

COVID-19 and The Rebirth of Social Darwinism

“All animals are equal, but some animals are more equal than others.” –George Orwell, Animal Farm (1946).

In the past 40 years we Canadians –as well as all inhabitants of “the North”– have witnessed the steady and insidious rebirth of Social Darwinism. Symptoms of this social and moral regression are: (1) the ever-growing disparity between the very wealthy 10%, and concomitant impoverishment and disenfranchisement of 90%, of each state’s population; (2) the gradual erosion of fundamental human rights –especially of ethnocultural or religious minorities; (3) the rise of ethnocentric nationalism; and (4) the realignment of the “superpowers” into geopolitical blocks and military coalitions interfering in local civil wars and border disputes throughout “the South.”

For those readers who may not perhaps be acquainted with the term “Social Darwinism,” I offer here a brief summary.

Inspired by the famous theories of Charles Darwin, Social Darwinism purported to apply his biological concepts of natural selection and survival of the fittest in animal species, to human sociology, economics and politics, as understood by some scholars in Western Europe and North America in the 1870’s. Social Darwinists believed that the strong should see their wealth and power increase, while the weak should see their wealth and power decrease. Many such views stressed competition between individuals in *laissez-faire* capitalism, while others, emphasizing struggle between national or racial groups, tended to support eugenics, racism, imperialism and fascism. ¹

Totalitarian ideologies of the first half of the 20th century, inspired by the tenets of Social Darwinism, plunged the world into two horrific world wars and brought humanity to the brink of extinction (i.e., 107 million deaths, appx. 3% of the total world’s population). After 1945, it seemed for a while that humanity had understood the insanity of such a do-or-die view of the world. Landmark programs launched and legislation enacted since the end of World War 2, such as the U.N.O.’s Universal Declaration of Human Rights (December 10th 1948), and the American Civil Rights Act of July 2nd 1964,* inspired many Western governments and civil libertarians.

The Canadian government also enacted a Canadian Bill of Rights in 1960 –followed later by our human rights charters of 1982 and 1985. Canada also as enacted some of the most progressive laws and programs of the past century, such as The Medical Care Act of 1966, which allowed citizens across the country to have access to universal healthcare, and the Canada Health Act, which enshrined publicly-funded health insurance, or "Medicare."

In 1971, the Canadian government proclaimed a policy of “multiculturalism;” and this pronouncement was enshrined in the Multiculturalism Act of 1985, which helped to turn Canada into a diverse cosmopolitan nation. In the spirit of the times, during the fifties and sixties, many Canadian provinces also enacted legislation and created social programs to improve access to public services and equity for all citizens regardless of language, religion or ethnicity.

Up to the 1960’s, much of healthcare in Quebec was still largely under the jurisdiction of the Catholic church. Then the Castonguay-Nepveu Commission Report of 1967 recommended the creation of a new state-run health insurance policy, a new healthcare network, as well as a new network of social service clinics –which became the CLSC’s. The plan –inspired by similar socialistic and secular programs in Western Europe– was to give a broader and more equitable access to health and psychiatric care for the Quebec population. Major changes were made following the recommendation, most notably the introduction of hospitalisation and medication insurance, and the creation of a province-wide secular public network of healthcare and social services, which still exists today. ²

Although the demographic composition of Canada’s population has diversified into a rich ethnocultural mosaic, especially since the changes to the Immigration laws from the 1960’s on, Statistics Canada has found alarming data on the existence of persistent ethno-racial disparities. **Among certain racialized Canadians, poverty persists from the first to the third generation or beyond.** A recent article in the official Stats Canada gazette, *Le Quotidien*, « Poverty among Racialized Groups, from one Generation to the Next » has revealed that most of the racialized groups had levels of poverty higher in 2020 than whites. The levels of poverty were systematically higher among certain racialized groups (Blacks, Latin-Americans, Arabs, South-East Asians, West Asians and Koreans) than among whites, whether from the first to the third generation or even among subsequent generations. ³

As a well-informed advocate and active participant in all the changes in Canada’s public healthcare and social services network since the 1980’s, I can bear witness to the gradual adoption of a hidden Social Darwinist agenda, that has brought about the deterioration of all public services –affecting the more disadvantaged sectors of Canadian society, especially the ethno-racial minorities. A most remarkable example of this phenomenon is the flawed response to the COVID-19 Pandemic as pertains to what Social Darwinists consider “the weak, the poor and therefore powerless.”

A new report from the *British Medical Journal* examines where Canada went wrong in its COVID-19 pandemic response. The report found that Canada’s public health agencies experienced “serious failures” during the pandemic. The report notes that the country’s public health system was “insufficiently prepared” for the pandemic mainly due to its decentralization of public health decision-making and a lack of data sharing and access.

The study breaks down several low points of Canada's COVID-19 pandemic response. These include the failure to learn from previous reports, which led to a severe lack of care and protection for seniors and staff in long-term care homes... Detailed data, such as demographics, ...was not available. This meant that in many cases, public health authorities failed to respond to tailor COVID-19 responses to the needs of specific communities. ⁴

The *British Medical Journal* reported on July 24th 2023 that: "As the pandemic progressed, public confusion arose from jurisdictional inconsistencies in advice and case reporting... More detailed information about the demographics or location of cases was often more guarded because of privacy concerns, meaning that public health agencies did not respond to community interest about local risk and tailoring of implementation strategies to mitigate covid-19 risks was slow or non-existent. Lack of local data contributed to a lack of understanding of local transmission dynamics.... Collection of data on ethnicity, occupation, and other factors was slow to evolve, and in some places never happened, even though this was clearly related to virus spread." ⁵

As this essay is being written, our provincial governments are increasingly divesting public resources to private clinics and dismantling healthcare institutions, while our federal government is sending billions of dollars of military equipment to Ukraine and the Baltic states as part of their NATO commitments. The homeless will perhaps spend another Canadian winter under crumbling bridges; or be forcibly evicted from them to make room for the REM.

Written by Pascual Delgado, September 15th and revised October 9th 2023.

* The Civil Rights Act of 1964 is a landmark civil rights and labor law in the United States that outlaws discrimination based on race, color, religion, sex, and national origin.

¹ https://en.wikipedia.org/wiki/Social_Darwinism

² https://en.wikipedia.org/wiki/Claude_Castonguay#:

³ Statistics Canada, *Le Quotidien*, Wednesday 23 August 2023 (My translation).

⁴ <https://dailyhive.com/canada/canada-covid-19-pandemic-response-study>

⁵ <https://www.bmj.com/content/382/bmj-2023-075665>