After decades of austerity, Ontario struggles to cope with surge in COVID-19 cases

Matthew Richter
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COVID-19 cases are spreading rapidly across Canada, with total infections passing 35,000 on Sunday. The federal government's projection, released April 9, of between 500 and 700 fatalities by April 16 proved to be vastly optimistic, with over 1,100 deaths recorded by last Thursday. As of Sunday afternoon, the coronavirus death toll had surpassed 1,575.

Ontario, Canada's most populous province, has been particularly hard hit. As of yesterday, 10,500 Ontarians had become infected and more than 550 had died.

The province's health care system, ravaged by decades of austerity, job cuts and privatization, has struggled to cope with the surge of COVID-19 patients. Due to shortages, health authorities have proven unable to test widely, making it impossible to accurately determine the disease's spread and carry out systematic contact tracing.

Although a goal of testing 19,000 people per day by mid-April was originally set, this has been revised down to just 16,000 by May 6, amid reports that current testing rates are hovering around 4,000-6,000 per day. Among Canada's ten provinces, Ontario has consistently had the lowest perc capita coronavirus testing. This forced even the province's right-wing populist premier Doug Ford, whose government is responsible for savaging health care spending, to declare the testing regime "not acceptable."

The lack of testing has been compounded by the absence of the basic equipment and supplies medical workers require to do their job. Despite Greater Toronto having been the region outside the Asia-Pacific hardest hit by the 2002-3 SARS outbreak, with 43 deaths, the Ontario government failed to make preparations for a future pandemic by stockpiling supplies and equipment and building hospital surge capacity.

55 million N-95 masks purchased after the SARS epidemic were allowed to expire in 2017 without being replaced, even though an explicit warning about their expiration was issued by the province's auditor general in December 2017.

As a result, authorities have had to appeal to the public to donate masks and are now to urging hospitals not to dispose of used masks so that they can be reused. Due to the total inadequacy of personal protective equipment (PPE), over 850 health care workers have already contracted COVID-19. At least two medical workers have died.

The fact that Ontario has become a coronavirus hotspot in Canada comes as no surprise given how overstretched the province's hospitals were even prior to the pandemic. For years, new patients have routinely been left on stretchers in hospital hallways. Others have been consigned to "unconventional spaces," a new bureaucratic term developed to refer to the practice of placing hospital beds in storage areas and other unused parts of hospital buildings.

A report by CBC in January based on a freedom of information request demonstrated that hospital overcrowding was already at acute levels across the province last year. Over a 181-day period between January and June 2019, many Ontario hospitals, including five in the Greater Toronto Area, and the main hospitals in Sudbury, Hamilton, and Peterborough, spent at least 160 days with patients in excess of their funded capacity. An analysis of the data from 169 acute care hospitals revealed that 40 hospitals averaged at least 100 percent capacity during the six-month period, while 39 hospitals were over 120 percent capacity for at least one day.

A report by the Ontario Health Coalition noted that there is a near-consensus among government and health policy experts internationally that patient levels exceeding 85 per cent capacity lead to bottlenecks in emergency rooms and cause dangerous ambulance offload delays. These figures alone reveal the woefully inadequate level of public funding and planning, which threatens the province's health care system with collapse in the face of

the coronavirus pandemic.

Anyone who has experienced a visit to the emergency room in Ontario can testify to long wait times, overcrowding, understaffing, and overworked nurses and doctors. The long wait times, attributable at least in part to a decades-long drive to close hospital beds, result in an average wait time of 16 hours in emergency rooms before a patient is given a hospital bed on a ward. This past November, the average patient waited 46 hours in the emergency room of the Greater Niagara General Hospital in Niagara Falls, Ontario before being admitted to a bed.

The decrease of hospital beds is a result of funding cuts over the past four decades. Data on Canada as a whole from the World Bank shows that the number of hospital beds per 1,000 people has declined from 7 per 1,000 in 1976 to 2.5 per 1,000 in 2018. Canada ranks near the bottom of OECD countries for hospital beds. In total, the number of hospital beds declined by 23,363 from 115,829 in 2000 to 92,466 in 2018, according to figures from the OECD, although during that time Canada's population increased from 30.7 to 37 million.

China, by comparison, has nearly double the number of hospital beds per person than Canada. Yet even China struggled to find hospital space for the influx of patients infected by the coronavirus, resulting in the official death toll rising to over 4,600. Conditions in Canada, where little effort has been made to follow China's approach and build emergency hospital capacity to deal with the pandemic, threaten to be much worse.

Despite Ontario Premier Doug Ford's pledge to eliminate what he himself terms "hallway medicine," patients continue to be crammed into overcrowded hospitals that lack the resources to properly service patients even under normal operating conditions. The January CBC report noted that "unconventional" ward spaces have been created to deal with patient overflow. One example is Southlake Regional Health Centre, a 500-bed hospital in Newmarket, Ontario, where a gym used for physiotherapy has been converted into an impromptu ward to deal with overcapacity. In Richmond Hill, a former meeting room, sectioned off with cubicle dividers, now acts as a 10-bed ward. Even before the coronanvirus pandemic about 1,000 patients were being housed in hallways, meeting rooms, kitchenettes, and, according to the non-profit Ontario Health Coalition, even washrooms.

An Ontario Health Coalition report titled "Brampton Hospital Crisis and Broken Promises" provides a window into the deplorable state of health care in Ontario after decades of cuts and privatizations under provincial Conservative, Liberal and NDP governments.

In 2001, Tony Clement, the then Progressive Conservative Health Minister, proposed a new Brampton Civic Hospital as a Public Private Partnership (P3). At the time, the old Peel Memorial Hospital, a 367-bed hospital originally built in 1925, was still open and functioning. In 2003, Halton-Peel District Health Council, the regional government body overseeing health care planning, projected that Brampton would require 930 beds by 2008. The provincial government proposed an alternate 810 bed plan, with the overflow handled by the Peel Memorial Hospital. That plan fell through. The Peel Memorial Hospital was closed in 2007, while the Brampton Civic Hospital operated with only 467 of its promised 608 beds until 2016.

In what should by now be recognized as a sort of sick cliché, the public private partnership resulted in cost overruns, with the working class footing the bill and receiving substandard services while private investors reaped the benefits. Doctors and nurses as far afield as the UK wrote to the Ontario government begging them not to adopt the privatization scheme to build Brampton's new hospital, predicting a decline in the quality of care, but to no avail.

The Liberals, who succeeded the Tories in 2003, had promised to reverse the privatization scheme, but promptly went back on their word after the election. A hospital that was initially supposed to cost $350 million ended up costing $2.6 billion in public funds paid out to private contractors. Two patients died as a result of extended wait times in a brand-new facility. The deaths were a direct result of the political establishment's drive to prioritize the demands of wealthy investors over the needs of working people.