



March 28, 2020 - No. 10

**Parliament Convenes to Pass Bill C-13,  
the COVID-19 Emergency Response Act**

## **No to Secret Deals! Parliamentary Negotiations Should Be Broadcast Live!**



### **News and Comment**

- **A Problem that Is Revealing Itself**  
- *Laura Chesnik* -
- **Priorities at a Time of Pandemic**  
- *Peter Ewart* -
  - **All Life Is Worthy of Life!**  
- *Isaac Saney* -
- **Quebeckers Express Their Social Solidarity**
- **Community Responds to Nova Scotia Declaration of COVID-19 State of Emergency**

## **Efforts to Cope with Pandemic, U.S. Sanctions and Paid Assassins**

- **Mounting Opposition to U.S. Sanctions Warfare Amidst COVID-19 Crisis**
- **Vietnam's Proactive Approach to Battling COVID-19**
- **Cuba Increases International Cooperation and Steps Up Measures to Deal with the Pandemic at Home**
  - **U.S. Criminal Threats Against Venezuela Cannot Be Allowed to Stand!**
    - *ALBA Social Movements Canada, Ottawa Branch* -
- **Venezuela's Bolivarian National Armed Forces Reject Latest Vulgar U.S. Attack**
- **Venezuela's Coronavirus Response Might Surprise You**
  - *Leonardo Flores* -

### **For Your Information**

- **Measures Contained in the *COVID-19 Emergency Response Act, Bill C-13***
- **Update on Global Pandemic for Week Ending March 28**

### **Supplement**

- **Peoples of the World Firmly Support the Heroic People of Palestine and Their Right to Be**

---

### **Parliament Convenes to Pass Bill C-13, the *COVID-19 Emergency Response Act***

## **No to Secret Deals! Parliamentary Negotiations Should Be Broadcast Live!**

The cartel parties which have seats in the Parliament of Canada passed Bill C-13, the *COVID-19 Emergency Response Act*, on March 25. The bill was negotiated between the parties and with business interests and between the Premiers in secret negotiations behind the backs of Canadians. It was adopted by both the House of Commons and Senate and given Royal Assent in the name of protecting Canadians during the coronavirus pandemic.

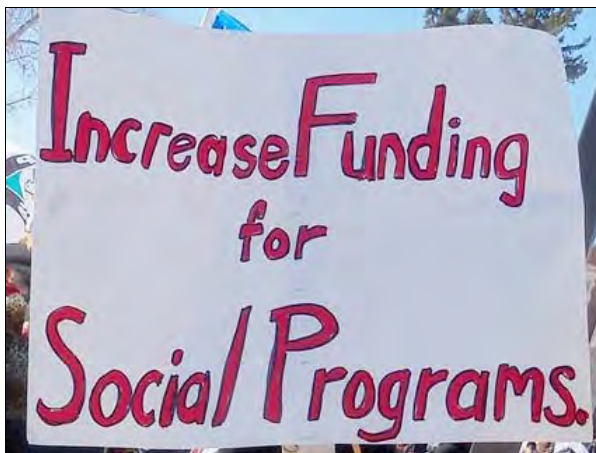
The original proposal from the Liberal Party in power was apparently reorganized after two of the cartel parties objected to its demand for two years of rule by exception. This was reduced to six months, during which the Liberal Party can spend state money without Parliamentary oversight. This is already happening, as two days later, on March 27, Prime Minister Trudeau announced changes to the wage subsidy for businesses, increasing the amount from 10 to 75 per cent.

Rule by exception is emergency police powers. The Act gives the Liberal Party Cabinet executive, in particular the Prime Minister and Minister of Finance, extraordinary powers to adopt measures and spend state money until September 30, 2020 without public or even parliamentary discussion or oversight.

Of course, nothing is known of the details of this horse-trading and what the Liberal Party in power received in return for shortening the term because everything was done in secret behind closed doors. Nothing is known of the arguments employed to suggest why the government needed extraordinary police powers in the first place. Was it argued that the existing governing institutions are inadequate to deal with the situation? Elizabeth May, an MP for the Green Party, even insists the government should go further and put into force the *Emergencies Act*, which replaced the *War Measures Act* in 1988.



What is known is that very little, if any, discussion of why the cartel parties agreed to give the Liberal Party executive emergency police powers has taken place. Discussion on how the needs of Canadians are to be met is reduced to disinforming the public who does not know who is deciding what, let alone participating in making the decisions. The Finance Minister has announced he is spending \$6 billion a week and Canadians are left nonplussed in the face of the situation. They are forced to fend for themselves and try to learn what is happening through stories picked up randomly here and there. The backroom negotiations between the government, the cartel parties, business interests and the Premiers should be televised so that they can all be held to account.



Discussion in the monopoly-owned and controlled mass media has been mostly reduced to either berating the Prime Minister for wanting a two-year limit rather than a shorter one or praising him for taking control of the treasury in a manner which is out of the people's control. It is an illusion that the Parliament represents the interests of the people and must therefore have what is called oversight because this Parliament is the one horse trading and blocking access to the information and organization Canadians need.

To suggest that once the barn door has been opened and the horses let loose Parliament can be convened down the road and close the barn door as if no damage has been done is a bad joke. This chatter diverts from discussion of whose interests are being served by this rule by exception, why this can happen in the first place and, most importantly, the fact that when it comes to looking after seniors, women and children, the Indigenous communities and urban Indigenous populations, the homeless and all the working people, the government is not there for them. In these backroom negotiations only the business interests and the premiers have the money and means to intervene as organized forces to



make sure their interests are being looked after. Canadians are defenceless as far as the government goes.

The refusal to involve Canadians in decision-making and the taboo on discussion of what is relevant and what is not is par for the course, but deteriorates further during rule by exception. Prime Minister Trudeau Sr. used the *War Measures Act* in 1970 to suppress discussion and efforts to create new nation-to-nation relations between Canada and Quebec, unleashing police powers against the people. Also, Trudeau Sr's disgraceful 1969 White Paper, entitled "Statement of the Government of Canada on Indian Policy," proposed destroying any motion towards building respectful nation-to-nation relations with the Indigenous peoples. Trudeau Sr. and his Minister of Indian Affairs Jean Chrétien sought to abolish all previous arrangements and treaties with Indigenous peoples and "incorporate" them into Canada without upholding hereditary or treaty rights. The aim was to impose fee simple or private property relations on all Indigenous territories, without exception, so that the imperialists could seize those lands and exploit them without opposition from the Indigenous inhabitants. Even though the people mobilized massive opposition to defeat the odious White Paper, the unjust colonial line it represents remains to this day. This is evident with the continuing assault of the federal and provincial governments, RCMP and Coastal GasLink on the Indigenous Wet'suwet'en territory and its courageous Land Defenders in northern BC.

The backroom negotiations and sweetheart deals exemplify the typical *modus operandi* of floating a trial balloon to solicit opposition and then modifying the stand to achieve the aims it was originally intended to achieve, and declaring it has the consent of the governed. The action of the cartel parties on Bill C-13, in agreeing to emergency rule by exception so long as a sunset clause of six months permits it to be reviewed, is additional proof of the necessity for democratic renewal and empowerment of the people through new governing forms so that they can represent themselves and serve their own interests by taking decisions openly and publicly that affect their lives. It is very convenient for those who serve private interests to give themselves *carte blanche* to spend money as they see fit. The existing liberal democratic institutions are opposed to empowering the people. The institutions lurch from crisis to crisis pragmatically seeking to benefit from the problems of an imperialist world continually in crisis.



In the case of this crisis, two things are repeated to disinform Canadians. One is that the measures are all in place to protect the people and the other is that everything is being done to avert an economic meltdown. Far from accepting these as being the case, the people must establish their own reference points based on the needs of the real world as they know it so as to make sure they are not disinformed. They must keep the initiative on how all matters are dealt with in their own hands.

A reader of *TML Weekly* commented on the issue with regard to the COVID-19 pandemic: "While the government is capable of giving instructions and then making it the responsibility of individuals to fend for themselves with some financial help on the way but



not soon enough, and is capable of issuing fines and punishing those who don't comply, there is no recognition of the social responsibility of employers and government to protect the whole society by protecting the workers. The high praise for 'essential workers' and front line workers seems to have an element of hope that these workers will continue to work in unsafe conditions, putting themselves and others at risk, out of a sense of duty, without the government and employers standing up for their rights.

"It ain't happening."

## **Using the Crisis to Justify Massive Payments to the Rich**

While the cartel parties claim that all their actions are intended to serve the people and to avert serious "structural damage to the economy," this leaves the vast majority of Canadians with great concern. When terms like "structural damage" are used, it is a warning that the government's main concern is to preserve at any expense this system that maintains the wealth of the financial oligarchy and the ruling elite's domination of the economy at the expense of working people. The pandemic now provides an emergency to justify doing whatever they want.

The *Financial Post* reported on March 27 that "The Bank of Canada cut its benchmark interest rate to effectively zero, while pledging for the first time to create tens of billions of dollars to buy bonds, an approach to monetary policy called quantitative easing, or QE. [...]"

"Along with the interest-rate cut, the central bank said it will begin buying at least \$5-billion worth of government bonds per week until the economy turns around. It will also purchase commercial paper starting next week, but it hasn't yet settled on an amount. The idea is to flood fear out of credit markets by pumping them full of cash."

This follows in the footsteps of the U.S. government which is injecting trillions of dollars into the system.

The Bank of Canada has indicated that it will provide whatever funds are deemed necessary to the banks, hedge funds and other institutions that do not create value, but nonetheless must be guaranteed their profits. The *Financial Post* quotes Bank of Canada Governor Stephen Poloz as saying, "We're doing a tremendous amount. A firefighter has never been criticized for using too much water."

This is who is being served by the decisions of the government and not the needs of the people whose lives have been turned upside down.

## **The Cartel Mafia**

This habit of so-called representatives negotiating behind the backs of the people and then announcing only what the ruling elite want the people to know must stop. This autocratic practice is in contempt of the right of the people to know what decisions are being taken and to participate in taking those decisions by giving their views.

To call a member of parliament a representative of a constituency of people even though the people who are said to be represented do not even know what secret deals are being struck and whom the horse-trading may benefit is in contempt of notions of what democracy means.

These representatives say they represent "the people" but who exactly are "the people" they represent? The financial oligarchy is not "the people." Narrow private business

interests are not "the people." The stock market is not "the people." Down south, President Trump and NY Governor Andrew Cuomo and oligarchs of their ilk are not "the people."

Those entities that call themselves political parties form a cartel party system in Parliament as is also the case in the U.S. Congress and elsewhere. This refers to the fact that political parties long since stopped representing a national interest. They act like a cartel mafia not just figuratively but literally and objectively through their actions. The mafia is a cartel defined as "a close-knit or influential group of people who work together and protect one another's interests or the interests of a particular person." The cartel's aim is to keep everyone else out and control its turf. A criminal or political Capo defines the turf and keeps the cartel's troops in line through either corrupt inducement of one sort or another or violent inducement of one sort or another. Negotiations or turf wars among different cartels may result in a coalition established for a particular aim.

Of course, to broadcast the backroom parliamentary negotiations of a political cartel is considered taboo because it would expose and harm certain private interests or business interests, or give someone an edge or even damage the stock market or at least that is what is said without much elaboration. The secrecy of a criminal cartel needs no further explanation because secrecy gives the cartel strength and protects it from its enemies. The secrecy of a political cartel is also its strength for much the same reasons but also importantly to enforce the mystique of the fictitious person of state that is all powerful and not to be trifled with.

But all this ignores the very real harm the political cartel does by keeping the people out of the deliberations on the direction of the economy, public health and all matters related to war and peace. The more each party spokesperson within the cartel rises to say, "Of course we are acting for the well-being of the public, not our own partisan interests," the sicker any Canadian with a conscience is made to feel.

These so-called representatives do not speak in the name of the people or in the name of their communities and those collectives of workers in charge of producing everything the people need to look after themselves. These cartel politicians have absconded with the people's name and claim to speak in their name without ever having bothered to ask, let alone receive, the people's permission.

Many workers have chosen to deal with the cartel party governments during this coronavirus pandemic by loudly and justly making their claims on what is theirs by right, as they must. Their fight to safeguard their living and working conditions within the conditions and to demand a living stipend for all is exactly the decisive contribution to contain the virus and resolve the crisis in a manner that favours the people.



---

### News and Commentary

## A Problem That Is Revealing Itself

- Laura Chesnik -

A problem that is revealing itself more and more during this COVID-19 pandemic is the necessity for the people to have their own forms of organization in the face of these disasters so as to lead governments to take up their social responsibility under the circumstances. The government and the state are not organized to mobilize the people to

be part of solving problems. Instead they appear to be only capable of doling out public funds, whether to individuals or private interests. Or, they play the role of asking for others to take up solving the problems, such as small and medium-sized businesses. Instead of solving problems using their legal authority they are using their powers to criminalize the response of various individuals to the lack of solutions from the government, such as the issue of hoarding goods or people not staying home for a 14-day quarantine. Both of these are important issues, but the only way the government is capable of dealing with them is issuing orders, shaming or threatening fines or jail time. They are not in any way able or willing to involve the people in forms of organization to contribute to solving the problems themselves such as the need for an internal supply chain of food for all or proper sanitary supplies or medical equipment.

An example of problems which the government should solve, but appears unwilling to do so, is on the issue of providing lodging to health care workers so they don't infect their families. Border towns like Windsor, Niagara Falls and Sarnia in Ontario have many health care workers who work in the U.S. They are going across the border each day to do their vital work and then coming back to Canada and in many cases living with their families, sleeping in their garages, etc. There is a definite objective need for the government to organize accommodations for these workers so they can look after others. In Windsor, as an example, the mayor is asking for hotels to volunteer to take in hospital workers. The whole problem is left to chance and worse, to the whim of a private company, in the hopes they will provide a room. Those that agree are presented as heroes who the workers are supposed to thank. This problem requires the



government to commandeer hotels. In the case where the province owns hotels, such as at casinos, they have the legal authority to easily do so, however municipalities are left begging for hotels to do their civic duty with the caveat that, at the end of the day, these are private business decisions.

Similar problems exist in the provision of food and necessities under the circumstances. All provinces are issuing orders for travellers to go right home after returning and not stop for food or other necessities but to immediately self-isolate for 14 days. This is an important measure. However, no public organization is mobilized to guarantee food and necessities for these people or to check up on them regularly to make sure they are okay. This too is left to chance and creates a dangerous situation where people have to rely on family or friends, and if that is not possible, then they are either to violate the law and risk infecting others or stay home and starve. Neither is an acceptable option. Then there are those who are homeless or those without the means to get food.

Using social media, various initiatives have sprung up to fill the role that the government should be playing for ensuring people are fed, have shelter and are taken care of or that health care workers have proper protective equipment. But, this is on an *ad hoc* basis and



is based on a charity-type mentality of doing what you can for those less fortunate or making do with what you have. It is lofty but not a solution. It is not able to fulfill the right of the people to their basic needs or workers for their proper working conditions. Governments with their legal authority, resources and bureaucracy could put them in the service of solving these problems; however they are not doing so.

The people are seeing they cannot rely on governments to solve these problems. However, the solution is not to respond with charity. The working class is taking the lead to demand that governments and elected officials take up their duty in a socially responsible manner. This first and foremost shows what is required from elected officials to solve actual problems and involve the people in their solution. The working class is showing by example what governments should be doing in times such as these.



---

## Priorities at a Time of Pandemic

- Peter Ewart -

The COVID-19 pandemic that is sweeping the globe has illuminated the serious flaws, gaps and shortcomings of health care in Canada and other countries, as well as the economy as a whole, and underlined the need for new priorities. Extraordinary measures must be taken to deal with the pandemic, but at the same time we need a great reckoning as to what kind of health care and food supply system is needed to confront the challenges of a 21st century globalized world.



The current model of globalization, which has been in place for a number of decades in Canada, the U.S. and other countries, has meant severe cutbacks in public health care and other social services, the chopping up of health services through massive privatization and contracting out to globalized private corporations, long delays and gaps in health care, the deterioration of working conditions for health care personnel, and other problems.

In addition, much of Canada's scientific, pharmaceutical, and medical equipment industries have been hollowed out and sold off to globalized corporations, making

Canada dependent on facilities and manufacturing in the U.S., China and other countries. Indeed, Connaught Laboratories, the last truly independent, Canadian-based pharmaceutical company (which was connected to the University of Toronto), was privatized by the federal government in 1986. In the decades prior to its privatization, Connaught Laboratories was famous in the world for the discovery of insulin, the production of cures for the childhood disease diphtheria, and other developments. Nonetheless, this famed national asset was sold off to a globalized, private monopoly.

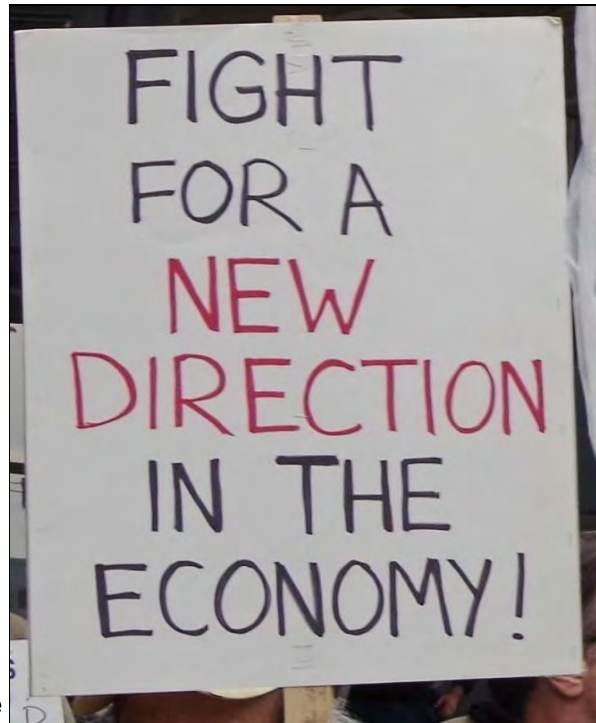
Food supply is related to health care. In that regard, our food supply system is highly skewed and vulnerable. Much of our fruits and vegetables come from California. But how

reliable and secure is this food chain and other foreign-based chains? U.S. President Trump is apparently considering moving troops to the Canadian border which resembles a threat and does not inspire confidence in Canadians, especially if food shortages break out in the U.S.

It is a fact that we live in a globalized world. That is the reality that we must accept. However, that does not mean that we have to accept the current model of globalization in which the interests of large corporations predominate over those of people, where production and supply chains are farmed out all over the world to make maximum profit, and national and local economies are hollowed out. Under this current model, smaller, resource-based communities, like Prince George, Mackenzie and other towns in northern BC are particularly vulnerable.

In this globalized world, strong, diversified and self-reliant local and national economies are absolutely necessary, as is trade for mutual benefit between peoples and countries. Canada has the capabilities to develop its own pharmaceutical and medical equipment industries, as well as strengthen and enlarge our public health care system and scientific institutes. As is so clear in the current pandemic, our health care workers and personnel are heroic. Their full power and talents must be unleashed.

We also have all the ingredients to build local, regional and national food industries that make us more self-reliant and diversified. Canada has abundant energy supplies which could be used to power and heat greenhouses to grow food across the provinces and even in the far north. And there are many other examples.



In any case, in the wake of the pandemic, health care needs to be prioritized. We need a first-class, fully public health system to meet any challenge in the future. And we need a local and national, and more self-reliant food supply. For the immediate period, we must speak out for emergency measures to meet the requirements of everyone in our society. In the overall, we must break with the old globalized economic system and establish new priorities.



---

## **All Life Is Worthy of Life!**

**- Isaac Saney -**

Undisguised eugenicist/social-darwinian/neo-malthusian policies are an inevitable outcome of the capitalist and imperialist system in the 21st century. In the eyes of the global financial oligarchy, some lives are less valuable, even dispensable. During this ongoing COVID-19 crisis, the first expression of these odious developments was the various

pronouncements on the necessity to abandon the elderly to their fate.

Now, in Alabama, a ventilator rationing plan explicitly states that: "Persons with severe or profound mental retardation, moderate to severe dementia, or catastrophic neurological complications such as persistent vegetative state are unlikely candidates for ventilator support." The plan also states: "Children with severe neurological problems may not be appropriate candidates in the pediatric age group."<sup>[1]</sup>

This is reminiscent of the thinking that emerged and was articulated and then translated into practice in Germany in the 1930s of "life unworthy of life."

What was once considered beyond the pale -- supposedly vanquished with the defeat of fascism in the Second World War -- is now overt.

One is forced to ponder, where will this all end? Who next is to be judged as "life unworthy of life"?!

These are not horrendous developments or decisions forced on society due to an unavoidable lack of resources. It is the result of a deliberate decision not to provide those resources. It is not a question of whether we have resources or not, or whether it is possible to "create" those resources in time or not! It is simply a question of the unequal and unjust distribution of wealth and decision-making power, which drives the policies and actions made by governments on what to prioritize.

Trillions can be found for the ruling elite but not for ordinary workers, the exploited and oppressed. In a world of terrible social inequalities in which a privileged few (a tiny fraction of the world's population) monopolize the overwhelming majority of the global wealth, the governments have decided NOT to provide the resources needed to preserve the lives and health of the citizens they supposedly serve and in theory have a social contract with.

The struggle continues! Surely, a better, more just world is possible and necessary!

## **Note**

1. The following is an excerpt from Alabama's Criteria for Mechanical Ventilator Triage Following Proclamation of Mass-Casualty Respiratory Emergency:

"For example, persons with severe mental retardation, advanced dementia or severe traumatic brain injury may be poor candidates for ventilator support. The average life expectancy of persons with mental retardation now spans to the seventh decade and persons with significant neurological impairments can enjoy productive happy lives. Functional assessment for persons with intellectual disability, complex neurological problems, dementia, or mixtures of symptoms should focus on premorbid function in all domains of life including social, intellectual, professional, etc. Persons with severe or profound mental retardation, moderate to severe dementia, or catastrophic neurological complications such as persistent vegetative state are unlikely candidates for ventilator support. Individuals with complex neurological issues such as motor neuron disease, glioblastoma multiforme and others may not be appropriate candidates in a mass casualty situation. Children with severe neurological problems may not be appropriate candidates in the pediatric age group."





## Quebeckers Express Their Social Solidarity

The people of Quebec continue to take various creative initiatives to express their social solidarity and keep spirits high in the face of the COVID-19 pandemic. These popular expressions have taken all sorts of forms.



Many Facebook pages have been created to ensure that people are not alone as social distancing is implemented. Various groups have been created online by parents and their children. Teachers, educators and parents contribute to them to promote educational activities, games, and even scientific experiments that can be tried at home. To cope with the difficulty of keeping children busy, examples are provided of schedules to structure their day, as well as ways to make teenagers aware of measures to adopt in this time of the pandemic.

Teachers and educational workers have taken other initiatives for their primary and secondary students. Some produce videos to talk to their students, to play games, experiment, or simply tell them that they are thinking of them and encourage them to take care of themselves.

To demonstrate people's appreciation of the crucial work being done by all those involved in health care, transportation, the food industry, housekeeping, garbage collection, etc., some citizens suggest that every evening at 8:30 pm, people turn their house or car lights off and on for one minute.

Increasingly, rainbow patterns can be seen in the windows of homes, businesses and other buildings, often accompanied with the words. "It's going to be alright." "Rainbow Hunting" is a children's game started by parents at the beginning of the announced quarantine measures. The aim is to look for "rainbows" in the windows of houses when parents take their children for walks. The initiative spread quickly and can now be found across Quebec. It also assists in keeping the collective morale high.

Other initiatives include dance groups sending an entertainer with a sound system to seniors' residences, where they invite the seniors to dance on their balconies. Others offer their services to people who are vulnerable or who have less income as a result of the pandemic,



such as doing their shopping, filing their income tax returns, bringing food to their door, and so on.

Performers and musicians have been putting their talent in the service of their neighbours and passers-by by performing from their balconies every night.

Local entrepreneurs have also decided to contribute: distillers and micro-breweries in various Quebec regions have transformed their production to make disinfectants. They share their experience and work together to meet everyone's needs.

Whether it was during the earthquake in Haiti on January 12, 2010, the Lac Mégantic tragedy on July 6, 2013, or the massive floods in the spring of 2019, the people of Quebec are always there, searching for and finding ways to express their social solidarity in the face of crises.



---

## Community Responds to Nova Scotia Declaration of COVID-19 State of Emergency

Joining organizations such as the British Columbia Civil Liberties Association (BCCLA, whose March 17 statement is found [here](#)), we are writing to express our deep concern about the current and ongoing well-being of our loved ones and communities, and the Nova Scotia government's declaration of a State of Emergency (under subsection 12(1) of the *Emergency Management Act*) in relation to COVID-19. As a group of Nova Scotia community members, we are committed to expressing our thoughts to ensure our views are incorporated into our government's agenda for the eradication of this serious health threat.

Like the BCCLA, we fully support the need for actions to be taken "by all levels of government that prioritize public health, including measures that resource our public infrastructure for the benefit of all and protect those, such as seniors, precarious workers, Indigenous communities, and homeless people, who are most vulnerable during this pandemic." However, history demonstrates again and again that governments use moments of social crisis to expand power and violate vital constitutional principles, including those set forth in the *Canadian Charter of Rights and Freedoms*, in the name of "public safety." When the declared emergency is over, the expanded powers often become permanent. Given this, we now call on the Nova Scotia and municipal governments, local police and RCMP, Nova Scotia Department of Justice, and the Halifax Board of Police Commissioners to exercise powers (and strictly monitor the exercise of such powers) in this State of Emergency in ways that respect the civil rights and freedoms of every single person and community in Nova Scotia. We are particularly concerned that current practices do not re-enact documented historical and ongoing patterns of state surveillance, policing, and prosecution that disproportionately target Black, Indigenous, and other racialized peoples, people living in poverty, and homeless, the mentally ill, and other vulnerable groups.

With the BCCLA, we point to the long and well-documented history of abuse of power under the federal *War Measures Act* (the predecessor to the federal *Emergencies Act* being weighed for declaration in Ottawa), which was invoked during World War I and II to detain, intern, and seize the property of Canadians defined as "enemy aliens," with

extreme consequences for Japanese Canadians. This abuse of power was also exercised during the 1970 October Crisis to effect thousands of searches and hundreds of detentions, the vast majority of which never led to formal charges. We remind Nova Scotia's authorities that "Emergency" measures are "subject to the *Canadian Charter of Rights and Freedoms*." We also underscore Michael MacDonald's and Jennifer Taylor's "Independent Legal Opinion on Street Checks" (October 2019) on their illegality, and the extensive documentation of the disproportionate impacts of policing on Black people and communities in our province. The Rao and Dixon African Nova Scotian families' recent experiences with police conduct in the immediate wake of this ruling, official condemnations of police racist conduct, and the banning of street checks, have done nothing to assure our communities' faith that racist policing has been meaningfully addressed. These recent examples provide timely reminders of the wilful transgressions of state power as we move into this new State of Emergency in the province related to COVID-19.

Given how institutionalized racism and other intersecting socio-economic inequities shape policing and prosecution, as well as discrepancies in access to public and private resources and space, we are led to question who will be targeted in police enforcement and prosecution of anti-gathering and pro-social distancing measures in the current State of Emergency? How are the disproportionate and specific health concerns of Black, Indigenous, and other vulnerable communities and groups addressed in this public health crisis and this State of Emergency?



We call on communities and all official bodies in Nova Scotia to embrace this crisis as an opportunity to develop and implement practices that produce inclusive and equitable public health and safety practices, through what the BCCLA aptly calls "public infrastructure for the benefit of all," and through holding each other and public authorities, responsible for our collective well-being. Examples of inclusive and equitable public health and safety practices include the following:

- Immediate translation of Emergency and related COVID-19 measures into Mi'kmaw and the languages of Nova Scotia's refugee and immigrant communities to ensure crucial information is equally circulated.
- Clarity on penalties for non-payment of fines and measures to ensure impoverished people are not criminalized or have life- and public-health sustaining funds garnished. We definitively reject the fining of people living in poverty as a disproportionate penalty.
- Clear oversight and accountability measures for police: we demand a complaint mechanism be set up for the public to report abuses specific to the current application of the *Emergency Management Act* and the *Health Protection Act, 2004*.
- Clear rules around police entering property: police must take a harm reduction approach to better ensure that vulnerable people will call for help when needed, particularly those in communities already alienated from the police.



- Immediate clarity is required from authorities regarding ways that exercises of authority during the Emergency will not become street checks. We demand that community members be allowed to refuse to provide personal information, so as not to recreate the racist practice of street checks.

- Clear public communication on exactly what provincial and municipal authorities are doing to address the health of vulnerable communities (Black, Indigenous, and other racialized peoples, people living in poverty, the homeless and precariously housed, the mentally ill, and the disabled) in the context of the COVID-19 pandemic.

- Clear measures to address the health of those still confined in the province's "correctional" and "forensic" institutions for adults and youth, and long-term funding to support housing and health needs of people released from incarceration. Community members are concerned for all people confined in institutions, and note, for example, the over-representation of Black and Indigenous adults, and especially youth, in provincial detention. We also note that the vast majority of those in detention are on remand awaiting trial, and thus have never been convicted of a crime

Signed,

*Concerned Community Members of Nova Scotia Working for Fully Inclusive Health and Safety in the Face of Covid-19, including*

*Department of Social Justice & Community Studies, Saint Mary's University (Benita Bunjun, Val Marie Johnson, El Jones, Darryl Leroux, Rachel Zellars)*

*Dr. OmiSoore Dryden, James R. Johnston Chair in Black Canadian Studies, Faculty of Medicine, Dalhousie University*

*Global Afrikan Congress-NS Chapter*

*Lynn Jones, activist*



---

**Efforts to Cope with Pandemic, U.S. Sanctions and Paid Assassins**

## **Mounting Opposition to U.S. Sanctions Warfare Amidst COVID-19 Crisis**

In his March 27 address to the special Virtual Summit of the G20, called by Saudi Arabia, UN Secretary General António Guterres once again called for a ceasefire of all conflicts between nations so that humanity as one can focus on overcoming the COVID-19 pandemic. He once again called for the lifting of sanctions against countries so that they can employ all the resources needed to fight the virus.

Two days earlier Russia, Syria, Iran, Cuba, China, the Democratic People's Republic of Korea (DPRK), Nicaragua and Venezuela sent a joint letter to the UN Secretary General calling on him to demand that sanctions be lifted on countries that are being hindered in their national efforts against the virus. Additionally, Russia has submitted a resolution to the UN General Assembly calling for the lifting of sanctions against targeted countries, in

order to by-pass the U.S. veto at the UN Security Council.

Guterres pointed out in his speech that "we are in a war and are not winning it. It took the world three months to reach 100,000 confirmed cases of the infection. The next 100,000 happened in just 12 days. The third took four days. The fourth, just one-and-a-half. This is exponential growth and only the tip of the iceberg. This war needs a wartime plan to fight it. Solidarity is essential ... That is why I appealed for a global ceasefire."



The appeal by Guterres has been taken up by many countries who, even before his call, had been in action to assist others. Cuba, for example, while facing brutal U.S. sanctions itself, is expressing once again its legendary internationalism by sending doctors and healthcare workers to help in Italy, Venezuela, Nicaragua, Suriname, Jamaica and Grenada, among other countries. It even offered to help the U.S. but the Trump administration has spurned its generous offer. Not only is the U.S. refusing the help of Cuba to save the lives of U.S. citizens, it has not lifted sanctions against Cuba, and it is tightening sanctions and making war threats against Iran and has put out a bounty for the capture of President Nicolás Maduro of Venezuela on the spurious charge that he is involved in trafficking in narcotics -- all of which are unconscionable criminal acts at a time when the peoples of the world are standing together as one against the pandemic. Additionally, the U.S. has been interfering in the ability of Iran to purchase medical supplies in its fight against the pandemic.

It is noteworthy that in his intervention at the Virtual G20 Summit, Prime Minister Trudeau said, among other things: "We are gravely concerned with the serious risks posed to all countries, particularly developing and least developed countries, and notably in Africa and small island states, where health care systems and economies may be less able to cope with the challenge, as well as the particular risk faced by refugees and displaced persons." What is hidden in that statement is that it is the imperialist system of states, to which Canada belongs, that has exploited and abused these countries and has been directly responsible for their health care and other systems being compromised. Yet these countries are taking pro-active measures under the direction of the World Health Organization to stop the pandemic. Trudeau's concern about small island states can be amply illustrated by the dastardly role Canada has played in Haiti over decades, in tandem with the U.S., to terrorize and exploit the Haitian people, putting their health care and other infrastructure in crisis. Canada too participates in illegal sanctions against the DPRK and other countries and has not seen fit to lift these sanctions in this grave time.

It can thus be seen that while the U.S., Canada and other countries continue to impose sanctions against certain countries, which is directly impeding their ability to cope with the pandemic, there is an increasing global opposition to these criminal acts.

What comes out in sharp relief during this crisis, this defining moment facing humanity, is the social solidarity of the peoples of this world, the lofty acts of Cuba and other nations, and efforts to share information and help one another. In contrast, the pandemic also shows the ugly face of U.S. imperialism and its fellow travellers, who, by continuing

sanctions against Cuba, the DPRK, Iran, Venezuela and others, reveal that they are bereft of any humanity whatsoever. It underscores the political need for humanity to step up the collective battle to bring the U.S. imperialists and their allies to heel, if the nations and peoples of the world are to have a bright and prosperous future.



## Vietnam's Proactive Approach to Battling COVID-19



**Vietnamese family of recovered COVID-19 patient presents flowers to a doctor in the northern province of Vinh Phuc, Feb. 26, 2020. At the time the patient was the last being treated.**

From the get-go, the government of the Socialist Republic of Vietnam has taken all measures to combat COVID-19, including a massive public education and rules enforcement campaign. As of March 28, Vietnam reported 174 cases and no deaths. As soon as the virus appeared in Vietnam, the government struck a National Steering Committee for COVID-19 with the participation of ministers and officials across ministries, led by Deputy Prime Minister Vu Duc Dam, who is determined that Vietnam will keep its number of cases to less than 1,000. Deputy Prime Minister Vu noted that with the people mobilized under the leadership of the Communist Party of Vietnam, and the government and its ministries, the Vietnamese people will defeat the virus. Ministries are responsible for implementing any decision taken by the National Steering Committee. In addition, Vietnam works closely with the World Health Organization, which has provided lab testing resources to the country.

In a recent interview, Professor Le Vu Anh, a public health leader and founding Dean of the Hanoi School of Public Health, pointed out that citizens' health care is a top priority of the government. He explained that health care is organized through four levels of administration -- central, provincial, district and commune -- and at each level there is adequate staffing and infrastructure to support the health of the people. These levels of organization make it possible to undertake a successful public education campaign to



inform the citizens of the danger posed by COVID-19 and involve them in the fight against the virus, he noted.

Professor Le also pointed out that there is public health insurance, and although there are public as well as private health facilities, all are required to be licensed by the state and are regularly monitored to ensure that a thorough job is being done to secure the people's health and well-being.

Reports reveal the level of intervention and support Vietnam gives its citizens when it comes to fighting COVID-19. For example, if a person is sick in a building, the whole building is locked down and the government provides three hot meals a day to everyone in the building at minimal cost until the person recovers. If a person enters the country from abroad, government health officials immediately put them in quarantine for a 14-day period at state expense. Hotels are being opened and rooms made available at subsidized rates for those who wish to move there to self-isolate. This also helps to keep the tourism industry active during the pandemic. These and other measures have proven to be effective means of fighting COVID-19 and Vietnam is showing that the full intervention of the state and the mobilization and active participation of the entire people are the key to successfully containing the virus.

*(Source: Nanh Dan, Orinoco Tribune. Photo: VNA)*



---

## **Cuba Increases International Cooperation and Steps Up Measures to Deal with the Pandemic at Home**



**Despite brutal U.S. blockade against Cuba, yet another Cuban medical team prepares to travel to the European principality of Andorra, bordering Spain, to assist in combatting COVID-19.**

"Humanity faces a common challenge. This pandemic does not respect borders or ideologies. It threatens the lives of all and it is everyone's responsibility to address it," Cuban Foreign Minister Bruno Rodríguez wrote on his Twitter account this week.

In his intervention on March 27 at the Virtual Ministerial Meeting of the Community of Latin American and Caribbean States (CELAC) on Health Issues for the Containment and Monitoring of COVID-19, Rodríguez called for a joint effort to strengthen solidarity and international cooperation to address the pandemic.

He said Cuba provides its modest cooperation to those who request it and is willing to



continue doing so, and affirmed that Our America can emerge victorious supported by solidarity and unity in diversity. In this sense he said political differences must be set aside, to make way for the joint search for the necessary answers, without expecting miraculous aid from the developed North.

He said it was unacceptable that some countries have to deal with the application of arbitrary unilateral coercive measures like those imposed by the United States against Nicaragua and Venezuela, demanding an immediate end to them. He also condemned the campaign of the U.S. government to try and discredit Cuba's medical cooperation by pressuring countries to reject it, noting that it comes right at a time when solidarity among nations is increasing around the world.

"Cuba promotes peace, health, life. We are proud of our health professionals who from this island or different corners of the world have joined the fight against COVID-19. They embody the humanity and solidarity of the Cuban Revolution," he said.

Cuba has so far sent medical teams to assist 14 countries, including Italy and Andorra, which borders the hard-hit countries of Spain and France, in Europe; Jamaica, Antigua and Barbuda, St. Vincent and the Grenadines, Haiti, St. Lucia, Suriname, Grenada, Dominica, St. Kitts and Nevis, and Belize in the Caribbean; and Venezuela and Nicaragua. Most of the 800 health professionals on these missions are members of the specially trained Henry Reeve International Medical Brigade against Disasters and Serious Epidemics, renowned for its work against the Ebola epidemic in Africa. Another 500 doctors, mainly specialists in emergency medicine and therapy, will shortly depart for Argentina.

Cuba also reports that over 45 countries around the world have requested its Recombinant Human Interferon Alpha 2B for use in their treatment regimens for COVID-19, based on favourable results it has obtained in China, Cuba and other countries.

### **Coping with the Pandemic at Home**

Public Health Minister Jose Angel Portal reported on Sunday that as of March 29 Cuba had 139 confirmed COVID-19 cases. These included 114 Cubans and 25 foreigners. There are 124 who are clinically stable, 3 are in critical condition, 3 in serious condition, and 3 have died. One has been evacuated from the country and 4 have been released. He said Cuba is currently in the pre-epidemic stage as community transmission is not yet in evidence.

On March 20 President Díaz-Canel addressed the nation on television, saying "As a state and government, we have the responsibility to protect human lives and the entire social fabric, addressing the situation in a comprehensive manner, with serenity, realism and objectivity. There can be no panic, but no overconfidence either." He announced that as of March 24 non-residents of Cuba would not be allowed to travel to the country, cutting off a major source of the country's income for 30 days. Cuban residents entering that country would be required to undergo 14 days of quarantine. He also called on the population to more seriously practice social distancing and other practices aimed at preventing the transmission of COVID-19.

Of the Cuban residents who returned home from abroad on March 28, 128 went directly to established isolation centers for clinical-epidemiological monitoring. So far 2,317 people, 115 of them foreigners, have spent time and been monitored in those centres. In addition, 30,642 people are in quarantine at home, at the primary care level. Medical students and

members of the Federation of Cuban Women and of Committees for the Defense of the Revolution have visited more than 642,560 families to ensure they have the support needed to confront the pandemic.

Cuba has begun adopting new measures in terms of its internal trade and sectors of the economy where investments will be directed, since its ability to import needed goods cannot be counted on in the coming period.

On March 28 Deputy Prime Minister Alejandro Gil announced that domestic production would be focused on such things as agriculture, hygiene and medications. Minister of Internal Trade Betsy Diaz announced plans for the distribution of food and other necessities in an equitable way, aimed at preventing crowding. Sales of vegetables, proteins and hygiene products will be prioritized, she said, to supply all Cuban households.

*(With files from Prensa Latina, Granma, teleSUR. Photo: teleSUR)*



---

## U.S. Criminal Threats Against Venezuela Cannot Be Allowed to Stand!

- ALBA Social Movements Canada, Ottawa Branch -



After years of brutal sanctions and threats of military intervention against Venezuela, the U.S., frustrated by the failure of all the attempts to impose regime change, has escalated their attacks by accusing Venezuela and President Nicolás Maduro of narco-terrorism and offered a \$15 million reward for his arrest or assassination along with the other leaders of the Bolivarian Revolution.

Only yesterday [March 27], the U.S. was invoking a humanitarian crisis in Venezuela, blaming Maduro and calling for his overthrow in the name of the human rights of the Venezuelan people, to give their umpteenth attempt at regime change some kind of legitimacy. Now that mask has been cast aside and the U.S. is openly resorting to a

blatant form of targeted assassination, a repugnant form of international bounty hunting. This must not pass! Needless to say, the U.S. authorities did not present a single shred of evidence to support their accusations. It is a well-known fact that it is the U.S. through the CIA and its main ally in Latin America, President Duque of Colombia who are the main sources of narco-terrorism in the region.

This dangerous and criminal action of the Trump administration comes at a time when Venezuela and countries around the world are mobilizing their resources to fight the COVID-19 pandemic which is rapidly expanding. Peoples around the world are uniting in an unprecedented international effort to overcome the virus and defend the health and safety of the people. It comes at a time when the U.S. itself has become in recent days the epicentre of the pandemic.

It has been recently reported that eight countries representing around one quarter of all humanity, say that Washington's actions are undermining their response to the COVID-19 pandemic. The governments of China, Cuba, Iran, Nicaragua, North Korea, Russia, Syria and Venezuela -- all under sanctions by the United States -- sent a joint statement to the United Nations Secretary-General, the UN's High Commissioner on Human Rights and the Director General of the World Health Organization calling for an end to the unilateral American economic blockade as it is illegal and a blatant violation of international law and the Charter of the United Nations.



In recent weeks, nations have been calling out for increased cooperation, for a pooling of resources and a setting aside of differences to work together to overcome the planetary pandemic. The times are crying out for new international relations under the banner "One Humanity, One Struggle." The U.S. is intent on running counter to the needs of the people on the world scale and is hindering the forward march of the people with their sanctions, their ongoing wars of aggression and occupation and their plots for regime change. These latest hoodlum activities of the U.S. against Venezuela must not pass!

This latest outrageous provocation by the U.S. administration creates a very dangerous situation for the people of Venezuela and all the ALBA countries. The invitation to violence against the democratically-elected government of Venezuela not only poses a clear threat to the independence and sovereignty of Venezuela but also threatens the stability of the whole region of Latin America and the Caribbean.

The U.S. criminal threats cannot be allowed to stand! The Venezuelan people and their President Nicolás Maduro, deserve the support of Canadians and peoples all over the world against these latest U.S. provocations.

***Hands Off Venezuela!***

*(March 28, 2020. Photos: Alba Movements Canada, PSUV)*



---

## Venezuela's Bolivarian National Armed Forces Reject Latest Vulgar U.S. Attack

*On March 27, after Attorney General William Barr announced that the U.S. government would pay millions of dollars for the handover of President Nicolás Maduro and other named leaders of the Venezuelan state, the following communique was issued by the Bolivarian National Armed Forces of Venezuela (FANB):*

The Bolivarian National Armed Forces categorically reject the extravagant and extreme accusations of the United States Department of Justice against the citizen Nicolás Maduro Moros, Constitutional President of the Bolivarian Republic of Venezuela, our Commander-in-Chief; the citizen General-in-Chief Vladimir Padrino López, Vice President of Political Sovereignty, Security and Peace, and Minister for Defence, as well as other important political and military leaders of the Venezuelan State.

Without shame, this base attack of the U.S. empire occurs precisely at a critical moment experienced by humanity, when it is fighting for life, trying to contain COVID-19, against which the Bolivarian Government, through its civil-military union, is achieving effective results and adequately attending to the basic needs of its population. Likewise, this onslaught arises right after a plot was revealed involving the carrying out of violent acts against recognized authorities of our country from Colombian territory. It seems that their frustrated attempts to overthrow the legitimately constituted government have led them to come up with judicial fantasies, that without a doubt deserve the international community's strong condemnation.

It is obvious that their treacherous intention is to discredit our democratic institutions and render invisible the extraordinary sacrifice that millions of Venezuelans make every day to overcome the sanctions and economic-financial blockade, which has been categorized as a crime against humanity, imposed by the empire itself, and to overcome adversities in order to achieve peace and national development. It can also be easily inferred that they are trying to divert attention from the enormous difficulties their capitalist health system is having dealing with the pandemic currently plaguing us, and from the electoral race for the re-election of Donald Trump, who will go down in history as the most disastrous and irrational of the U.S. presidents.

These accusations, totally devoid of any kind of evidence, are intended to tarnish the morality of a handful of patriots who have dedicated their lives to the service of the Nation, and contrary to what they claim, fight the scourge of drug trafficking generated in Colombia with vehemence and revolutionary ethics. According to the UN Office on Drugs and Crime, it is in Colombia where 70 per cent of the world's cocaine is produced, 93 per cent of which reaches the United States via the Pacific route. In this regard, the magnanimous effort that the FANB has made in combating this illicit activity needs to be highlighted, pointing to the neutralization of more than 189 aircraft used for drug trafficking, all within the framework of the Control Law for the Comprehensive Defense of Aerospace .

President Nicolás Maduro Moros is a renowned social leader forged in union struggles for the demands of the working class, who promotes a humanist and social justice project for our beloved homeland; he has also served as an exceptional Commander-in-Chief. For his



part, General-in-Chief Vladimir Padrino López, is a General with a refined academic and professional career, with great moral authority both inside and outside the institution, at the head of which he has assumed complex challenges for more than five years as Minister of People's Power for Defence. For these reasons, the FANB reaffirms its absolute loyalty and unwavering commitment to continue accompanying them in the battles that we wage permanently to guarantee health, safety, good living and the sacred interests of the Venezuelan people.

Holding firm to the traditions handed down to us by the Liberator Simón Bolívar and the Supreme Commander Hugo Chávez, we reiterate to the entire world that the U.S. empire and its allies will never bend our dignity and irrevocable decision to be free, sovereign and independent.

Chávez lives The homeland continues. Independence and a socialist homeland We will live and win. Always loyal Traitors never!

*(Translated from original Spanish by TML)*



---

## Venezuela's Coronavirus Response Might Surprise You

- Leonardo Flores -



**Venezuelan doctors conduct a COVID-19 house visit.**

Within a few hours of being launched, over 800 Venezuelans in the U.S. registered for an emergency flight from Miami to Caracas through a website run by the Venezuelan government. This flight, offered at no cost, was proposed by President Nicolás Maduro when he learned that 200 Venezuelans were stuck in the United States following his government's decision to stop commercial flights as a preventative coronavirus measure. The promise of one flight expanded to two or more flights, as it became clear that many Venezuelans in the U.S. wanted to go back to Venezuela, yet the situation remains unresolved due to the U.S. ban on flights to and from the country.

Those who rely solely on the mainstream media might wonder who in their right mind would want to leave the United States for Venezuela. Numerous outlets -- including *TIME Magazine*, the *Washington Post*, *The Hill*, the *Miami Herald*, and others -- published opinions in the past week describing Venezuela as a chaotic nightmare. These media outlets painted a picture of a coronavirus disaster, of government incompetence and of a nation teetering on the brink of collapse. The reality of Venezuela's coronavirus response is not covered by the mainstream media at all.

Furthermore, what each of these articles shortchanges is the damage caused by the Trump administration's sanctions, which devastated the economy and healthcare system long before the coronavirus pandemic. These sanctions have impoverished millions of Venezuelans and negatively impact vital infrastructure, such as electricity generation. Venezuela is impeded from importing spare parts for its power plants and the resulting blackouts interrupt water services that rely on electric pumps. These, along with dozens of other implications from the hybrid war on Venezuela, have caused a decline in health indicators across the board, leading to 100,000 deaths as a consequence of the sanctions.

Regarding coronavirus specifically, the sanctions raise the costs of testing kits and medical supplies, and ban Venezuela's government from purchasing medical equipment from the U.S. (and from many European countries). These obstacles would seemingly place Venezuela on the path to a worst-case scenario, similar to Iran (also battered by sanctions) or Italy (battered by austerity and neo-liberalism). In contrast to those two countries, Venezuela took decisive steps early on to face the pandemic.

As a result of these steps and other factors, Venezuela is currently in its best-case scenario. As of this writing, 11 days after the first confirmed case of coronavirus, the country has 86 infected people, with 0 deaths. Its neighbors have not fared as well: Brazil has 1,924 cases with 34 deaths; Ecuador 981 and 18; Chile 746 and 2; Peru 395 and 5; Mexico 367 and 4; Colombia 306 and 3. (With the exception of Mexico, those governments have all actively participated and contributed to the U.S.-led regime change efforts in Venezuela.) Why is Venezuela doing so much better than others in the region?

Skeptics will claim that the Maduro government is hiding figures and deaths, that there's not enough testing, not enough medicine, not enough talent to adequately deal with a pandemic. But here are the facts:

First, international solidarity has played a priceless role in enabling the government to rise to the challenge. China sent coronavirus diagnostic kits that will allow 320,000 Venezuelans to be tested, in addition to a team of experts and tons of supplies. Cuba sent 130 doctors and 10,000 doses of interferon alfa-2b, a drug with an established record of helping COVID-19 patients recover. Russia has sent the first of several shipments of medical equipment and kits. These three countries, routinely characterized by the U.S. foreign policy establishment as evil, offer solidarity and material support. The United States offers more sanctions and the IMF, widely known to be under U.S. control, denied a Venezuelan request for \$5 billion in emergency funding that even the European Union supports.

Second, the government quickly carried out a plan to contain the spread of the disease. On March 12, a day before the first confirmed cases, President Maduro decreed a health emergency, prohibited crowds from gathering, and cancelled flights from Europe and Colombia. On March 13, Day 1, two Venezuelans tested positive; the government cancelled classes, began requiring facemasks on subways and on

the border, closed theaters, bars and nightclubs, and limited restaurants to take-out or delivery. It bears repeating that this was on Day 1 of having a confirmed case; many U.S. states have yet to take these steps. By Day 4, a national quarantine was put into effect (equivalent to shelter-in-place orders) and an online portal called the Homeland System (Sistema Patria) was repurposed to survey potential COVID-19 cases. By Day 8, 42 people were infected and approximately 90% of the population was heeding the quarantine. By Day 11, over 12.2 million people had filled out the survey, over 20,000 people who reported being sick were visited in their homes by medical professionals and 145 people were referred for coronavirus testing. The government estimates that without these measures, Venezuela would have 3,000 infected people and a high number of deaths.

Third, the Venezuelan people were positioned to handle a crisis. Over the past 7 years, Venezuela has lived through the death of a wildly popular leader, violent right-wing protests, an economic war characterized by shortages and hyperinflation, sanctions that have destroyed the economy, an ongoing coup, attempted military insurrections, attacks on public utilities, blackouts, mass migration and threats of U.S. military action. The coronavirus is a different sort of challenge, but previous crises have instilled a resiliency among the Venezuelan people and strengthened solidarity within communities. There is no panic on the streets; instead, people are calm and following health protocols.

Fourth, mass organizing and prioritizing people above all else. Communes and organized communities have taken the lead, producing facemasks, keeping the CLAP food supply system running (this monthly food package reaches 7 million families), facilitating house-by-house visits of doctors and encouraging the use of facemasks in public. Over 12,000 medical school students in their last or second-to-last year of study applied to be trained for house visits. For its part, the Maduro administration suspended rent payments, instituted a nationwide firing freeze, gave bonuses to workers, prohibited telecoms from cutting off people's phones or internet, reached an agreement with hotel chains to provide 4,000 beds in case the crisis escalates, and pledged to pay the salaries of employees of small and medium businesses. Amid a public health crisis - compounded by an economic crisis and sanctions - Venezuela's response has been to guarantee food, provide free healthcare and widespread testing, and alleviate further economic pressure on the working class.

The U.S. government has not responded to the Maduro administration's request to make an exception for Conviasa Airlines, the national airline under sanctions, to fly the Venezuelans stranded in the United States back to Caracas. Given everything happening in the United States, where COVID-19 treatment can cost nearly \$35,000 and the government is weighing the option of prioritizing the economy over the lives of people, perhaps these Venezuelans waiting to go home understand that their chances of surviving the coronavirus -- both physically and economically -- are much better in a country that values health over profits.



Supplies arriving from China to assist Venezuela in dealing with COVID-19.

*Leonardo Flores is a Latin American policy expert and campaigner with CodePink.*

*(Common Dreams, March 25, 2020. Photos: @Orlenysov, Venezuelan Presidency)*



---

### For Your Information

## Measures Contained in the **COVID-19 Emergency Response Act, Bill C-13**

The *COVID-19 Emergency Response Act* which received Royal Assent on March 25 contains the following provisions, which are excerpted from the website of the Department of Finance. Most of these measures have already been announced but are repeated here as official with some changes. The Notice of Ways and Means Motion to introduce Bill C-13 containing the complete text is available [here](#).

This legislation amongst other things:

- Provides additional assistance to families with children by temporarily boosting Canada Child Benefit payments, delivering almost \$2 billion in extra support.
- Provides additional assistance to individuals and families with low and modest incomes with a special top-up payment under the Goods and Services Tax (GST) credit, delivering \$5.5 billion in support.
- Introduces a Canada Emergency Response Benefit (CERB) providing a taxable benefit of \$2,000 a month for up to 4 months to support workers who lose their income as of result of the COVID-19 pandemic. The benefit would cover Canadians who have lost their job, are sick, quarantined, or taking care of someone who is sick with COVID-19, as well as working parents who must stay home without pay to care for children who are sick or at home because of school and daycare closures. Additionally, workers who are still employed, but are not receiving income because of disruptions to their work situation related to COVID-19, would also qualify for the CERB. The CERB is available to Canadian workers affected by the current situation whether or not they are eligible for Employment Insurance (EI).



Further clarification on how Canadians can receive the taxable benefit of \$2,000 a month for up to four months called the Canada Emergency Response Benefit (CERB) reveals that eligible workers are those who lose their income as a result of the COVID-19 pandemic. The CERB combines the previously announced Emergency Care Benefit and Emergency Support Benefit.

A Department of Finance News Release March 25 says that the CERB would cover Canadians who have lost their job, are sick, quarantined, or taking care of someone who is sick with COVID-19, as well as working parents who must stay home without pay to care for children who are sick or at home because of school and daycare closures. The CERB would apply to wage earners, as well as contract workers and self-employed individuals who would not otherwise be eligible for Employment Insurance (EI).

Additionally, workers who are still employed, but are not receiving income because of disruptions to their work situation due to COVID-19, would also qualify for the CERB. This would "help businesses keep their employees as they navigate these difficult times, while ensuring they preserve the ability to quickly resume operations as soon as it becomes possible," the Finance Department News Release says.

It says the EI system "was not designed to process the unprecedented high volume of applications received in the past week. Given this situation, all Canadians who have ceased working due to COVID-19, whether they are EI-eligible or not, would be able to receive the CERB to ensure they have timely access to the income support they need."

"Canadians who are already receiving EI regular and sickness benefits as of today would continue to receive their benefits and should not apply to the CERB. If their EI benefits end before October 3, 2020, they could apply for the CERB once their EI benefits cease, if they are unable to return to work due to COVID-19. Canadians who have already applied for EI and whose application has not yet been processed would not need to reapply. Canadians who are eligible for EI regular and sickness benefits would still be able to access their normal EI benefits, if still unemployed, after the 16-week period covered by the CERB."

"The portal for accessing the CERB would be available in early April. EI eligible Canadians who have lost their job can continue to apply for EI here, as can Canadians applying for other EI benefits."

"Canadians would begin to receive their CERB payments within 10 days of application. The CERB would be paid every four weeks and be available from March 15, 2020 until October 3, 2020."

Further excerpts from the Department of Finance March 25 news release state that the *COVID-19 Emergency Response Act*:

- Introduces a pause on the repayments of Canada Student Loans in the *Canada Student Financial Assistance Act*, the *Canada Student Loans Act*, and the *Apprenticeship Loans Act* in order to introduce a 6-month moratorium on the repayment of Canada Student Loans for all borrowers currently in repayment.

- Helps businesses keep their workers by providing eligible small employers a temporary wage subsidy for a period of three months. Eligible employers would include small businesses (including co-operative corporations) eligible for the small business deduction, unincorporated employers, certain partnerships, non-profit organizations and charities."

[Note that this item was changed March 27 when the Prime Minister announced wage subsidies would go up to 75 per cent from 10 per cent for small and medium-sized businesses. The government will also guarantee bank loans up to \$40,000 of which the first year will be interest-free and up to \$10,000 of the loans could be non-repayable. Also, GST and HST payments, as well as duties and taxes owed on imports, will be deferred until June.]

- Helps protect seniors' retirement savings from the impact of volatile market conditions by reducing required minimum withdrawals from Registered Retirement Income Funds by 25 per cent for 2020.

- Supports provinces and territories with a COVID-19 Response Fund that would provide one-time funding of \$500 million through the Canada Health Transfer for their critical health care system needs and to support mitigation efforts as needed.

- Ensures the availability of drugs and medical devices by providing the Government with the authority to make regulations to address any future shortages of therapeutic products, including drugs and medical devices. This would include allowing for drug patent overrides in health emergencies in the period up to September 30, 2020, and for the importation of drugs and medical devices not authorized for sale in Canada to address certain shortages, such as for personal protective equipment or drugs required to treat COVID-19.

- Supports Canadian businesses through the Business Development Bank of Canada (BDC) by temporarily providing the Minister of Finance with more flexibility to determine BDC's capital limit, allowing it to provide further financial support to Canadian businesses when they need it.

- Supports Canadian businesses through Export Development Canada (EDC) by temporarily providing the Minister of Finance with more flexibility in setting EDC's capital and liability limits -- as well as the Canada Account limit -- and expanding EDC's ability to engage in domestic financial transactions so that it can more effectively deliver financial and credit insurance support to affected Canadian businesses.

- Supports the agriculture and agri-food sector by amending the Farm Credit Canada (FCC) Act to temporarily provide the Minister of Finance with the flexibility to set the limit on the amounts that may be paid by the Minister of Finance to FCC out of the Consolidated Revenue Fund to ensure continued availability of credit to businesses in the agriculture and agri-food sector.

- Supports the mortgage financing market in Canada by enhancing the Canada Mortgage and Housing Corporation's (CMHC) access to capital, and increasing its insurance-in-force and guarantees-in-force legislative limits, so that it can continue to provide stable funding to banks and mortgage lenders in support of continued lending to Canadian businesses and consumers.

- Protects Canadians from the Spread of COVID-19 by providing authority to a federal minister to requisition funds from the Consolidated Revenue Fund with the concurrence of the Minister of Finance and the Minister of Health to support federal efforts to prevent or control the spread of COVID-19.

- Provides the Minister of Finance with flexibility to respond expeditiously to COVID-19 developments, by amending the *Financial Administration Act* (FAA) to temporarily remove the requirement for the Minister of Finance to receive Governor in Council's authorization

in order to use emergency powers.

- Supports the protection of Canadians' savings by providing the Minister of Finance with the flexibility to increase the Canada Deposit Insurance Corporation's deposit insurance limit beyond its current level of \$100,000.



---

## **Update on Global Pandemic for Week Ending March 28**

The situation facing humanity from the COVID-19 pandemic continues to develop rapidly, as governments around the world and the World Health Organization (WHO) strive to contain the outbreak. About one third of the world's population is said to be currently living under lockdown due to the coronavirus.

WHO Director General Dr. Tedros Adhanom Ghebreyesus continues to give daily briefings to provide an overview of the global situation. In them, he repeatedly stresses the need for international cooperation and solidarity to overcome the pandemic.

Dr. Tedros reported on March 27 of a briefing with 50 health ministers where China, Japan, the Republic of Korea and Singapore shared their experiences from fighting the pandemic. He noted that "Several common themes emerged about what has worked: the need for early detection and isolation of confirmed cases; identification, follow-up and quarantine of contacts; the need to optimize care; and the need to communicate to build trust and engage communities in the fight." Also highlighted in this briefing were several common challenges, most notably the chronic global shortage of personal protective equipment (PPE).

Regarding the global PPE shortage, Dr. Tedros informed that the WHO "has shipped almost 2 million individual items of protective gear to 74 countries that need it most, and we're preparing to send a similar amount to a further 60 countries." He stressed that "This problem can only be solved with international cooperation and international solidarity. When health workers are at risk, we're all at risk. Health workers in low- and middle-income countries deserve the same protection as those in the wealthiest countries."

He also pointed out that to support the WHO's call for "all countries to conduct aggressive case-finding and testing, we're also working urgently to massively increase the production and capacity for testing around the world."

Regarding treatment and a possible vaccine for COVID-19, Dr. Tedros stated that, "One of the most important areas of international cooperation is research and development.

"A vaccine is still at least 12 to 18 months away. In the meantime, we recognize that there is an urgent need for therapeutics to treat patients and save lives.

"Today we are delighted to announce that in Norway and Spain, the first patients will shortly be enrolled in the Solidarity Trial, which will compare the safety and effectiveness of four different drugs or drug combinations against COVID-19. This is a historic trial which will dramatically cut the time needed to generate robust evidence about what drugs work.

"More than 45 countries are contributing to the trial, and more have expressed interest.

The more countries who join the trial, the faster we will have results."

Dr. Tedros also explained that the WHO is facilitating training for health care workers, noting that "More than 1 million health workers have been trained through our courses on OpenWHO.org. We will continue to train more."

In his March 25 briefing, Dr. Tedros put the various social isolation measures in context of the overall fight to overcome the pandemic. He explained, "Asking people to stay at home and shutting down population movement is buying time and reducing the pressure on health systems. But on their own, these measures will not extinguish epidemics. The point of these actions is to enable the more precise and targeted measures that are needed to stop transmission and save lives.

"We call on all countries who have introduced so-called 'lockdown' measures to use this time to attack the virus. You have created a second window of opportunity. The question is, how will you use it?"

"There are six key actions that we recommend. First, expand, train and deploy your health care and public health workforce; second, implement a system to find every suspected case at community level; third, ramp up the production, capacity and availability of testing; fourth, identify, adapt and equip facilities you will use to treat and isolate patients; fifth, develop a clear plan and process to quarantine contacts; and sixth, refocus the whole of government on suppressing and controlling COVID-19.

"These measures are the best way to suppress and stop transmission, so that when restrictions are lifted, the virus doesn't resurge. The last thing any country needs is to open schools and businesses, only to be forced to close them again because of a resurgence.

"Aggressive measures to find, isolate, test, treat and trace are not only the best and fastest way out of extreme social and economic restrictions -- they're also the best way to prevent them."

## **Number of Cases Worldwide**

As of March 28, 8:05 pm GMT, the worldwide statistics for COVID-19 pandemic as reported by Worldometer were:

Total reported cases: 656,763

- 484,946 active cases

- 171,817 closed cases

Deaths: 30,398

Recovered: 141,419

There were 60,451 new cases from March 27 to 28.

The disease has now been reported in 199 countries and territories. Of these, 98 have under 100 cases.

This compares to figures from eight days earlier on March 20 of 266,208 reported cases (164,418 active; 101,790 closed); 11,187 deaths; 90,603 recovered; 21,314 new cases



over the previous day; in 160 countries.

The five countries with the highest number of cases on March 28 were:

**USA:** 119,682 (114,465 active; 3,229 recovered; 1,988 deaths)  
**Italy:** 92,472 (70,065 active; 12,384 recovered; 10,023 deaths)  
**China:** 81,394 (3,128 active; 74,971 recovered; 3,295 deaths)  
**Spain:** 72,248 (54,151 active; 12,285 recovered; 5,812 deaths)  
**Germany:** 57,695 (48,784 active; 8,481 recovered; 430 deaths)

Compared to a week earlier, the most drastic change is that the U.S. is now the country with the highest number of reported cases. That said, Europe continues to be the epicentre of the pandemic, and per capita has the highest number of cases. Of the top 20 countries with the highest number of reported cases, 11 are in Europe. It is also the continent with the highest number of deaths, with 20,059, Agence France Presse reports. Notably, Iran, which on March 20 had the fourth highest number of reported cases with 19,644, as of March 28 had 35,408, for the seventh highest total.

### **Cases in Selected Countries by Region**

In Europe on March 28, the five countries with the highest number of reported cases were:

**Italy:** 92,472 (70,065 active; 12,384 recovered; 10,023 deaths)  
**Spain:** 72,248 (54,151 active; 12,285 recovered; 5,812 deaths)  
**Germany:** 57,695 (48,784 active; 8,481 recovered; 430 deaths)  
**France:** 37,575 (29,561 active; 5,700 recovered; 2,314 deaths)  
**UK:** 17,089 (15,935 active; 135 recovered; 1,019 deaths)

In these five countries alone, the total number of cases increased by more than 150,000 in the past week. Of these, the UK had the fastest rate of increase, more than quadrupling the total number of cases in the past week. Italy has the highest number of deaths worldwide from COVID-19 at 10,023 as of March 28, reporting 889 deaths that day alone. Spain has the second highest at 5,812, reporting 832 deaths on March 28.

Euractiv reports that in Italy: "The northern region of Lombardy, by far the hardest-hit, showed a steep decline in the number of deaths and new infections on [March 25], raising hopes that the epidemic may be slowing at its original epicentre.

"However, optimism was tempered by warnings from the south, where contagion and deaths are far less widespread but are rising steadily, and could overwhelm a health service which is much less well equipped than in the rich north."

Various measures to stop the spread of COVID-19 remain in place throughout Europe. Euractiv reports that Belgium has extended its lockdown until April 19; Spain has extended its "state of alarm" until April 11; Hungary has announced a curfew; and France has extended its lockdown until April 15.

In Eurasia:

**Turkey:** 7,402 (7,224 active; 108 deaths)  
**Russia:** 1,264 (1,211 active; 49 recovered; 4 deaths)  
**Armenia:** 407 (376 active; 30 recovered; 1 death)

**Kazakhstan:** 228 (211 active; 16 recovered; 1 death)

**Azerbaijan:** 182 (36 active; 7 recovered; 1 death)

Since March 20, these countries experienced a four to five-fold increase in the total number of cases, except Turkey which increased almost 20-fold from 359 cases.

Russia will close its borders on March 30 in an attempt to slow the pandemic's spread, according to a government decree.

In West Asia:

**Iran:** 35,408 (21,212 active; 11,679 recovered; 2,517 deaths)

**Israel:** 3,619 (3,518 active; 89 recovered; 12 deaths)

**Saudi Arabia:** 1,203 (1,162 active; 37 recovered; 4 deaths)

**Qatar:** 590 (544 active; 45 recovered; 1 death)

**Iraq:** 506 (333 active; 131 recovered; 42 deaths)

The total number of cases in Iran increased by 15,764 since March 20. PressTV reported that on March 26, the U.S. imposed new sanctions against 20 companies, officials and individuals in Iran and Iraq.

An Iranian Foreign Ministry senior official reported on March 28 that the U.S., through its sanctions regime, continues to block Iranian assets needed to purchase medicines and equipment to contain the COVID-19 pandemic. The official made the remarks in response to some reports claiming that the U.S. had granted waivers to some countries allowing them to release frozen Iranian assets to help Tehran buy urgent medical supplies, PressTV reports.

"The efforts of some countries have led to the release of some of the Iranian central bank's money," a source told the *Middle East Eye* on March 27. "Those countries will receive a sanctions waiver [for releasing Iran's frozen assets], this has been granted and we are following this issue," the source added.

Earlier in the week, eight countries sent a letter to UN Secretary General Antonio Guterres, warning about the negative impacts of unilateral sanctions on international anti-coronavirus efforts. In the joint letter obtained, the ambassadors of China, Cuba, the Democratic People's Republic of Korea, Iran, Nicaragua, Russia, Syria and Venezuela urged the Secretary General to "reject the politicization of such a pandemic."

Iranian Foreign Ministry Spokesman Abbas Mousavi on March 28 referred to this action, saying the world should stand against U.S. unilateralism and its violation of international regulations.

"Unfortunately, the Americans have found the courage during the recent years to impose their own internal regulations and cruel sanctions on other countries," Mousavi said in an interview with the Islamic Republic of Iran Broadcasting (IRIB). He expressed hope that countries facing U.S. sanctions and those independent states that oppose the U.S. unilateralism would form a united body and adopt measures to resist U.S. dictate.

In sharp contrast to the inhuman U.S. sanctions, Mousavi said more than 30 countries and international organizations have so far dispatched health and medical aid to Iran to help the country contain the coronavirus.

In South Asia:

**Pakistan:** 1,495 (1,454 active; 29 recovered; 12 deaths)

**India:** 933 (829 active; 84 recovered; 20 deaths)

**Sri Lanka:** 113 (103 active; 9 recovered; 1 death)

**Afghanistan:** 110 (104 active; 2 recovered; 4 deaths)

**Bangladesh:** 48 (28 active; 15 recovered; 5 deaths)

Regarding the disproportionately low number of COVID-19 cases in India, *The Wire Science* provides some perspective based on the low rate of testing:

"As public health experts continue to wonder why India has such low rates of diagnostic tests for COVID-19 per capita, a recently published study by Indian Council of Medical Research (ICMR) scientists indicates the council may have ignored its own analysis on the need for more aggressive testing.

"A mathematical model prepared by ICMR scientists almost two months ago suggested that simply isolating symptomatic international air passengers could not have helped delay a COVID-19 epidemic in India.

"In the model, published in a paper this month, scientists from the ICMR compared a scenario of 'no airport screening' with three other scenarios in which airport screening detected all symptomatic cases. The researchers found that even flawless screening couldn't have delayed a COVID-19 epidemic in India by more than 2.9 days because such screening wouldn't capture infectious people who weren't yet showing any symptoms (a.k.a. pre-symptomatic cases).

"The model also suggested that the only strategy that could appreciably 'flatten the curve' for India would be extensive testing of symptomatic people with no travel history, allowing up to 50% of all COVID-19 infections to be identified.

"These findings raise serious questions about ICMR's reluctance to widen testing beyond people with a travel history until only last weekend.

"Jacob John, a professor of community medicine at Vellore's Christian Medical College, said, 'I believe the testing of only travel-related cases was a serious error.' As of March 17, ICMR had tested only 500 community cases of severe acute respiratory illness (SARI). The agency changed its strategy only on March 20, to include all SARI and pneumonia cases.

"Further, after WHO director general Tedros Adhanom Ghebreyesus asked all countries to 'test, test, test.' ICMR officials claimed to have written to WHO's India office that Ghebreyesus's statement was unwarranted because it didn't apply to countries like India with no evidence of community transmission.

"When asked why ICMR waited so long to widen community testing, despite the agency's own model suggesting otherwise, the paper's coauthor and epidemiologist Tarun Bhatnagar said logistical constraints had played a part. 'This is not Singapore or South Korea, which are like a single Indian state. We have to take a balanced approach to see that we are using our resources in an optimal manner,' he told *The Wire Science*.

"However, by ICMR's own admission, India had ample capacity to conduct tests for

COVID-19, and so a shortage wasn't the cause for the slow ramp-up. Raman Gangakhedkar, another coauthor of the paper, has said previously that ICMR was only using 10% of its testing capacity. The reason it wasn't expanding further, he explained, was because there was no evidence of community transmission.

"This conclusion was in turn seemingly based on negative test results from 500 SARI samples -- a sample size that other experts have called inadequate for a country of over 1.3 billion people."

A *TML Weekly* reader reports:

"India has been put under a 21-day lockdown by the government in the name of stopping community transmissions. But this causes great hardship to India's 200 million daily wage earners, 50 million of whom work in the building and construction industry. Many companies have laid them off. Close to 200 million registered shopkeepers have been shut down and millions of unregistered small businesses have been forced to close. More than 175 million school children are not getting their midday meal, which for a great many of them is their only meal.

"Videos show labourers walking 60 to 70 miles to their homes in villages since they have been let go. Many from Bihar were sent home earlier by train but many are stuck without shelter, food and water. The police are *goondas* -- thugs -- who are beating up people who come out into the streets without surgical masks. Thousands of workers can be seen crowded at bus stations while protective gear is not even available to doctors and other health workers. As in all crises, the ruling elites, religious predators, politicians and all kinds of characters are selling snake oil, cow urine and other such things as a cure for the coronavirus. Health experts and doctors are warning people against such scammers. The ruling elite of India, Tata, Ambani, Adani and others are using this crisis to steal from the public funds. The central government has announced a hefty package for them."

In Southeast Asia:

**Malaysia:** 2,320 (1,973 active; 320 recovered; 27 deaths)

**Thailand:** 1,245 (1,140 active; 42 recovered; 1 death)

**Indonesia:** 1,155 (944 active; 109 recovered; 102 deaths)

**Philippines:** 1,075 (972 active; 35 recovered; 68 deaths)

**Singapore:** 802 (588 active; 212 recovered; 2)

In this region, cases for Malaysia and Singapore roughly doubled, while those in Thailand, Indonesia and the Philippines increased by roughly three to four times, with the overall numbers being quite low relative to other regions of the world.

In East Asia:

**China:** 81,439 (2,691 active; 78,139 recovered; 3,300 deaths)

**South Korea:** 9,487 (4,523 active; 4,820 recovered; 144 deaths)

**Japan:** 1,693 (1,217 active; 476 recovered; 52 deaths)

**Taiwan:** 283 (242 active; 39 recovered; 2 deaths)

In this region, the spread of coronavirus has been relatively low since March 20. Cases in Taiwan and Japan roughly doubled, cases in China increased by less than 500, while south Korea saw an increase of about 800 new cases.



In North America:

**USA:** 123,578 (118,127 active; 3,231 recovered; 2,220 deaths)

**Canada:** 5,655 (5,199 active; 516 recovered; 60 deaths)

**Mexico:** 717 (701 active; 4 recovered; 12 deaths)

The number of cases in Canada increased at a rate of about six times since March 20, while cases in Mexico went up by about four times.

The U.S. saw the biggest increase worldwide, going up from 16,517 cases, or an increase of 7.5 times that of the number of cases on March 20. From March 20 to 21, the number of cases increased by roughly 5,000. From March 27 to 28, the number of cases increased by almost 20,000. The main factor responsible for the worsening of the coronavirus pandemic in the U.S. is the overall anti-social offensive and neo-liberal wrecking carried out by the ruling circles. This is especially notable in the health care sector at this time, which is mostly privatized, as part of an overall economy that is fundamentally organized to serve supranational interests, narrow business interests and those with wealth, with everyone else being left to fend for themselves. The situation has been further aggravated by the disinformation about the pandemic and measures to combat it originating from within the Trump administration, that is serving to disarm and disorganize the people. This is a sharp contrast to the heroic efforts of health care and public sector workers, as well as the initiatives of people from all walks of life who are going all out to stay informed and organize themselves to look after one another and keep the epidemic in check. While these are not new features of the political and economic arrangements in the U.S., the coronavirus epidemic has brought this contradiction to the fore.

Regarding the number of cases by state, New York has highest number, with 53,393 cases as of March 28, while New Jersey had the second highest with 11,124.

In Central America and the Caribbean:

**Panama:** 901 (880 active; 4 recovered; 17 deaths)

**Dominican Republic:** 708 (677 active; 12 recovered; 28 deaths)

**Costa Rica:** 295 (290 active; 3 recovered; 2 deaths)

**Cuba:** 119 (112 active; 4 recovered; 3 deaths)

**Jamaica:** 30 (27 active; 2 recovered; 1 death)

In South America:

**Brazil:** 3,904 (3,784 active; 6 recovered; 114 deaths)

**Chile:** 1,909 (1,827 active; 75 recovered; 7 deaths)

**Ecuador:** 1,853 (1,807 active; 3 recovered; 46 deaths)

**Argentina:** 745 (654 active; 72 recovered; 19 deaths)

**Peru:** 671 (619 active; 16 recovered; 16 deaths)

A notable example from the region is Venezuela, which as of March 28 has a relatively low number of cases with 119 (39 recovered; 2 deaths). It is one of a number of countries that has begun using rapid tests for COVID-19 that can be applied outside health care settings and produce results in minutes, a tremendous advantage over countries like Canada where people approved for testing still have to wait up to a week for results. Venezuela recently received 500,000 rapid tests from China along with other supplies. Venezuela also massively surveyed its population through the Homeland card portal and has health care teams carrying out follow-up visits to almost 62,000 people. They have so

far found over 3,600 people with cold or flu-like symptoms who are being given rapid tests to see if they have the virus.

In Africa:

**South Africa:** 1,187 (1,155 active; 31 recovered; 1 death)

**Egypt:** 576 (419 active; 121 recovered; 36 deaths)

**Algeria:** 454 (394 active; 31 recovered; 29 deaths)

**Morocco:** 402 (364 active; 13 recovered; 25 deaths)

**Burkina Faso:** 207 (173 active; 23 recovered; 11 deaths)

A recent report from Al Jazeera highlights a particular concern for Africa, namely the potential for the COVID-19 pandemic to hit refugee camps across the continent. The article states:

"As the rapidly spreading virus gains ground, aid groups warn of the potentially disastrous consequences of a major outbreak of COVID-19 [...] in places where health care systems are already strained and not easily accessible to large segments of the population.

"Lack of funding and years of fighting have gutted critical infrastructure in several parts of the continent, which could leave many countries unable to respond to a surge in infections, said Crystal Ashley Wells, regional spokeswoman for the International Committee of the Red Cross (ICRC) in Nairobi.

"For example, in South Sudan, where more than 1.6 million people are internally displaced, it often takes people hours, even days, to reach healthcare facilities, and the leading cause of death is 'often preventable: treatable diseases like malaria and diarrhea,' Wells told Al Jazeera.

"'We have surgical wards right now that are full of patients recovering from gunshot wounds,' she said. 'Then you have this health care system that has suffered from decades of under-investment and then conflict that has basically left people with little health care at best.'

"Some of the internally displaced in South Sudan have found refuge in overcrowded camps inside UN peacekeeping bases.

"'They're literally living surrounded by walls and barbed wire' in tents that are only inches apart, Wells said.

[...]

"A country that is of particular concern is Burkina Faso, which has registered the most confirmed cases in West Africa [...] An impoverished country of some 20 million people, Burkina Faso has been gripped by an escalating and complex conflict that has caused 'explosive displacement' over the past year, according to Wells.

"'There are about 765,000 people displaced,' she said. 'It's up by more than 1,200 percent since 2019 [...] and it's expected to continue to rise. Security and access to these communities is also really challenging for humanitarian workers.'

In a recent interview with RFI, UN Secretary General António Guterres said he "fears

'millions and millions' of coronavirus cases in Africa, where the youth will not be spared. He called on wealthy countries to help the developing world, for their own sake.

"Guterres told RFI that Africa should be the priority of the international community as the continent does [not] have the resources to fight the pandemic.

"Ninety percent of the cases are in the G20 countries which hold 80 percent of the global economy. They shouldn't be working alone, each in their corner, but in a coordinated manner to find treatments and vaccines to put at the world's disposal,' he said."

"Guterres says at least USD\$3 trillion, around 10 percent of the world's GDP, is needed to slow the spread of the coronavirus for vulnerable countries in the Global South."

Neither article acknowledges the historical responsibility of the imperialist countries which invaded Africa, enriched themselves based on the enslavement and exploitation of the African peoples, and carried out coups and foreign interventions, all of which has contributed in large measure to leaving them impoverished and vulnerable to the pandemic today.

In Oceania:

**Australia:** 3,635 (3,451 active; 170 recovered; 14 deaths)

**New Zealand:** 514 (457 active; 56 recovered; 1 death)

**Guam:** 56 (1 death)

**French Polynesia:** 34

**Supplement**  
**Peoples of the World Firmly Support the  
Heroic People of Palestine and Their Right to Be**



---

**Website: [www.cpcml.ca](http://www.cpcml.ca) Email: [editor@cpcml.ca](mailto:editor@cpcml.ca)**