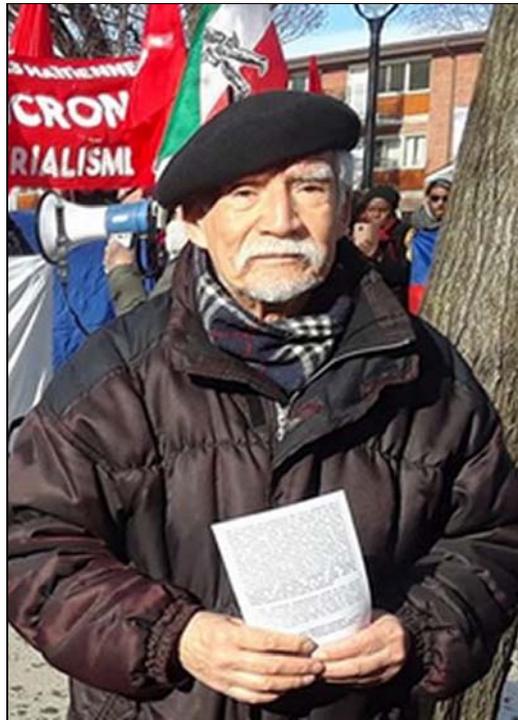


April 11, 2020 - No. 12

In Memoriam
Miguel Ángel Céspedes Pino



July 22, 1942 - April 6, 2020

With heavy hearts we inform you that we lost our comrade Miguel Ángel Céspedes Pino to COVID-19 in Montreal on April 6. Miguel was 77. We are informed he died peacefully in his sleep.

Miguel was born in Chile on July 22, 1942. He left his country of birth during the Pinochet dictatorship, at first to study and work in France, following which he came to live and work in Quebec. There he soon joined the work to defend the rights of all, uphold the sovereignty of the peoples of the world and champion the cause of making Canada a zone for peace. In the course of this work, Miguel became a member of the Communist Party of Canada (Marxist-Leninist), as well as a founding member of the Parti marxiste-léniniste du Québec, ever upholding Quebec's right to self-determination and the rights of all against state-organized racist attacks and other acts of injustice.

Miguel was a very talented artist. He worked as a window dresser a good part of his life, at The Bay on St-Catherine Street in downtown Montreal. After he retired he was able to devote his life to his art. His complex and colourful paintings of geometric shapes and their 3D structures which he exhibited whenever he could brought great joy to colleagues and friends who reveled in his quiet *joie de vivre* and fidelity to the principles he stood for his entire life.

We send our most heartfelt sympathies to his comrades in the Party and his many friends. Our deepest condolences also go out to his family, his brothers and sisters and to his many nephews and nieces, whom he dearly cherished. Special thoughts and appreciation for the loss of Miguel go to his dear neighbour and friend Nancy who, for many years, watched over Miguel, just as Miguel watched over her.

"It's the saddest of news," Nancy wrote. "Each of us has lost a friend, an exceptional person who changed our lives. For my part, I realize that my day-to-day life will be changed, as for 14 years Miguel and I have looked after each other. He is a friend who over the years has nourished me with stories, projects, love and it is within this sad confinement that my daughter and I will realize this huge loss in our lives. My heart goes out to you. Within the space of our confinement, I hope we are all able to find comfort with those we love."

Miguel was always present, rain or shine, bone-chilling cold or exhausting heat, at the monthly pickets against the brutal U.S. blockade of Cuba and at all actions in support of the struggles of the Haitian, Palestinian, Venezuelan, and other peoples of the world valiantly fighting for their right to be. Very concerned about Canada's integration into the U.S. war machine and its policy of appeasement of U.S. imperialist wars of aggression and occupation and its coups d'état in the Americas, Miguel was a stalwart in uniting fellow Montrealers of all nationalities to support the peoples of Cuba, Haiti, Venezuela, Brazil, Bolivia and other countries. Devoted to the cause of making Canada a zone for peace, he did his utmost to collect signatures to demand peace on the Korean Peninsula and make sure the people were not divided by state-organized disinformation spreading Islamophobia and the like. When the people of his native land rose up in 2019, he wholeheartedly joined their struggle to rid themselves once and for all of the Pinochet Constitution. All together we sang as one the anthem Stand Up and Sing -- Victory Will be Ours! which we dedicate to you, our dearest Miguel, on this saddest of occasions.

By decision of the Central Committee of the Communist Party of Canada (Marxist-Leninist), the name of Miguel Céspedes will be added to the Party Memorial at Beechwood Cemetery in Ottawa.

Miguel, you are forever with us, in our hearts, as one of those precious people who has taken a stand for the progress of society, sharing all your concerns which humanity holds in common, with your comrades, your family, your colleagues and friends. In your quiet determined way, yours was a life that shows us: *Only in Fighting Are We Unvanquished.*

PDF

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Matters of Concern as the COVID-19 Pandemic Unfolds

Pandemic Reveals the New Direction Canada Needs

- *Pauline Easton and K.C. Adams* -



Times of crisis have a tendency to reveal the truth of a matter in stark and often startling ways. Following Canada's announcement of having ratified the new NAFTA trade deal with the United States and Mexico, the ugly reality of a trading relationship, declared to be mutually beneficial, has been revealed.

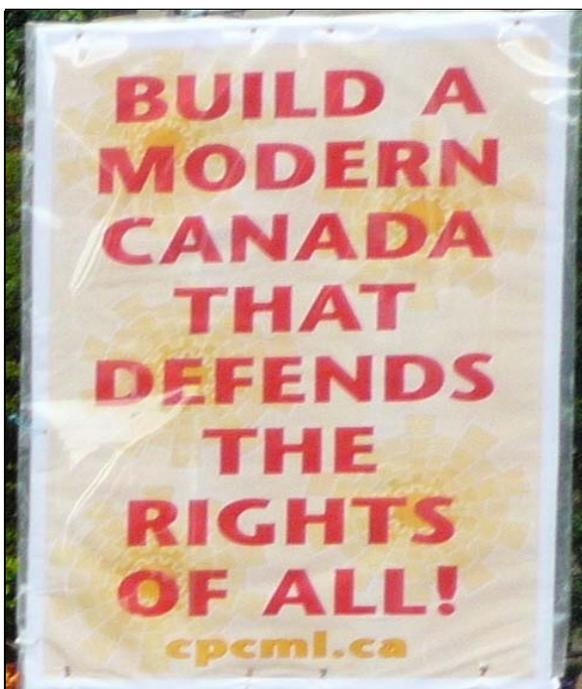
U.S. President Donald Trump announced in a White House press briefing on April 3 that he would use the *Defense Production Act* to prevent U.S. companies from selling N95 respirators, surgical masks, gloves and other personal protective equipment to other countries, including Canada and Mexico. He issued an executive order giving the Federal Emergency Management Agency (FEMA) the power to "allocate to domestic use" several types of medical personal protective equipment that would otherwise be exported.



"It is the policy of the United States to prevent domestic brokers, distributors, and other intermediaries from diverting such material overseas," the executive order reads while giving FEMA some discretion, telling the agency to stop exports "as appropriate."

"We need these items immediately for domestic use. We have to have them," Trump said at his daily briefing, describing medical supply exporters as "unscrupulous actors and profiteers."

Medical manufacturer 3M, headquartered in St. Paul, Minnesota and with plants throughout the world, said in a statement that the U.S. government has ordered it to stop sending N95 respirator masks to Canada and Latin America. "The administration also requested that 3M cease exporting respirators that we currently manufacture in the United States to the Canadian and Latin American markets. There are, however, significant humanitarian implications of ceasing respirator supplies to health care workers in Canada and Latin America, where we are a critical supplier of respirators," 3M said. News agencies report the company warned that if other countries retaliate, "the net number of respirators being made available to the United States would actually decrease."



Canadian Prime Minister Trudeau responded saying that blocking trade to Canada could "end up hurting Americans as much as it hurts anybody else." He alluded to the fact that many Canadian health care workers cross over from Windsor, Ontario to Detroit, Michigan every day to work in the U.S. medical system and that U.S. companies producing personal protective equipment receive necessary material inputs from Canadian producers. "The level of integration between our economies goes both ways across the border," Trudeau said, adding, "It would be a mistake to create blockages or reduce the amount of back-and-forth trade in essential goods and services, including medical goods, across our border."

Intergovernmental Affairs Minister Chrystia Freeland said, "I do want to assure Canadians that our government -- as has been

demonstrated by our action -- is prepared to do whatever it takes to defend the national interest."

For his part, Ontario Premier Doug Ford expressed over and over again his "disappointment" with the decision. "I can't stress how disappointed I am with President Trump for making this decision," Ford said at a press conference. Quebec Premier François Legault echoed this sentiment, emphasizing the importance of provinces being self-sufficient when it comes to medical equipment. "I'm not going to rely on President Trump, I'm not going to rely on any prime minister or president or any other country ever again," Legault said.

The Heart of the Trading Relations

To see and hear those who claim to represent Canada posturing as if Canada is independent of the U.S. and an equal trading partner is quite sickening. They parade their ignorance of historical truths to force people into believing they represent "Canadian interests" and not those of the global financial oligarchy.

The Communist Party of Canada (Marxist-Leninist) sorted out how the matter of Canada-U.S. relations poses itself shortly after its founding in the 1970s. At that time, some proclaimed that Canada was an oppressed nation and the struggle for independence was the main issue for the Canadian people. Others called Canada an imperialist power with its main contradiction between the bourgeoisie and the working class.

CPC(M-L) pointed to the necessity of making clear distinctions when analyzing, such as:

- between colonies proper and others that one could call derivative colonies;
- between global owners of social wealth, what was called the big bourgeoisie, and owners of local or national social wealth, called the national bourgeoisie;
- between dependence and independence; and
- between an oppressor state and an oppressed state.

To characterize Canada as a colony proper, a country occupied by a European colonizing population means that the state is oppressed. In this regard, CPC(M-L) pointed out the facts of the matter. Canada was established as a colony in the 1790s in the style of colonies established with oppressor states. To say that Canada was a colony proper and that the Canadian state was an oppressor state is not contradictory. A state can be a dependant state like Canada's, while at the same time being an oppressor state. There is no contradiction there either.

Another thesis refuted by CPC(M-L)'s investigation and analysis claimed that the question of the independence or the dependence of Canada is tied up with whether or not a bourgeois democratic revolution has taken place.

CPC(M-L) pointed out that the success or failure of a bourgeois democratic revolution does not decide the questions of whether or not Canada has an oppressed state, whether or not Canada is dependant, and whether Canada is a colony proper



or not. In Canada, a democratic revolution against the colonial power never took place, and in Quebec, the British suppressed the nascent republic, preventing the democratic revolution from happening.

CPC(M-L) pointed out that from the time of the British colonial conquest of New France in the 1760s, the British colonialists established the capitalist mode of production in what is now Quebec, while at the same time perpetuating certain aspects of feudalism that had been imported from pre-revolutionary feudal France.

After the setback suffered by the British colonialists with the American Revolution in 1776, they planted the expelled so-called United Empire Loyalists in what is now Canada. This was meant to consolidate the British colonial position in British North America.

The British colonialists established an oppressor state in York (Toronto region) in the 1790s, with a capitalist mode of production throughout Upper Canada and wherever it expanded. The socio-economic system and political forms of the English bourgeoisie were extended into what is now called Canada, over which it ruled.

Canada's ruling elite and their governments, media and social base have also perpetuated another plank in their disinformation. This concerns the history of the development of capitalism in Canada into imperialism, the highest stage of capitalism, the development of industrial mass production into monopoly capitalism, and the merging of owners of industrial and financial social wealth into a financial oligarchy that sends its social wealth around the world in search of maximum profit.

Right from the 1790s and especially since 1867, the state has played a major role in establishing in Canada a capitalist socio-economic system with monopolies imposed upon it. The major branches of large-scale industry in Canada are a consequence of the import of social wealth into the country, mainly from Britain and, after the beginning of the 20th century, from the United States.

With the onset of the general crisis of global imperialism during and after World War I, state monopoly capitalism emerged in Canada. It was particularly dominant in the manufacturing, mining and forestry sectors, as the embracing feature of the economic system. This means that the socio-economic system became state monopoly capitalist, i.e. an imperialist system overlaid with monopolies, mainly multinational U.S. imperialist corporations. Within this system, the state operates as an executive committee of the most powerful owners of social wealth who together finance, direct, control and are generally active in and dominate the key economic sectors and send the social wealth they own and control throughout the world in relentless pursuit of maximum profit.

Within this situation, the Canadian state is an oppressor state within the world imperialist system of states. Nevertheless Canada has features that have perpetuated from its colonial beginning. Its imperialism is dependant on the more powerful members of the imperialist system of states and its state is dominated by U.S. imperialism.

Today, as a result of neo-liberal globalization and the striving of U.S. imperialism for worldwide hegemony, the Canadian economy and state are not just dominated by U.S. imperialism but are integrated into its global cartels and war economy.

Food for Thought

CPC(M-L) carried out the economic and historical analysis of Canada with the participation of thousands of people from all walks of life in the early 1970s. The Party established that the social base of reaction and the ruling elite in Canada is the imperialist social class, the financial oligarchy.

The ruling elite include Canadian owners of great social wealth and those who exist as an extension of the U.S. imperialist financial oligarchy. The ruling elite own, control and monopolize the vast majority of the economy. They control the main means of production and expropriate the added-value the Canadian working people produce.



In Canada, what could be termed a national class of owners of social wealth, or a national bourgeoisie, is extremely weak and has proven itself incapable of fighting the ruling financial oligarchy that is integrated within the U.S.-controlled imperialist system of states.

In Canada, the class of owners of social wealth with only a home market and production of goods and services for that home market is overwhelmed by the financial oligarchy and U.S. imperialism. This class of Canadian owners of social wealth for the home market cannot sustain an independent existence because the financial oligarchy in control is the base of the U.S. imperialist domination of Canada.

The ruling elite of the financial oligarchy are reactionary through and through and do not permit the state power to be used to favour the peoples of Canada. This is why, to wage their struggles effectively, the Canadian working people have to take into account the reactionary financial oligarchy of big owners of social wealth and the U.S. imperialists and their system of states. The spokespersons for the current arrangements cover this up by presenting government representatives as representing "Canada" and "Canadians" while in fact they represent the dominant financial oligarchy and U.S. imperialism.

What the current crisis is revealing provides a lot of food for thought. Can the Canadian working class and other strata of the people go along with this so-called anti-pandemic war the Government of Canada declares to be waging on behalf of the nation? What does it mean when the Prime Minister and other Government of Canada Ministers and Premiers say they are sorting things out with the U.S. imperialists? What are they negotiating and whom does it favour? What does it mean when the Premiers of Ontario and Quebec say that to be self-sufficient in medical equipment is important for them when in fact no manufacturing of any significant capacity is independent of the U.S. imperialists and capable of taking decisions that favour Canada's national interests.

To be truly independent demands independence from the U.S.-controlled imperialist system of states and its war economy. To be truly independent means to have the courage to oppose the financial oligarchy that is completely integrated with U.S. imperialism and which colludes and contends within its own ranks for the sole purpose of serving narrow private interests.

A new direction out from under this control beckons Canadians.

The pandemic crisis reveals an alternative is not only necessary but possible with organization, audacity and clear thinking.



Trudeau Government's Use of Pandemic to Serve Private Interests

- Louis Lang -

On April 3, Prime Minister Trudeau announced that his government had signed an agreement with Amazon Canada to manage the distribution of medical equipment, such as masks, gloves and ventilators that are needed in all the provinces and territories.

Trudeau did not provide any details on the value of the contract but a government news release issued later the same day said that Amazon was providing the service to Canadians at cost, without profit.

Mike Strauch, a manager for Amazon Canada said in the statement, "the Amazon Canada team is proud to partner with the government of Canada by leveraging our fulfillment network and delivery service partners to ship critical supplies to frontline medical professionals across the country."



This decision is of great concern at this time as it puts the means to meet the needs of Canadians into the hands of a foreign corporation. Premiers and government officials across the country have repeated in recent daily briefings that one of the greatest lessons we have learned so far is to rely on our own resources to produce and deliver the equipment that we need to enable the front line workers to perform their tasks as safely as possible.

In spite of this experience, the Trudeau government has entrusted this work to Amazon, the giant U.S. monopoly that is notorious for creating a precarious situation for its own warehouse workers, ignoring their health and safety and brutally suppressing every attempt of the workers to unionize.

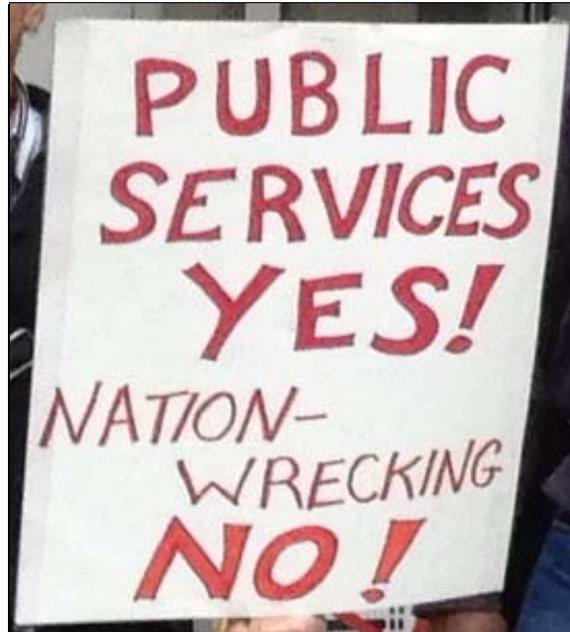
Just last week, Amazon fired a warehouse worker in Staten Island, New York, who led a walkout over concerns that workers could be exposed to coronavirus. Recent reports indicate that the workers at this facility are planning to go on strike on Monday, April 13 to demand that Amazon shut down temporarily for sanitation warehouses where there are confirmed cases of COVID-19 and provide paid sick leave to all workers. Workers at more than 50 Amazon warehouses nationwide have tested positive for COVID-19. The planned walkout on April 13 would be the second time in two weeks that workers were forced to take action to fight for proper working conditions and to defend their health and safety.

This is the multinational corporation that Trudeau is trusting to manage the distribution of crucial equipment needed by frontline workers across the country, one that has shown that its business model is based on making maximum profit by ignoring the rights of the workers. The claim that Amazon will be providing this service at cost, without profit, raises a lot of questions. Everyone knows that Amazon is greatly benefitting from the huge increase in online orders and all its warehouses and distribution centres are operating at maximum capacity so Mr. Trudeau's claim that Amazon will not profit is ludicrous at best.

The greatest irony in this fiasco is that Amazon's distribution network in Canada includes Canada Post and Purolator, which is a major Canadian courier service owned by Canada Post. This means that Amazon relies on Canada Post and its extensive distribution network for the final stage of its deliveries. The obvious question for Mr. Trudeau is why has Canada Post not been entrusted to manage the delivery of all this important material?

Canada Post has the largest distribution network in Canada with delivery capabilities in every city, large and small. Postal workers have all the experience and know-how to carry out this task, quickly and efficiently.

This is not a secret. For all elections, federal or provincial, postal workers are organized as teams to work onsite in Elections Canada warehouses and dispatch millions of packages, consisting of everything needed to establish infrastructure in every riding and every returning office in Canada. That means computers, office equipment, manuals and all the documentation needed to run the election. Postal workers have performed this work election after election which has greatly facilitated the work of Elections Canada.



Postal workers have also been organized into off-site teams to work at the Department of Supply and Services' printing plant for the nationwide distribution of Canada Pension cheques and GST returns. This sortation of mail for distribution all across Canada is also performed onsite at Revenue Canada offices around taxation time.

This massive productive force is available to serve Canadian society but the ruling elite is intent on destroying the post office by privatizing and deregulating it to enable private interests to enrich themselves on the profitable parts of the Postal Service. By putting Amazon in charge of this work that is so crucial for the national interest, the Trudeau government has inadvertently revealed that it intends to destroy any part of the productive forces that it cannot control.

Prime Minister Trudeau continues to pay lip service to the importance of unity of all Canadians and how we are all in this together but his actions are clear evidence that the government does not have the interest of workers and all Canadians at heart. Faced with this pandemic it cannot be trusted to make the important decisions needed now which favour the vast majority of Canadians.



"The People" Are Not the Problem -- They Are the Solution

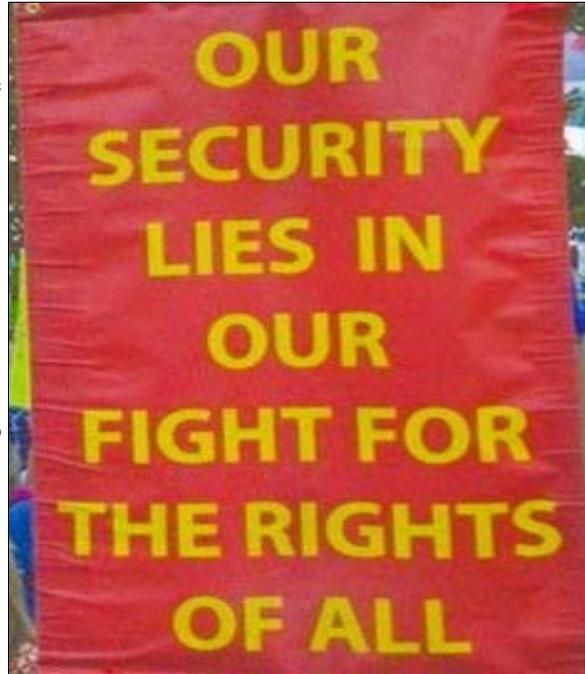
- Steve Rutchinski -

Last week, in the name of being transparent with the public, the Ontario government issued its COVID-19 modelling projections. The press release states, "In doing so, the province is providing the public with full transparency about the consequences should everyone but essential workers fail to stay home and practice physical distancing." It goes on to declare, "Had Ontario taken no action, the impact of COVID-19 would have risen to an estimated 300,000 cases and an estimated

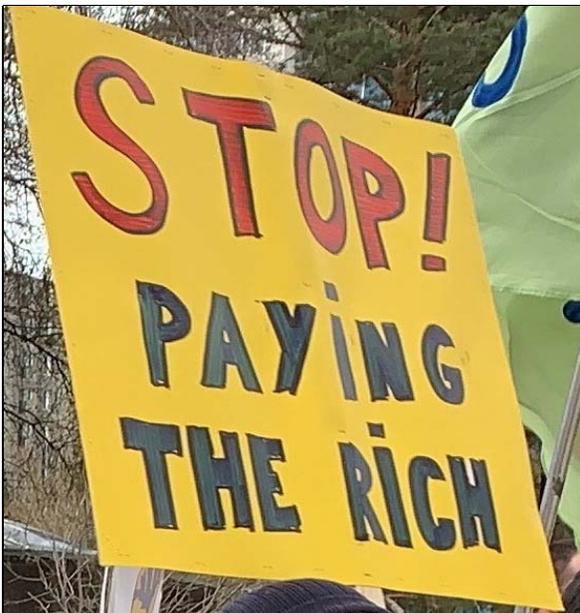
death toll of 6,000 people. Due to timely public health measures, Ontario has avoided much more dire impacts, preventing an estimated 220,000 cases and 4,400 deaths to date."

The projections are staggering indeed, however speculating on the potential death toll, applauding the government's own actions to date and setting the stage to blame the scope of whatever unfolds on "everyone but essential workers" who "fail to stay home and practice physical distancing" is far from being transparent!

This kind of talk is diversionary, to deprive the people of their own outlook and point of reference from which to survey what is being made apparent as a result of the pandemic and to justify police powers as "the solution." Ontario regulation 116/20, for example, made on April 1 under the *Emergency Management and Civil Protection Act*, suspends collective agreements of health care workers in hospitals and long-term care homes and empowers boards of health to act arbitrarily and with impunity in deployment of workers. Why? Where was there any evidence that the front line health care workers were doing anything but going above and beyond the call of duty to provide health services to those in need, just as they did during the SARS outbreak? As Ontario Nurses' Association President Vicki McKenna said: "We are not a barrier to a well-coordinated and appropriate response to the pandemic, we are part of the solution."



Without the mobilization of the human factor/social consciousness of the working people and their organizations to address the crisis of the pandemic, all that is left is police powers, repression and blaming the workers and people.



Under state of emergency measures, in the Toronto area, cars have been stopped and each person inside fined \$700 and upwards if they are unrelated, for failing to practice "social distancing." Others for failing to identify themselves when stopped by police and asked to explain their presence in the area. A man in Orleans was confronted by a bylaw officer while kicking a soccer ball with his four-year-old autistic son in an empty field and given a warning. Another was warned for walking a dog -- all in the name of curbing the spread of COVID-19.

Who, however, is to be held responsible for the restrictions placed on testing for COVID-19 infection or for the unacceptable delays in processing results? Why are there not enough labs, or personal protective equipment (PPE) for health care providers, or ventilation equipment? Who is responsible for the fact that even before the pandemic hit more than 1,000 people a night were receiving hallway medicine because hospitals were already filled to capacity?

The pandemic exposes into the light of day that the reorganization of society according to the anti-social offensive of the rich has undermined, if not completely broken, the social fabric and infrastructure and industrial production necessary to guarantee the well-being of the people and society.

The rich and their cartel party system have imposed this anti-social offensive on society and created a situation such that 46 per cent of hospital nurses are reporting they do not have access to necessary PPE to safely evaluate and treat patients for COVID-19. These same rich and their cartel parties blame the people and applaud the police powers that are put forward as "the solution."

People and organizations, such as Green Jobs Oshawa -- a coalition of workers, community leaders, environmentalists, labour and social justice advocates -- are calling on government to place the Oshawa GM plant under public ownership so it can be repurposed for socially beneficial manufacturing, such as producing to meet Canada's requirements for PPE and medical equipment. It should have been done long ago. The GM manufacturing complex covers 10 million square feet and it is said 90 per cent of it is unused.

No matter which way one turns, the spotlight of the COVID-19 pandemic reveals that this society, which is geared to pay the rich, fails to meet the human needs of a modern society. The federal government, for example, shamelessly pledges to send bottled water to Indigenous communities to promote hand hygiene, and to provide tents so people living in overcrowded decrepit housing can "self-isolate." Health resources? No! Send in the military to build temporary field hospitals and declare a state of emergency in isolated Indigenous communities while the underlying social conditions are not addressed!



What is the game plan? What will happen when the defined emergency period ends? More intensified police powers? And, blame the people, but accept no responsibility themselves for the social conditions, including the complete failure to vigorously test, and quickly identify infected people and anyone they have had contact with, as recommended by the World Health Organization?

The workers and people must actively take up their social responsibility to organize themselves and their collectives to be the force for change that stops the spread of this virus and sets a course to change the direction of society, in favour of the well-being of the people.



The Government's Words and Its Deeds

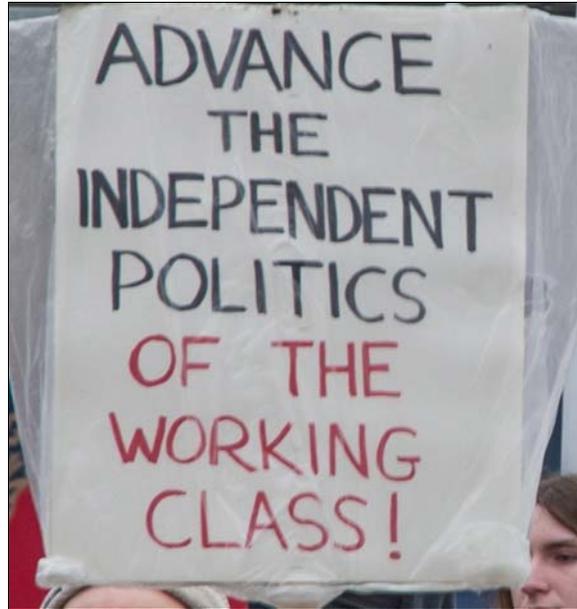
- T. Sullivan -

Confident declarations flooded the news during the days and weeks prior to the arrival of the first cases of COVID-19 in Canada. They have now dissipated or been drowned out by the reality of the unfolding crisis. There is no more talk about "how well prepared Canada is for the oncoming battle," as more and more stringent measures are applied and predictions of relief are stretched out over more and more weeks and months. The suggestion, which is repeated over and over again is that if this is not brought under control it is the fault of Canadians who do not understand the need for social distancing. Presumably they are responsible for spreading the disease.

Prime Minister Trudeau has been making daily pronouncements about the medical response and the measures taken to protect and bolster the economy, and increased police measures and threats seem to follow the press conferences routinely. Billions and billions of dollars are slated for disbursement in a bewildering and ever-changing set of rules and programs, such as "quantitative easing" so that no one can determine what is really going on and what the consequences will be.

Nonetheless, one thing which comes through loud and clear is that the major financial interests are all lined up in expectation of making a killing out of the crisis. There cannot be very many indications that demonstrate this more clearly than the recent announcement that -- in the midst of a glut of oil around the world that is causing the price of oil to plummet -- the Jason Kenney government of Alberta is spending \$1.5 billion, along with \$6 billion in loan guarantees, to finance the construction of the Keystone XL pipeline.

Meanwhile workers all across the country are contending with the consequences of decades of cuts, closures and privatization that have stripped away the ability of the health care system to adequately meet the needs of the people. Both those who are working to bring an end to the crisis and those who have become its victims, are raising their demands, speaking in their own name and demanding that their needs be met so they can save the situation and turn things around.



They must step up their fight and occupy their position as leaders and decision-makers in this battle. The pressure on them will increase as the crisis unfolds. In essence it is that essential workers should simply be proclaimed heroes and get on with the job of saving lives. Their role is to salvage and repair the damage that has been inflicted on society because of the neo-liberal anti-social offensive. When this is over -- it is so predictable -- they will be called on to make more sacrifices in the name of austerity, debt servicing and whatever other catch phrases can be summoned against them.

It is up to the working people to hold on to the advances they make in terms of organizing and fighting for solutions to the problems they are encountering. This is what everyone hoped would happen after the SARS crisis but it became "business as usual." Building on the successes we are making today and carrying them forward in the post-crisis circumstances will be a true contribution to resolving the crisis in a way that serves the working people and prepares them for further advances.



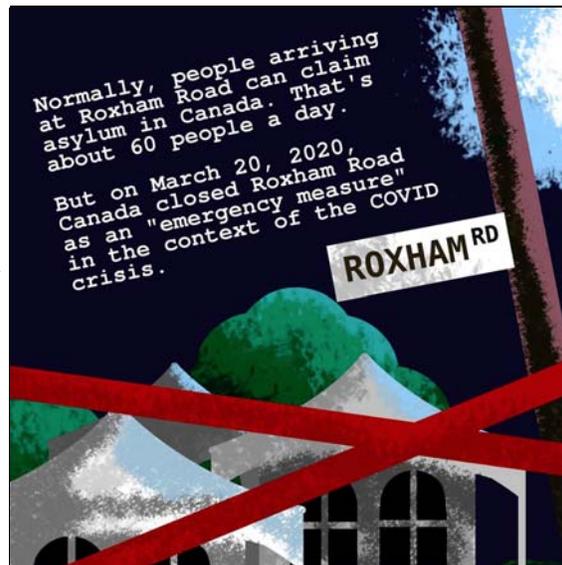
Immediately Reopen Canada's Border to Refugees!

- Diane Johnston -

The Safe Third Country Agreement, signed by Canada and the U.S. in 2002, came into force in December 2004. Under that agreement, Canada and the U.S. each declare the other country safe for refugees and close the door on most refugee claimants at the Canada-U.S. border. It is precisely that agreement which forces asylum seekers to cross into Canada at irregular border

crossings to make their refugee claim, as otherwise the vast majority are refused entry at the official Canada-U.S. border. Most refugee claimants enter Canada via New York State through Roxham Road, in Hemmingford, Quebec, a small town in the Eastern Townships.

Prime Minister Justin Trudeau told Canadians: "Canada and the United States are announcing a reciprocal arrangement where we will now be returning irregular migrants who attempt to cross anywhere at the Canada-U.S. border." He also said: "They are, for the most part, people who are legally in the United States and that is something we are confident about. We also have ensured that we are comfortable with the treatment of refugees and vulnerable people." He said "This is part of a set of extreme new measures meant to stop the spread of COVID-19," adding that the measures were in line with "Canada's values on the treatment of refugees and vulnerable people." The border was closed to refugees on March 21 and the agreement signed between Canada and the U.S. is for a period of 30 days and is renewable.



Canada is a signatory to the United Nations' 1951 Refugee Convention under which it has international legal obligations. Its refusal to allow refugees into Canada may also be in violation of the Convention against Torture.

Around a week prior to the border being closed to refugee claimants, Jean-Pierre Fortin, President of the Customs and Immigration Union (CIU) contacted the press with concerns that those crossing over through Roxham Road were not being subjected to a 14-day period of compulsory isolation, adding that he had expressed those concerns to Public Safety Minister Bill Blair. The CIU President informed that 60-80 asylum seekers per day were crossing irregularly into Canada from the U.S. through Roxham Road. He stressed that often these individuals have travelled through a number of countries before arriving in Canada and that they are in need. Measures have to be put in place, he stressed at the time, so that asylum seekers can enter safely and not infect Canadian citizens. His own suggestion was that they should be kept in temporary facilities onsite while in isolation and be provided care during that time by staff from Health Canada or the Red Cross.



Prior to and as justification for signing the reciprocal agreement with the U.S., both the Prime Minister and the Deputy Prime Minister kept repeating that these are "exceptional times" and that therefore "exceptional measures" are required. Those refugee claimants being turned back to the U.S. risk being placed in detention centres in the U.S. in inhumane conditions, where their health and security are at serious risk as a result of crowding, where families are separated and people may be deported to their country of origin to face torture or death.

In Canada, rights are considered privileges, which may be granted or taken away by those who wield power. It is precisely under

exceptional circumstances that rights and obligations must be upheld. There was no threat here from these refugee claimants had the government taken up its responsibility to isolate them for a period of 14 days and provide the necessary medical support they required. Canadians do not agree with the so-called Canadian values the Prime Minister espouses nor such treatment. What is taking place also brings to the fore the predicament that Canada finds itself in as a result of its integration into the U.S. and its lack of self-reliance with respect to the economy. We must use every means at our disposal to condemn the Canadian government for what it has done and put pressure on it that the border must immediately be reopened to the world's most vulnerable human beings.

(Sources: CPAC, Canadian Council on Refugees, Radio-Canada. photo: Réseau Roxham)



Pay Increases That Make Fools of Us All

Members of Parliament and Senators are enjoying pay increases -- 2.1 per cent and 2.4 per cent, respectively. The pay raise took effect on April 1, April Fool's Day. The base salaries for MPs went up to \$182,600 from \$178,900. News agencies report that the law requires Senators be paid \$25,000 less than members of the House of Commons, so members of the Senate will now be paid \$157,600, up from \$153,900.

According to Parl.ca increases in pay for MPs and Senators are based "on the average percentage increase in base-rate wages for each calendar year, resulting from major settlements negotiated with major bargaining units of 500 or more employees in the private sector in Canada." The law requires that the base salaries for all parliamentarians "be rounded down to the nearest hundred dollars." Who are in these "major bargaining units" in the private sector is a mystery to most Canadians who think the pay of a Member of Parliament should be equivalent to the pay of an average working Canadian.

That might level the playing field between those who govern and those who are governed a tad.



Global Crisis in the Oil Sector

International Virtual Meetings to Reduce Oil Production

News agencies report that the Organization of Petroleum Exporting Countries plus Russia (OPEC+), at an April 9 virtual meeting, agreed in principle to reduce oil production by 10 million barrels per day (bpd) during May and June. OPEC+ would then ease the cuts to 8 million bpd from July to December and relax them further to 6 million bpd between January 2021 and April 2022. The deal is contingent on oil producers outside OPEC+ reducing their oil production by 5 million bpd. The non-OPEC+ countries produce around 60 per cent of global oil supply and include the United States, China, Mexico, Canada, Norway and Brazil.

The Energy Ministers of the G20 group of the "largest economies" held an Extraordinary Meeting by video conference, April 10, on whether to endorse or not the OPEC+ agreement to reduce oil production. Global oil supply has increased recently mainly as a result of the U.S. doubling its capacity to over 12 million bpd in ten years by using hydraulic fracturing to capture oil in shale.

The global oversupply reduced oil market prices substantially to below what is sustainable for many producers. The COVID-19 pandemic has further reduced demand, creating a situation where oil storage is no longer feasible and cuts in production will have to occur with or without any international coordination.

The April 10 press release issued following the G20 Extraordinary Meeting of Energy Ministers does not contain any commitments, only a vague statement of support to "stabilize energy markets." The release says in part, "To underpin global economic recovery and to safeguard our energy markets, we commit to work together to develop collaborative policy responses. [...] We recognize the commitment of some producers to stabilize energy markets. We acknowledge the importance of international cooperation in ensuring the resilience of energy systems." The complete press release is available [here](#).



U.S. President Trump insists that the oil cuts in U.S. production will occur only as a result of market forces and not from government decree. His bluster is combined with a threat to eliminate oil imports into the U.S. by instituting an oil tariff high enough to keep U.S. oil prices insulated from the lower global price. According to the news agencies, this hard public persona has not carried over into the private global meetings where the U.S. appears to want some agreement. This is borne out in public with demands coming from powerful factions of the U.S. financial oligarchy for some sort of coordinated global cut in oil production, including even in the U.S.

At any rate, the discussions are secret with the people only allowed to know select details. As with the backroom discussions in Canada over government grants to the privately-owned oil industry, the people are not privy to the give and take among the oil oligarchs and their political representatives. The horse-trading can include issues of great concern to the people, such as the current battle against the COVID-19 pandemic and the availability of personal protective equipment, and even issues of war and peace.

Bloomberg News reports that it has seen the OPEC+ draft agreement, which has not been officially released or endorsed by the G20. Russia has reportedly agreed to cut 2 million bpd and Saudi Arabia 4 million bpd off its record-setting April production levels of 12.3 million bpd for a cap of 8.3 million bpd. *La Jornada* reports that Mexico and the U.S. had reached an agreement based on Mexico cutting 100,000 bpd, reducing its production from 1.7 to 1.6 million bpd -- the most it said it could do, and was prepared to hold out for, against the pressure to cut 400,000 bpd or 23 per cent of its production. Mexican President Andrés Manuel López Obrador said after he spoke to President Trump, that the U.S. President offered to cut U.S. production by an additional 250,000 bpd to "compensate" for what Mexico was unable to do.

The rest of the members have not yet worked out who will cut what.

To ensure compliance with the cuts, a draft communiqué sent to G20 member countries, and circulated prior to the Thursday OPEC+ meeting, told members that it would create a special group to monitor compliance. The group would not only monitor compliance to the April 9 agreements, but would also report back to the G20 energy ministers "for further corrective actions if needed." In recent years, OPEC+ has managed to ensure compliance with agreed upon production levels but this began to unravel as oil market prices fell as a result of pressure from the surge of oil from U.S. shale production.

Supplement
Notes on the Energy Sector

Inter-Imperialist and Inter-Cartel Contention Over Control of the Energy Sector

Palestine

Crimes of Occupiers Intensify During Pandemic

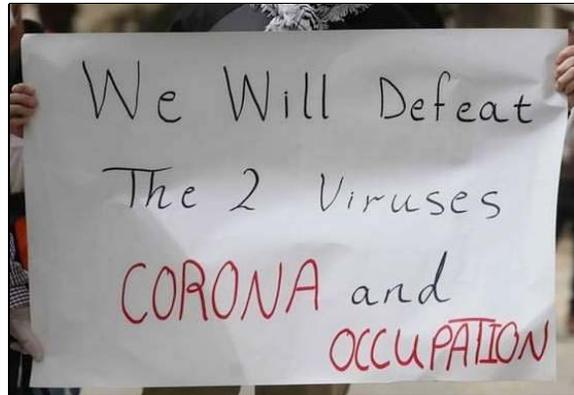


Protest on March 19, 2020, at the International Committee of the Red Cross offices in Gaza City demands protection for Palestinian political prisoners.

The global COVID-19 crisis is simultaneously bringing out the very best and the very worst of humanity. This is no more true than in Palestine, whose heroic people this year are marking 72 years of steadfast resistance to occupation, dispossession and lawlessness by the Israeli occupation. Whereas the global pandemic requires all of humanity to rise to the occasion, Zionist reactionaries are using the crisis as a means to further their genocide against the Palestinian people.

In an April 2 letter to the President of the UN Security Council, Dr. Riyad Mansour, Minister and Permanent Observer of the State of Palestine to the United Nations highlighted that crimes against the Palestinian people continue unabated during the pandemic.

Mansour reports, "A state of emergency has been declared [in Palestine] and the country is in lockdown with a view to stemming the virus' spread, protect our population, and ensure their well-being. Despite limited resources and the hardships and restrictions already being borne under Israel's illegal occupation, our national institutions are exerting all possible efforts to respond to this health crisis and its immense humanitarian and socio-economic impact.



"Regrettably, however, in the West Bank, including East Jerusalem, Israel is exploiting the state of emergency and lockdown to accelerate its illegal settler-colonization plans, including through the continued demolition of Palestinian homes, destruction of crops, and forcible transfer of Palestinian families. At the same time, military raids in Palestinian areas have continued, as have Israeli settler attacks on Palestinian civilians, in numerous instances undermining efforts to combat the pandemic. [...] Israeli settlement construction and expansion and annexation threats have continued unabated."



Israel continues violent detention of Palestinian youth (left); and destruction of Palestinian homes (photo is from Rommana).

Other crimes by the Israeli occupiers have directly undermined Palestinian efforts to contain the virus. These include the destruction of a health clinic under construction, the detention of Palestinian workers disinfecting public facilities and, those involved in public education efforts, and assaulting Palestinians working in local emergency committees created to help detect coronavirus cases. Repeated acts of spitting by dozens of Israeli soldiers at Palestinians' cars, walls and doorsteps to intimidate residents amid the COVID-19 outbreak have also been reported.



Palestinian workers disinfect for coronavirus (left); COVID-19 testing Centre in Gaza.

Concern over Israel's mass incarceration of Palestinians has been heightened during the pandemic. Mansour informs, "Israel is refusing to heed calls for the release of the more than 5,000 Palestinians, including 180 children and 43 women, that it currently holds captive in its prisons and detention centres, despite four Palestinian prisoners having been exposed to an Israeli employee at an interrogation centre who tested positive for COVID-19. [...] Israeli jails are overcrowded, lacking minimum health and safety standards, and poor conditions, including the requirement for prisoners to pay for their own medical treatment and blatant medical neglect, have led prisoners to launch several hunger strikes in recent years. Dozens of Palestinian prisoners also suffer from serious or chronic illnesses and are in need of urgent medical care. To make matters

worse, Israel removed all doctors and nurses who were previously tending to Palestinian prisoners, leaving only one nurse per prison, yet a further shocking act of medical negligence.

"In this time of crisis, Palestinians also face another consequence of this decades-long occupation -- a dilapidated and depleted health care system that is marked by poor infrastructure and sanitation, a shortage of supplies and inadequate equipment. With just 1.23 beds per 1,000 people, 2,550 working doctors, less than 20 intensive care specialists and less than 120 ventilators in all public hospitals, the West Bank will face a public health disaster if the virus spreads further. And, while the health care situation there is bleak, in the Gaza Strip it is catastrophic.



Palestinian Sand artist

"As noted by OCHA [the Office for the Coordination of Humanitarian Affairs] on March 26, 'although the current number of detected cases remains relatively low, the capacity of the Palestinian health system to cope with an expected increase in COVID-19 cases is severely impaired by longstanding challenges and critical shortages ... the situation is particularly severe in the Gaza Strip.' For a population of nearly 2 million, half of whom are children, Gaza has only 56 breathing ventilators for adults, some of which are in disrepair or already in use, 60 intensive care unit beds, and 700 units of personal protective equipment." News reports on April 8 indicate that Gaza has now run out of COVID-19 test kits.

The Gisha Legal Center for Freedom of Movement on April 1 issued a press release demanding Israel take immediate action to protect food security and prevent economic collapse in the Gaza Strip, including the removal of "ongoing restrictions imposed by Israel on the entry of so-called 'dual-use' equipment and materials for which there is an acute need in Gaza's farming and fishing sectors, and to allow the exit of Gaza-made food products for sale in the West Bank."

(Photos: Quds News, O. Daibes, M. Fathi)



For Your Information

Update on Global Pandemic for Week Ending April 11

Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO) highlighted two notable dates in his regular briefings in the past week.

Speaking on April 9, Dr. Tedros noted that the WHO would on April 10 mark the 100th day since it was notified on January 1 of the first cases of "pneumonia with unknown cause" in China. He outlined the intensive course of action undertaken by the WHO since then, to establish the necessary organization and infrastructure to combat the outbreak and to sound the alarm to all countries. He highlighted the five key areas in which its efforts continue to be focused:

- supporting countries in building their capacity to prepare and respond;
- working with experts, partners in media, technology and other sectors, to provide training

guidance and accurate information and to combat misinformation;

- supplying essential medical equipment for frontline health workers;
- training and mobilizing health workers; and
- accelerating research and development into diagnostics and therapy.

April 7 was World Health Day, marking the day that the WHO came into being in 1948. On that day, Dr. Tedros explained, that for the rest of 2020 the WHO will be marking the International Year of the Nurse and the Midwife. Dr. Tedros took this occasion to highlight in particular the outstanding role played by nurses during the pandemic. He pointed out that "80 per cent of the world's nurses work in countries making up just half of the world's population.

"Although the number of nurses globally increased by 4.7 million between 2013 and 2018, the world is facing a global shortfall of 5.9 million nurses, especially in Africa, South East Asia, the Eastern Mediterranean and some parts of Latin America.

"We're calling on countries with shortages of nurses to increase the number of nurses they graduate by an average of 8 per cent each year, and to implement measures to improve the employment and retention of nurses in the health system."^[1]

Number of Cases Worldwide

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

Total reported cases: 1,760,584 (April 4: 1,132,017)

- active cases: 1,257,555 (April 4: 835,784)

- closed cases: 509,797 (April 4: 296,233)

Deaths: 101,485 (April 4: 60,331)

Recovered: 395,404 (April 4: 235,902)

There were 94,625 new cases from April 9 to 10. This compares to the one-day increase in cases from April 3 to 4 of 84,821.

The disease was present in 210 countries and territories. Of these, 83 had less than 100 cases, as compared to April 4, when the disease was present in 205 countries and territories, with 85 of those having less than 100 cases.

The five countries with the highest number of cases on April 11 are noted below, accompanied by the number of cases and deaths per million population, which permit a more direct comparison between countries, as well as figures from the previous week on April 4:

USA: 521,714 (473,070 active; 28,580 recovered; 20,064 deaths)

- 1,519 cases per million population; 57 deaths per million population

- April 4: 277,533 (257,847 active; 12,283 recovered; 7,403 deaths)

Spain: 158,273 (86,524 active; 55,668 recovered; 16,801 deaths)

- 3,385 cases per million; 344 deaths per million

- April 4: 124,736 (78,773 active; 34,219 recovered; 11,744 deaths)

Italy: 147,577 (98,273 active; 30,455 recovered; 18,849 deaths)
- 3,605 cases per million; 302 deaths per million
- April 4: 119,827 (85,388 active; 19,758 recovered; 14,681 deaths)

France: 124,869 (86,740 active; 24,932 recovered; 13,197 deaths)
- 1,913 cases per million; 202 deaths per million
- April 4: 82,165 (61,650 active; 14,008 recovered; 6,507 deaths)

Germany: 122,171 (65,522 active; 53,913 recovered; 2,736 deaths)
- 1,458 cases per million; 33 deaths per million
- April 4: 91,159 (65,309 active; 24,575 recovered; 1,275 deaths)

The U.S. remains the country with the highest number of cases for the third week in a row, while in the past week France surpassed Germany for the fourth highest number of cases. Despite the U.S. situation, Europe remains the hardest hit region, with 820,109 cases (553,264 active; 196,782 recovered; 70,063 deaths).

Cases in Top Five Countries by Region

In Europe on April 11, the five countries with the highest number of reported cases were:

Spain: 158,273 (86,524 active; 55,668 recovered; 16,801 deaths)
- 3,385 cases per million; 344 deaths per million
- April 4: 124,736 (78,773 active; 34,219 recovered; 11,744 deaths)

Italy: 147,577 (98,273 active; 30,455 recovered; 18,849 deaths)
- 3,605 cases per million; 302 deaths per million
- April 4: 119,827 (85,388 active; 19,758 recovered; 14,681 deaths)

France: 124,869 (86,740 active; 24,932 recovered; 13,197 deaths)
- 1,913 cases per million; 202 deaths per million
- April 4: 82,165 (61,650 active; 14,008 recovered; 6,507 deaths)

Germany: 122,171 (65,522 active; 53,913 recovered; 2,736 deaths)
- 1,458 cases per million; 33 deaths per million
- April 4: 91,159 (65,309 active; 24,575 recovered; 1,275 deaths)

UK: 73,758 (64,465 active; 344 recovered; 8,958 deaths)
- 1,086 cases per million; 132 deaths per million
- April 4: 38,168 (34,428 active; 135 recovered; 3,605 deaths)

The rate of new cases in Spain has started to slow. Health Minister Salvador Illa explained on April 8 that the rate of new cases two weeks prior was 15 per cent per day, but had slowed to 7 per cent in the following week.^[2] He attributed an increase in the rate this past week to a backlog in regional data that had now been processed, and stated that Spain had now passed through the peak of the curve.

"The data confirmed the stabilization of the curve, it's flattening out. We have reached the peak and we are in a phase of slowing down," said Illa, adding that authorities would roll out a mass testing plan to examine the level of immunity to COVID-19 in the population, starting with 62,000 tests.

Fernando Simón, head of Spain's public health emergency department, said that as the country approaches the end of the first phase of the lockdown, the gradual lifting of restrictions -- forecast to start on April 26 -- would present another set of challenges. Although some liberties will be

restored, the public will have to remain vigilant and continue to adhere to strict social distancing rules to avoid a resurgence of the virus, he said.

Bruce Aylward, the head of the WHO mission to Spain, told a Geneva video press conference that the country's decision to fully confine its roughly 47 million people as a response to the pandemic had been inspirational, Euractiv news agency reported on April 8. "What I saw in Spain was truly heroic," he said, adding that it was "an extraordinary and innovative response."

Aylward emphasized the "striking speed" of the outbreak in the country -- in the early days of the pandemic in late February, Spain was registering just two or three cases per day, mostly tourists vacationing in the country's islands. Less than two weeks later, all 17 of Spain's autonomous regions had registered cases and the number of infections was doubling every day, he said. Between March 7 to 14, cases increased 20-fold. However, following Prime Minister Pedro Sánchez's decision to place the country on lockdown, those figures went from doubling every five days to doubling every eight, said Aylward, adding there was "hope and evidence that this outbreak is definitely slowing down."

In Italy, which shut down much of its businesses on March 12, Euractiv reports, "The closures and accompanying containment measures have helped stem the spread of a disease that has officially claimed 17,669 lives across the country since February, the world's highest toll.

"The Italian government is now weighing how and when to ease social distancing measures that have so far been extended until April 13."^[3]

Italian Prime Minister Giuseppe Conte said on April 9 that the government will consult with its scientists regarding which businesses and factories should be first to reopen. "If scientists confirm it, we might begin to relax some measures already by the end of this month," he stated.

The pandemic has brought out divisions between the hardest hit countries -- such as Italy and Spain in southern Europe -- and other members on the question of financial aid for businesses and workers affected by the pandemic. It is reported that a fractious Eurogroup video conference took place on April 8, with the Netherlands demanding that nations meet tough economic conditions to qualify for aid. Prime Minister Conte gave the view that, "If we do not seize the opportunity to put new life into the European project, the risk of failure is real."

Another notable feature of these statistics is that the UK, while having a lower absolute number of cases per million population, has a relatively high absolute number of deaths and number of deaths per million.

In Eurasia on April 10:

Turkey: 42,282 (39,232 active; 2,142 recovered; 908 deaths)
- 501 cases per million; 11 deaths per million
- April 4: 20,921 (20,012 active; 484 recovered; 425 deaths)

Russia: 11,917 (11,028 active; 795 recovered; 94 deaths)
- 82 cases per million; 0.6 deaths per million
- April 4: 4,731 (4,355 active; 333 recovered; 43 deaths)

Azerbaijan: 991 (822 active; 159 recovered; 10 deaths)
- 98 cases per million; 1 death per million
- April 4: 521 (484 active; 32 recovered; 5 deaths)

Armenia: 937 (776 active; 149 recovered; 12 deaths)
- 316 cases per million; 4 deaths per million

- April 4: 770 (720 active; 43 recovered; 7 deaths)

Kazakhstan: 764 (697 active; 60 recovered; 7 deaths)

- 43 cases per million; 0.5 deaths per million

- April 4: 525 (484 active; 36 recovered; 5 deaths)

This week's figures show that the number of cases roughly doubled in Turkey, Russia and Azerbaijan since April 4. Despite Turkey's situation, it is providing aid to several other countries, including Lebanon, Tunisia, the UK, Macedonia, Serbia, Bosnia and Herzegovina, Montenegro, North Macedonia, and Kosovo, Anadolu Agency reported.

In West Asia on April 10:

Iran: 68,192 (28,495 active; 35,465 recovered; 4,232 deaths)

- 812 cases per million; 50 deaths per million

- April 4: 55,743 (32,555 active; 19,736 recovered; 3,452 deaths)

Israel: 9,968 (8,871 active; 1,011 recovered; 86 deaths)

- 1,166 cases per million; 11 deaths per million

- April 4: 7,589 (7,119 active; 427 recovered; 43 deaths)

Saudi Arabia: 3,287 (1,663 active; 351 recovered; 25 deaths)

- 105 cases per million; 1 death per million

- April 4: 2,039 (1,663 active; 351 recovered; 25 deaths)

UAE: 2,659 (2,408 active; 239 recovered; 12 deaths)

- 302 cases per million; 1 death per million

- April 4: 1,264 (1,147, 62 recovered; 9 deaths)

Qatar: 2,376 (2,164 active; 206 recovered; 6 deaths)

- 872 cases per million; 2 deaths per million

- April 4: 1,075 (979 active; 93 recovered; 3 deaths)

On March 23, UN Secretary-General Antonio Guterres called for a ceasefire in all global conflicts to stem the pandemic. This was followed two days later by a call for a cessation of hostilities in the war in Yemen.

Saudi Arabia, the aggressor in this war, on April 8, announced via a statement carried by Saudi Arabia's official state news agency, that it was declaring a unilateral ceasefire to go into effect on April 9. Saudi military spokesman, Col. Turki al-Malki stated that the ceasefire is to last two weeks and could be extended to pave the way for all the parties "to discuss proposals, steps, and mechanisms for sustainable ceasefire in Yemen [...] for a comprehensive political solution in Yemen."^[4]

Yemen reported its first case of coronavirus on April 10.

In South Asia on April 10:

India: 6,725 (5,879 active; 620 recovered; 226 deaths)

- 5 cases per million; 0.2 cases per million

- April 4: 3,082 (2,767 active; 229 recovered; 86 deaths)

Pakistan: 6,495 (5,702 active; 727 recovered; 66 deaths)

- 29 cases per million; 0.3 deaths per million

- April 4: 2,708 (2,537 active; 130 recovered; 41 deaths)

Afghanistan: 521 (474 active; 32 recovered; 15 deaths)

- 13 cases per million; 0.4 deaths per million

- April 4: 299 (282 active; 10 recovered; 7 deaths)

Bangladesh: 424 (364 active; 33 recovered; 27 deaths)

- 3 cases per million; 0.2 deaths per million

- April 4: 70 (32 active; 30 recovered; 8 deaths)

Sri Lanka: 190 (129 active; 54 recovered; 7 deaths)

- 9 cases per million; 0.1 deaths per million

- April 4: 159 (129 active; 25 recovered; 5 deaths)

The figures coming out of India continue to beggar belief, given that it is the second most populous country in the world with 1.3 billion people. The impoverishment, crowded living conditions and lack of health care for the vast majority of people, amidst the anti-social offensive of the Modi government mean that conditions are ripe for a terrible outbreak. An April 6 report from Reuters indicates that testing levels remain extremely low: "Officials hope to be testing 20,000 people daily by the end of the week, twice the current rate. Since India's first case was confirmed on Jan. 30, India has conducted only a little over 96,000 tests, having focused efforts on identifying those who had come in contact with people who have tested positive." In comparison, south Korea, which has used widespread testing to combat the pandemic and bring it under control, by mid-March, had tested 270,000 in two months.

India has been under lockdown since March 24. Originally due to be lifted on April 14, the Modi government announced April 11 that the lockdown has been extended indefinitely. However, it has yet to announce what measures will be provided to ease the hardship of the millions of impoverished workers across the country already, whose dire situation is sure to worsen if proper measures are not taken.

In Kashmir, which has been under security lockdown by the Indian government since August 2019, conditions have worsened during the pandemic, with medical staff and students complaining about limited internet connectivity. Internet access was restored in March, but high-speed access is still banned.

"We need uninterrupted internet to fight COVID-19. We are required to stay in touch with the WHO, CDC [Centers for Disease Control and Prevention] and ICMR [Indian Council of Medical Research] and download their guidelines. We are missing out on a lot of information," Dr. Suhail Naik, president of Doctor's Association Kashmir, told Deutsche Welle.^[5]

Students in Kashmir report facing long download times for their lessons and being denied the opportunity to take part in learning via interactive activities online, unlike other students in India.

In Bangladesh, workers have been hard hit by the pandemic. The closure of clothing retailers in Asia, Europe and North America has had a serious impact on garment workers in countries like Bangladesh. On March 19, Reuters reported that "global fashion brands have canceled or delayed orders worth \$138 million due to coronavirus." The report added that "More than 100 Bangladeshi factories have already lost orders."^[6]

Reuters points out that Bangladesh is "the world's second largest garment supplier after China [and] is heavily-reliant on top fashion brands. The industry employs more than 4 million people, mostly women, and accounts for more than 80 per cent of its exports."

A March 27 report from the PennState Center for Global Workers' Rights stated that some one million of these workers have now been laid off.^[7]

The latest reports from Bangladesh indicate that a small number of factories are now making personal protective equipment that is in short supply worldwide. However, the factory workers themselves have had to stage walkouts because of insufficient measures taken by employers to stop the spread of the coronavirus.

In Southeast Asia on April 10:

Malaysia: 4,346 (2,446 active; 1,830 recovered; 70 deaths)

- 134 cases per million; 2 deaths per million

- April 4: 3,483 (2,511 active; 915 recovered; 57 deaths)

Philippines: 4,076 (3,749 active; 124 recovered; 203 deaths)

- 38 cases per million; 2 deaths per million

- April 4: 3,094 (2,893 active; 57 recovered; 144 deaths)

Indonesia: 3,293 (2,761 active; 252 recovered; 280 deaths)

- 13 cases per million; 1 death per million

- April 4: 2,092 (1,751 active; 150 recovered; 191 deaths)

Thailand: 2,473 (1,427 active; 1,013 recovered; 33 deaths)

- 35 cases per million; 0.5 deaths per million

- April 4: 2,067 (1,435 active; 612 recovered; 20 deaths)

Singapore: 2,108 (1,444 active; 492 recovered; 7 deaths)

- 360 cases per million; 1 death per million

- April 4: 1,114 (826 active; 282 recovered; 6 deaths)

Indonesia, the world's fourth most populous country (after China, the U.S. and India) has a very low number of reported cases thus far, although cases have been reported in all provinces. While everyone has been encouraged by the Health Ministry to stay home, only the worst hit province of Jakarta has implemented social-distancing measures.

In the Philippines, President Rodrigo Duterte said on April 1 that he was authorizing the police and military to use deadly force against anyone violating pandemic measures. "Without these restrictions, this will not end," he said. "So if you don't want to follow, then I will finish you to protect the lives of the innocent who don't want to die." The island of Luzon in the north has been under lockdown since March 16, with local lockdowns in place across the country. An additional measure taken by the government on April 10 was to ban medical professionals from going overseas. The order, issued by the Philippines Overseas Employment Administration, stated in part that "The ban aims to prioritize human resource allocation for the national health care system at the time of the national state of emergency." In 2018, remittances from overseas Filipinos, estimated at 11 million, made up 11 per cent of the country's GDP.

Another notable development in this region was an unexpected spike of 142 new cases in Singapore on April 8, after its lockdowns had appeared to stop the spread of the disease. This has raised concerns of longer term measures required to prevent the outbreaks from reoccurring. The latest cases appear to have arisen due to substandard living conditions for migrant workers, agencies report, which the government says it will address.

In East Asia on April 10:

China: 81,907 (1,160 active; 77,370 recovered; 3,335 deaths)

- 57 cases per million; 2 deaths per million

- April 4: 81,639 (1,558 active; 76,755 recovered; 3,326 deaths)

South Korea: 10,450 (3,125 active; 7,117 recovered; 208 deaths)

- 204 cases per million; 4 deaths per million

- 10,156 (3,654 active; 6,325 recovered; 177 deaths)

Japan: 5,530 (4,746 active; 685 recovered; 99 deaths)

- 44 cases per million; 0.8 deaths per million

- April 4: 2,935 (2,352 active; 514 recovered; 69 deaths)

Taiwan: 382 (285 active; 91 recovered; 6 deaths)

- 16 cases per million; 0.3 deaths per million

- April 4: 355 (300 active; 50 recovered; 5 deaths)

Japan saw an increase of nearly 2,000 cases between April 4 to 10, while other countries in the region saw increases of about 30 to 300 in that period. On April 8, Japanese Prime Minister Shinzo Abe declared a state of emergency in Tokyo and six other Japanese prefectures with high numbers of cases, out of a total of 47 prefectures. The Associated Press reported that "Abe was facing heavy pressure to declare a state of emergency after the number of new cases in Tokyo began doubling every several days in late March. The city of 14 million had 1,339 cases as of Wednesday [April 8], up from about 600 a week earlier. Japan focused on dealing with clusters of infections and selective testing for the virus, a strategy that has failed to curb its spread. Experts found that one-third of Tokyo's recent cases were linked to hostess clubs and other night entertainment districts where cluster tracing is difficult. Meanwhile, compliance with calls for working remotely and other social distancing has been weak." [8]

In North America on April 11:

USA: 521,714 (473,070 active; 28,580 recovered; 20,064 deaths)

- 1,519 cases per million population; 57 deaths per million population

- April 4: 277,533 (257,847 active; 12,283 recovered; 7,403 deaths)

Canada: 22,148 (15,566 active; 6,013 recovered; 569 deaths)

- 587 cases per million; 15 deaths per million

- April 4: 12,549 (10,019 active; 2,322 recovered; 208 deaths)

Mexico: 3,441 (2,614 active; 633 recovered; 194 deaths)

- 27 cases per million; 2 deaths per million

- April 4: 1,688 (995 active; 633 recovered; 60 deaths)

Within the U.S., the state of New York and New York City especially are the hardest hit by the pandemic. As of April 11, New York State alone had logged 180,458 cases, of which 155,314 are active, and 8,627 deaths. New York City Mayor Bill de Blasio on April 8 stated that it is likely that the city's death toll is actually much higher as many people are dying at home, rather than in hospital, and that increased death rates during the pandemic on the order of 100 to 200 people per day are likely due to the coronavirus.

In the Detroit metropolitan area which has been identified as a major "hotspot" in the pandemic, more than 2,000 people working in the healthcare industry have been reported as testing positive or showing symptoms consistent with COVID-19. The situation has created a great deal of anxiety as well as anger.

Henry Ford Hospital announced on April 8 that over 700 of its 31,000 employees had tested positive for COVID-19 at its five campuses across Detroit and its suburbs. A spokesperson for the Beaumont Hospital system's eight sites said on April 6 that 1,500 of their employees, including 500 nurses, have symptoms consistent with COVID-19. Nurses working at Beaumont issued a

statement of their own during the week of April 6 demanding additional personal protective equipment, additional pay, free and regular testing and screening, housing allowances and the hiring of additional staff.[9]

Incoherence, inconsistency and self-serving partisanship continues to be a factor in undermining measures to contain the outbreak. For example, on April 7, in the midst of a state-wide stay-at-home-order, Wisconsin held its primary vote, using in-person voting. The stay-at-home order was issued by Democratic Governor Tony Evers. However, the state legislature, dominated by Republicans, went ahead and approved in-person voting. Consequently, some 7,000 poll workers refused to staff voting precincts due to concerns about their health and safety, and many polls were forced to close. *Time Magazine* reported that in the week before the election, "there were, at least, 1,119,439 requests for absentee ballots -- five to 10 times more than the state has ever had to process. And only days before the primary, tens of thousands of residents had not received their requested absentee ballots.

"Initially, a district court granted a six-day extension on when the ballots could be received by state election officials. But on the evening of April 6, the Wisconsin Republicans sought to overturn that decision, essentially double-daring voters to play a game of chicken at the voting booth with the deadly coronavirus. In a 4-2 decision, the Wisconsin Supreme Court ruled that Evers did not have the authority to move the day of the election. Then the five conservative justices on the U.S. Supreme Court ruled that the absentee ballots, despite the fact that thousands had not yet been received by voters, still had to be postmarked by the day of the primary, April 7." [10]

The *Milwaukee Journal Sentinel* reported that on April 6, "Wisconsin Department of Health Services Secretary Andrea Palm said in-person voting would 'without question' increase case totals, 'and an increase in the number of cases in Wisconsin would result in more deaths.'

"In many suburban and rural areas, lines were not too long. But in Milwaukee, Waukesha and Dane counties, lines stretched out onto sidewalks and around blocks, ending any chance of social distancing. In the city of Milwaukee, voters stood in line for hours at one of five consolidated 'voting centres' instead of the 180 smaller neighbourhood sites that voters normally use." [11]

Molly McGrath, a voting rights campaign strategist with the American Civil Liberties Union, described this as the decision to permit "voter suppression on steroids," adding, "The bottom line is no one should have to choose between protecting their health and protecting their right to vote." [12]

In Central America and the Caribbean: on April 10

Panama: 2,752 (2,670 active; 16 recovered; 66 deaths)
- 638 cases per million; 15 deaths per million
- April 4: 1,673 (1,622 active; 10 recovered; 41 deaths)

Dominican Republic: 2,620 (2,396 active; 98 recovered; 126 deaths)
- 242 cases per million; 12 deaths per million
- April 4: 1,488 (1,404 active; 16 recovered; 68 deaths)

Costa Rica: 539 (506 active; 30 recovered; 3 deaths)
- 106 cases per million; 0.6 deaths per million
- April 4: 416 (403 active; 11 recovered; 2 deaths)

Cuba: 565 (498 active; 51 recovered; 15 deaths)
- 50 cases per million; 1 death per million

- April 4: 269 (248 active; 15 recovered; 6 deaths)

Honduras: 382 (352 active; 7 recovered; 23 deaths)

- 39 cases per million; 2 deaths per million

- April 4: (264; 3 recovered; 15 dead)

In South America on April 10:

Brazil: 18,397 (17,250 active; 173 recovered; 974 deaths)

- 87 cases per million; 5 deaths per million

- April 4: 9,216 (8,724 active; 127 recovered; 365 deaths)

Ecuador: 7,161 (4,354 active; 339 recovered; 272 deaths)

- 406 cases per million; 17 deaths per million

- April 4: 3,368 (3,158 active; 65 recovered; 145 deaths)

Chile: 6,501 (4,865 active; 1,571 recovered; 65 deaths)

- 340 cases per million; 3 deaths per million

- April 4: 3,737 (3,288 active; 427 recovered; 22 deaths)

Peru: 5,897 (4,159 active; 1,569 recovered; 169 deaths)

- 179 cases per million; 5 deaths per million

- April 4: 1,595 (997 active; 537 recovered; 61 deaths)

Colombia: 2,223 (1,980 active; 174 recovered; 69 deaths)

- 44 cases per million; 1 death per million

- April 4: 1,409 (1,289 active; 88 recovered; 32 deaths)

In this region in the past week, the countries listed above roughly doubled the number of cases since April 4, while in Peru the cases increased by more than four times. Ecuador saw a large one day spike of 2,196 new cases from April 9 to 10.

Meanwhile, Venezuela, despite the U.S. sanctions, continues its remarkable job of protecting its people against the pandemic. There are only 171 total cases logged in the country, of which 78 are active, with 84 recoveries and 9 deaths. From April 6 to 7, only one new case was logged. Following this result, President Nicolás Maduro ordered the hospitalization of all people confirmed to be infected who were in isolation at home, as a further measure to stop community spread.

"We have managed to contain the pandemic. In the situation we are in, we can hospitalize all cases and isolate them in hospital. It is not the same to be at home with the possibility of infecting a husband, wife, brother, sister or a child, rather than being in a hospital or a clinic under isolation with 24-hour medical attention," he said. He added that Venezuela has 23,500 hospital beds.[13]

At this point, the curve of the outbreak is flattening in Venezuela, with the peak number of 100 active cases reached on April 5.

In Africa on April 10:

South Africa: 2,003 (1,569 active; 410 recovered; 24 deaths)

- 34 cases per million; 0.4 deaths per million

- April 4: 1,505 (1,401 active; 95 recovered; 9 deaths)

Algeria: 1,761 (1,100 active; 405 recovered; 256 deaths)

- 40 cases per million; 6 deaths per million

- April 4: 1,171 (1,004 active; 62 recovered; 105 deaths)

Egypt: 1,699 (1,233 active; 348 recovered; 118 deaths)

- 17 cases per million; 1 death per million

- April 4: 985 (979 active; 216 recovered; 66 deaths)

Morocco: 1,448 (1,168 active; 109 recovered; 97 deaths)

- 39 cases per million; 3 deaths per million

- April 4: 844 (735 active; 59 recovered; 50 deaths)

Cameroon: 820 (710 active; 54 recovered; 12 deaths)

- 31 cases per million; 2 deaths per million

- April 4: 509 (484 active; 17 recovered; 8 deaths)

In Oceania on April 10:

Australia: 6,328 (3,043 active; 3,141 recovered; 54 deaths)

- 245 cases per million; 2 deaths per million

- April 4: 5,550 (4,935 active; 585 recovered; 30 deaths)

New Zealand: 1,239 (921 active; 317 recovered; 1 death)

- 266 cases per million; 0.4 deaths per million

- April 4: 950 (822 active; 127 recovered; 1 death)

Guam: 128 (4 deaths)

- April 4: 112 (4 deaths)

French Polynesia: 51

- 182 per million

- April 4: 51

New Caledonia: 18 (17 active; 1 recovered)

Notes

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