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Matters of Concern as the COVID-19 Pandemic Unfolds

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Like other countries, Canada is facing an acute shortage of respiratory masks in the struggle to protect health care workers and the population at large from the COVID-19 virus. Supplies dwindled fast with a province like Ontario reportedly having only a five-day supply left on April 3 and health care workers forced to disinfect and reuse their masks. Without protection of masks, these workers are being put in an impossible, life and death situation.

In an act that is severely aggravating this shortage, the Trump administration invoked the U.S. Defense Production Act to force the 3M multinational to cut off shipments of masks to Canada and divert them to the U.S. In addition, according to news reports, a shipment of masks to Quebec mysteriously disappeared and ended up in the U.S. state of Ohio.

Similar "law of the jungle" actions by the U.S. administration are being carried out against other countries. German officials revealed that a shipment of 200,000 masks from China to Germany for the Berlin police was intercepted by U.S. officials in Thailand and diverted to the U.S. The Berlin Minister of Interior called this confiscation "an act of international piracy." French political leaders accused the U.S. government of buying up shipments intended for France.
A few weeks ago, reports came out that President Trump was trying to buyout and relocate to the U.S. a German-based medical company, CureVac, which was developing a promising vaccine against the virus. The U.S. administration was trying hard to obtain the company in order to have the vaccine "for the U.S. only," which raises the question as to whether the Trump administration was then going to use its exclusive ownership over the vaccine for blackmail purposes against other countries. In any case, CureVac rejected the takeover attempt saying that it would only develop the vaccine "for the whole world" and "not for individual countries."

These developments underline the fact that the current model of neo-liberal globalization is irrevocably broken. Under this model, which favours and enriches giant multinational corporations, the populations of all countries (including the U.S.) are extremely vulnerable to supply chain disruption, shortages and outright blackmail. Despite this, successive governments in Canada have clung to the dogmas of neo-liberal globalization and integrated the Canadian economy into that of the U.S., selling out our resources and supply chains to the highest multinational corporate bidder.

This has created gaping holes in our national health and medical equipment infrastructure. It is unacceptable that almost no respiratory masks are manufactured in Canada despite the need for tens of millions every year, let alone the many millions more needed as a result of the COVID-19 pandemic. And the same goes for respiratory machines and other equipment. Indeed, it is astounding that most of the various pharmaceuticals that Canadians need for their medical conditions are actually produced abroad in China, the U.S. and other countries.

It was in the wake of another terrible virus back in 1918 that a re-evaluation of the Canadian health care system took place. The 1918 "Spanish flu," which actually started in the U.S., killed 50 million people around the world. In the wake of this pandemic, the federal Canadian Department of Health was created and the public, non-commercial Connaught Laboratories, an independent unit within the University of Toronto, was created. Connaught went on to develop and produce insulin for the treatment of diabetes and other medical advances, making major contributions to the well-being and health of humanity.

In the face of the COVID-19 virus, we need more facilities like Connaught Laboratories (which was sadly sold off to a multinational by the federal government in the 1980s) that are consistent with the conditions of our times.

To their credit, it was recently announced that engineers and students at the University of Guelph's Wood Centre, as well as others such as those who operate the Machine shop laboratory at the University of Western Ontario, have taken the initiative to design and build an innovative 3D-printed frame for face shields which are to be distributed to front-line medical personnel dealing with the highly contagious virus. This is an excellent initiative on the part of public institutions and shows the possibilities that could be built upon. And there are many other examples that demonstrate the ingenuity and talents of the Canadian people.

In any case, it is not acceptable that Canada has to import most or all of its health and medical supplies from abroad. Neither is it acceptable that these supply chains and infrastructure remain in the hands of private corporations as this makes them vulnerable to takeover and being shutdown or outsourced to other countries which has happened so often before.
In addition, there are the tremendous profits which go into the hands of international financiers. For example, the richest man in Singapore, Li Xiting, who owns a multinational that makes electronic ventilators (a device which Canada must import), has seen his net worth go up $3.4 billion as a result of profits accumulated from this crisis.

In this globalized "law of the jungle" world, which is demonstrated by the predatory actions of the Trump administration, it is clear we need publicly-owned, self-reliant health infrastructure that is impervious to takeovers and outsourcing by any multinational or pressure from foreign governments.

In addition, the "law of the jungle" model of trade and unilateral sanctions championed by the U.S. administration must be rejected. We need trade based on mutual benefit between nations and a new model of globalization, one that respects sovereignty and empowers peoples. The American and Canadian people have much in common. In the midst of these difficult times, we must not let Trump or anyone else divide us.

(With files from the Guelph Mercury, National Post, AFP, 3M News, CBC News, Bloomberg.)

Only One-Third of Unemployed Canadians Will Receive Assistance from Employment Insurance or Canada Emergency Response Benefit

An analysis released April 2 by the Canadian Centre for Policy Alternatives (CCPA) indicates that amidst the COVID-19 pandemic, 862,000 unemployed workers will receive nothing from either Employment Insurance (EI) or the new Canada Emergency Response Benefit (CERB).[1]

The CCPA report states that approximately 1.2 million Canadians were unemployed before the pandemic, but this figure increased by another 1.5 million in the initial round of COVID-19 layoffs. Of those who lost their jobs before COVID-19, 604,000 are not eligible for EI but also can't get the CERB, because their employment didn't cease due to the virus.

"If you were unemployed before COVID-19 hit, you get nothing from CERB, even though the prospects of finding work right now are virtually non-existent," says David Macdonald, CCPA senior economist and author of the new analysis. "Canada's unemployed workers are sacrificing their pay in order to stop the spread of the virus. We need to recognize that and give them the support they need to survive on the economic front lines."

Fourteen per cent of unemployed people (390,000) are receiving some support from EI, but less than the $500 a week others will get under CERB, the CCPA analysis shows. Social assistance recipients who work under normal circumstances could also be forced to pay 100 per cent of the CERB back in provincial clawbacks.
Macdonald also notes that, based on comparable EI numbers, three per cent (47,000) of laid-off workers who might qualify to receive the CERB will not receive it because of not knowing about the program. The CCPA also states that another 175,000 workers will not receive the CERB despite being laid off due to the pandemic because they didn't make the required minimum earnings of $5,000 in 2019.

The CCPA's recommendations for addressing current gaps in the EI/CERB income support programs include: extending access to the CERB to all unemployed persons, even if they lost their job before the onset of COVID-19; eliminating the $5,000 annual earnings requirement for eligibility; and topping up all present EI recipients to the CERB flat rate of $500 weekly if their present EI benefits fall below that level.

The CCPA is also calling on the federal government to coordinate with the provinces and territories to ensure the CERB is not clawed back from social assistance going to some of the most vulnerable workers.

Note

1. "Which unemployed Canadians will get support?" David Macdonald, behindthenumbers.ca (CCPA), April 2, 2020.
discussions which have been taking place precisely on these life and death matters. In so doing, the government itself was trying to impose conditions on workers which were not in accordance with their own public health guidelines. As Andrée Poirier, president of L'Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS) very aptly put it: "Ironically, intensive discussions began today, in the context of the renewal of our collective agreements, precisely to lay down measures to ensure the protection of technicians and professionals in the health and social services system. These measures must be in accordance with the guidelines put forward by Public Health. They must not depend on negotiations in which the employer will attempt by all means to minimize government costs."

Since the onset of the pandemic, unions have been putting forth demands which come from their members on the front lines. Among these demands, there is first and foremost the required personal protective equipment in various workplaces, but also, protection of staff in long-term health facilities, pay for workers who are in isolation, contradictory or ever-changing guidelines in the workplace, loss of holidays as is the case with the nursing staff. In certain cases, health workers who were sent home for a 14-day quarantine are called back before the two weeks are up and forced to work with patients who themselves are particularly vulnerable to the coronavirus.

In certain cases, the union has succeeded in obtaining basic protection as is the case of the workers in the Buanderie centrale de Montréal where the laundry workers have access to measures and equipment to protect themselves. Unions have also been demanding bonuses of recognition -- some are called "guardian angel bonuses" in reference to the term the Legault government uses when speaking of health workers -- reminding the government that these "angels" are made of flesh and blood and need concrete protection in order to protect themselves and their patients. They also raise that frontline workers are not only doctors and nurses, but all those working in related sectors such as paramedics -- who are actually on the very front lines -- laundry and kitchen workers, etc.

A large number of workplaces in the health sector are private and are not unionized, and the situation is often more hectic and worrisome because workers are neither properly informed nor do they have an organization they can turn to so they can make their needs known in a collective manner. This makes the Legault government's underhanded manoeuvre even more despicable. As one nurse put it, it is an "offense to our profession." It is also a profoundly anti-social and outdated move which is motivated by an old, vile resentment for the very organizations which have expressed and shown their full cooperation in fighting the COVID-19 pandemic and speak on behalf of those very workers whose contribution and selflessness the government claims to recognize.

Provocative Ongoing U.S.-NATO Military Exercises in Europe

In the face of the worldwide COVID-19 pandemic, while the rest of the world is working to arrest the virus and stabilize the dangerous situation at hand, it is a provocation against all humanity that the U.S. and NATO members -- Canada included -- continue to engage in aggressive military
exercises.

Throughout the spring and summer numerous military exercises had been planned under the umbrella of U.S. Defender Europe 2020. Defender Europe 2020 is a U.S.-led multinational exercise and is the largest deployment of U.S.-based forces to Europe in more than 25 years with 20,000 soldiers deployed directly from the U.S. to Europe. Deployment of U.S. based forces to Europe for these exercises began in February.

While the U.S. military announced on March 16 that these exercises were being scaled back, with some elements outright cancelled in light of the pandemic, still many of the exercises continue. The purpose of these exercises, according to the U.S. military, is to build "strategic readiness by deploying a combat credible force to Europe in support of NATO and U.S. National Defence Strategy" and to test the ability of the U.S. military to "move seamlessly from country to country" mobilizing its forces and equipment from the U.S. and other military bases in Europe and around the world.

Even with the interruption of some of the planned exercises, the U.S. military's European Command (EUCOM) declared on March 17 that: "This effort has exercised the Army's ability to co-ordinate large scale movements with Allies and partners. Since January, the Army deployed approximately 6,000 soldiers from the United States to Europe including a division headquarters and an armored brigade combat team. It has moved approximately 9,000 vehicles and pieces of equipment from the U.S. military's Army Prepositioned Stocks and approximately 3,000 pieces of equipment via sea from the United States. And, in coordination with Allies and partners, it also completed movement of soldiers and equipment from multiple ports to training areas in Germany and Poland."

Defender Europe 2020 was a huge logistics of war exercise. For example 14 air and seaports in eight European countries were used to stage incoming equipment. Another 13,000 pieces of equipment were to be drawn from the Army Prepositioned Stocks in northwest Europe and deployed across 18 countries for training. The exercises were to test the capabilities of European infrastructure -- roads, bridges, train routing etc., to move large numbers of troops and heavy equipment, such as the retooled Abrams battle tanks across Europe.

The U.S. is now returning troops deployed for Defender Europe 2020 back home "to protect
them" from COVID-19, while NATO is carrying out smaller scaled military exercises, all of it aimed at containing Russian "aggression."

An example of these reduced exercises is one being carried out in the Black Sea in Russia's backyard to provoke Russia. Since March 24, Standing NATO Maritime Group Two (SNMG2) along with the Romanian Navy and Air Force are carrying out mine-sweeping and other operations. This NATO formation includes the warships ITS *Fasan* (Italy), HMCS *Fredericton* (Canada), TCG *Salihreis* (Turkey), ROS *Regina Maria* (Romania) and BGS *Verni* (Bulgaria). One of the exercises conducted this past week had the SNMG2 missile frigates providing "protection" for NATO ships while Romanian Air Force MiG-21 jets simulated attacks on the ships.

It is unconscionable that while the whole humanity is united in trying to face the pandemic together and to find solutions, that the U.S. and NATO allies continue spend billions on military exercises and war games. Yet here we have the NATO Association of Canada, which is the instrument of NATO in Canada, heralding that April 4, 2020 is the 71st anniversary of the founding of NATO and applauding the leading role that Canada played in NATO's creation. Enlightened humanity on the other hand demands that we put an end to militarism, war and aggressive military alliances such as NATO.

*Dismantle NATO and Bring Canadian Troops Home!*

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**Around the World**

**United States**

**Comment on U.S. Situation**

- *TML Reader -*

If Hurricane Katrina showed the U.S. to be a failed state, the COVID-19 pandemic confirms this many times over. Internal U.S. government documents also confirm this. They are revealing that the health experts in the U.S. had warned the administration about the impending pandemic gripping the U.S. and the world. But the administration slept on it because of its unpreparedness and callous attitude and dismantling of public health infrastructure by the ruling elite. Instead of taking action, Trump and his cronies kept spreading disinformation, deception and fraud and worried about devising new schemes to keep paying the rich. For example, using the pandemic, the Environmental Protection Agency has thrown away all regulations and given free rein to the biggest polluters such as fossil fuel companies, car companies, the chemical industry, pharmaceutical companies and others.

Hundreds of thousands of homeless people in California and New York have started a movement to occupy vacant properties, specially those owned by city, state and federal governments. The
Governor of California has announced that vacant rooms in hotels will be provided to the homeless. Several governors have declared a moratorium on rent and mortgage payments for the next three months (without saying where the money will come from to make these payments in three months). Millions of people who are out of income all of the sudden are calling for the cancellation of rent and mortgage payments. More than 6.6 million people have filed for unemployment claims. In the last two weeks close to 10 million people have lost their jobs.

This pandemic has brought out in full relief that having the profit motive at the base of all production in this economic system has become destructive of humanity. In spite of great advancements in science and technology, test kits for coronavirus, which essentially is a long Q-tip with chemicals as a doctor described it, is not available in the "greatest country in the world." Just-in-time production and outsourcing is blamed whereas companies do not carry inventories of such essential products that may be needed in a pandemic because it is not profitable and there is no social policy which they have to abide by.

Cambridge Hospital in Massachusetts and other hospitals across the country are asking for donations of masks, protective gowns etc. from the public. Construction workers, mechanics, carpenters, welders are donating masks and other gear. Some hospitals are threatening to fire staff who talk about the lack of personal protective equipment for health workers. The anarchy of production is such because there is no social planning of essential goods and services, which can be seen in the scramble for resources, bringing disasters. If there was democracy which puts people in first place at work and the motive of production was looking after the needs of the people, then there would be forward planning and immediate mobilization of the calibre which takes care of the people's health.

Priorities During the Pandemic

CPC(M-L) has long pointed out that under imperialism the authority in control is in contradiction with the conditions. This is blatantly obvious in the U.S. during the COVID-19 pandemic. It creates a very worrisome situation for the U.S. working class and people and for the peoples of the world. Settling scores with U.S. authorities is a task the peoples of the world join the U.S. working class and people in doing.

The U.S. authority in control does not see the pandemic as a health emergency where all human and material resources should be mobilized to defeat the virus and support the people. The authority in control of the material and human resources does not recognize the objective concrete condition as it poses itself but instead imposes its subjective private interests on the condition and declares it in practice a financial crisis leading to a possible existential crisis for the imperialist system.

This subjective stand of the authority in control leads it to mobilize the material resources of the country to save the private interests of the financial oligarchy and the imperialist system at the root of its power and wealth instead of dealing with the health crisis. The result is chaos and anarchy as
sections of the financial oligarchy fight with each over who should be saved and blame others for the failures to deal with the objective condition of the health crisis. The authority in control blocks the people from unleashing their collective power and social consciousness to deal with the condition.

Using its authority and control of the political, economic and social affairs of the United States, the financial oligarchy seeks to save itself, its private interests, empires, immense social wealth and power. To accomplish this it has mobilized its authority over the material resources and state institutions to defend its private interests in the U.S. and abroad. In doing so it objectively shifts the burden of the crisis in the U.S. onto the backs of the working class and other strata of the people including many professionals and owners of small and medium-sized businesses. Globally, the U.S.-centred financial oligarchy is shifting the burden of the crisis onto weaker countries under its influence, and those countries under sanctions, occupation and suffering U.S. wars of aggression and regime change.

The actions abroad to defend the interests of the U.S.-centred financial oligarchy also heighten the contradictions with its competitors amongst the big and medium-sized powers. This competition is centred on the conception of U.S. imperialism as the "indispensable" power, with U.S. dollar hegemony continuing as the only viable way to conduct international trade and commerce, the U.S. Federal Reserve as the "indispensable" central bank and the U.S. military as the world's "indispensable" police power enforcing the dictate and authority of the U.S.-centred financial oligarchy.

Immediately the extent of the current crisis became known, the U.S. authority in control instituted measures to defend the private interests of the financial oligarchy at home and abroad. The Federal Reserve has gone into action along with Congress to defend the private interests of the rich oligarchs.

They are using the experience of the measures taken during the 2008 economic crisis to save their empire and authority such as the Troubled Asset Relief Program (TARP) and the 2009 American Recovery and Reinvestment Act (ARRA) but greatly expanded versions. These measures will cause great harm to the peoples of the world and their economies. The needs of the people will not be met during the crisis and the seeds will be sown for even greater economic crises and wars in the future.

The authority in control is exposing itself as the greatest roadblock to the peoples of the U.S. and the world in finding a way forward out of the pandemic and imperialist system and to emerge as one humanity in control of the conditions they face and empowered with the authority to rule itself and deal objectively with the conditions.
A brutal aspect of social conditions in the U.S. is mass incarceration, that disproportionately affects African Americans, Indigenous peoples and national minorities, a situation which prisoners and activists have sought to change for decades. An article published on April 2 in the New England Journal of Medicine, titled "Flattening the Curve for Incarcerated Populations -- COVID-19 in Jails and Prisons," points out how this issue needs to be directly addressed during the pandemic in order to stop the spread of the coronavirus.[1] Authored by three medical doctors, the article states:

"Because of policies of mass incarceration over the past four decades, the United States has incarcerated more people than any other country on Earth. As of the end of 2016, there were nearly 2.2 million people in U.S. prisons and jails. People entering jails are among the most vulnerable in our society, and during incarceration, that vulnerability is exacerbated by restricted movement, confined spaces, and limited medical care. People caught up in the U.S. justice system have already been affected by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and improved preparation is essential to minimizing the impact of this pandemic on incarcerated persons, correctional staff, and surrounding communities.

"Populations involved with the criminal justice system have an increased prevalence of infectious diseases such as HIV and hepatitis C virus (HCV) infections and tuberculosis. Disparities in social determinants of health affecting groups that are disproportionately likely to be incarcerated -- racial minorities, persons who are unstably housed, persons with substance use disorders or mental illness -- lead to greater concentrations of these illnesses in incarcerated populations. Yet implementation of interventions to address these conditions is often challenging in correctional settings owing to resource limitations and policy constraints. Therefore, comprehensive responses that straddle correctional facilities and the community often need to be devised."

The authors cite the experience of combatting the spread of HIV and hepatitis C virus within incarcerated populations and the "positive effects both in these settings and on surrounding communities, as a form of treatment as prevention."

They go on to point out that "Highly transmissible novel respiratory pathogens pose a new challenge for incarcerated populations because of the ease with which they spread in congregate settings. Perhaps most relevant to the COVID-19 pandemic, the 2009 H1N1 influenza pandemic exposed the failure to include jails in planning efforts. By the spring of 2010, vaccine was
plentiful, yet most small jails never received vaccine, despite the presence of high-risk persons, such as pregnant women, and the increased risk of transmission among unvaccinated persons who spent time detained in close proximity to one another.

"Social distancing' is a strategy for reducing transmission and 'flattening the curve' of cases entering the health care system. Although correctional facilities face risks similar to those of community health care systems, social distancing is extremely challenging in these settings. Furthermore, half of all incarcerated persons have at least one chronic disease, and according to the U.S. Department of Justice, 81,600 are over the age of 60, factors that increase the risk of poor outcomes of infection. With limited ability to protect themselves and others by self-isolating, hundreds of thousands of susceptible people are at heightened risk for severe illness.

"To date, the Federal Bureau of Prisons and certain states and municipalities have opted to suspend visitation by community members, limit visits by legal representatives, and reduce facility transfers for incarcerated persons. To reduce social isolation and maintain a degree of connectedness for incarcerated people, some correctional systems are providing teleconferencing services for personal and legal visits. Irrespective of these interventions, infected persons -- including staff members -- will continue to enter correctional settings. By March 14, some U.S. correctional staff members had tested positive for SARS-CoV-2, and the first COVID-19 diagnosis in a detained person was announced on March 16. A recent SARS-CoV-2 outbreak among cruise-ship passengers and crew in Yokohama, Japan, provides a warning about what could soon happen in correctional settings.

"To operationalize a response for incarcerated populations, three levels of preparedness need to be addressed: the virus should be delayed as much as possible from entering correctional settings; if it is already in circulation, it should be controlled; and jails and prisons should prepare to deal with a high burden of disease. The better the mitigation job done by legal, public health, and correctional health partnerships, the lighter the burden correctional facilities and their surrounding communities will bear. We have learned from other epidemics, such as the 1918 influenza pandemic, that non-pharmaceutical interventions are effective, but they have the greatest impact when implemented early.

"Therefore, we believe that we need to prepare now, by 'decarcerating,' or releasing, as many people as possible, focusing on those who are least likely to commit additional crimes, but also on the elderly and infirm; urging police and courts to immediately suspend arresting and sentencing people, as much as possible, for low-level crimes and misdemeanors; isolating and separating incarcerated persons who are infected and those who are under investigation for possible infection from the general prison population; hospitalizing those who are seriously ill; and identifying correctional staff and health care providers who became infected early and have recovered, who can help with custodial and care efforts once they have been cleared, since they may have some degree of immunity and severe staff shortages are likely.

"All these interventions will help to flatten the curve of COVID-19 cases among incarcerated populations and limit the impact of transmission both inside correctional facilities and in the community after incarcerated people are released. Such measures will also reduce the burden on the correctional system in terms of stabilizing and transferring critically ill patients, as well as the burden on the community health care system to which such patients will be sent. Each person needlessly infected in a correctional setting who develops severe illness will be one too many.

"Beyond federal, state, and local action, we need to consider the impact of correctional facilities in the global context. The boundaries between communities and correctional institutions are porous, as are the borders between countries in the age of mass human travel. Despite security at nearly every nation's border, COVID-19 has appeared in practically all countries. We can't expect to find sturdier barriers between correctional institutions and their surrounding communities in any
affected country. Thus far, we have witnessed a spectrum of epidemic responses from various countries when it comes to correctional institutions. Iran, for example, orchestrated the controlled release of more than 70,000 prisoners, which may help 'bend the curve' of the Iranian epidemic. Conversely, failure to calm incarcerated populations in Italy led to widespread rioting in Italian prisons. Reports have also emerged of incarceration of exposed persons for violating quarantine, a practice that will exacerbate the very problem we are trying to mitigate. To respond to this global crisis, we need to consider prisons and jails as reservoirs that could lead to epidemic resurgence if the epidemic is not adequately addressed in these facilities everywhere.

"As with general epidemic preparedness, the COVID-19 pandemic will teach us valuable lessons for preparedness in correctional settings. It will also invariably highlight the injustice and inequality in the United States that are magnified in the criminal justice system. As U.S. criminal justice reform continues to unfold, emerging communicable diseases and our ability to combat them need to be taken into account. To promote public health, we believe that efforts to decarcerate, which are already under way in some jurisdictions, need to be scaled up; and associated reductions of incarcerated populations should be sustained. The interrelation of correctional-system health and public health is a reality not only in the United States but around the world."

Note

year proposed by the government. This line of argument was taken up by the Opposition in Parliament as well.

*Workers' Weekly* writes: "This may or may not be the case, but it does not address the present chronic lack of trained medical and nursing staff and the loss of NHS services going back over decades, as many critics have pointed out. Nor does it challenge the direction in which the NHS is being taken, its privatization, the contracting out of services, and even more fundamentally whether the government's approach resolves the crisis in NHS funding.

"What is being obscured is that health care is a claim of all on the economy which the people must make. Health workers provide vital and accessible health services to all and in doing so create value in the socialized economy by curing people when sick and injured and keeping healthy the human resources of society and all those who live and work in it. This value is consumed by big corporations in employing the labour power of a healthy workforce. This is value which should not be expropriated by these corporations but should be claimed by the government and their health services as value that can then be used to resource a fully-funded NHS. The Bill does not raise this vital question of the role the NHS plays in a human-centred economy where the NHS should become a human-centred system paid for at least out of the value it creates in the economy so that any extra funding contributes to meeting the needs of health care for all."

The total incapacity of the British medical system to deal with the COVID-19 crisis is proof enough that the funding provided by the government would not safeguard the future of the NHS and neither is it intended to. "Even the claim that a 'mandatory' funding by government gives some funding 'security' to the NHS is false when it is combined with a neo-liberal corporate direction that the 'NHS Long-Term Plan' represents. The 'NHS Long-Term Plan' is already reducing safe access to vital emergency, children, maternity and mental health services for whole swathes of the population. It is being further pursued in the present deconstruction of local District Hospital acute services with a massive loss of acute and long term care hospital beds and local GP services across England. This is the 'long-term plan' to switch funding into an 'integrated' Care Providers and systems that government intends to be predominately dominated by the private sector companies," *Workers' Weekly* wrote.

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**Stand of Education Workers on Coronavirus Outbreak**

*Workers' Weekly, the newspaper of the Revolutionary Communist Party of Britain (Marxist-Leninist) carried the following interview with a College Representative of the National Education Union (NEU).*
Workers’ Weekly: What are the issues facing teachers with the coronavirus outbreak?

NEU Representative: Since the schools and colleges have been closed, what has been happening and what was happening in the weeks as the coronavirus outbreak was getting more and more intense, is that many of the schools have adopted the use of communication technology to teach group classes on-line. This has raised an immediate question for staff because they have had to, in many cases, work overtime at weekends and evenings to prepare classes for that eventuality to teach on line. Although a number of schools have said they are not asking for extra work from their staff -- the reality is just that! Throughout the country staff are being asked to provide this extra commitment. Staff are responding because this on-line work safeguards education and their jobs. But it means that teachers are between a rock and a hard place as far as protecting jobs are concerned because of the changes in the scheme of work in order to provide all these things.

Secondly, there is the issue of covering for the children of essential workers in the coronavirus outbreak. The government suddenly announced that essential workers should have every provision and they have called on all teachers to volunteer to physically staff the schools. Essential workers is being defined to include health staff and essential manual workers who are on the front line and have to continue to work through the crisis. The problem is that the way it is being done in many schools is with teachers being pressured to go in -- they may be placed on a teacher rota in the school even when they are either not well, or are vulnerable, or have unwell relatives at home.

Thirdly, there is the issue of job security. In my school they said they would lay-off temporary and casual workers with immediate effect and there is no compensation for them at all. Literally across the country hundreds of education workers have lost their jobs.

WW: What was the Union's stand and how did they take up the concerns of their members and school staff?

NEU Representative: It was in this situation, with all these issues being raised by the members that my union, the NEU had to step in firstly in taking a stand to close the schools, when the government had continued to refuse to close them and at the same time instituting a national discussion among teachers and then presenting the response of teachers to the government and to the head teachers.

Back on March 16, the NEU said that they were meeting with Boris Johnson and demanding the schools close and that, if the government would not shut down the schools by Monday, March 23, they would order a mass walk-out of all their members. By Wednesday, March 18, the government had agreed to this demand and declared that all schools would close by Friday, March 21.

On Thursday, March 19, and Monday, March 23, the NEU organised something I had never heard of happening before. Using the modern communication technology, they wrote to all members and said that members could join in a national phone consultation where members could send in their phone number and at 6pm they would be phoned and they could take part in a phone-in where you could comment online and participate in this conversation with both joint General
Secretaries, Mary Bousted and Kevin Courtney. I heard that some 190,000 members joined this
discussion and on the basis of these discussion, the union lodged the concerns of the members
with the government. They formulated their guidance on the issues raised by members in these
phone-ins and on-line surveys that they did.

This guidance[1] is concerned with keeping all teachers safe when they are working in these
schools and coming in on a rota to teach the children of essential workers. It ensures that any staff
looking after vulnerable people should not have to go to school. It tries to achieve social
distancing in schools which was one complicated question discussed.

The guidance formulated by the members advises on this and the risk categories of teaching staff
and assistants and other staff who would not be asked to come in and teach. The union had
determined that at the moment 90 per cent of vulnerable staff had been allowed to work from
home but that 10 per cent of vulnerable staff had not been allowed. The union is looking into how
to protect the rights of those workers. The NEU had issued a letter following these concerns being
raised in the phone-in with the concrete examples agreed with the government where staff should
not be pressured to go into work and they would expose those schools contravening this
agreement.

There was also the need to look after the well-being of all the teachers and people who work in
the schools, as the government's first approach was to deal only with the loss of earnings of
salaried staff but not those self-employed with casual or short term contracts. These include, for
example, supply teachers, teaching assistants, drama teachers, home tutors, visiting music teachers,
physical education teachers and others who were previously not covered by the government's
announcement on the protection of salaried employees. Then on Thursday, March 26, in the
context of this approach the government made a similar announcement for those self-employed
that it had done for full time staff the previous week saying these staff will get 80 per cent of their
average earnings from previous years, although this cannot be claimed until June.

WW: What is your view on where you are in activating people to deal with this coronavirus
outbreak and its consequences for education workers?

NEU Representative: There has been a positive response at our school and I think this is reflected
in a lot of schools. As a union representative, I was asked to join the special group that is now
advising the Board of Governors. I asked for the views of members and one member that spoke
to me wanted me there, he said, because of the stands I had taken in protecting the well-being of
staff and we were about to meet with the head teacher. But then the school closed. What we were
going to say to him was to focus on protecting the well-being of staff. I thought about this and put
it to the advisory group, which includes the head of the finance committee. The wording which
was agreed and put to the head teacher and to the Board of Governors is that we should as best as
we can protect the integrity of the educational establishment and that part and parcel of doing this
involved protecting the well-being of all the staff, including all the support workers, casual staff
and operational staff. This was then agreed by the head teacher and the Board of Governors. At
this stage we seem to be unified in maintaining this approach and outlook. However, in this what
they term the economic climate at this educational establishment, they have stated that they can
only guarantee everyone's jobs until the end of the academic year in 2021 and they cannot
guarantee that they will maintain all the jobs after that. Also, we had an agreed 3 per cent pay rise
in September which has now been withdrawn, and incremental rises have been frozen. In
addition, it should be mentioned that a number of schools are attempting to take teachers out of
the Teachers Pension Scheme (TPS) and encourage teachers to adopt a private pension scheme
instead. This is a fight which is going to be taken up.

Overall, it is necessary to keep all staff informed and communications have been set up so all can
stay in touch over any developments. Our conviction is that the decision we took is one to move
forward and build a real strength among the staff and involve all the NEU members in this discussion and perhaps roll it out even further. At our school we have over 100 members of the NEU and that means we can broaden that discussion to involve all staff to see what is needed going forward.

Note

1. Excerpt of the Guidance agreed with the government: Thank you for supporting your union at this critical time. Thousands joined our conference call on Monday and many more filled in our survey on Monday evening.

From your responses, we know that our advice is in place in many schools and colleges.

We want to remind you of our stance:

1. If you are in one of the vulnerable groups outlined by Government, you should be working from home.

2. If you are a carer for someone in a vulnerable group, you should also be working from home.

3. The only children in school should be children of key workers, or other vulnerable children who really can't find an alternative. There needs to be a low number of children in school to slow the spread of the virus.

4. If you are not in a vulnerable group, we do want you to volunteer to be on a rota, so that those NHS parents can be at work saving lives.

5. Schools and colleges need to be as clean and safe as possible. We have advice on our website and are pressing the Government for more personal protection equipment and the introduction of testing.

6. When you are in school on a rota, your job is being with the children. It is not tidying cupboards, putting up displays or cleaning classrooms. Only staff needed to be with children should be in school, to minimise journeys and slow viral spread. In a minority of schools, we are hearing of unreasonable head teachers demanding that sort of work from our members. You will have our support in saying no.

7. There can be reasonable expectations for you to do work from home. We will be giving further guidance on that, which we are adapting as we learn more about actual working patterns.

8. Schools should continue to employ and pay supply teachers, peripatetic music teachers and agency teaching assistants.

We know there are different pressures and expectations for our members working in the independent sector.

Many independent schools are making extension provision for remote working. While members want to offer the best educational provision in the circumstances, this must be done appropriately and safely. Our members are seeking to provide the best education possible in the circumstances. But it is not business as usual. It is not possible, nor reasonable, to expect to replicate the normal school day online.

(March 28, 2020)
In greeting you, with affection, I take the liberty of addressing you on the occasion of denouncing the grave events taking place against the peace and stability of Venezuela, at a time when the preoccupation of states and governments should be the protection of the life and health of their citizens, due to the acceleration of the COVID-19 pandemic.

As is publicly known, last March 26, the government of the United States announced a very serious action against a group of high officials of the Venezuelan State, including the Constitutional President of the Republic, Nicolás Maduro.

This action consisted in the presentation of a formal accusation before the U.S. justice system, which is not only illegal but also is aimed at backing up a false accusation of drug trafficking and terrorism, with the sole objective of mounting a supposed judicial process against Venezuelan authorities.

This U.S. charade includes the unusual offer of an international reward to anyone who provides information on the President and high Venezuelan officials, creating a dangerous moment of tension in the continent. I, therefore, consider it necessary to give an account of the facts, which reveal the perverse plot behind the accusations of the Department of Justice.

Just one day before, on March 25, the Bolivarian Republic of Venezuela denounced before national and international public opinion the organization in Colombian territory of an operation aimed at carrying out an attempt against the life of the President of the Republic, Nicolás Maduro Moros, his family members, and high State officials as well as attacking civil and military targets in our country, with Mr. Clíver Alcalá, a retired general of the Venezuelan armed forces, accused of being the military chief of that operation.

This accusation was made responsibly, after it was announced that in the process of stopping vehicles on the road in northern Colombia, near the border with Venezuela, on March 24, the police of that country seized a batch of weapons of war from a civilian vehicle.

The investigations revealed that it was a sophisticated arsenal intended for a group of former Venezuelan and Colombian military and paramilitary personnel who were training in camps located inside Colombia.

On March 26, the aforementioned Clíver Alcalá, gave a statement to a Colombian media outlet – from his residence in the city of Barranquilla, Colombia – in which he confirmed his participation in the reported events, confessing to being the military leader of the operation and revealing that the weapons were purchased by the order of Mr. Juan Guaidó, the national deputy who calls himself interim President of Venezuela and serves as Washington's agent in the country. He also confirmed that the weapons were intended to carry out a military operation to assassinate senior...
members of the Venezuelan State and Government and effect a coup d'état in Venezuela.

Mr. Alcalá clarified that the weapons were purchased through a contract signed by himself, Mr. Juan Guaidó, U.S. advisors and Mr. Juan José Rendón, political advisor to President Iván Duque, and carried out with the knowledge of Colombian government authorities.

In the face of this confession, the unusual response of the United States government has been the publication of the accusations mentioned at the beginning of this letter, with the bizarre inclusion of the name of Mr. Alcalá, as if he were part of the Venezuelan authorities and not a mercenary hired by the United States to carry out a terrorist operation against the Venezuelan government.

As proof of this, I need no more evidence than to mention the alleged capture of Mr. Alcalá by Colombian security forces and his immediate surrender to U.S. Drug Enforcement Agency authorities, in a curious act in which the prisoner, without handcuffs, was shaking hands with his captors, right in front of the stairs of the plane that would take him on a special VIP flight to the United States, which shows that in reality, this whole set-up is about the rescue of someone they consider a U.S. agent.

It must be stressed that the unsuccessful armed operation was originally designed to be executed at the end of this month, while all of Venezuela is fighting the COVID-19 pandemic. Actually, this is precisely the main battle that concerns humanity today.

It is a battle that our nation is successfully waging, having managed to hold down the contagion curve, reinforcing health provisions and keeping the population in a massive quarantine, with a low number of positive cases and deaths.

For all these reasons, the Government of the Bolivarian Republic of Venezuela alerts our brothers and sisters of political organizations and social movements around the world about the reckless and criminal steps being taken by the administration of Donald Trump which, despite the frightening acceleration of the growth of COVID-19 affecting the U.S. people, seems determined to deepen its policy of aggression against sovereign states in the region, and especially against the Venezuelan people.

During the pandemic, instead of focusing on policies of global cooperation in health and prevention, the U.S. government has increased its unilateral coercive measures and rejected requests from the international community to lift or ease the illegal sanctions that prevent Venezuela from accessing medicines, medical equipment, and food.

At the same time, it has banned humanitarian flights from the United States to Venezuela to repatriate hundreds of Venezuelans trapped in the economic and health crisis in that country.

By denouncing these serious facts, Venezuela ratifies its unwavering will to maintain a relationship of respect and cooperation with all nations, especially in this unprecedented circumstance that forces responsible governments to work together and put aside their differences, as is the case with the COVID-19 pandemic.

Under such serious circumstances, I request your invaluable support in denouncing this unusual and arbitrary persecution, executed through a new version of that archaic McCarthyism unleashed after World War II. At that time, they labeled their adversaries as Communists in order to persecute them; today they do it by means of the fictitious categories of “terrorists” or “drug traffickers,” without having any evidence whatsoever.
Condemning and neutralizing these unjustifiable attacks against Venezuela today will help prevent Washington from launching similar campaigns against other peoples and governments of the world tomorrow. We must all adhere to the principles of the United Nations Charter, principles such as the right to self-determination, sovereignty, peace and independence of peoples, to prevent excessive unilateralism from leading to international chaos.

Brothers and sisters of the world, you can be absolutely sure that Venezuela will stand firm in its fight for peace and will prevail under any circumstance. No imperialist aggression, however ferocious it may be, will divert us from the sovereign and independent path that we have forged for 200 years, nor will it distance us from the sacred obligation to preserve the life and health of our people in the face of the frightening global pandemic of COVID-19.

I take this opportunity to express my solidarity and that of the people of Venezuela to all the peoples who today also suffer serious consequences from the effects of the pandemic. If we are obliged to draw any lesson from all this difficult experience, it is precisely that only together can we move forward. The political and economic models that advocate selfishness and individualism have demonstrated their total failure to face this situation. Let us firmly advance towards a new World with justice and social equality, in which the happiness and fulfillment of the human being is the center of our actions.

I appreciate the solidarity that you have constantly expressed towards my country and my people, denouncing the criminal blockade to which we and many other nations are subjected. I take this opportunity to reiterate my respect and affection, and to invite you and us to continue united in forging a future of hope and dignity.

(March 29, 2020. Translation from original Spanish by TML )

India

Comment on the State of Affairs
- TML Reader -

In India, out of a population of more than 1.3 billion people only 38,000 people have been tested. It reveals the incompetence and criminal attitude of the government, the state and its agencies towards the life and health of the peoples of India. One just has to see videos of hundreds of thousands of workers walking back to their villages on the roads. One report stated that 1.2 million people gathered at the bus stand in Delhi. Some older folks said they are reminded of Partition when millions of desperate people were on the roads. Just like at the time of Partition,
the governments today announced a lockdown without any plan and preparation, causing great misery to people. The ruling elite continues to commit crimes against the people.

For the last 73 years deception and fraud have been continuously repeated about the life and health of the peoples of India by every government, no matter which party formed the government at the central or state levels. Images of millions of people stranded without shelter and food keep on flashing on TV and on social media. Where are all those who claimed that India was the "largest democracy in the world," and spoke nonsense about "Ram Rajya" or a "socialist and secular" constitution? They have disappeared from the scene, revealing the hollowness and fraud of these claims. BJP leaders and it's affiliates and some "educated" non-resident Indians, instead of dealing with the health issues are fanning beastly hatred against Muslims claiming there is an "Islamic Problem." Such virulent propaganda is reminiscent of racist gangs in the USA inciting people to get rid of the "Yellow Peril" or "Hindu Problem" to target Chinese and Indians in the past.

Life is already a living hell for the majority of people in India. The coronavirus pandemic is only going to make it worse. Hopefully, this hellish life has developed the kind of resistance that might save people. They cannot expect much from governments which are self-serving and have no interest in solving problems faced by the people.

One can also see the blinkers and crisis of thought and imagination of political parties, activists and public intellectuals. None of them is calling upon people to take over governance, or empty apartments, food godowns etc., and run affairs themselves and resolve this crisis in their favor. Many who speak in the name of being communist and revolutionary or on behalf of unions and social movements are turning people into beggars. They think that begging the criminal ruling elite and their state for what belongs to them by right will make it so. The times are calling for people to tear off this blindfold of anti-consciousness and organize to change their situation by once again taking up the battle cry of 1857 -- "Hum Hain Iske Malik Hindustan Hamara" -- "We are the owners of India, It belongs to Us." The ruling elites are incompetent and criminal. Workers, farmers, teachers, doctors, nurses, sanitary workers, engineers, domestic workers and all toilers cannot depend on the government. They must organize in a manner which opens a path to weather this crisis. They are quite competent to run their affairs, as they already run farms, factories, mills, mines, offices, universitites, schools, hospitals and other enterprises.
Non-governmental organization Jan Sahas recently gauged the situation facing migrant construction workers in North and Central India in a recent telephone survey, the *Indian Express* reported. The *Express* points out that "The construction sector contributes to around 9 per cent of the country's GDP and employs the highest number of migrant workers across India with 55 million daily-wagers. Each year, an estimated nine million workers move from rural areas to urban cities in search of work within construction sites and factories."[1]

Informing of the results of the Jan Sahas survey, the *Express* writes that firstly, "42 per cent of the workers mentioned that they had no ration left even for the day, let alone for the duration of the lockdown." The report by the *Express* continues:

"Second, one-third of the respondents said they 'are still stuck in destination cities due to the lockdown with little or no access to food, water and money.' While nearly half the migrant labourers were already in their villages, they face different challenges such as no income and accessibility to rations.

"Third, that '31 per cent of workers' admitted to 'have loans and they will find it difficult to repay it without employment.' The highest proportions of the loans were from money-lenders, nearly three times more than who have taken loans from banks. While more than 79 per cent of those who have loans fear not being able to pay them back in the near future, 'a disturbing fact is that close to 50 per cent of the labourers who had taken debt fear that their inability to pay can put them in danger of some kind of violence.'"

Regarding access to relief funds, "The survey finds that '94 per cent of the workers do not have the Building and Construction Workers identity card, which rules out the possibility of availing any of the benefits that the State has declared from its Rs 32,000 crore [Building and Construction Workers Welfare Fund].'

"According to the survey, the immediate relief that migrant workers wanted was rations, then a promise of monthly support. About 83 per cent of them worried that they would not be able to find work at the end of the shutdown, while 80 per cent were concerned that the impact of 21 days lockdown on their family will be to leave them without any food.

"The survey also found that 55 per cent of the workers earned between Rs 200-400 per day to support an average family size of four persons, while another 39 per cent earned between Rs 400-600 per day. This means that a majority of these labourers are underpaid as the minimum wages act, where the prescribed minimum wages for Delhi are Rs 692, Rs 629 and Rs 571 for skilled, semi-skilled and unskilled workers, respectively."

**Note**

At a recent press conference with representatives of the Africa Centers for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO), the current level of COVID-19 cases across Africa in early April was described as the "dawn of the outbreak" on the continent, noting the lack of capacity to treat serious infections due to the number of ventilators and other necessary materials.

The virus "is an existential threat to our continent," said Dr. John Nkengasong, head of Africa CDC. As of April 2, all but four of Africa's 54 countries had cases, while local transmission is reported to have begun in many places.

Nkengasong said authorities are "aggressively" looking into procuring equipment such as ventilators that most African countries desperately need, and local manufacturing and repurposing are being explored. "We've seen a lot of goodwill expressed to supporting Africa from bilateral and multilateral partners," but "we still have to see that translate into concrete action," he said.

The WHO does not know how many ventilators are available across Africa to help those in respiratory distress, WHO Regional Director Dr. Matshidiso Moeti told reporters. "We are trying to find out this information from country-based colleagues. [...] What we can say without a doubt is there is an enormous gap." Some countries have only a few ventilators. Central African Republic has just three. WHO official Dr. Zabulon Yoti added that a small percentage of people who are infected will need ventilators and about 15 per cent may need intensive care.

"Even if equipment is obtained, getting them to countries is a growing challenge with Africa's widespread travel restrictions, though countries have made exceptions for cargo or emergency humanitarian flights," the Associated Press reports. It goes on to state:

"Simply gauging the number of coronavirus cases in Africa is a challenge, even in South Africa, the most developed country on the continent, where authorities have acknowledged a testing backlog.

"Other countries suffer from the widespread shortage of testing kits or swabs, though 43 countries in the WHO Africa sub-Saharan region now have testing capability, up from two in early February.

"As more African countries impose lockdowns, both the WHO and Africa CDC expressed concern for the millions of low-income people who need to go out daily to earn their living. That's a 'huge challenge,' Moeti said, noting that hundreds of thousands of children are now out of school as well.

"It is too soon to tell how the lockdown in places like South Africa has affected the number of cases, she added.

[...]

"The first sub-Saharan African nation to impose a lockdown, Rwanda, has now extended it by two weeks, a sign of what might be to come for other nations. Botswana imposed its own, effective Friday [April 3]."

(Associated Press)
African Union Calls for Lifting of U.S. Sanctions on Zimbabwe and Sudan

The African Union Bureau (AU) of Heads of States and Governments, in an April 3 teleconference, reiterated its call for the immediate lifting of economic sanctions on Zimbabwe and Sudan to assist them during the coronavirus pandemic. There are some 8,000 COVID-19 cases on the African continent.

The bureau is also appealing for international cooperation and support in the fight against the spread of the novel coronavirus on the continent. The Heads of States and Governments noted that of $12.5 million has been pledged by AU member states towards combating the pandemic. The bureau has agreed to establish continental ministerial coordination committees on Health, Finance, and Transport in order to support the comprehensive continental strategy.

In early March, the U.S. Trump administration extended by one year sanctions against Zimbabwe saying that the new government's policies continue to pose an "unusual and extraordinary" threat to U.S. foreign policy. It said the sanctions will remain until the government of President Emmerson Mnangagwa acquiesces to U.S. demands regarding media freedom and protests. According to U.S. officials, there are 141 entities and individuals in Zimbabwe under U.S. sanctions.

Also in early March, the U.S. Office of Foreign Assets Control (OFAC) lifted sanctions against 157 Sudanese institutions and removed Sudan from its list of countries sponsoring terrorism, after the U.S. and Sudan reached an agreement in February for a settlement with the families of those killed in the 2000 bombing of the USS Cole. However, some sanctions still remain in place through the Darfur Peace and Accountability Act.

(SABC, Africanews, Anadolu Agency)

International Solidarity and Cooperation

Statement of the Communist Parties of South America

Due to the spread of COVID-19, the communist parties of South America on March 30 issued a Joint Declaration, highlighting the decisive role of health workers and those of other branches in the fight against the coronavirus pandemic.

Declaration

The communist parties in South America draw attention, with class pride, to the decisive role of workers from different branches, and fundamentally from the health sector, in the fight against the COVID-19 pandemic that is ravaging the world.

We welcome the teleconference of the Ministers of Health and Foreign Relations convened by the pro tempore Mexican presidency of CELAC, given that this is the only area where all the countries of Our America can meet with the invaluable presence of Cuba, the world vanguard in medical and biochemical innovation and humanistic ethics, also involving the Pan American Health Organization and a high-level delegation from the People's Republic of China.

The COVID-19 pandemic tragically demonstrates the profound shortcomings of public health systems in most countries in the region, which were known before the coronavirus appeared.
These deficiencies are the result of anti-popular policies applied by governments in the service of big capital to commercialize and privatize health, supporting the profitability of monopoly groups.

These policies, in addition, have undermined the scientific and technological capacities available to satisfy the needs of prevention and of massive attention to the population. Current experience highlights the antisocial and parasitic nature of neo-liberalism and highlights the superiority of state intervention in the vital areas of any nation and of planning based on popular needs, as well as demonstrating that they cannot be governed by the petty logic of capitalism. That implies in health matters, providing primary care and prevention, decent hospitals, well-equipped laboratories, doctors and nurses, medicines, respirators, tests and examinations and everything that is needed to satisfy the constant and urgent needs of the peoples.

We consider it essential to guarantee the rights of workers, unemployed and underemployed, of the poorest social strata, as a humane and supportive gesture that, at the same time, ensures the basic maintenance of economic activity. Payment of wages must be guaranteed, as must a minimum income for all informal workers. It is not they who must pay for the crisis. To this end, fiscal austerity policies must be reversed, and the State must assume extraordinary responsibilities to maintain economic activity, including guaranteeing the contribution of financial banking systems to this end.

It is necessary, once and for all, to end the blockade and other unilateral coercive measures against Cuba and Venezuela, and the actions against Nicaragua, whose unsupportive, discriminatory and unjust character stands out even more in the midst of this critical situation. In this regard, we value the words of the President of Argentina, Alberto Fernández, who, in addition to adopting a set of appropriate measures in the emergency, has spoken with dignity in this regard.

It is necessary and urgent to definitively forgive the external debts of our countries to the IMF and the usurious international banks.

We send our sincere thanks to the doctors and nurses, to the staff of the hospitals and of the health units who are struggling in the face of great difficulties. We express our solidarity to all those affected by the CoVID-19 pandemic and wish them a speedy recovery from the disease.

We salute the countries that are carrying out solidarity actions with the most affected countries, such as sending protective materials, respirators, and health professionals, such as China, Cuba and Russia, which contrasts with the actions of the United States and NATO that persist in deploying troops, as they recently did in several countries in Europe, supporting huge military budgets that deny health and social welfare.

We fight for profound transformations that will come from the hand of workers and peoples united. We position ourselves with responsibility and with a sense of Humanity. We are present in the fight to take immediate measures to protect health and safeguard the rights of all peoples in all corners of the planet!

Communist Party of Argentina
Communist Party of Bolivia
Communist Party of Brazil
Brazilian Communist Party
Colombian Communist Party
Communist Party of Chile
Communist Party of Ecuador
Communist Party Paraguay
Peruvian Communist Party
Communist Party of Peru -- Patria Roja
On April 6 a petition and Twitter campaign was launched by the Sao Paulo Forum calling for the end of economic, commercial and financial sanctions imposed on nations such as Venezuela, Cuba and Nicaragua in the midst of the COVID-19 pandemic. The aim of the campaign is to get the word out to the widest possible audience, including to political authorities at different levels, trade unions, solidarity organizations and members of social movements.

Everyone is invited to take part in the following program:

Thursday, April 9: First Twitter storm under the hashtag #BloqueoNoSolidaridadSi
Duration: 10 am-2 pm EDT / 3-7 pm GMT

Thursday, April 16: Second Twitter storm under the hashtag #BloqueoNoSolidaridadSi
Duration: 10 am-2 pm EDT / 3-7 pm GMT

Participants are asked to use the one hashtag only and no others, as when multiple hashtags are used, Twitter's algorithm treats it like spam, reducing the effectiveness of the initiative. Posts on other social media platforms are also encouraged to help get the word out.

The petition in English, French, Spanish and Portuguese can be found here.

Petition Against the Illegal Blockade of Countries and for Solidarity Among Peoples

1. We are experiencing an alarming health situation worldwide with the SARS-CoV-2 and COVID-19 pandemic.

2. Today April 6, almost one million people are infected, with thousands of deaths in several countries. Nobody had prepared for a situation on that scale! Health systems in general were not prepared and few countries were able to minimally contain the initial number of infections and thus prevent the collapse of their own system.

3. The general reaction was to order quarantines and isolations to reduce the spread of the virus, measures that have catastrophic consequences for economies, which are not yet fully defined.

4. There is also an increase in xenophobic positions, blaming a culture or country for the emergence and spread of the virus.

5. In response to these positions, the Chinese government's attitude was exemplary in cooperating with Italy and other European countries to help them contain the epidemic locally.

6. In the midst of these problems, some nations that have already been the victims of unilateral coercive measures have unsuccessfully requested the lifting of sanctions in order to purchase
supplies, medical equipment and medicines for their health system.

7. Nicaragua has suffered these sanctions for years and now it does not even have the right to obtain humanitarian aid.

8. In Venezuela, the government was willing to buy supplies, but international companies refused to sell it for fear of suffering some kind of penalty or fine.

9. Cuba remains subject to the economic, commercial and financial blockade imposed by the United States, exacerbated by the current aggressive escalation of that country's government, which constitutes the main obstacle to its development. In its constant example of humanity and solidarity, Cuba once again offered cooperation in the area of health to face the pandemic and, upon request, sent Medical Brigades to more than a dozen countries.

10. In view of the above, we, the undersigned, request that the blockade, the unilateral coercive measures and the sanctions applied against the countries be completely lifted.

11. We hope that our voices can represent that of millions of people who suffer unfairly in their daily lives the political persecution against their countries promoted by some governments.

Further information about the campaign can be found here.

Campaign to Support Cuba's Contribution to World Fight Against COVID-19
- Isaac Saney, Spokesperson, Canadian Network on Cuba -

The Canadian Network on Cuba (CNC) is launching the Campaign to Support Cuba's Contribution to World Fight Against COVID-19 to assist the heroic island's internationalist medical missions that are combatting the pandemic across the world. At the time of writing, Cuba has more than 800 medical personnel serving humanity in the trenches of 16 countries against the dreaded coronavirus: including Italy (currently with the greatest number of fatalities), Spain,
Andorra, in Europe; Jamaica, Antigua and Barbuda, Saint Vincent and the Grenadines, Haiti, Saint Lucia, Suriname, Grenada, Dominica, Saint Kitts and Nevis, and Belize, in the Caribbean; Venezuela and Nicaragua, in Latin America, and Angola in Africa. In the coming days more Cuban medical missions will be dispatched to other countries.

Currently, at least, 45 countries have sought to use Cuba's Interferon Alfa 2B Recombinant (IFNrec) for confronting the COVID-19 pandemic. The international profile and acknowledgement of IFNrec is steadily growing. For example, there is the March 24 *Newsweek* article, "Cuba Uses 'Wonder Drug' to Fight Coronavirus Around the World Despite U.S. Sanctions," and, "The World Rediscoverds Cuban Medical Internationalism," in the March 30 issue of *Le Monde Diplomatique*. The Chinese National Health Commission is using IFNrec as a crucial component of the anti-viral treatment to combat the coronavirus. In the recently published extensive medical handbook by Zhejiang University School of Medicine on how to treat COVID-19 based on China's experience with the pandemic, IFNrec is identified as a significant part of the treatment. It has been very effective among the most vulnerable patients in China, Cuba, and Italy.

Cuba's medical missions and other generous assistance to humanity in this time of pandemic reflects the island's history and dedication over the last six decades of always standing with the peoples of the world in their time of need. During the course of the Cuban Revolution more than 400,000 Cuban health care workers have served in 164 countries. For example, many of the medical personnel now intimately involved in the fight against COVID-19 in the 16 countries mentioned are part of the specially trained Henry Reeve International Medical Brigade against Disasters and Serious Epidemics, which distinguished themselves the fight against the Ebola epidemic in West Africa.

Cuban internationalist medical missions have often been compared to dreamcatchers. Just as dreamcatchers allow only good dreams to pass through, while preventing nightmares, so too the Cuban medical internationalist missions do their utmost to stop the nightmares of disease from reaching the people.

Cuba is also engaged in its own fight against COVID-19. It is doing this in the face of an unrelenting economic war waged by the United States against the people of Cuba: a war that limits the island's access to equipment and other necessary items required to preserve the health of Cubans. However, as it has always done, and continues to do, the Cuban government affirms and upholds that health care is a human right and places the well-being of its people at the centre of its policies and political decisions.

The Campaign to Support Cuba's Contribution to World Fight Against COVID-19 echoes the 2010 CNC Cuba for Haiti Campaign, which was warmly and enthusiastically received by Canadians. As Haitians struggled to recover from the devastating earthquake, more than $200,000 were raised to assist the Cuban medical mission in Haiti. That campaign demonstrated the confidence that the Canadian people have in Cuba, with many people giving contributions simply on the grounds that their money would safely reach its destination and not be squandered in corruption or misused. This shows the respect and admiration of Canadians for the Cuban people and their efforts to build and defend a society centred on independence, justice and human dignity.


To contribute to the Campaign to Support Cuba's Contribution to World Fight Against COVID-19: cheques should be made out to the "CNC," with "COVID-19" written in the memo, and then mailed to:
Webinar: Cuba Leads in Global Fight Against COVID-19

Please join this special solidarity webinar to learn about the example Cuba is setting of putting human needs ahead of profits in the fight against COVID-19. Panelists will discuss Cuba's history of medical internationalism; how Cuba is fighting COVID-19 on the Island based on providing health care as a right; learn how Cuba is developing effective new medications such as Interferon Alpha 2-B; and how Cuba is sending medical teams to Italy, the Caribbean and dozens of countries.

For information click here.
In his April 3 briefing on the COVID-19 pandemic, Director General of the World Health Organization (WHO) Dr. Tedros Adhanom Ghebreyesus highlighted the need for countries to provide economic assistance to those who required it and remove barriers to testing, all of which will contribute to ensuring that people can continue to play their role in the isolating themselves and practicing social distancing to stem the spread of the coronavirus. He called on countries to "ease the burden on their populations through social welfare programs to ensure people have food and other life essentials."[1]

He reiterated that "the best way for countries to end restrictions and ease their economic effects is to attack the virus, with the aggressive and comprehensive package of measures that we have spoken about many times before: find, test, isolate and treat every case, and trace every contact.

"If countries rush to lift restrictions too quickly, the virus could resurge and the economic impact could be even more severe and prolonged. Financing the health response is therefore an essential investment not just in saving lives, but in the longer-term social and economic recovery.

"There are three main areas for countries to focus on. First, we call on all countries to ensure core public health measures are fully funded, including case-finding, testing, contact tracing, collecting data, and communication and information campaigns. Second, we also call on countries and partners to strengthen the foundations of health systems. That means health workers must be paid their salaries, and health facilities need a reliable supply of funding to purchase essential medical supplies. Third, we call on all countries to remove financial barriers to care.

"If people delay or forego care because they can't afford it, they not only harm themselves, they make the pandemic harder to control and put society at risk. Several countries are suspending user fees and providing free testing and care for COVID-19, regardless of a person's insurance, citizenship, or residence status. We encourage these measures. This is in an unprecedented crisis, which demands an unprecedented response. Suspending user fees should be supported with measures to compensate providers for the loss of revenues. Governments should also consider using cash transfers to the most vulnerable households to overcome barriers to access. This may be particularly important for refugees, internally displaced persons, migrants and the homeless."

Dr. Tedros stated that "For some countries, debt relief is essential to enable them to take care of their people and avoid economic collapse. This is an area of cooperation between WHO, the IMF and the World Bank."

**Number of Cases Worldwide**

As of April 4, 11:04 GMT, the worldwide statistics for COVID-19 pandemic as reported by Worldometer were:

Total reported cases: 1,132,017
- active cases: 835,784
- closed cases: 296,233
Deaths: 60,331
Recovered: 235,902

There were 84,821 new cases from April 3 to 4. This compares to the one-day increase in cases from March 27 to 28 of 60,451.

The disease was present in 205 countries and territories. Of these, 85 had less than 100 cases.

This compares to figures from a week earlier on March 28 of 656,763 reported cases (484,946 active; 171,817 closed); 30,398 deaths; 141,419 recovered; with cases in 199 countries and territories. One factor responsible for the sharp increase in the total number of cases in early April is that various countries have now broadened their testing for COVID-19. However, the current figures are also mitigated by the fact that countries are not using uniform criteria to carry out testing and testing is not universally available within each country. Nor are all countries carrying out post-mortem tests on those suspected to have died from COVID-19.

The five countries with the highest number of cases on April 4 were:

**USA:** 277,533 (257,847 active; 12,283 recovered; 7,403 deaths)
**Spain:** 124,736 (78,773 active; 34,219 recovered; 11,744 deaths)
**Italy:** 119,827 (85,388 active; 19,758 recovered; 14,681 deaths)
**Germany:** 91,159 (65,309 active; 24,575 recovered; 1,275 deaths)
**France:** 82,165 (61,650 active; 14,008 recovered; 6,507 deaths)

The U.S. remains the country with the highest number of cases for the second week in a row, more than doubling its number of active cases from March 28 (114,465). As a region, Europe is still the epicentre of the pandemic, with 11 of the countries with highest number of cases coming from that region. China is no longer is the top five countries with the highest number of cases, having been displaced by France since last week.

### Cases in Top Five Countries by Region

In Europe on April 4, the five countries with the highest number of reported cases were:

**Spain:** 124,736 (78,773 active; 34,219 recovered; 11,744 deaths)
**Italy:** 119,827 (85,388 active; 19,758 recovered; 14,681 deaths)
**Germany:** 91,159 (65,309 active; 24,575 recovered; 1,275 deaths)
**France:** 82,165 (61,650 active; 14,008 recovered; 6,507 deaths)
**UK:** 38,168 (34,428 active; 135 recovered; 3,605 deaths)

Spain has overtaken Italy as the European country with the highest number of cases, with the total number of cases going up by some 52,000 in the past week. In Italy, it appears as if the curve may be starting to flatten, with the total number of cases going up by about 27,000 in the past week, compared to an increase of about 47,000 in the previous week.

In Eurasia:

**Turkey:** 20,921 (20,012 active; 484 recovered; 425 deaths)
**Russia:** 4,731 (4,355 active; 333 recovered; 43 deaths)
**Armenia:** 770 (720 active; 43 recovered; 7 deaths)
**Kazakhstan:** 525 (484 active; 36 recovered; 5 deaths)
**Azerbaijan:** 521 (484 active; 32 recovered; 5 deaths)

For this region, the countries with the five highest number of cases remain the same, with the total number of cases in each increasing by three to four times in the past week.
In West Asia:

**Iran**: 55,743 (32,555 active; 19,736 recovered; 3,452 deaths)
**Israel**: 7,589 (7,119 active; 427 recovered; 43 deaths)
**Saudi Arabia**: 2,039 (1,663 active; 351 recovered; 25 deaths)
**UAE**: 1,264 (1,147, 62 recovered; 9 deaths)
**Qatar**: 1,075 (979 active; 93 recovered; 3 deaths)

In the face of the inhuman U.S. sanctions, Iran reports that some 85 per cent of the medical equipment necessary for the treatment of coronavirus patients are now being domestically produced.[1] The Islamic Republic News Agency further reports that:

"Iranian scientists are working on devising the other 15 per cent of the equipment; [...] the medical items required for curing respiratory patients will be produced in the country in the coming months.

"[...] 400,000 to 500,000 face masks were produced in the country daily, and after the outbreak of the coronavirus, this amount has considerably increased.

"Production of face masks is slated to hit 3 to 4 million per day in Iran [...]"

The total number of cases in Iran increased by some 20,000 in the past week.

In South Asia:

**India**: 3,082 (2,767 active; 229 recovered; 86 deaths)
**Pakistan**: 2,708 (2,537 active; 130 recovered; 41 deaths)
**Afghanistan**: 299 (282 active; 10 recovered; 7 deaths)
**Sri Lanka**: 159 (129 active; 25 recovered; 5 deaths)
**Bangladesh**: 70 (32 active; 30 recovered; 8 deaths)

The total number of cases in India roughly tripled in the past week, while the numbers in Pakistan and Afghanistan roughly doubled.

In Southeast Asia:

**Malaysia**: 3,483 (2,511 active; 915 recovered; 57 deaths)
**Philippines**: 3,094 (2,893 active; 57 recovered; 144 deaths)
**Indonesia**: 2,092 (1,751 active; 150 recovered; 191 deaths)
**Thailand**: 2,067 (1,435 active; 612 recovered; 20 deaths)
**Singapore**: 1,114 (826 active; 282 recovered; 6 deaths)

The total number of cases in the above countries increased by 1,000 cases or less in the past week, with the exception of the Philippines, where the total number of cases roughly tripled.

In East Asia:

**China**: 81,639 (1,558 active; 76,755 recovered; 3,326 deaths)
**South Korea**: 10,156 (3,654 active; 6,325 recovered; 177 deaths)
**Japan**: 2,935 (2,352 active; 514 recovered; 69 deaths)
**Taiwan**: 355 (300 active; 50 recovered; 5 deaths)

The situation in East Asia remained relatively stable since last week, with cases in China and Korea experiencing increases in the total number of cases of about 200 and 1,000 respectively. The number of cases in Japan roughly doubled.
In North America:

**USA:** 277,533 (257,847 active; 12,283 recovered; 7,403 deaths)
**Canada:** 12,549 (10,019 active; 2,322 recovered; 208 deaths)
**Mexico:** 1,688 (995 active; 633 recovered; 60 deaths)

The total number of reported cases in these three countries at least doubled in the past week.

The situation in the U.S. is worsening due to the lack of measures by governments whose aim is not to sort out the problems facing the people, especially the front line workers in health care, public services and other crucial sectors, who continue their heroic efforts to defend their rights and well-being and that of the public. Instead, governments are acting on a self-serving basis and in the interests of the private interests they represent. For example, a major factor exacerbating the situation is the lack of uniformity in the application of measures to stem the spread of COVID-19, with the federal government refusing to set national standards. Meanwhile there is open conflict between the federal and state governments which is politicizing the issue of the manufacturing and distribution of medical supplies that are desperately needed across the U.S. To boot, governors in some states have thus far refused to ban mass gatherings or to shut down public spaces such as beaches (as is the case in Florida and Georgia, for example), in defiance of the guidelines for social distancing.

In Central America and the Caribbean:

**Panama:** 1,673 (1,622 active; 10 recovered; 41 deaths)
**Dominican Republic:** 1,488 (1,404 active; 16 recovered; 68 deaths)
**Costa Rica:** 416 (403 active; 11 recovered; 2 deaths)
**Cuba:** 269 (248 active; 15 recovered; 6 deaths)
**Honduras** (264; 3 recovered; 15 dead)

In South America:

**Brazil:** 9,216 (8,724 active; 127 recovered; 365 deaths)
**Chile:** 3,737 (3,288 active; 427 recovered; 22 deaths)
**Ecuador:** 3,368 (3,158 active; 65 recovered; 145 deaths)
**Peru:** 1,595 (997 active; 537 recovered; 61 deaths)
**Argentina:** 1,353 (1,045 active; 266 recovered; 42 deaths)

Venezuela, which took decisive preventive measures early and has deployed teams of health workers to check on citizens door-to-door in order to provide timely diagnosis, monitoring and treatment, continues to have dramatically fewer confirmed cases of COVID-19 than almost any other country in South America. In terms of the number of cases per 1 million population, it has the lowest at six. On April 4 it had 155 confirmed cases, with 52 of these recovered and 7 deaths.

The same day, some 600 Venezuelan citizens returned to their country voluntarily by crossing the Simon Bolívar international bridge from Colombia where many of them who earned their living informally were left without any means to support themselves and their families after a quarantine was imposed in that country. The Venezuelan government, with the support of the opposition-dominated National Assembly, has adopted an open arms policy, welcoming back all those who choose to return home. Upon arriving at the border they are screened for symptoms of COVID-19 and undergo a rapid test, with any that test positive having to spend a period of isolation on the Colombian side and be re-tested before entering Venezuela. Once admitted the returnees are provided with free food and lodging while they spend a 15-day quarantine period in the border state of Táchira, before making their way to their home states. During that time they also receive free health care and medication and the other social benefits that the majority of Venezuelans are
entitled to through enrolment in the Homeland Card (Carnet de la Patria) system.

In the coming days and weeks thousands more Venezuelan nationals are expected to return home over land from Peru, Ecuador, Colombia and other countries where they had migrated in search of employment, but were often living precariously and subjected to xenophobic treatment.

Meanwhile in one of those countries, Ecuador, Health Minister Juan Carlos Zevallos last week told CNN in an interview that the government was grossly under-reporting the number of pandemic-related deaths. He estimated that in the port city of Guayaquil alone, the epicentre of the outbreak in the country, 1,500 people had already died of COVID-19 -- a far cry from the 145 deaths reported as of April 4. Due to the collapse of the health sector and government negligence, the bodies of those who had died -- many at home -- remained there, or out in the streets for days, decomposing, leaving grieving family members and other residents outraged.

In Africa:

**South Africa:** 1,505 (1,401 active; 95 recovered; 9 deaths)
**Algeria:** 1,171 (1,004 active; 62 recovered; 105 deaths)
**Egypt:** 985 (979 active; 216 recovered; 66 deaths)
**Morocco:** 844 (735 active; 59 recovered; 50 deaths)
**Cameroon:** 509 (484 active; 17 recovered; 8 deaths)

In Oceania:

**Australia:** 5,550 (4,935 active; 585 recovered; 30 deaths)
**New Zealand:** 950 (822 active; 127 recovered; 1 death)
**Guam:** 112 (4 deaths)
**French Polynesia:** 41

**Note**


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**What Chinese Doctors Learned About the Prevention and Detection of COVID-19 from Their Experience in Wuhan**


In the early days of the novel coronavirus outbreak, Chinese officials shared their understanding of the novel coronavirus with the world through the World Health Organization. Tested and tempered by other viral epidemics (such as SARS), the frontline professionals at the epicenter -- Wuhan -- decided to share their invaluable experiences and lessons drawn from the current
outbreak as well as during their careers in China and various countries in the form of the *Coronavirus Prevention Handbook*, originally published in Chinese.

The Center for Medical Language Service of Guangdong University of Foreign Languages was nominated for this mission of translation and recruited volunteers.

"The information in the Handbook -- especially the measures that individuals and communities can adopt at the time of an outbreak -- might serve as an important source of information on the prevention and control of both present and future epidemics. Even if China's experiences do not apply to all countries in the same manner, they should serve as valuable references," the introduction says.

**Is Everyone Equally Susceptible to COVID-19?**

The novel coronavirus is newly emergent in humans. Therefore, the general population is susceptible because they lack immunity against it. 2019-nCoV can infect individuals with normal or compromised immunity. The amount of exposure to the virus also determines whether you get infected or not. If you are exposed to a large amount of virus, you may get sick even if your immune function is normal. For people with poor immune function, such as the elderly, pregnant women or people with liver or kidney dysfunction, the disease progresses relatively quickly and the symptoms are more severe.

**The dominant factor determining whether one gets infected or not is the chance of exposure.** So, it cannot be simply concluded that better immunity will lower one's risk of being infected. Children have fewer chances of exposure and thus a lower probability of infection. However, at the same exposure, senior people, people with chronic diseases or compromised immunity are more likely to get infected.

**What Are the Epidemiological Characteristics of COVID-19?**

The emergent epidemic of COVID-19 has experienced three stages: local outbreak, community communication, and widespread stage (epidemic). Transmission dynamics: in the early stage of the epidemic, the average incubation period was 5.2 days; the doubling time of the epidemic was 7.4 days, i.e., the number of people infected doubled every 7.4 days; the average continuous interval (the average interval time of transmission from one person to another) was 7.5 days; the basic regeneration index (R0) was estimated to be 2.2 to 3.8, meaning that each patient infects 2.2 to 3.8 people on average.

As for the main average intervals -- for mild cases, the average interval from onset to the initial hospital visit was 5.8 days, and that from onset to hospitalization 12.5 days; for severe cases, the average interval from onset to hospitalization was 7 days and that from onset to diagnosis 8 days; for fatality cases, the average interval from onset to diagnosis was significantly longer (9 days), and that from onset to death was 9.5 days.
The COVID-19 epidemic passed three stages of communication: 1) the stage of local outbreak (cases of this stage are mostly related to the exposure of a seafood market); 2) the stage of community communication (interpersonal communication and clustering transmission in communities and families); 3) widespread stage (rapid spread, with large population flow, to the entire country of China and even the world.)

What Are the Routes of Transmission of 2019-nCoV

At present, it is believed that transmission through respiratory droplets and contacts is the main routes, but there is a risk of fecal-oral transmission. Aerosol transmission, mother to child transmission and other routes are not confirmed yet.

Respiratory droplet transmission is the main mode of direct contact transmission. The virus is transmitted through the droplets generated when patients are coughing, sneezing or talking, and susceptible persons may get infected after inhalation of the droplets.

The virus can be transmitted through indirect contacts with an infected person. The droplets containing the virus are deposited on the surface of the object, which may be touched by the hand. The virus from the contaminated hand may get passed to the mucosa (or mucosae) of oral cavity, nose and eyes of the person and lead to infection.

The live novel coronavirus has been detected from feces of confirmed patients, suggesting the possibility of fecal-oral transmission.

When the droplets are suspended in the air and lose water, pathogens left behind to form the core of the droplets (i.e. aerosols). Aerosols can fly to a distance, causing long-distance transmission. This mode of transmission is called aerosol transmission. There is no evidence that the novel coronavirus can be transmitted through aerosol yet.

A child of the mother with COVID-19 was confirmed to have positive throat swabs after 30 hours of birth. This suggests that the novel coronavirus may cause neonatal infection through mother to child transmission, but more scientific research is in need to confirm this route.

How Resilient Are Coronaviruses in Different Environments?

Viruses generally can survive for several hours on smooth surfaces. If the temperature and humidity permit, they can survive for several days. The novel coronavirus is sensitive to ultraviolet rays and heat. Sustained heat at 132.8° F for 30 minutes, 75% alcohol, chlorine-containing disinfectants, peracetic acid, chloroform, and other lipid solvents can effectively inactivate the virus. Chlorhexidine (also known as chlorhexidine gluconate) also effectively inactivates the virus.

Common coronaviruses mainly infect adults or older children, causing the common cold. Some strains can cause diarrhea in adults. These viruses are mainly transmitted by droplets, and can also be spread via the fecal-oral route. The incidence of corona virus infection is prevalent in winter and spring. The incubation period for coronaviruses is usually 3 to 7 days.

The survival time of the novel coronavirus at different environmental temperatures is as follows:
2019-nCoV is a coronavirus that underwent genetic mutations. The incubation period of the virus is as short as 1 day but generally considered to be no longer than 14 days. But it should be noted that some reported cases had an incubation period of up to 24 days.

**Can Humans Develop Immunity to 2019-nCoV?**

Scientific data on the level and the duration of protective immune antibodies produced in patients after infection of the novel coronavirus remain scarce. In general, the protective antibodies (immunoglobulin G, IgG) against a virus can be produced two weeks or so after an infection, and may exist for several weeks to many years, preventing re-infection of the same virus after recovery. Currently efforts are underway to test whether recently those recovered from 2019-nCoV infection carry protective antibodies in the blood.

**How Do I Prevent COVID-19 Infection in Cinemas and Theatres?**

During an epidemic outbreak, try to avoid visits to public spaces, especially places with large crowds and poor ventilation (like cinemas). Wear a face mask if visits to public spaces are required. Cough or sneeze into tissues completely covering the nose and mouth. Seal used tissues in a plastic bag before discarding immediately in a closed bin labeled "residual waste" or "medical waste" to prevent the virus from spreading. Operators of public spaces should maintain a hygienic indoor environment, ensure regular ventilation and sterilization every day.

<table>
<thead>
<tr>
<th>Different environments</th>
<th>Temperature</th>
<th>Survival time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>50 ~ 59°F</td>
<td>4 hours</td>
</tr>
<tr>
<td></td>
<td>77°F</td>
<td>2 ~ 3 minutes</td>
</tr>
<tr>
<td>Droplets</td>
<td>&lt;77°F</td>
<td>24 hours</td>
</tr>
<tr>
<td>Nasal mucus</td>
<td>132.8°F</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Liquid</td>
<td>167°F</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Hands</td>
<td>68 ~ 86°F</td>
<td>&lt;5 minutes</td>
</tr>
<tr>
<td>Non-woven fabric</td>
<td>50 ~ 59°F</td>
<td>&lt;8 hours</td>
</tr>
<tr>
<td>Wood</td>
<td>50 ~ 59°F</td>
<td>48 hours</td>
</tr>
<tr>
<td>Stainless steel</td>
<td>50 ~ 59°F</td>
<td>24 hours</td>
</tr>
<tr>
<td>75% alcohol</td>
<td>Any temperature</td>
<td>&lt;5 minutes</td>
</tr>
<tr>
<td>Bleach</td>
<td>Any temperature</td>
<td>&lt;5 minutes</td>
</tr>
</tbody>
</table>
What About on Public Transit?

Passengers on public transport such as bus, metro, ferry or planes must wear face masks to reduce the risk of getting infected in crowded spaces. Seal used tissues in a plastic bag before discarding immediately in a closed bin labeled "residual waste" or "medical waste" to prevent the virus from spreading.

Are Elevators a Risk?

Yes. An elevator carries a high risk of transmission due to its confined space. To prevent the spread of 2019-nCoV in elevators, the following measures should be taken:
(1) The elevator should be thoroughly and regularly disinfected several times with ultraviolet irradiation, 75% alcohol or chlorine-containing disinfectants every day.

(2) Minimize the risks of getting infected from sneezing by taking the elevators alone if possible.

(3) Wear a mask before entering the elevator. If someone sneezes in the elevator while you have no masks on, cover your mouth and nose with your sleeves. Measures like clothes-changing and personal cleaning should be taken right after.

Wang Zhou, MD is the Chief Physician of Wuhan Center for Disease Control and Prevention. He was a Senior Visiting Scholar at the University of Pennsylvania from 2005 to 2006, and is the author or co-author of more than 50 academic journal articles.

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