governments continue to refuse to permit the unions and civil society organizations to play the role that belongs to them by right. All parties banded together to make sure the voice of the people has no expression because the political parties are part of the mafia cartel that justifies imposing the

neo-liberal agenda on society, which is what has caused this debacle in the first place. It is also about getting "civilians" and "civilian life" to conciliate with and support the warmongering of the Trudeau government on the side of U.S. imperialist aims for world domination, under the hoax of our "togetherness." Prime Minister Justin Trudeau said it openly when he declared on April 29, "As we watch the Snowbirds fly over our homes, let's remember that we are all in this together." It is an attempt to disinform the people so that we are deprived of an outlook on the basis of which we can build the country anew in all aspects of life for the well-being of all.

Prime Minister Trudeau issued the following statement on April 30, after six military personnel aboard the HMCS *Fredericton* needlessly lost their lives in a helicopter crash on a NATO war exercise in the Ionian Sea, code-named Operation Reassurance:

"[...] I spoke to NATO Secretary General [Jens] Stoltenberg earlier this morning, who offers support and assistance in the times to come. In the coming days, there will be many questions about how this tragedy occurred. And I can assure you we will get answers in due course.

"[...] In a season of grief, a time of hardship, heartbreak and loss for so many Canadians, the men and women of the Canadian Armed Forces stand tall. Bearing the maple leaf on their shoulders, they are known around the world as beacons of civility, compassion and courage.

"Whether combating terrorism, standing by our partners and allies or supporting peace operations around the world, they do what they always do: step towards danger so the rest of us can stay safe.

"Operation Reassurance is Canada at its best, bolstering security and stability in Central and Eastern Europe."

Four days later the Trudeau Liberals launched his "answer in due course": Operation Inspiration, the cross-Canada aerial tour of the Snowbirds which ended in a fatal tragedy in Kamloops, BC on May 16. That exercise was a NORAD/Northern Command initiative, in concert with Operation Strong America in the United States.

Trudeau like Trump repeatedly refers to the pandemic as a "war." Along with promoting NATO as an instrument of peace, he took pride in making the army available to the Premiers of Ontario and Quebec and Indigenous communities, and equated military personnel with doctors and health care workers as heroes.

The military report on conditions in long-term care facilities in Ontario was written by a high-ranking brigadier-general. From Trudeau's "beacons of civility, compassion and courage" to the CBC's "The focused yet compassionate perspective of soldiers in the face of inhumane conditions was precisely the tool needed to rip the lid off conditions in some long-term care homes..." what the Armed Forces calls "strategic communications" and Trudeau calls providing military "aid to the civil power" is evident for all to see.

In my opinion, the aim of the \$240 million military deployment, code-named "Operation Laser," is not about providing "good Samaritans." It is to enable Canada, Quebec and Ontario to eliminate any role of the people and their organizations in health care -- whose contracts were arbitrarily suspended by the emergency laws -- to unite to deal with and solve such a horrific problem on the basis of securing their rights and the rights of all. It was a neo-colonial intervention in humanitarian guise to deny the hereditary rights of the Indigenous communities at a time of the upsurge in their resistance. It is neither a "strange idea" nor will it succeed.

Note

1. "Why it took an outside-the-box use of the military to rip the lid off Canada's long-term care

crisis," Murray Brewster, CBC, May 27, 2020. Brewster is author, *The Savage War: The Untold Battles of Afghanistan*, Wiley, 2011.

A similar report is "Canada's soldiers have provided a wake-up call for our long-term care system," Samir Sinha and Michael Nicin, *Globe and Mail*, May 28, 2020.

For the Record

Taking Advantage of the Most Vulnerable and Then Passing the Buck

- Diane Johnston -

A CBC news article by John Paul Tasker, dated May 25, 2020, exposes the fact that the company Revera, one of Canada's largest operators of seniors' residences and long-term care homes, is a "wholly owned subsidiary of the Public Sector Pension Investment Board (PSP), a federal Crown corporation charged with investing funds for the pension plans of the federal public service, the Canadian Forces, the Royal Canadian Mounted Police and the Reserve Force."

The PSP was established in 1999 to invest pension funds and generate returns to fund the retirement income of government workers. PSP has \$168 billion in assets under management. It is among the largest institutional investors in the country, with offices in Montreal, New York, London and Hong Kong.

Revera owns and operates dozens of properties across Canada; it also has major holdings in the United States and the UK, with a portfolio of seniors' apartments, assisted-living and long-term care homes.

Revera describes itself as "a leading owner, operator, developer and innovator in the senior living sector. Through its portfolio of partnerships, Revera has several billions in assets and owns or operates more than 500 properties across Canada, the United States and the United Kingdom. With approximately 50,000 employees, Revera serves more than 55,000 seniors."

In Quebec, Revera jointly owns 33 homes, operated by Groupe Sélection, and has a majority ownership stake in Sunrise Senior Living. In a press release dated May 25, the Montreal Central Council of the Confederation of National Trade Unions (CCMM-CSN) and the Federation of Health and Social Services (FSSS-CSN) vigorously condemned Groupe Sélection for its refusal to retroactively pay health care workers working in private seniors' residences the \$2 per hour bonus the Legault government accorded them, beginning March 15.



Through the article, we learn that in Ontario, a \$50 million class action lawsuit was launched against Revera earlier this month on behalf of the families of COVID-19 victims at the company's long-term facilities. The company is being sued for negligence and breach of contract, with the plaintiffs alleging that the facilities lacked "proper sanitation protocols and adequate testing to prevent the spread of COVID-19."

A \$25-million class-action lawsuit has also been filed against the company over its operation of the McKenzie Towne Continuing Care Centre in Calgary, where 21 residents have died of COVID-19 and 63 others have been infected, along with 44 employees.

On May 25, during the Federal Ministers and Health Officials COVID-19 Update, CBC reporter Julie Van Dusen asked Treasury Board President Jean-Yves Duclos if Revera was still under the Public Sector Investment Board, which reports to him. After Duclos confirmed this, Van Dusen asked him if he was in direct talks with Revera about improving its conditions "considering that it's got a massive law suit against it, and all the deaths from COVID?"

"Well," Duclos responded, "there are two things. One, which I cannot comment on [...] is the particular circumstances and details of a lawsuit or a class action. That would be, of course, inappropriate for a minister to comment on. But I can say, however, and as you all know as well and which is very important, is that we are extremely saddened by the difficult circumstances [...] our seniors have been going through in the last few weeks. We know that this requires a level of leadership which is in strong support of the absolutely important responsibility and jurisdiction of the provinces and territories. So although we are mindful of the fact that the federal government needs to be working respectfully, we have signaled a number of times that we want to do whatever we can to support the work of provinces and territories in managing the health sector."

This is the kind of liberal doublespeak Canadians have to put up with in the daily government briefings. It is typical of a corrupt authority to not speak straight and to refuse to take social responsibility for anything. Where pension funds are invested is a big problem in Canada. It is large pools of money which are being invested in heinous ventures but all of this is dismissed as "business decisions" and the hoax that what is good for business is allegedly good for Canadians. It shows that the Authority is not in accord with the Conditions and that it is not fit to govern.

(With files from CBC News, reveralliving.com, CCMM-CSN, CPAC. Photo SIEU)



Union Calls for End to Dividend Payments to Long-Term Care Shareholders



Picket, May 26, 2020 outside Guildwood, long-term care home run by Extendicare, where 29 people have died of COVID-19.

On May 28, the Service Employees International Union (SEIU) Healthcare, which represents over 60,000 frontline healthcare workers in Ontario, issued a statement demanding an end to long-term care shareholder dividends after the monopoly Extendicare revealed at its Annual General Meeting (AGM) that it only spent \$300,000 of its own money to deal with COVID-19, while distributing over \$10,000,000 to shareholders during the pandemic.



SEIU reported that at the Extendicare AGM it was revealed the corporation incurred about \$700,000 in incremental expenses related to COVID-19 measures, of which \$400,000 was covered by the province. When asked if a pandemic risk assessment was ever conducted after the 2007 SARS Commission Report, the President and CEO said "our risk plans did not anticipate this kind of behaviour from an infectious agent."

SEIU points out that even after 80 people died in Extendicare facilities after contracting COVID-19, the company would not commit to cutting the 8 per cent, \$10,000,000 dividend paid to shareholders.

SEIU Healthcare President Sharleen Stewart said: "What I heard today from Extendicare was both alarming and an affirmation of a truly ugly long-term care system. Residents are getting sick and dying. Workers are getting sick and dying. Enough is enough.

"Corporate dividends from companies like Extendicare, Chartwell, and Sienna, can no longer be a part of the delivery of health care equation. SEIU Healthcare will be calling on all governments to stop giving money to health care corporations that pay out rich dividends to private shareholders."

(Photos: SIEU Healthcare)

Ontario Health Coalition Recommendations for Immediate Action at Long-Term Care Homes



Memorial established by families of the 50 residents who had died of COVID-19 as of May 11 at the Camilla Care Community, a long-term care home in Mississauga. As of May 29, 64 residents have now died.

In light of the commitment by Ontario Premier Doug Ford for an independent, non-partisan and transparent commission into long-term care, the Ontario Health Coalition issued an Open Letter on May 28 setting out specific demands for immediate action that cannot and should not wait for the commission. At least 100 health organizations, family councils, health professionals and social organizations, legal clinics, seniors' and retirees' groups as well as cultural organizations and others signed on in support of the Ontario Health Coalition's Open Letter.

The Ontario Health Coalition insists that the commission must be instructed to receive the opinions and statements of families, residents, staff and their associations and unions, public interest groups and advocates and that the entire record of proceedings must be made available to the public. The Ontario Health Coalition also insists that "the Minister of Long-Term Care must use her powers to revoke licences and appoint new management in long-term care homes that have uncontrolled outbreaks and evidence of negligence and poor practices."

The Ontario Health Coalition open letter also sets out specific demands for immediate action by the provincial government to ensure long-term care residents receive humane treatment and care. Among the measures demanded are:

- chronic understaffing must be addressed immediately. The problem cannot be left to the long-term care corporate operators to resolve.
- immediate action must be taken to improve infection control practices, workplace safety and access to Personal Protective Equipment. "Reusing surgical masks patient after patient, resident after resident" is totally unacceptable
- staff who become infected must be supported financially and given time to self-isolate at home. The Ministry currently allows health care facilities to require staff who have tested positive but who are asymptomatic, to continue to report to work!
- action must be taken to ramp up testing and tracking to the province's full capacity. Public hospital laboratories, for example, are not currently doing COVID-19 testing and have unused capacity.
- the province must lift its ban on transferring COVID-19-infected long-term care residents to hospitals where they can receive proper medical treatment and care.



The entire thrust of the Ontario Health Coalition's Open Letter is for the province to immediately act to institute a minimum standard of care in long-term care facilities. "This cannot be left to operators to do on their own." The Ontario Health Coalition says that resources -- both financial and human -- need to be provided by the province to support this. The full text of the Open Letter and the list of organizations that have signed on in support can be found [here](#).

(Photos: TML, SIEU Healthcare)



Abuse of Executive Powers Will Come Back to Bite Quebec Government

- Pierre Chénier -



Health care workers organize a day of action across Quebec, May 27, 2020, under the banner "Mortes de Fatigue" demanding the Quebec government respect their vacations and work schedules.

Using COVID-19 as the excuse, the ruling elite is making broad use of executive powers to attack workers during this period of crisis. This is particularly blatant in Quebec where the executive power has passed a series of orders-in-council and ministerial orders, including the Minister of Health and Social Services' infamous Order 2020-007, dated March 21, 2020. This order gives the government full power to unilaterally cancel the collective agreements of workers in health care and social services and change their working conditions at will. Notably, it provides the minister power to unilaterally suspend or cancel workers' leaves and vacation time and assign personnel wherever administrative bodies decide, irrespective of the person's position or shift or any other provision restricting the mobility of personnel. At no time did the executive power ever explain why it was necessary to pass such an order. Since the beginning of the pandemic, workers in health care and social services very clearly said that they would consider changing some of their working conditions if that was what the situation warranted, while pointing out that they want to have a say and exercise control over such deployments to make sure they are not abusive and inhuman. They point out that they have been very cooperative, even when they felt different deployments were required, but that they cannot be taken for granted.

While the workers are motivated by ensuring the full weight of their numbers and organization are put behind protecting people's health and containing the pandemic, the government is motivated by making sure the workers do whatever they decree and are not able to mobilize themselves in defence of their rights and the rights of all. Use of the executive power is to affirm that the people are powerless and this is done to make sure they do not present any obstacles to the programs which pay the rich. This is why they are ignored, their concerns are marginalized, their voice is silenced and they are even criminalized when they dare to speak or act against the deterioration of conditions in the health and social



services network.

It is important to understand how this process operates. The ministerial order affirms the power to cancel collective agreements and unilaterally change working conditions. It is then left to the Minister and to health administrations to impose these changes in the actual health care facilities.

On May 20, during the cabinet's daily press conference on the pandemic, the Deputy Premier and Minister of Public Security referred to "yesterday's information on the vacations our nurses will be able to take this summer. So I want to be very, very clear on that. Our nurses will be able to enjoy a well-deserved rest this summer. There is no question of preventing our nurses from taking vacations."

If there is no issue of preventing nurses from taking vacations, then why is it written in Ministerial Order 2020-007 that "the sections relating to leave of any nature, with or without pay, **including vacation time, are amended to enable the employer to suspend or cancel leave already authorized, and to refuse to grant new leave.**" (Emphasis added.)

Nurses organized within the Interprofessional Health Care Federation of Quebec (FIQ) have already begun reporting the suspension and cancellation of leaves in various health care facilities. On May 15, ten Confederation of National Trade Unions (CSN) health and social services sector locals in Montreal and Laval warned the Quebec Premier against any suspension or cancellation of vacation time covered under their collective agreements. Nurses on Quebec's North Shore and in Northern Quebec have also informed that the CEOs of various facilities are telling them that by way of the ministerial order, they have the power to do as they please and do not need any input from nurses.



This use of executive powers to suspend or cancel vacation time and dictate working conditions is actually a trademark of the anti-social offensive and rule by decree imposed by government, which is abusive and aimed at ensuring that the aims of the rich to get richer are not hampered. When the Liberal government imposed its health care system reform in 2015, it created mega-institutions directly under the control of the Health Minister. The Minister became the sole deciding authority of the budgets allocated to these institutions that were considered seriously insufficient by workers to cover the needs of the system. The government's reform was peppered with provisions prohibiting institutions from running budget deficits and requiring them to eliminate staff and cut services. This meant that although huge cutbacks were made in institutions, the executive power could claim its hands were clean.

The same thing is taking place today in the government's negotiations with the health care sector

unions. The threat of having one's working conditions decreed is omnipresent. Under the fraud of insufficient funds, and the hoax of increasing the wages of patient attendants, which indeed must be drastically increased, the Quebec government is basically proposing a cost of living increase and the status quo on working conditions for all other workers in the sector. On the basis of this fraud, it fails to address the urgent need to improve the wages and working conditions of all. This fraud diverts attention from the substantive issue of who decides what funds are available and for what.



The government recently proposed that sectoral committees be formed with the trade unions to examine working conditions. It is unclear how this would translate into actual negotiations taking place. Using the ruse that this is a crisis situation and not an appropriate time for lengthy negotiations and that the plight of patient attendants has to be dealt with urgently, the sword of Damocles of a decree on wages and working conditions continues to hang over everyone's head. Whatever the workers do not agree to will be used as an excuse to blame them

for the unnecessary deaths which take place in the health care system, pandemic or no pandemic. This is the cowardly option Doug Ford resorted to, blaming inspectors in Ontario for the disasters in LTC homes, claiming they were not doing their jobs, when the government itself had abandoned even once-a-year minimum quality inspections of each LTC facility with an arbitrary decision that they were for the most part "low risk."

Besides this abuse of power against those who do the work and the public at large, the common thread running through all the examples of executive rule is the fend-for-yourself dictate imposed on workers. Workers who are arbitrarily deployed in every which direction have no backing whatsoever from the authorities in charge of their sector, or the administrations where they are deployed to and from, and their unions are not permitted to intervene in their defence. These workers' sense of duty towards the health and safety of the population is challenged each and every day from the moment they show up for work. They rightly speak out in their own name individually as well as through their unions and *Workers' Forum* and *TML Weekly* also play an important role in smashing the silence on what is really taking place.

The abuse of executive rule is a feature of a totalitarian regime in the service of the financial oligarchy which must not be permitted to take any further hold. On the contrary, it must be relinquished and this must become a fundamental demand of the workers' movement. As it stands, the abuse of executive powers is sure to come back to bite the Quebec government.

(Photos: FIQ, J-F Couto)



Arrogance of Those Who Wreck Social Programs and Reject Accountability

- Christine Dandenault -

At his daily press conference on the COVID-19 pandemic on May 19, Quebec Premier François Legault criticized a demonstration that nurses held that morning in front of the Premier's office in Quebec City.



Health care workers protest outside Premier Legault's office in Quebec City, May 19, 2020.

Nurses, members of the Interprofessional Health Care Federation of Quebec (FIQ) and the FIQ Private Sector (FIQP), gathered in front of the Premier's office to call on the government, and particularly Minister of Health Danielle McCann, to put an end to Ministerial Order 007 and restore the rights of health care professionals. Decreed on March 21, this ministerial order gives the government executive, in the name of the public health emergency it has declared, the power to unilaterally amend the collective agreements and working conditions of workers in the health and social services network. In particular, it gives them the power to unilaterally amend the articles relating to leaves and vacation time so as to allow their suspension or cancellation, and to amend the articles relating to the movement of personnel to allow the assignment of personnel wherever the administrations arbitrarily decide.

During the demonstration, FIQ members asked Minister McCann and the Premier to stop proceeding by ministerial order with regard to the conditions of health care professionals, and, instead to listen to them, who are among those who have held the health care system together for decades, and to recognize their rights. The protest also denounced the Minister's decision to set up a confidential whistleblower hotline. This is yet another attempt to smash the unions in the name of protecting nurses, health care workers and so-called whistleblowers. It shows that everything has become a matter of secret deals because the institutions are no longer public and no longer accountable in any way.

"Quebec is in the process of deconfinement and we are gradually resuming regular activities in the health network. In the meantime, health care professionals are still deprived of their rights. Their employer forces them to work full time, puts an end to holidays and statutory holidays, and disrupts their schedules and vacations. This is not the way they will get through the ordeal of the pandemic; the ministerial order must be stopped quickly and the health care professionals must be allowed to regain their working



conditions," said Nancy Bédard, President of the FIQ.

Instead of supporting the demands of the nurses, whom he likes to call "our guardian angels," the Premier used his daily air time on the development of the COVID-19 situation, which is said to be followed by millions of people in Quebec, to attack the nurses and disinform the public about the purpose of the demonstration and the concerns and demands of FIQ members.

"Earlier, in front of our offices, the nurses' union, the FIQ, held a demonstration. Well, obviously, I'm disappointed," he said. "The FIQ's main demand is to increase the ratios, therefore, to increase the number of nurses. What we have to understand is that since we have been in government, over the past year and a half, we have greatly increased the number of positions, at almost all levels -- nurses, orderlies and others -- but unfortunately, many positions have remained unfilled. So it is a bit theoretical to say: we should increase the number of positions even more, while the positions that are already posted are not being filled. So I understand that this demand is a long-standing one, but we must first recognize that there has been a significant increase in the number of positions, and then the positions have not been filled."



The focus of the event was not the nurse-to-patient ratios. It was about the need to put an end to ministerial orders that decree working conditions and disrupt them at will. It was about the abuse of power by the government executive. The Premier did not say a word about that.

On the issue of ratios, the Premier did not tell the truth, saying that his government is doing everything it can to increase nursing positions, particularly full-time positions, but that the positions are not being filled. He is fully aware of the fact that nurses who apply for full-time positions get caught up in the nightmare of mandatory overtime, impossible hours and the disastrous consequences for their physical and mental health, not to mention the consequences for patient care.

It is unacceptable for a Premier to use a press briefing, which is supposed to provide information on the state of the pandemic and the measures taken to combat it, to attack those who protect us, without them even being present to explain their point of view. The Premier must be held to account for his pathetic attempts to repeat *ad nauseam* that working people are irrational and simply complain because they are self-serving and greedy.

The Premier's credentials are that he is one of those politicians who, beyond the often temporary membership in this or that cartel party depending on what brings them to power or keeps them in power, are part of the apparatus of government executive that has wrecked social programs and public services for 30 years or more in the service of narrow private interests. Needless to say, such credentials do not prepare one to be modest and cultured, or recognize that working people have rights which must be affirmed. They can neither be given nor taken away nor forfeited in any way. It is those who we charge with doing the work who must have the final say on working conditions in the health care system.

Quebec workers have neither forgotten nor forgiven the damage done by these decades of anti-social wrecking. They do not accept that, in the name of the fight against the pandemic and the urgency of the situation, they are to have no say over their working conditions.

(Photos: FIQ)

Cuba's Successes in Health Care

Globe and Mail Ignores Cuba's Contribution to Fight Against Global Pandemic

- Isaac Saney, Canadian Network on Cuba -



Members of the Henry Reeve Brigade in Havana, April 25, 2020, as they prepare to leave for South Africa to fight COVID-19 pandemic.

The following letter was sent to the Globe and Mail on May 13 by Isaac Saney, Co-Chair & Spokesperson, Canadian Network On Cuba and a Cuba Specialist, Dalhousie University in Halifax.

I was quite surprised that the *Globe and Mail's* May 12 article, "Interferon emerges as potential treatment for COVID-19," did not mention Cuba's Interferon Alfa 2B Recombinant (IFNrec), which is gaining an increasing international profile in the fight against COVID-19. Articles have been published in *Newsweek*, *Le Monde Diplomatique*, *International Business Times*, and important scientific journals like *Lancet* and the *World Journal of Pediatrics*. It has been used against various viral infections for which there are no specific therapies available. It has been demonstrated to activate the patient's immune system and to inhibit viral replication. In Cuba, IFNrec has been used to combat outbreaks of dengue hemorrhagic fever and conjunctivitis, as well as treat Hepatitis B and C. It has, also, demonstrated effectiveness in combatting and providing protection against infections caused by various versions of the coronavirus, such as, SARS-CoV (the coronavirus of the 2002 outbreak) and MERS-CoV (the coronavirus of the 2012 outbreak).



While IFNrec is not a panacea, preliminary reports are promising, pointing to its efficacy (combined with other drugs) in treating COVID-19. In Cuba and its medical missions in more than 25 countries, IFNrec is a crucial part of the treatment protocols and is also used as a preventative measure to protect healthcare workers from contagion. China and Spain have incorporated IFNrec into their national protocols and clinical guidelines for COVID-19 treatment, where it is a crucial component of the anti-viral treatment to combat the coronavirus. In China, IFNrec, together with Lopinavir/Ritonavir, is part of a nebulized treatment recommended for patients with COVID-19 pneumonia. Nebulized Interferon Alfa 2B is also recommended as a treatment for children and pregnant women with COVID-19. Although, IFNrec is not the only drug used to confront the COVID-19 pandemic in China, it is one of the most used drugs for the treatment of COVID-19, especially in its aerosol form. Thus, while IFNrec is not a cure, it has shown considerable promise as a therapeutic response to COVID-19.

Many countries are now drawing on Cuba's expertise in fighting COVID-19 as the island nation has treatment regimens for COVID-19, treatments that are not available in Canada or the United States. At present more than 80 countries have requested and sought to use these treatments for confronting the COVID-19 pandemic.

(Photos: J. Hernandez, Adan)

Fidel Versus COVID-19 and Beyond

- Iroel Sánchez -



Fidel at the National Center of Medical Genetics, with Dr. Juan C. Dupuy Núñez, founding coordinator of the Henry Reeve International Medical Contingent Specialized in Disasters and Serious Epidemics. (Granma Archives)

The fact that Cuba's response to the COVID-19 has been far more effective than most countries in the region, including the United States and also several European nations, is a reality that is becoming evident. A health system based on prevention, with a presence in all communities of medical offices, organized by neighbourhood and linked to polyclinics, as well as general and specialized hospitals in all provincial capitals and some of the most important cities, as well as medical schools, along with advanced centres for biomedical research, have made possible active monitoring and surveying to identify asymptomatic patients, to isolate them and provide early

treatment with national protocols and medicines, in addition to the creation of our own technology to test patients, requiring a minimum of costly reagents in pre-existing laboratories in all the country's municipalities.

Cuba lost half of its doctors to the United States in the years immediately following the triumph of the 1959 Revolution, leaving barely 3,000, but today has 95,000, with the highest rate of doctors per inhabitant on the planet.

While the majority of therapeutic clinical trials underway around the world are being conducted to identify treatments to contain the so-called cytokine storm in COVID-19 patients, the inflammatory hyper-response triggered by the disease, Cuba has successfully achieved this with a medicine of its own (CIGB-258). Cuba is working urgently, as are great powers like the United States, Germany, China, Russia and the United Kingdom, to produce a vaccine for the prevention of the disease, and has developed its prototype of a pulmonary ventilator for intensive care patients.

The above, as well as the creation of world-class biotechnology research centres, the training of thousands of highly qualified scientists committed to the health of their people -- who have remained in Cuba, facing shortages and scarcity, despite systematic "brain drain" policies of northern countries to attract talent from the South, which the U.S. blockade intensifies in the Cuban case -- came as the result of Fidel's vision which, beginning in the early 1980s, encouraged the national production of medicines such as interferon; innovative vaccines against diseases, such as Hepatitis B and meningococcal meningitis; monoclonal antibodies for the treatment of different types of cancer, and remedies that are unique in the world, including one that has prevented innumerable amputations for patients with diabetic foot syndrome, among many other achievements.

To be added to all this are innovative brain research and our own diagnostic tools that allow pre-partum detection of congenital defects, diseases present in the blood such as HIV and others, now including COVID-19. All these treatments are available, free or at a symbolic cost, to Cubans at the community level, along with vaccinations against 13 diseases for children.

It was also in the mid-1980s when Fidel began to speak out, as Cuba's medical schools were multiplying and the number of students in health-related specialties growing. Despite the doubts of more than a few skeptics and taunts from his enemies, he insisted that the country would be a world power in medicine.

When, a few years later, the disappearance of the USSR triggered the deepest economic crisis in Cuban history, scientific research centres remained open, while the Comandante en jefe repeated: "This country will live with the creations of our intelligence." The export of medical services is today the main source of foreign exchange for the Cuban economy, despite U.S. government persecution, while the development of innovative biomedical products has also made an important contribution.

Cuba is a world leader in health solidarity, present in the most remote regions of poor countries and offering thousands of scholarships for medical students, in addition to the work of the Henry Reeve internationalist contingent for disaster situations.

It is not far-fetched to emphasize Fidel's role in all of the above. Cubans watched him explain the efforts on television in well-argued presentations, opening doctors' offices, hospitals, polyclinics and scientific centres, and listened to his speeches at med school graduations, not with the demagoguery of a capitalist politician who takes advantage of these occasions for some public relations campaign, but with the knowledge of a person who conceived the project and promoted it down to the last detail; someone who knew the "why and what for" of everything, always

thinking of how the most humble citizen would benefit.

If this were not enough, there is the availability of university institutions throughout the country, with accommodations to house students from distant locations free of charge, which have served as isolation centres during the epidemic, among them a University of Computer Sciences, conceived by Fidel, where thousands of professionals have been trained and applications have been developed for cell phones, including the recently launched app allowing individuals to self-report any COVID symptoms or provide information to health authorities.

Likewise, it was Fidel who promoted the creation of educational television with the needed facilities, which today has allowed general and art education students to continue their learning at home.

What about after the pandemic?

All that is very well, an observer could say, Cuba will undoubtedly overcome the health crisis before others, but what will happen after that, when the impact of intensified U.S. sanctions which have battered the Cuban economy is compounded by the global economic crisis, aggravated by the pandemic with its negative impact on activities such as tourism, which play a key role in generating hard currency for the nation. The economic damage caused by the virus has created enormous challenges for all countries and even more so for one facing the longest economic blockade in history.

As has been stated by the country's leadership, it is essential to make decisive progress in the implementation of economic transformations agreed upon at the VII Congress of the Communist Party here, despite the new, unfavourable conditions,

The Cuban government has indicated that current economic priorities include national production of food, with the goal of producing most of our food on the island, along with fuel savings; limiting imports given our dwindling reserves of foreign exchange; the promotion of exports of all kinds; and the safe opening of tourism when conditions allow. Here too, Fidel's ideas could play a very important role.

The intensive cultivation of high-protein crops, to which the Comandante dedicated his efforts in the last years of his life, has great potential to provide animal feed, according to the UN's Food and Agriculture Organization. Beginning in 2011, alongside Cuban scientists and farmers, Fidel worked on research with moringa, mulberry and tithonia as feed for monogastric (chicken, pig) and polygastric (cattle and sheep) livestock. As occurred with his vision for Cuban medicine and biotechnology, some mocked these projects, but scientific research indicates that the three crops exhibit greater productivity per hectare than soybeans, sunflower and alfalfa, allow up to eight harvests a year, and support high density cultivation.

The extensive, innovative, unique knowledge accumulated by Cuba in this field could be very attractive for foreign investment, both associated with supplying the domestic market and for export. Local development projects, facilitated by authorities granted to municipalities in the new Constitution, could find opportunities in this field, especially with the support of the Sierra Maestra Science, Technology and Innovation Institute, founded in 2018 by the Cuban government, to give continuity to this work initiated by Fidel.

It was also the Comandante who conceived developing the keys off Cuba's coastline for tourism, accessible via roads built over the water during the difficult 1990s, which today have solid infrastructure, including airports. Practically virgin beaches on islets north of the big island, without resident populations, could provide the initial opening to international visitors, after the epidemic is fully controlled, without putting population centers at risk. Hotel companies such as

Meliá and Iberostar are already incorporating health sustainability as a fundamental value in their post-pandemic strategy, and few tourist destinations in the world can compete with what Cuba is able to offer when guarantees and assurances are in place to reopen our borders.

This is not a panacea, which does not exist in economic affairs, even more so in times of uncertainty and crisis at a global level, but it is evident that Fidel is far from being "the one responsible for the economic disaster," as some "Cubanologists" affirm, but rather the contributor of very important ideas for sources of income for a non-oil producing country, without great natural resources or much fertile land, requiring irrigation and fertilization. A country that has not only survived in conditions created by economic siege, but has also developed a project of social justice that provides basic services for all its citizens, that many countries lack, without the problems that are endemic elsewhere, like organized crime and child labour.

In addition to the massive training of highly skilled human resources, clearly an incentive for foreign investment and the export of professional services, as well as globally unique, value-added products, which he promoted, Fidel Castro's tireless work for his people has been not only a decisive factor in ensuring that the humanitarian disaster evident in many other nations, with governments that have opposed his model, has not occurred here. The example he provided of tenacity, service to the people, eagerness for knowledge and scientific rigour, contributes to the development of solutions here that allow Cuba to once again dash the right wing dream of returning our island to the status of "hybrid casino-whorehouse" that some believe possible, in light of the "perfect storm" created by the combination of a tightened economic blockade and the arrival of a virus, which, if anything, has laid bare the unviable nature of the economic, political and social system the Comandante devoted his life to fighting.

(Granma, May 22, 2020. Slightly edited for grammar and style by TML.)

May 25 -- African Liberation Day

End the Exploitation of Africa's Human and Material Resources and Uphold the People's Right to Be



People of the Republic of the Congo, celebrate independence, July 7, 1960 -- one of 17 states in Africa to gain independence that year.

The peoples of Africa and of African descent have a proud history of celebrating African Liberation Day. On this day they mark the victories of their struggles against colonialism and for independence. They pledge to strengthen their unity in the struggle against all exploitation and for the complete liberation of the African continent. Today, at a time the COVID-19 pandemic is raging, *TML Weekly* condemns attempts of foreign powers to enslave Africa anew and commit new acts of genocide against the African peoples under the signboards of humanitarian aid and progress. It is important as never before to oppose the Eurocentric portrayal of Africa, her peoples, her history and their right to be and to condemn continued acts of genocide.

African Liberation Day was born out of the consciousness of the peoples of Africa that their liberation was their own act and part of the world-wide struggle against imperialism and of the united front of the working class and peoples to end the exploitation of persons by persons. It was initiated at the first Conference of Independent African States held in Accra, Ghana, on April 15, 1958, and attended by eight independent African heads of states.[1] That day was declared "Africa Freedom Day" to mark the onward progress of the liberation movement. In 1960, seventeen African states gained their sovereignty marking it as the "Year of Africa". On May 25, 1963, the Organization of African Unity (OAU) was founded in Addis Ababa, Ethiopia, when more than 1,100 people representing 31 African states, 21 African liberation movements and hundreds of supporters and observers were in attendance.[2] The OAU proclaimed that May 25 would from then on be celebrated as "African Liberation Day" to be observed annually and to carry forward the aspirations of the peoples of Africa for freedom, sovereignty and a new society.



African heads of state at founding of the Organization of African Unity, May 25, 1963.

Today the African continent has 55 independent countries. With the exception of French-ruled Djibouti, no outside power directly holds sway over African territory. Despite this, the interference in African affairs of the former colonial powers and other big powers means that issues of African unity, independence and self-determination pose themselves as sharply as ever.

African Liberation Day 2020 comes at a time when the U.S. and British imperialists along with the former colonial powers such as France and Belgium and other countries such as Canada which intervenes to protect mining interests, are engaged in renewed attempts to reverse the tide of history and ruthlessly exploit the African continent for its vast human and material resources. It is an unimaginable crime on the part of these powers that their legacy and their present program of globalization have resulted in the African peoples being so impoverished, wracked by divisions

and internecine conflict, while the resources on their territories are so bountiful. Britain would like to erase the memory of its inhuman colonial period when it took the lead in the slave trade and devastated whole peoples and cultures in acts of genocide. Meanwhile the role of the United States in the enslavement of Africans continues and demands for reparations are ringing out.

The world has rejected many of the Anglo-American and Eurocentric values and policies adopted in relation to attempts to subjugate Africa with the utter contempt they deserve but it continues to be the duty of the working class and people of Canada and the former colonial powers to break with and smash the chauvinist illusions promoted by the financial oligarchy and the monopolies that encourage the workers to join with them in taking up the new "white man's burden," by presenting the mission to make the monopolies successful in the global marketplace as being about "bringing development" to Africans. By taking up this duty we establish common cause with the peoples of Africa and the developing world who are struggling to advance on their own course of development and to secure and consolidate complete political and economic independence and to secure a future world which is fit for all human beings.

Hail African Liberation Day!

Notes

1. It was attended by representatives of the governments of Ethiopia, Ghana, Liberia, Libya, Morocco, Sudan, Tunisia, the United Arab Republic (which was the federation of Egypt and Syria) and representatives of the National Liberation Front of Algeria and the Union of Cameroonian Peoples. This conference was significant in that it represented the first Pan-African Conference held on African soil. It was also significant in that it represented the collective expression of African People's disgust with the system of colonialism and imperialism, which brought so much suffering to African People. Further, it represented the collective will to see the system of colonialism permanently done away with. The Talking Drum states about this conference:

"After 500 years of the most brutal suffering known to humanity, the rape of Africa and the subsequent slave trade, which cost Africa in excess of 100,000,000 of her children, the masses of African People singularly, separately, individually, in small disconnected groupings for centuries had said, 'enough'! But in 1958, at the Accra Conference, it was being said in ways that emphasized joint, coordinated and unified action.

"This conference gave sharp clarity and definition to Pan-Africanism, the total liberation and unification of Africa under scientific socialism. The conference as well laid the foundation and the strategy for the further intensification and coordination of the next stage of the African Revolution, for the liberation of the rest of Africa, and eventual and complete unification."

2. By then more than two thirds of the continent had achieved independence from colonial rule.

(Source: www.thetalkingdrum.com. Photos Bettman, *This Is Africa*)

COVID-19 Update

Global Technology Access Pool Launched to Collectively Combat Coronavirus

On May 29, the World Health Organization (WHO) and Costa Rica launched the COVID-19 Technology Access Pool (C-TAP). It was first proposed in March by President Carlos Alvarado of Costa Rica, who joined WHO Director-General Dr. Tedros Adhanom Ghebreyesus at the official

launch of the initiative.

"The COVID-19 Technology Access Pool will ensure the latest and best science benefits all of humanity," said President Alvarado. "Vaccines, tests, diagnostics, treatments and other key tools in the coronavirus response must be made universally available as global public goods."

"Global solidarity and collaboration are essential to overcoming COVID-19," said Dr. Tedros. "Based on strong science and open collaboration, this information-sharing platform will help provide equitable access to life-saving technologies around the world."

A Solidarity Call to Action for countries to join C-TAP states in part:

"The single most important priority of the global community is to stop the COVID-19 pandemic in its tracks; to halt its rapid transmission and reverse the trend of consequential global distress. We know that this goal is only achievable when everyone, everywhere can access the health technologies they need for COVID-19 detection, prevention, treatment and response. Now more than ever, international cooperation and solidarity are vital to restoring global health security, now and for the future. Toward this aim, we call to action key stakeholders and the global community to voluntarily pool knowledge, intellectual property and data necessary for COVID-19. Shared knowledge, intellectual property and data will leverage our collective efforts to advance scientific discovery, technology development and broad sharing of the benefits of scientific advancement and its applications based on the right to health.

"The COVID-19 pandemic has revealed the fallibility of traditional ways of working when it comes to equitable access to essential health technologies. This initiative sets out an alternative, in line with WHO's efforts to promote global public health goods, based on equity, strong science, open collaboration and global solidarity."

A WHO press release explains that participation in C-TAP "will be voluntary and based on social solidarity. It will provide a one-stop shop for scientific knowledge, data and intellectual property to be shared equitably by the global community.

"The aim is to accelerate the discovery of vaccines, medicines and other technologies through open-science research, and to fast-track product development by mobilizing additional manufacturing capacity. This will help ensure faster and more equitable access to existing and new COVID-19 health products.

"There are five key elements to the initiative:

- Public disclosure of gene sequences and data.
- Transparency around the publication of all clinical trial results.
- Governments and other funders are encouraged to include clauses in funding agreements with pharmaceutical companies and other innovators about equitable distribution, affordability and the publication of trial data.
- Licensing any potential treatment, diagnostic, vaccine or other health technology to the Medicines Patent Pool -- a United Nations-backed public health body that works to increase access to, and facilitate the development of, life-saving medicines for low- and middle-income countries.
- Promotion of open innovation models and technology transfer that increase local manufacturing and supply capacity, including through joining the Open COVID Pledge and the Technology Access Partnership (TAP)."

Thus far, 30 countries are participating in C-TAP. They are: Argentina, Bangladesh, Barbados, Belgium, Belize, Bhutan, Brazil, Chile, Dominican Republic, Ecuador, Egypt, El Salvador, Honduras, Indonesia, Lebanon, Luxembourg, Malaysia, Maldives, Mexico, Mozambique, Norway, Oman, Pakistan, Palau, Panama, Peru, Portugal, Saint Vincent and Grenadines, South Africa, Sri Lanka, Sudan, The Netherlands, Timor-Leste, Uruguay and Zimbabwe.

Support for Refugees and Migrants During the Pandemic

- World Health Organization -

A new agreement between WHO and the UN Refugee Agency will strengthen and advance public health services for the millions of forcibly displaced people around the world.

It adds to the agreement signed in 2019 with The International Organization for Migration and is the latest in a series of efforts to prevent public health emergencies and address health needs in refugee and migrant populations.

The World Health Organization (WHO) and UNHCR, the UN Refugee Agency, have signed a new agreement to strengthen and advance public health services for the millions of forcibly displaced people around the world.

A key aim this year is to support ongoing efforts to protect some 70 million displaced people from COVID-19 infection. Around 26 million are refugees, 80 per cent of whom are sheltered in low and middle-income countries with weak health systems.

"The principle of solidarity and the goal of serving vulnerable people underpin the work of both our organizations," said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. "We stand side by side in our commitment to protect the health of all people who have been forced to leave their homes and to ensure that they can obtain health services when and where they need them. The ongoing pandemic only highlights the vital importance of working together so we can achieve more."

The statement comes alongside the news that no migrants or refugees have tested positive for COVID-19 in Serbia. Extensive collaborative efforts from WHO and the Government of Serbia have seen refugees and migrants provided COVID-19 protection equal to that of the host population in the spirit of universal health coverage.

"WHO is working with governments around the world to ensure supply chains remain open and lifesaving health services are reaching all communities," said Director-General Dr. Tedros Adhanom Ghebreyesus.

Health education materials in seven languages were distributed to all migrant centres and NGOs that work with migrants in Serbia. Personal protective equipment (PPE), personal hygiene products and disinfectant were delivered to asylum and migrant reception centres throughout the country.

WHO has primary responsibility for promoting the health of refugees and migrants, with a current focus on prevention and responses during the COVID-19 pandemic. Refugees and migrants face the same health risks as host populations, but due to various barriers -- geography, facilities, discrimination, language and costs -- they may lack access to the health services required to control and treat illness. A recently published *Lancet* article warned of the increasing risks facing

refugees and migrants, particularly those in camp settings where simple preventative measures like social distancing and self-isolation are harder to implement.

In countries that host a large number of refugees and migrants, WHO country offices have been working with ministries of health and other partners in their efforts to prevent and control COVID-19. WHO is also collaborating with other UN agencies to provide interim technical guidance on scaling up outbreak readiness in humanitarian situations, including refugee camp and non-camp settings. Similar guidance has been released specifically for countries in the European and Eastern Mediterranean regions where refugee populations are large.

The WHO Eastern Mediterranean Regional Office (EMRO) has developed a reporting system to monitor the occurrence and trend of COVID-19 among displaced populations in camps and non-camps settings. The WHO Country Offices in Djibouti, Sudan, Lebanon, Syria and Yemen report rumours immediately and aggregate data every week. Also, to enhance interagency coordination for country support, WHO EMRO in collaboration with the International Organization for Migration (IOM), the Economic and Social Commission for Western Asia (ESCWA), and the International Labour Organization (ILO), has established a Regional Taskforce on COVID-19 and Migration/Mobility.

In Bangladesh's Cox's Bazar, WHO is working with governments to secure the health of nearly one million Rohingya refugees and their host community against multiple threats of COVID-19, cyclone and diseases associated with the upcoming monsoon season.

"It is essential that organizations working with refugees and migrants have access to the technical guidance and resources required to prevent and control COVID-19 among displaced populations," said Dr. Zsuzsanna Jakab, Deputy Director-General of WHO.

WHO has been working closely with ministries of health across the world, including in Cambodia, Greece, Lebanon, Mexico, Singapore, Thailand, and Turkey, among others. In Thailand, universal health coverage is available to all migrants and refugees, regardless of legal status. WHO's Thailand Country Office has mobilized resources locally from the Government of Japan to help strengthen surveillance and outbreak response in refugee camps, along with distributing supplies of PPE and commodities. A migrant hotline for COVID-19 in the Khmer, Lao and Burmese languages was also launched.

In Mexico, education materials on the prevention, early detection and management of COVID-19 in shelters for migrants and asylum seekers have been developed. Migrant reception centres have been identified as areas of potentially greater health risk and WHO is promoting the implementation of health protocols for the prevention and early detection of COVID-19 at these points.

The Government of Singapore, with support from WHO, health partners and NGOs, has enhanced risk communication and community engagement with foreign workers in dormitories. A major challenge in reaching this vulnerable group is language barriers, but authorities have found innovative ways to communicate and engage with them in their native languages.

Communication and engagement with vulnerable populations in Singapore is also being expanded by partnering with NGOs, including the Migrant Workers Centre. The group is tapping into its network of more than 5,000 dormitory ambassadors to help communicate and disseminate important messages. These ambassadors are foreign workers themselves and have volunteered to help fellow workers.

The Government of Singapore has also boosted Wi-Fi receptivity in the dormitories and provided SIM cards to workers to enable them to stay connected and informed. They have also opened up

many news and entertainment cable channels to enable viewing on mobile devices.

The recent and rapid increase in population movements across borders has brought into focus the need for extensive data collection on refugee and migrant health concerning public health planning. WHO is promoting research efforts, evidence gathering and increased availability of refugee and migrant health data at the country level. WHO has suggested policy considerations to strengthen health monitoring in these underserved communities.

Technical guidance has also been published on the prevention and control of COVID-19 for refugees and migrants in non-camp settings:

- Scaling-up COVID-19 outbreak in readiness and response operations in camps and camp-like settings;
- Preparedness, prevention and control of COVID-19 in prisons and other places of detention;
- Delivery of immunization services for refugees and migrants.

As the COVID-19 pandemic continues, WHO will maintain connections with governments and ministries of health around the world to provide support in preparing, preventing and responding to the virus.

(May 28, 2020)



On the Global Pandemic for Week Ending May 30

Number of Cases Worldwide

As of May 30, the worldwide statistics for COVID-19 pandemic as reported by Worldometer were:

- Total reported cases: 6,052,261. This is 731,427 more than the total reported on May 23 of 5,320,834. This compares to the increase in cases in the previous week of 676,364.
- Total active cases: 3,009,678. This is 198,384 more than the number reported on May 23 of 2,811,294. The increase in total active cases compared to the previous week was 243,311.
- Closed cases: 3,042,583. This is 529,552 more than the number reported on May 23 of 2,513,031. This compares to an increase in the previous week of 433,053.
- Deaths: 367,287. This is 27,026 more deaths than on May 23, when the toll was 340,261. This compares to an increase in the previous week of 31,276.
- Recovered: 2,675,296. This is up 502,589 from the May 23 figure of 2,172,707 and compares to an increase the previous week of 401,714 recoveries.

These figures indicate that the higher number of closed cases worldwide this week is due to an increased number of recoveries, rather than an increased number of deaths.

There were 125,511 new cases on May 29, the highest one day increase ever, as part of an overall trend of an increasing rate of daily new cases. This surpasses the previous high mark set on May 28 of 116,304 new daily case.

The disease was present in 213 countries and territories, the same as the week prior. Of these, 45 countries had less than 100 cases, as compared to May 23 when there were 48 countries with less

than 100 cases. There are 21 countries/territories without active cases this week, down from 22 the previous week. They are Montenegro (324 cases; 315 recovered; 9 deaths); Faeroe Islands (187 cases, all recovered); Trinidad and Tobago (116 cases; 108 recovered; 8 deaths); Aruba (101 cases; 98 recovered; 3 deaths) French Polynesia (60 cases, all recovered); Macao (45 cases; all recovered); Eritrea (39 cases, all recovered); Timor-Leste (24 cases, all recovered); Belize (18 cases; 16 recovered; 2 deaths); Saint Lucia (18 cases, all recovered); Dominica (16 cases; all recovered); Saint Kitts and Nevis (15 cases, all recovered); the Malvinas (13 cases, all recovered); Montserrat (11 cases, 10 recovered; 1 death); Seychelles (11 cases, all recovered); British Virgin Islands (8 cases; 7 recovered; 1 death); Papua New Guinea (8 cases; all recovered); Caribbean Netherlands (6 cases; all recovered); St. Barth (6 cases, all recovered); Western Sahara (6 cases, all recovered); Anguilla (3 cases, all recovered); Saint Pierre et Miquelon (1 case, recovered).

The five countries with the highest number of cases on May 30 are noted below, accompanied by the number of cases and deaths per million population:

USA: 1,793,530 (1,169,419 active; 519,569 recovered; 104,542 deaths) and 5,421 cases per million; 316 deaths per million

- May 23: 1,645,353 (1,144,470 active; 403,228 recovered; 97,655 deaths) and 4,974 cases per million; 295 deaths per million

Brazil: 468,338 (247,213 active; 193,181 recovered; 27,944 deaths) and 2,205 cases per million; 132 deaths per million

- May 23: 332,382 (175,836 active; 135,430 recovered; 21,116 deaths) and 1,565 cases per million; 99 deaths per million

Russia: 396,575 (224,551 active; 167,469 recovered; 4,555 deaths) and 2,718 cases per million; 31 deaths per million

- May 23: 335,882 (224,558 active; 107,936 recovered; 3,388 deaths) and 2,302 cases per million; 23 deaths per million

Spain: 285,644 (61,565 active; 196,958 recovered; 27,121 deaths) and 6,110 cases per million; 580 deaths per million

- May 23: 281,904 (56,318 active; 196,958 recovered; 28,628 deaths) and 6,030 cases per million; 612 deaths per million

UK: 271,222 (active and recovered N/A; 38,161 deaths) and 3,997 cases per million; 562 deaths per million

- May 23: 254,195 (active and recovered N/A; 36,393 deaths) and 3,747 cases per million; 536 deaths per million

On May 23-24, Brazil overtook Russia as the country with the second highest number of cases. Overall, the rate of daily new cases, daily deaths and total active cases in Brazil continue to increase. Over the past week, the number of new daily cases ranged from 13,051 to an all-time high of 29,526. In the U.S., the rate of daily new cases has fluctuated between 19,031 and 25,069. In Russia, daily new cases ranged 8,371 to 9,434 over the past week. When looking at the other countries with the highest daily new cases on May 29, they are in decreasing order: India, 8,105; Peru, 6,506; Chile: 3,695; Mexico: 3,377; Iran, 2,258; Pakistan, 1,260; and Bangladesh. Of these countries, Brazil, India, Peru, Chile, Mexico and Pakistan all have increasing rates of daily new cases and daily deaths. Daily new cases in the U.S. and Russia appear to have plateaued or decreasing slightly. In Iran, active cases peaked on April 5 with 32,612 cases, going as low as 12,799 cases on May 4. However, since that time, active new cases have risen to 23,234. In the same period, the rate of daily new cases went from 802 on May 2 to as high as 2,392 on May 21.

Cases in Top Five Countries by Region

In Europe on May 30, the three other European countries with the highest number of reported cases after Spain and the UK, listed above, are Italy, France and Germany:

Italy: 232,248 (46,175 active; 152,844 recovered; 33,229 deaths) and 3,841 cases per million; 550 deaths per million

- May 23: 228,658 (59,322 active; 136,720 recovered; 32,616 deaths) and 3,781 cases per million; 539 deaths per million

France: 186,835 (90,318 active; 67,803 recovered; 28,714 deaths) and 2,863 ; 440 deaths per million

- May 23: 182,219 (89,721 active; 64,209 recovered; 28,289 deaths) and 2,792 cases per million; 433 deaths per million

Germany: 183,019 (9,525 active; 164,900 recovered; 8,594 deaths) and 2,185 cases per million; 103 deaths per million

- May 23: 179,713 (12,361 active; 159,000 recovered; 8,352 deaths) and 2,146 cases per million; 100 deaths per million

In Britain on May 26, the British Office of National Statistics (ONS) released a figure for the number of deaths "involving" COVID-19 deaths, a figure based on separate ONS studies tallying all fatalities in which COVID-19 is suspected or mentioned on the death certificate. This figure is substantially higher than the official death toll on May 26 of figure 37,460.

Agence France Presse noted that "Countries have struggled to count their dead from the new disease. Spain took the unusual step [on May 25] of revising down its toll by nearly 2,000 to 26,834. This happened because Spanish officials switched to a new data gathering system that discovered that some deaths were being counted twice.

[...]

"Italy, which bore the initial brunt of the disease in Europe, discovered in early May that there were nearly 11,700 unaccounted deaths in hospitals, care homes and the community between February 20 and March 31 alone. If these deaths were added to the official death toll, Italy's number of COVID-19 fatalities would be similar to those reported by the ONS for Britain on Tuesday.

"Britain is one of the last European countries to start emerging from its coronavirus lockdown.

"Most stores are closed and the few restaurants and cafes that are open only provide take out and delivery service.

"But Prime Minister Boris Johnson intends to reopen schools for younger children on June 1, after easing stay at home orders in May.

"Non-essential retail will resume on June 15 if the virus remains contained, Johnson said."

The *Guardian* reported on May 28 that "Several European countries a few weeks ahead of the UK on the road out of lockdown have experienced local spikes in coronavirus infections, but all have maintained an overall downward trend in new daily cases of the virus.

"Most governments, though, continue to warn of the real threat of a second wave of COVID-19 cases and to insist on the importance of physical distancing if the spread of the virus is not to pick up again as restrictions ease further."

In France, which began lifting lockdown measures on May 11, "Several dozen new coronavirus clusters, some with more than 50 cases, have been detected since. These have been linked to hospitals, abattoirs, hostels, schools and a funeral service. Officials are also seeking to test 400 people who attended an illegal football match in Strasbourg.

"Epidemiologists have said that 1,000 new cases a day represents 'a safe zone' for France. In recent days, between 200 and 400 cases have been recorded, with the R -- or reproduction -- rate at 0.77 in most of the country."

In Germany, multiple sizeable new outbreaks have occurred since lockdown measures began to be eased in late April, including at Amazon logistic centres and in several meatpacking plants around the country. "One slaughterhouse in North Rhine-Westphalia found 270 of its 1,200 workers were infected, while a similar outbreak at another, in Bavaria, boosted the infection rate past 50 per 100,000 residents, the level at which local restrictions must be reimposed," the *Guardian* writes.

In Italy, "The country had a big jump in cases in its hardest-hit region, Lombardy, after it lifted its strictest lockdown measures on 4 May, its second phase of the emergency," the *Guardian* reports. "A week later new infections in the region had risen to 1,000 from a few hundred. Lombardy still accounts for most of the country's 300-600 new daily cases, down from 6,500 daily in March."

In Sweden, the government's strategy of working toward "herd immunity" to avoid strict lockdown measures and an economic shutdown, that has not flattened the curve and resulted in an unnecessarily high number of deaths, has not been borne out. U.S. National Public Radio reported on May 25 that "Sweden's Public Health Agency last week released the initial findings of an ongoing antibodies study that showed that 7.3 per cent of people in Stockholm had developed antibodies against COVID-19 by late April. [Anders Tegnell, chief epidemiologist at Sweden's Public Health Agency] later described the study's figure as a 'bit lower than we'd thought,' adding that the findings represented a snapshot of the situation some weeks ago and he believed that by now 'a little more than 20 per cent' of Stockholm's population should have contracted the virus."

Australian epidemiologist Gideon Meyerowitz-Katz, in a March 30 article explains that "Herd immunity is an epidemiological concept that describes the state where a population [...] is sufficiently immune to a disease that the infection will not spread within that group. In other words, enough people can't get the disease -- either through vaccination or natural immunity -- that the people who are vulnerable are protected."

He goes on to explain that based on its level of infectiousness, herd immunity to the novel coronavirus would require about 70 per cent of the population to have been infected and thus have COVID-19 anti-bodies. "Which brings us to why herd immunity could never be considered a preventative measure," he states.

"If 70 percent of your population is infected with a disease, it is by definition not prevention. How can it be? Most of the people in your country are sick! And the hopeful nonsense that you can reach that 70 per cent by just infecting young people is simply absurd. If only young people are immune, you'd have clusters of older people with no immunity at all, making it incredibly risky for anyone over a certain age to leave their house lest they get infected, forever.

[...]

"Until we have a vaccine, anyone talking about herd immunity as a preventative strategy for COVID-19 is simply wrong. Fortunately, there are other ways of preventing infections from spreading, which all boil down to avoiding people who are sick.

"So stay home, stay safe, and practice physical distancing as much as possible."

From March 29 to May 29, Sweden had 250 to 750 new daily cases, with a steadily rising number of cases. As of May 30, Sweden has 36,476 cases (27,155 active; 4,971 recovered; 4,350 deaths) with its number of deaths per million population four to eight times higher than other Scandinavian countries. Meanwhile, in countries like Taiwan and, especially, Vietnam, more populous countries that implemented lockdowns, social distancing and other measures with great haste, there have been far fewer cases and deaths (Vietnam with a population of over 97 million has just 328 cases no deaths), and economies are reopening.

In Eurasia on May 30, Russia tops the list of five countries with the highest cases in the region, with the figures reported above, followed by:

Turkey: 162,120 (31,668 active; 125,963 recovered; 4,489 deaths) and 1,924 cases per million; 53 deaths per million

- May 23: 154,500 (34,113 active; 116,111 recovered; 4,276 deaths) and 1,834 cases per million; 51 deaths per million

Kazakhstan: 10,382 (5,288 active; 5,057 recovered; 37 deaths) and 554 cases per million; 2 deaths per million

- May 23: 7,919 (3,788 active; 4,096 recovered; 35 deaths) and 422 cases per million; 2 deaths per million

Armenia: 8,927 (5,483 active; 3,317 recovered; 127 deaths) and 3,013 cases per million; 43 deaths per million

- May 23: 6,302 (3,289 active; 2,936 recovered; 77 deaths) and 2,127 cases per million; 26 deaths per million

Azerbaijan: 4,989 (1,806 active; 3,125 recovered; 58 deaths) and 492 cases per million; 6 deaths per million

- May 23: 3,855 (1,410 active; 2,399 recovered; 46 deaths) and 381 cases per million; 5 deaths per million

The Russian Health Ministry announced May 26 that at least 101 medical personnel have died from COVID-19 during the course of fighting the pandemic. A list compiled and maintained by medical personnel themselves has as many as 186 medical personnel who died in the line of duty. Russian President Vladimir Putin admitted at the end of April that "Despite increased production, imports [of personal protective equipment] -- there's a deficit of all sorts of things." Putin said that Russia is producing 100,000 protective suits for medics per day, up from 3,000 a day in March. Lockdown measures began to be lifted gradually in Russia on May 12, at the height of the pandemic when at least 10,000 daily new cases were being recorded. As of May 29, Russia was still recording some 8,500 new daily cases. Its number of active cases have plateaued in the past week, however this appears to be due to an increasing rate of daily deaths.

In this region, besides the high number of cases in Russia, Turkey has steadily brought its number of active cases down from an all-time high of 80,575, while its number of daily deaths has also decreased from more than 100 per day in mid-April, to about 30. However, Kazakhstan, Armenia and Azerbaijan all have increasing rates of new daily cases and daily deaths.

In West Asia on May 30:

Iran: 148,950 (24,389 active; 116,827 recovered; 7,734 deaths) and 1,775 cases per million; 92 deaths per million

- May 23: 133,521 (22,090 active; 104,072 recovered; 7,359 deaths) and 1,592 cases per million; 88 deaths per million

Saudi Arabia: 81,766 (24,295 active; 57,013 recovered; 458 deaths) and 2,352 cases per million; 13 deaths per million
- May 23: 67,719 (28,352 active; 39,003 recovered; 364 deaths) and 1,949 cases per million; 10 deaths per million

Qatar: 52,907 (32,267 active; 20,604 recovered; 36 deaths) and 18,393 cases per million; 13 deaths per million
- May 23: 40,481 (32,569 active; 7,893 recovered; 19 deaths) and 14,078 cases per million; 7 deaths per million

UAE: 33,170 (15,813 active; 17,097 recovered; 260 deaths) and 3,357 cases per million; 26 deaths per million
- May 23: 27,892 (13,853 active; 13,798 recovered; 241 deaths) and 2,824 cases per million; 24 deaths per million

Kuwait: 25,184 (15,717 active; 9,273 recovered; 194 deaths) and 5,905 cases per million; 45 deaths per million
- May 23: 19,564 (13,911 active; 5,515 recovered; 138 deaths) and 4,589 cases per million; 32 deaths per million

In a May 26 interview with the *Tehran Times*, Dr. Christoph Hamelmann, the WHO's representative in Iran, gave a positive assessment of that country's response to the pandemic. Iran is benefiting from strengths in fighting against the coronavirus epidemic, including a strong primary health care system, a production surge within a reasonable time, and a multisectoral response, he said. In the early days of the outbreak, Iran was among the few countries with a self-sustaining plan in the fight the epidemic, after China and south Korea, Dr. Hamelmann said.

"On February 19, the first two cases of coronavirus were confirmed in Iran, but in a short period, Iran developed the right concept asking for China's experience and WHO's support through the country office and a special international WHO expert mission which visited the country in early March.

"At that time, we were aware of only a few symptoms and ways to stop the transmission, for instance, we knew that diagnostic tests must be conducted at a large scale to detect infected people very early because hospital capacities were limited and there would have been medical equipment shortages, he explained.

"So, one of the very important early achievements in Iran was the rapid establishment of a decentralized laboratory testing for COVID-19," he explained.

Iran, to a certain degree, is a good experience to learn from by other countries due to the strong primary health care system, which focuses on promoting health care in rural areas, he added.

The second strength of Iran was a surge in the production of essential commodities needed for the COVID-19 response, as well as all protective tools for health workers in clinics, while the global market is still dealing with shortages, Dr. Hamelmann highlighted.

He went on to explain that thanks to the experience of dealing with the U.S.-led sanctions, Iran made a very early decision on production of the needed items, trying to be self-sufficient and resilient in the health sector, adding that the country has rapidly identified how to scale up existing products and produce new ones. Iran was one of the few countries in the world which developed test kits as soon as possible despite problems such as licensing and evaluation, he explained.

Dr. Hamelmann said that the WHO has been working with Iran's Ministry of Health for the past two years to identify and quantify the impact of sanctions on the health sector. "Although it has

been repeatedly said by all parties [applying sanctions] that there are no direct sanctions on health commodities, we are all aware in practice that there is an impact, particularly on banking transactions, to import essential items. Certain medicines were not available in sufficient volume and some laboratory equipment has been difficult to maintain," he explained. Some suppliers refused to continue business with Iran, which to a certain degree is over-compliance with the sanctions on their side, he said, so when the pandemic started, the health system in Iran was already stressed and affected treatment and diagnosis. However, this was mitigated during the coronavirus crisis through international collaboration and solidarity, and the strategy of further strengthening a resilient health system in Iran, he said.

Regarding sanctions, the U.S. on May 27 announced that it is ending the remaining sanctions waivers in the 2015 Joint Comprehensive Plan of Action (JCPOA), for countries carrying out cooperation with Iran in the field of nuclear energy. The Foreign Ministries of both China and Russia expressed opposition to the U.S. unilateral actions to undermine the JCPOA as an instrument of international security.

In South Asia on May 30:

India: 174,301 (86,589 active; 82,731 recovered; 4,981 deaths) and 126 cases per million; 4 deaths per million

- May 23: 126,308 (70,296 active; 52,258 recovered; 3,754 deaths) and 92 cases per million; 3 deaths per million

Pakistan: 66,457 (40,931 active; 24,131 recovered; 1,395 deaths) and 301 cases per million; 6 deaths per million

- May 23: 52,437 (34,683 active; 16,653 recovered; 1,101 deaths) and 238 cases per million; 5 deaths per million

Bangladesh: 44,608 (34,623 ; 9,375 recovered; 610 deaths) and 271 cases per million; 4 deaths per million

- May 23: 32,078 (25,140 active; 6,486 recovered; 452 deaths) and 195 cases per million; 3 deaths per million

Afghanistan: 14,525 (12,973 active; 1,303 recovered; 249 deaths) and 374 cases per million; 6 deaths per million

- May 23: 9,998 (8,742 active; 1,040 recovered; 216 deaths) and 258 cases per million; 6 deaths per million

Sri Lanka: 1,559 (768 active; 781 recovered; 10 deaths) and 73 cases per million; 0.5 deaths per million

- May 23: 1,068 (399 active; 660 recovered; 9 deaths) and 50 cases per million; 0.4 deaths per million

In the Indian state of Gujarat, the solicitor general has deposed in the Gujarat High court that the government is not testing people because, if tested, more than 70 per cent of the population would test positive and that would cause panic. The Gujarat High Court has rendered 11 rulings against the government in the last two months related to the government's inaction. But the government has not corrected itself revealing the callous attitude of the ruling elite and their "Gujarat Model." Many high courts in India have come forward to help the migrant workers by issuing orders to governments to provide them with appropriate arrangements for travel, food and medicine. Most people however know that no action will be taken. A legal scholar pointed that in the 1970s, more than 2000 court judgements made about land reform have never been implemented. Things have only gotten worse since those times.

Reports from India also point to the inaction by leaders of political parties, trade unions and farmers' unions when it comes to organizing the people to take control of the food grains which are hoarded. Millions of tons of food grains are rotting in warehouses. Even the Supreme Court passed an order more than a decade ago to give food that is rotting in the warehouses to the hungry. The Manmohan Singh government refused to do so. The Modi government is following the same path as are the leaders of other parties, trade unions and farmers' unions whether they call themselves "left and liberal" or followers of Modi. Instead of taking action on Supreme Court judgements, they have surrendered initiative to the ruling elite and reduced themselves to doing charity work. The truth about "Digital India" and "the largest democracy in the world" is stark indeed.

In Southeast Asia on May 30:

Singapore: 34,366 (14,712 active; 19,631 recovered; 23 deaths) and 5,878 cases per million; 4 deaths per million
- May 23: 31,068 (18,050 active; 12,995 recovered; 23 deaths) and 5,315 cases per million; 4 deaths per million

Indonesia: 25,773 (17,185 active; 7,015 recovered; 1,573 deaths) and 94 cases per million; 6 deaths per million
- May 23: 21,745 (15,145 active; 5,249 recovered; 1,351 deaths) and 80 cases per million; 5 deaths per million

Philippines: 16,634 (11,972 active; 3,720 recovered; 942 deaths) and 152 cases per million; 9 deaths per million
- May 23: 13,777 (9,737 active; 3,177 recovered; 863 deaths) and 126 cases per million; 8 deaths per million

Malaysia: 7,762 (1,317 active; 6,330 recovered; 115 deaths) and 240 cases per million; 4 deaths per million
- May 23: 7,185 (1,158 active; 5,912 recovered; 115 deaths) and 222 cases per million; 4 deaths per million

Thailand: 3,077 (59 active; 2,961 recovered; 57 deaths) and 44 cases per million; 0.8 deaths per million
- May 23: 3,040 (68 active; 2,916 recovered; 56 deaths) and 44 cases per million; 0.8 deaths per million

In East Asia on May 30:

China: 82,999 (63 active; 78,302 recovered; 4,634 deaths) and 58 cases per million; 3 deaths per million
- May 23: 82,971 (79 active; 78,258 recovered; 4,634 deaths) and 58 cases per million; 3 deaths per million

Japan: 16,719 (1,591 active; 14,254 recovered; 874 deaths) and 132 cases per million; 7 deaths per million
- May 23: 16,513 (2,712 active; 13,005 recovered; 796 deaths) and 131 cases per million; 6 deaths per million

South Korea: 11,441 (774 active; 10,398 recovered; 269 deaths) and 223 cases per million; 5 deaths per million
- May 23: 11,165 (705 active; 10,194 recovered; 266 deaths) and 218 cases per million; 5 deaths per million

Taiwan: 442 (14 active; 421 recovered; 7 deaths) and 19 cases per million; 0.3 deaths per million
- May 23: 441 (23 active; 411 recovered; 7 deaths) and 19 cases per million; 0.3 deaths per million

Xinhua reported on May 25 that "The central Chinese city of Wuhan conducted 6,574,093 nucleic acid tests to screen novel coronavirus infections between May 14 and 23, according to the local health authority.

"According to the Wuhan Municipal Health Commission, the city performed 1,146,156 tests on Saturday [May 23] alone, more than 15 times the figure on May 14, when Wuhan kicked off a citywide testing campaign. This is to better understand the number of asymptomatic cases or people who show no clear symptoms despite carrying the virus.

"The largest single-day number was on May 22, when the city of about 10 million people performed 1,470,950 nucleic acid tests.

"The decision to expand the tests to cover all those who have not been tested before was made as Wuhan continued to report asymptomatic infections. This raised public concerns as Wuhan reopens its factories, businesses and schools.

"Prior to the campaign, the city had completed over 3 million nucleic acid tests."

In North America on May 30:

USA: 1,793,530 (1,169,419 active; 519,569 recovered; 104,542 deaths) and 5,421 cases per million; 316 deaths per million
- May 23: 1,645,353 (1,144,470 active; 403,228 recovered; 97,655 deaths) and 4,974 cases per million; 295 deaths per million

Canada: 89,418 (34,921 active; 47,518 recovered; 6,979 deaths) and 2,371 cases per million; 185 deaths per million
- May 23: 82,480 (33,636 active; 42,594 recovered; 6,250 deaths) and 2,187 cases per million; 166 deaths per million

Mexico: 84,627 (15,602 active; 59,610 recovered; 9,415 deaths) and 657 cases per million; 73 deaths per million
- May 23: 62,527 (12,813 active; 42,725 recovered; 6,989 deaths) and 486 cases per million; 54 deaths per million

The death toll in the United States has reached more than 100,000, the highest in the world. It is an indictment of the U.S. and its health system. In spite of spending close to 20 per cent of GDP on health, the expenditure to delivery ratio is the worst in the world. The "Medical Industrial Complex" siphons off trillions of dollars to benefit narrow private interests, delivering nothing in return. There is talk about the need to launch a criminal negligence investigation into what the Trump administration is up to. But the heart of the matter goes deeper -- it is all about the medical mafia comprised of insurance companies, pharmaceutical giants, corporate hospitals and "big doctors." There is no accountability; trillions of dollars are handed over to them by the state which this mafia controls.

Even when it became known there was a pandemic, Trump cut off funding for the Centers for Disease Control and other health institutions on February 10. Two years prior to this, Trump had already disbanded the pandemic unit in the national security council. Many believe he should be tried for the murder of thousands of people. Some journalists have installed a "Trump Death Clock" in Times Square in New York City. It records 60,000 deaths due to negligence and inaction by the Trump administration. A Trump advisor referred to U.S. workers as "Stock Capital" ready to go back to work -- bringing to mind the experience of the people in the 18th century when

people were enslaved and referred to as "capital." This reveals the mindset which guides the ruling elite in their policy towards the working class in the U.S.

Besides speculation on how the next election will be conducted and reaction to Trump's antics from various quarters who seek to disassociate themselves from his outrageous behaviour and advice, the talk which dominates the media is that two things were known -- one that the pandemic would come and the U.S. was not prepared, and two that a recession is on its way and will arrive sooner rather than later and that the people will be made to pay dearly with disastrous results. The ruling elite took the path of negligence and inaction on the pandemic while using it to give the cartels and oligopolies trillions of dollars in state funds. Now economists, scholars, and intelligence officials are pointing out that as another recession looms, the third in the last 20 years, no questions will be permitted about the kind of economic system which exists in the U.S. The ruling elite is very conscious of its interests and what is at stake and will do anything in its power, which is considerable, to protect these interests. It is disastrous for the people who are deprived of power.

In the latest attempt at diverting from its illegitimacy and the political crisis within the U.S., by scapegoating China and the WHO, the Trump administration on May 29 announced that the U.S. government is terminating its relationship with the WHO, following up on an arrogant letter sent to the WHO on May 18. "China has total control over the World Health Organization despite only paying \$40 million per year, compared to what the United States has been paying, which is approximately \$450 million a year," Trump said during a press conference at the White House Rose Garden. "Because they have failed to make the requested and greatly needed reforms, we will be today terminating our relationship with the World Health Organization, and redirecting those funds to other worldwide and deserving, urgent global public health needs," Trump said. He made no mention that China on May 18 pledged U.S.\$2 billion to the WHO for the next two years. A report from CNBC points out that "It's unclear exactly what mechanism Trump intends to use to terminate WHO funding, much of which is appropriated by Congress. The president typically does not have the authority to unilaterally redirect congressional funding."

Overall, the number of daily new cases in the U.S. is dropping, however, this is largely the result of decreases in the hard-hit states of New York and New Jersey, while many other states are actually experiencing increasing rates of daily new cases.

In Central America and the Caribbean on May 30:

Dominican Republic: 16,531 (6,777 active; 9,266 recovered; 488 deaths) and 1,525 cases per million; 45 deaths per million

- May 23: 13,989 (5,961 active; 7,572 recovered; 456 deaths) and 1,291 cases per million; 42 deaths per million

Panama: 12,531 (4,665 active; 7,540 recovered; 326 deaths) and 2,908 cases per million; 76 deaths per million

- May 23: 10,267 (3,697 active; 6,275 recovered; 295 deaths) and 2,384 cases per million; 68 deaths per million

Honduras: 4,886 (4,159 active; 528 recovered; 199 deaths) and 494 cases per million; 20 deaths per million

- May 23: 3,477 (2,871 active; 439 recovered; 167 deaths) and 352 cases per million; 17 deaths per million

Guatemala: 4,607 (3,869 active; 648 recovered; 90 deaths) and 258 cases per million; 5 deaths per million

- May 23: 2,743 (2,470 active; 222 recovered; 51 deaths) and 153 cases per million; 3 deaths per million

million

Cuba: 2,005 (163 active; 1,760 recovered; 82 deaths) and 177 cases per million; 7 deaths per million

- May 23: 1,916 (204 active; 1,631 recovered; 81 deaths) and 169 cases per million; 7 deaths per million

In Cuba, Dr. Francisco Durán, Director of Epidemiology of the Ministry of Public Health, reported on May 27 that the country is making the necessary adjustments to enter the post-pandemic phase. "It's very important to maintain restrictive measures and social isolation. Cuba is expected to complete the cycle of the disease within approximately 15 days, during which we need to deliver the final blow to the pandemic," Duran alerted. The pertinent measures to be implemented during the next phase have yet to be announced, however the ministerial structures are currently organizing the post-emergency health stage, a process that will be carried out with full scientific rigour, he informed. Cuba is entering what is known as the "endemic phase," a period in which people must learn how to deal with the disease in their daily life, according to experts. Cuba continues with a positive trend in the ratio of medical discharges to the number of new admissions. In the last 21 days, except for May 25, the country has shown an upward curve in this regard, with more patients discharged from hospitals than new cases.

In South America on May 30:

Brazil: 468,338 (247,213 active; 193,181 recovered; 27,944 deaths) and 2,205 cases per million; 132 deaths per million

- May 23: 332,382 (175,836 active; 135,430 recovered; 21,116 deaths) and 1,565 cases per million; 99 deaths per million

Peru: 148,285 (81,264 active; 62,791 recovered; 4,230 deaths) and 4,503 cases per million; 128 deaths per million

- May 23: 111,698 (63,606 active; 44,848 recovered; 3,244 deaths) and 3,393 cases per million; 99 deaths per million

Chile: 90,638 (51,096 active; 38,598 recovered; 944 deaths) and 4,745 cases per million; 49 deaths per million

- May 23: 61,857 (35,885 active; 25,342 recovered; 630 deaths) and 3,239 cases per million; 33 deaths per million

Ecuador: 38,571 (16,047 active; 19,190 recovered; 3,334 deaths) and 2,189 cases per million; 189 deaths per million

- May 23: 35,828 (29,215 active; 3,557 recovered; 3,056 deaths) and 2,034 cases per million; 174 deaths per million

Colombia: 26,688 (18,922 active; 6,913 recovered; 853 deaths) and 525 cases per million; 17 deaths per million

- May 23: 19,131 (13,874 active; 4,575 recovered; 682 deaths) and 376 cases per million; 13 deaths per million

In Brazil, 157 nurses have died in the course of fighting COVID-19. According to the International Council of Nurses (ICN), this is more than any other country, including the U.S., where at least 146 have died, and the UK where the number is at least 77. More than half of these fatalities in Brazil have taken place in the south-eastern states of Rio de Janeiro and São Paulo where a combined total of over 10,000 people have died. There have been at least 23 nurses that have died in the northeastern state of Pernambuco and 10 in Amazonas state. Brazil's Federal Nursing Council (COFEN) informs that more than 15,000 nurses have been infected by COVID-19.

Manoel Neri, the president of Brazil's federal council of nursing, said nurses were the hidden heroes of Brazil's fight against the pandemic, which has also killed at least 114 doctors. "There's a huge gulf between the way nursing teams and medical teams are treated and the recognition they receive. But they are all on the frontline," Neri said. A recent Brazilian television report showed that at one COVID-19 field hospital in Rio air-conditioned rooms with beds had been prepared for doctors while nurses slept on mattresses on the floor. "Doctors are treated like heroes but our nurses are forgotten," Neri complained. She accused successive governments of neglecting nurses' demands for improved salaries and working conditions.

In Bolivia, *de facto* President Jeanine Áñez and Foreign Minister Karen Longaric have been subpoenaed for testimonies regarding corruption crimes during the state procurement of Spanish ventilators, legislator Edgar Montano, of the Movement Toward Socialism (MAS), said on May 27.

"This investigation will summon Jeanine Áñez, Longaric, and other officials involved in this procurement that became a theft from the pockets of all Bolivian people," Montano announced.

According to Montano, *de facto* President Áñez was allegedly aware of the deal, a purchase that she ordered, and publicly announced herself, in which the government spent more than \$27,000 each for 170 Spanish-made devices, while Bolivian producers had previously offered a price of \$1,000 per unit. Frontline medical workers have also complained that the Spanish ventilators do not meet WHO standards.

"I pledge to pursue this investigation against those who have committed corruption in the purchase of ventilators, and that every penny will be returned to Bolivians. I will continue to work to equip our hospitals with transparency," Áñez posted on Twitter on May 20, a few hours after Bolivia's health minister Marcelo Navajas was arrested and dismissed from his post due to the scandal.

The parliamentary commission investigating the case expects Foreign Minister Longaric to explain why no action was taken after the disclosure of a report underlining the contract's details, submitted by the Bolivian consulate in Barcelona.

As of May 30, Bolivia has reported 8,731 cases of COVID-19 (7,682 active; 749 recovered; 300 deaths).

On May 23, former Bolivian President Evo Morales denounced the coup government of Bolivia for failing to fulfill its promise to provide the country's regions with ventilators, reagents and safety equipment for fighting a pandemic that is starting to spread across the country.

In Africa on May 30:

South Africa: 29,240 (13,536 active; 15,093 recovered; 611 deaths) and 494 cases per million; 10 deaths per million

- May 23: 20,125 (9,624 active; 10,104 recovered; 397 deaths) and 340 cases per million; 7 deaths per million

Egypt: 22,082 (15,692 active; 5,511 recovered; 879 deaths) and 216 cases per million; 9 deaths per million

- May 23: 15,786 (10,705 active; 4,374 recovered; 707 deaths) and 155 cases per million; 7 deaths per million

Nigeria: 9,302 (6,344 active; 2,697 recovered; 261 deaths) and 45 cases per million; 1 death per million

- May 23: 7,261 (5,033 active; 2,007 recovered; 221 deaths) and 35 cases per million; 1 death per million

Algeria: 9,134 (3,074 active; 5,422 recovered; 638 deaths) and 209 cases per million; 15 deaths per million

- May 23: 7,918 (3,080 active; 4,256 recovered; 582 deaths) and 181 cases per million; 13 deaths per million

Morocco: 7,740 (2,160 active; 5,377 recovered; 203 deaths) and 210 cases per million; 6 deaths per million

- May 23: 7,375 (2,605 active; 4,573 recovered; 197 deaths) and 200 cases per million; 5 deaths per million

On May 25, WHO Director-General Dr. Tedros directed his remarks to the situation in Africa, on the occasion of African Liberation Day, stating:

"Today is Africa Day -- an opportunity to celebrate Africa's vitality and diversity, and to promote African unity.

"Africa Day celebrates the birthday of the Organisation of African Unity, which was established on May 25, 1963 -- 57 years ago -- and its successor organization is the African Union, which was established in 2002.

"Today, on Africa Day 2020, we mark the successes and progress made throughout the African continent.

"This year, celebrations are more muted because of the COVID-19 pandemic.

"So far, although around half of the countries in the region have community transmission, concentrated mainly in major cities, Africa is the least-affected region globally in terms of the number of cases and deaths reported to WHO.

"Africa has just 1.5 percent of the world's reported cases of COVID-19, and less than 0.1 percent of the world's deaths.

"Of course, these numbers don't paint the full picture.

"Testing capacity in Africa is still being ramped up and there is a likelihood that some cases may be missed.

"But even so, Africa appears to have so far been spared the scale of outbreaks we have seen in other regions.

"The early set-up of a leaders coalition led by the African Union, under the chairmanship of President Ramaphosa of South Africa were key to rapidly accelerating preparedness efforts and issuing comprehensive control measures.

"Countries across Africa have garnered a great deal of experience from tackling infectious diseases like polio, measles, Ebola, yellow fever, influenza and many more.

"Africa's knowledge and experience of suppressing infectious diseases has been critical to rapidly scaling up an agile response to COVID-19.

"There has been solidarity across the continent. Labs in Senegal and South Africa were some of the first in the world to implement COVID-19 diagnostic testing.

"And beyond that they worked together with Africa CDC and WHO to extend training for laboratory technicians for detection of COVID-19 and to build up the national capacity across the region.

"Furthermore, health clinicians, scientists, researchers and academics from across Africa are collectively contributing to the worldwide understanding of COVID-19 disease.

"For many years and from the outset of this pandemic, WHO has been working through our country offices to support nations in health emergency preparedness and developing comprehensive national action plans to prevent, detect and respond to the virus.

"With WHO support, many African countries have made good progress in preparedness.

"All countries in Africa now have a preparedness and response plan in place, compared with less than a dozen in the first few weeks of the pandemic.

"Forty-eight countries in the region have a community engagement plan in place, compared with only 25 countries 10 weeks ago.

"And 51 have lab-testing capacity for COVID-19, compared with 40 countries 10 weeks ago.

"WHO continues to support Africa with other life-saving supplies.

"As of last week, we have shipped millions of personal protective equipment and lab tests to 52 African countries.

"In the coming weeks we plan further shipments of PPE, oxygen concentrators and lab tests.

"However, we still see gaps and vulnerabilities. Only 19 per cent of countries in the region have an infection prevention and control program and standards for water, sanitation and hygiene in health facilities.

"And disruption to essential health services, such as vaccination campaigns and care for malaria, HIV and other diseases pose a huge risk."

In Oceania on May 30:

Australia: 7,184 (476 active; 6,605 recovered; 103 deaths) and 282 cases per million; 4 deaths per million

- May 23: 7,111 (515 active; 6,494 recovered; 102 deaths) and 279 cases per million; 4 deaths per million

New Zealand: 1,504 (1 active; 1,481 recovered; 22 deaths) and 301 cases per million; 4 deaths per million

- May 23: 1,504 (28 active; 1,455 recovered; 21 deaths) and 312 cases per million; 4 deaths per million

Guam: 165 cases (5 deaths)

- May 23: 160 cases (5 deaths)

French Polynesia: 60 (all recovered) and 214 cases per million

- May 23: 60 (all recovered) and 214 cases per million

New Caledonia: 19 (1 active; 18 recovered)

- May 23: 18 (all recovered)

(With files from news agencies, WHO, the Guardian, Xinhua, PressTV, teleSUR)

Supplement
Discussion of Alternatives

The Need for a New Direction for the Economy



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