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SARS PUBLIC HEARINGS

BEFORE: THE HONOURABLE MR. JUSTICE CAMPBELL,
COMMISSIONER

Held at: St. Lawrence Market
Toronto, Ontario
November 18th, 2003

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APPEARANCES

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MR. JUSTICE CAMPBELL: The next presenters
are the **Ontario Council of the Canadian Federation of University Women.**

(BRIEF PAUSE)

MS. EDELTRAUD NEAL: Good afternoon,
Mr. Justice Campbell. An ounce of prevention is worth a pound of cure. Wash your hands frequently. Two (2) old adages which may have helped us avoid the SARS outbreak. We will get back to them both later in this presentation.
We thank the Commission for the opportunity to present our observations and to share some

24 recommendations resulting from these observations. There
25 would of course be a much wider scope of areas to be

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1 mentioned and addressed by the CFUW members. We can only
2 speak with regard to issues and areas where we have national
3 and provincial agreed on policies.

4 CFUW Ontario Council is made up of
5 approximately six thousand (6,000) women university
6 graduates from all the regions of Ontario. We are a totally
7 self-funded, non-partisan and non-sectarian organization.

8 Our members live in fifty-eight (58)
9 communities in Ontario, in urban areas as well as in rural
10 and northern towns where they put their skills and education
11 at the service of their communities.

12 Our members actively participate in public
13 affairs, advocating for a high standard of public education,
14 for the improvement of the status of women and girls in
15 Ontario, and to safeguard human rights in this province.

16 We are business women, scientists, teachers,
17 university professors, nurses and physicians, seat
18 specialists and engineers, farm women, artists and
19 accountants. We are mothers, grandmothers, and daughters
20 and we are concerned about our families and our communities.

21 CFUW Ontario Council members watched with
22 great concern the unfolding of the SARS health crisis, with
23 its negative social and economic consequences, but more
24 importantly, with the tragic impact it had on thousands of
25 lives in Ontario and elsewhere.

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1 We applaud the unselfish service of all
2 health professionals involved during this SARS outbreak but
3 we deplore and are saddened by those who died in the line of
4 duty. As long as infective cases emerged, Ontarians all
5 over the province remained in a heightened state of anxiety
6 and worried that they, themselves, and members of their
7 families would become stricken with this deadly disease.

8 The members of the public who were bombarded
9 with conflicting information and advice from the media and
10 from the health professionals at the various levels. For
11 the average citizen it was difficult to decide how best to
12 protect themselves and their family members.

13 This communication and information gap was
14 painful to watch and we feel that sharing information in
15 such a crisis is vital to avoid deadly results. Andrew
16 Simor, a scientist at the University of Toronto, working for
17 many years in the area of infectious diseases, has been
18 quoted as saying:

19 .With SARS we learned that the great risk is

20 the unrecognized case. Once we could
21 identify a patient as having SARS, the
22 prevention and control measures were
23 extremely effective but the vast majority of
24 spread occurred from unrecognized cases..
25 MR. JUSTICE CAMPBELL: Do you have the

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1 source of that quote handy? Do you know what it.s from?
2 MS. EDELTRAUD NEAL: My colleague --
3 MR. JUSTICE CAMPBELL: I --
4 MS. EDELTRAUD NEAL: -- Margaret McGovern --
5 I should have introduced --
6 MS. MARGARET MCGOVERN: I got it from a U of
7 T newsletter and I have a copy with me.
8 MR. JUSTICE CAMPBELL: That.d be great if
9 you could perhaps leave it with Counsel.
10 MS. EDELTRAUD NEAL: And I should take --
11 maybe take this opportunity to -- to present Margaret
12 McGovern, our Human Rights and Status of Women Chair and
13 Linda MacGregor, the regional director for Ontario central.
14 I guess I am a little bit nervous after all.
15 CFUW Ontario Council believes that
16 collaboration is essential, not only among the municipal,
17 provincial and federal governments but also between each of
18 these three (3) government levels and our health
19 professionals in whatever healthcare setting.
20 Working together in a cooperative and
21 collaborative manner will protect the public and front line
22 workers from the spread of deadly communic -- communicable
23 diseases. We include in the healthcare total compliance
24 with healthcare legislation and safety regulations.
25 We found it difficult to comprehend the

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1 reasons for the delay in the transmission of information
2 from the World Health Organization through to the federal
3 health authorities then to the provincial health department
4 in Ontario and finally to the front line health staff
5 workers in both hospitals and municipal health units.
6 In some of the earlier presentations by the
7 many professional associations at these hearings, several
8 barriers were cited. Minimal computer support, no direct
9 computer communication between the provincial Ministry of
10 Health and our hospitals, as well as between Ministry of
11 Health and the family physicians of this province. There
12 was even a suggestion that pertinent data was not being
13 shared.
14 We would -- we would suggest the following:

15 The initiation of a computer system linking all levels of
16 health institutes and -- institutions and facilities. We
17 understand that the Government of Canada is instituting a
18 computer-based code of good practice with the voluntary
19 sector. Similar connections should be initiated between the
20 provincial and municipal health systems.

21 Secondly, the initiation of the committee
22 with representatives from the three (3) levels of health
23 institutions and care providers in order to establish
24 protocols for sharing information, defining and implementing
25 timely airport surveillance and other protective measures.

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1 Our -- we'd also like to advocate the -- for
2 the establishment of a national disease control center.
3 Donald Low and Allison McGeer, both scientists working on
4 SARS at the University of Toronto and physicians at Mt.
5 Sinai have been quoted as saying that:

6 "Despite advances in medical research and
7 technology perhaps the biggest challenge
8 facing infectious disease researchers today
9 is how much we still don't know."

10 I guess it was Socrates who said that, too.
11 CFUW Ontario Council requests that the Ontario government
12 work together with all the provincial territorial
13 governments and the government of Canada in order to
14 establish a national organization similar to the Centers for
15 Disease Control and prevention in the United States that
16 would bring together the expertise and skills of all the
17 best health professionals from across the country.

18 Under the umbrella of the national
19 centralized organization, health professionals would be able
20 to collectively pool their experiences, research and
21 treatment to the best -- to best serve the public from both
22 a preventative as well as a treatment perspective.

23 Consistency in the standards of care, for
24 example in a national immunization program, may best be
25 achieved by one (1) set of guidelines emanating from one (1)

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1 central authority. Much research on SARS and other
2 infectious diseases is being carried out across the country
3 and universities and in other centers of health research.

4 This research should be coordinated by such a
5 section made in Canada CDC. The public should know the
6 results of the latest research. This center could act as a
7 clearing house, also, for such information.

8 With a broad mandate, national in scope, this
9 agency would work with all levels in the healthcare system.

10 As well, it would provide continuous
11 surveillance of disease entities and be equipped with a
12 national alert system. Such an -- agency would also be seen
13 as the authoritative source for health education of our
14 health practitioners and members of the public.

15 Recommendation Number 3 - strengthening the
16 role of public health. Public health units have a mandate
17 under the Public Health Act of Ontario in the
18 identification, prevention, treatment, and control of
19 infectious diseases. In Ontario, the previous provincial
20 government downloaded the total cost for public health
21 services to the municipal governments. Even for
22 provincially mandated programs.

23 Some of this lost provincial funding has been
24 restored. In May 2003, National Advisory Committee on SARS
25 and Public Health was convened by the Minister of Health for

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1 the Government of Canada, Dr. David Naylor. He stated that
2 public health in Canada received annually the equivalent of
3 three (3) days financing of acute care settings.

4 This is hardly adequate to cover existing
5 services, let alone attempt to improve such services as
6 computer technology. Tracking context is just one of the
7 tasks which will be better managed by an adequate computer
8 system.

9 To realize all the benefits that a state of
10 the art computer system would bring to the public health
11 system across Canada and within each province requires a
12 financial commitment from all levels of government.

13 Recommendation Number 4 - Infection control
14 education. An ounce of prevention is indeed worth a pound
15 of cure. Antibiotics can no longer be considered as they --
16 they once were. The presence of antibiotic resistant or
17 immune diseases require a renewed effort to educate
18 healthcare professionals on infectious disease control in
19 the acute care setting. And indeed in all other settings.

20 Ongoing education is the ounce of prevention
21 that will serve to prevent the spread of infectious disease
22 -- diseases such as SARS among the health professionals as
23 well as the patients they treat. We cannot afford the human
24 cost associated with the spread of infectious diseases in
25 our acute care settings and all healthcare settings.

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1 We must not allow the health of hospital
2 staff and patients to be comprised. Especially when we are
3 repeatedly told by the media and the various health
4 professional associations, that health professionals will

5 continue to be in short supply for some time to come.
6 CFUW Ontario Council recommends that the
7 Ontario Government establish protocols and the funding to
8 train health personnel about infection control in hospitals.
9 That it fund more time -- more full-time healthcare
10 personnel. This would prevent the spread of infection
11 through part-time workers when they are assigned to work at
12 different hospitals when needed.

13 The dangers of both staff and patients moving
14 among hospitals must always be considered. This is also
15 true in -- in home care where providers move from home to
16 home. We also should like the government of Ontario to --
17 to reintroduce infectious disease control specialists in
18 both nursing and medicine into the hospital settings from
19 where they had been removed.

20 Recommendation Number 5 - Public education.
21 Wash your hands. It should become automatic for all of us.
22 Proper hand washing is still the first line of defence
23 against the spreading of any infection. It is simple to
24 perform and it works.

25 Public Health education is one of the roles

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1 of our poorly-funded local health units. A public health
2 education program for all residents of Ontario should be put
3 in to effect as soon as possible.

4 Devising good methodology for infectious
5 disease control should become also one of the
6 responsibilities of the aforementioned Centre for Disease
7 Control, so public health agencies can draw on consistent,
8 accurate and relevant information which can be provided to
9 all citizens of Ontario and indeed, to all citizens of
10 Canada.

11 Recommendation number 6 - the maintenance of
12 other services of the healthcare system. CFUW Ontario
13 Council believes that a well-funded, strong, and effective
14 healthcare system should be able to address all other
15 emergency and healthcare needs during an infectious disease
16 crisis.

17 A major concern that we observed was that
18 other existing programs of the health unit in Toronto and
19 elsewhere were put on hold, while many of the staff focused
20 on SARS. What happened to the mothers and babies who did
21 not receive timely support from the public health nurse?
22 What happened to the follow-up on other decisions?

23 In hospitals the dying, the elderly and all
24 severely ill people need an advocate whether it be a family
25 member or a friend to visit them and make sure that they are

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1 properly cared for. Not admitting visitors creates very
2 real hardships. As members within our own families, it
3 saddened us to hear of people dying in hospitals alone.

4 Family members only get one opportunity to
5 support a dying loved one. It is an experience that they
6 have to live with for the remainder of their lives. The
7 family's supporting role in the dying process must not be
8 denigrated in the process of keeping us all safe from the
9 scourge of infectious diseases.

10 We do ask that the needs of all family
11 members be considered when new infection control protocols
12 are formulated. We leave you with two (2) questions: can
13 we in Ontario learn from the experience in British Columbia?
14 They also received a primary person ill with SARS but it was
15 contained. How?

16 Is there the political will to adequately
17 fund our public healthcare system across the country so that
18 the next time we have this kind of assault on our citizens,
19 we have a seamless response from all parts of the country.

20 Thank you very much to listen to our
21 concerns.

22 MR. JUSTICE CAMPBELL: Thank you for your
23 presentation.