

# Canada: Budget cuts played pivotal role in SARS crisis

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Ontario's chief medical officer announced Thursday evening that four Toronto-area residents have likely contracted SARS (severe acute respiratory syndrome)—Canada's first new cases of the potentially lethal viral infection since mid-April. A fifth person was identified as a possible SARS victim Friday.

The source of this new outbreak is still under investigation. But it is believed that one of the five contracted SARS during a recent visit to southern China and that the virus passed to the others at St. John's Rehabilitation Hospital in Toronto's north end. Public health officials have asked all persons who visited the hospital between May 9 and 20 to isolate themselves and contact them for assistance.

Canada—specifically the Toronto area—has been hit harder by SARS than any country outside of the Asian Pacific region. SARS has killed more than 680 people worldwide, including 24 in Canada.

Senior Canadian and Ontario government officials and most of the corporate media have attributed the severity of the Toronto outbreak to bad luck. But there is mounting evidence that budget cuts imposed by the federal Liberal government and Ontario's Tory regime have played a pivotal role in Canada's SARS crisis.

According to Dr. William Bowie, an infectious diseases expert at the University of British Columbia, Ontario Tory Premier Ernie Eves must "ask himself why the rest of the 'developed' world could manage [SARS] and Ontario couldn't."

Factors that are known to have contributed to the spread of SARS in Toronto include: drastic cuts to public health units, emergency-room overcrowding, the cutting and the "casualization" of nursing jobs, and inadequate equipment and planning.

Toronto doctors were slow to identify the first SARS victims, apparently because they were not properly alerted to the possibility of a new disease with pneumonia-like symptoms. As a result, one carrier was sent home with an antibiotic prescription, only to die five days later. And when her son presented himself at Scarborough Grace Hospital,

two days after her death, he was left on an emergency room gurney for 12 hours, where he was exposed to hundreds of people.

The local Public Health Units responsible for alerting both the medical community and the public about health threats have been undermined by years of budget cuts. The Ontario government has reduced funding for the province's 37 public health units by 21 percent over the past four years, from \$254 million in 1999-2000 to \$201 million in the recently completed fiscal year.

The problem of recognizing the SARS threat and communicating it to the province's doctors and hospitals was exacerbated by the October 2001 layoff of five Ontario government scientists specifically charged with watching for the spread of infections and anticipating new disease outbreaks. At the time, a spokesman for the Ontario Health Ministry justified the layoffs by dismissing the scientists' work as insignificant. "Do we want five people sitting around waiting for work to arrive? It would be highly unlikely that we would find a new organism in Ontario." Among those let go in 2001 was microbiologist Ching Lo, who was designing a test for the West Nile and Norwalk viruses, and Martin Preston, who was developing a method for rapidly detecting the E-coli bacteria that contaminated Walkerton's water supply in 2000, killing seven people and making two thousand others ill.

According to Dr. Susan Richardson, head of microbiology at Toronto's Sick Children's Hospital, if Ontario has weathered the SARS outbreak it is in spite and not because of the provincial government. "The ability to respond to this outbreak came from the efforts of individuals, not the government. ... Individual scientists dropping everything else to help out was the only reason we have survived this outbreak against all odds."

For her part, Allison McGeer, head of infection control at Toronto's Mount Sinai Hospital and a key member of the SARS containment team, says, "It's been very clear to us that we were going to pay for the public-health dismantling that has happened under the provincial and municipal

governments.”

Ironically and tragically, medical personnel have been among the key victims and transmitters of SARS in Toronto.

Although Ontario faces a chronic nursing shortage—dating back to the 1996-98 restructuring of the province’s health care system when 10,000 nursing jobs were eliminated—large numbers of nurses do not have full-time work. About ten percent have only casual or temporary jobs and another 35 percent have part-time posts. As a result, thousands, probably tens of thousands, of Ontario nurses regularly work in two or more hospitals.

This became a major factor in the spread of SARS, as nursing personnel inadvertently brought the virus from one health care facility to another.

Moreover, the chronic nursing shortage became acute when some nurses contracted the virus and large numbers of others had to be ordered into quarantine. Shortages of nursing and other medical personnel forced hospitals to cancel urgently needed medical procedures for non-SARS patients, with untold consequences.

In an April 28 CBC Television interview, Toronto’s Medical Officer of Health, Dr. Sheela Basrur, observed that years of budget-cutting had left the health care system without the resources to meet a medical crisis. “It’s called surge capacity, and that is something that has been systematically stripped from the system . . . so the ability of public health, of hospitals, of governments in general to respond to an unforeseen crisis of large proportions is dramatically reduced when we have already cut ourselves to the bone.”

The shifting of patients between health care facilities, another consequence of Tory budget-cutting, also contributed to the spread of the SARS crisis through Toronto’s hospital system. Because each hospital is under strict government orders to remain within budget, hospital administrators systematically seek to off-load emergency patients rather than wait for a bed in their own facility to become available.

Obsolete equipment and inadequate planning also contributed to the SARS crisis. A preliminary Health Canada report found that health-care workers often had no option but to use outdated and inferior protective gear. Specifically, the report identifies the face-masks used by medical personnel as the probable cause of at least some infections. Whereas in 1972 the US strengthened its infectious-control measures, stipulating the use of “fit-tested” masks when medical personnel are treating communicable diseases, in Canada cheaper, generic masks have remained standard. The report also says that many health care workers were inadequately trained as to how to remove personal protective equipment (PPP) without contaminating themselves.

While the SARS crisis revealed that hospitals in Canada’s largest and richest city were ill-prepared to deal with a major infectious diseases threat, there have been repeated warnings in recent years about the need to upgrade facilities and plans to meet precisely such an emergency. A survey two years ago by Queen’s University and Health Canada found that nearly 40 per cent of Canadian hospitals (particularly those in Quebec and Ontario) don’t have adequate infection control staff or infection surveillance. The urgency of this problem was underlined by a second study that found 1 in every 10 Canadian patients at acute care hospitals picks up at least one unwanted infection and that the bacteria in 70 per cent of hospital-acquired infections are resistant to at least one antibiotic.

Earlier this month Ontario Health Minister Tony Clement made a backhanded admission that the Tory government’s policies have played a major role in the SARS crisis, when he promised steps will be taken to limit the casualization of nursing jobs and patient transfers and said more acute care hospital beds will be created. Clement’s claim that he was “surprised” by the “amount of casualization that had occurred for nursing staff” and “the amount of patient transfers that occur regularly throughout the system,” was a sham. For years, health care workers have complained about the lack of full-time jobs.

The Tories, who were badly damaged by a public inquiry into the Walkerton water-contamination tragedy, are determined to resist demands from the Liberal and New Democratic Party opposition for a like inquiry into the SARS crisis.

While the opposition has tried to score some points by decrying the Tories’ budget-cutting, both parties are themselves implicated in the decay of Canada’s health care system. Starting in 1995, the Liberals’ federal cousins—the Chrétien Liberal government—cut billions from the money Ottawa transfers to the provinces to pay for health care; it was the social-democratic NDP, when it held power in Ontario between 1990 and 1995, which initiated the budget cuts and hospital reorganization that culminated in the Tories’ dramatic downsizing of the public health care system in the late 1990s.



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