

# The 2003 SARS epidemic: How Canada's elite squandered the chance to prepare for the COVID-19 pandemic

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The response of Canada's ruling elite to the COVID-19 pandemic has been nothing short of a disaster or, to be more precise, a social crime.

A pandemic that was both foreseeable and foreseen has already resulted in more than 73,000 confirmed cases and 5,468 deaths.

From the outset, Canada's response to the novel coronavirus has been crippled by shortages of personal protective equipment, COVID-19 tests and medical personnel, a dearth of contact tracing and a general lack of coordination and planning. The country's underfunded, poorly equipped, and in many cases for-profit seniors' homes and long-term care facilities have become veritable killing fields. Now, with the blessing of the federal Liberal government, the provinces are "re-opening" the economy, forcing workers in non-essential sectors to return to work without adequate safety measures and equipment so big business can resume profiting from their labour.

This calamitous response is all the more damning given that Canada experienced a major outbreak of the severe acute respiratory syndrome (SARS) in 2003. Outside East Asia, Canada was the country hardest hit by the SARS-CoV virus. 44 people died of SARS in Canada from 438 confirmed and suspected cases, most of them concentrated in the greater Toronto area between March and June 2003.

This experience of dealing with a highly contagious respiratory illness should have meant Canada's government and health authorities were primed and ready to respond to COVID-19, a close relative of SARS.

In the aftermath of the SARS epidemic, Canadian authorities were forced to concede that it had revealed serious flaws in the public health care system, most of them bound up with years of austerity. They vowed to make changes to ensure that the country's health system would have the resources and systems to effectively combat a future novel virus.

But 17 years later, despite a spate of reports and an Ontario public inquiry into Canada's response to the SARS epidemic and their large number of recommendations for improvements to the country's health system, many of the same failings that led to deaths in 2003 have re-emerged—only today on a far larger and more horrific scale.

## The 2003 SARS outbreak in Canada

Following a similar path as COVID-19, the global SARS epidemic began in China and was transported to Ontario in March 2003 by a cluster of cases transplanted from the southern-China and Hong Kong region. Special units dedicated to SARS treatment were established in hospitals, non-essential procedures were postponed and visitation was severely restricted.

The vast majority of Canadian SARS cases (72 percent) contracted the disease in hospitals, with healthcare workers forming the bulk of those infected. The casualization of employment in the health sector, a result of years of spending cuts, played a major role in the spread of the disease between Toronto-area health facilities. Nurses and other care and hospital workers who had had to find employment at multiple hospitals to provide them with the equivalent of full-time work inadvertently repeatedly spread the infection from one facility to another.

SARS and COVID-19 (which is also known as SARS CoV-2) have similar origins and both result in an acute respiratory illness which may cause a fatal bout of pneumonia. While SARS was not nearly as contagious as COVID-19 and individuals only became infectious once symptoms were apparent thus making its containment easier, authorities and healthcare workers today benefit from much more information about the novel coronavirus than those fighting the 2003 epidemic. In 2003, it took a month to identify the pathogen and sequence its genome, a process that was accomplished within 2 weeks for COVID-19.

The severity of the outbreak of the SARS epidemic was due above all to the savage spending cuts and attacks on workers imposed by all governments over the preceding decade. Between 1995 and 1998, the federal Liberal government of Jean Chretien implemented the largest social spending cuts in Canadian history, including deep cuts to the transfer payments made to provinces for health care, post-secondary education and social welfare.

In Ontario, the hard-right Progressive Conservative government of Mike Harris closed hospitals, privatized much of long-term care, gutted public health regulations, imposed steep social spending cuts and undermined job protection for workers.

Taken as a whole, these policies led to a series of failures in disease control. These included the contamination of meat with prions responsible for bovine-spongiform encephalopathy (Mad Cow disease), a deadly outbreak of E. coli poisoning in Walkerton, Ontario in 2000 and the emergence of West Nile virus in 2002. The Walkerton crisis, which resulted in seven deaths, starkly revealed the connection between capitalist austerity and worsening public health, since it was directly linked to the privatization of water-testing.

## Drawing the lessons from the SARS epidemic

The seriousness of Canada's SARS outbreak promoted a public outcry and demands for an accounting as to why Canada, and specifically Ontario, proved among western capitalist countries so uniquely ill-

prepared for the epidemic. Multiple reports were produced that castigated federal and provincial governments for the state of public health.

In the SARS Commission's final report, which ran to 1,200 pages when it was issued in 2007, Justice Archie Campbell was forced to lay blame squarely at the feet of Canada's ruling elite, writing:

"Why was Ontario so unprepared for SARS? Our public health and emergency infrastructures were in a sorry state of decay, starved for resources by governments of all three political parties [Liberals, Conservatives and NDP]. The health system's capacity to protect its workers was in a state of neglect: what little existed was badly malnourished. There was no system in place to prevent SARS or to stop it in its tracks."

Campbell also admitted that if SARS did not develop into a much broader crisis this was due to the actions of health care workers and the population at large, not the political elite. He wrote, "The only thing that saved us from a worse disaster was the courage and sacrifice and personal initiative of those who stepped up—the nurses, the doctors, the paramedics and all the others—sometimes at great personal risk, to get us through a crisis that never should have happened. Underlying all their work was the magnificent response of the public at large: patient, cooperative, supportive."

The problem of the casualization of employment in the health sector was also discussed. The provincially commissioned "Expert Panel on SARS and Infectious Disease Report" recommended the minimization of casual employment in the health system in light of the personnel shortages during the epidemic. A separate report, led by physician and pandemic control expert David Naylor entitled *Learning from SARS*, recommended large blocks of federal funding for provinces including \$100 million for disease surveillance.

### **Capitalist austerity prevents implementation of the recommendations**

The intervening years saw governments at all levels, particularly after the 2008 global financial meltdown, mount a new drive to slash social spending and privatize public services. Successive federal governments, under Conservative Prime Minister Stephen Harper and Liberal Prime Minister Justin Trudeau, enforced below-inflation "increases" to transfer payments to the provinces. Since coming to power in 2015, for example, the Liberals have increased health transfers by little more than 3 percent per year, effectively the same level set by their Conservative predecessors. This has resulted in health care budgets being slashed in real terms across the country, even as demand for health services rise due to population growth and an aging population.

The rationing of health care funding means that even under normal conditions, hospitals now operate near the limit and often over their capacities. Healthcare workers and experts have noted that despite the SARS experience, the government failed to ensure bed capacity to deal with another public health emergency. Physicians have for years argued that hospitals are leaving no margin for an influx of patients. Hospitals should use no more than 85 percent of their capacity under normal circumstances to accommodate a surge in patients. However, the majority of Ontario hospitals have been using 100-110 percent of available beds, resulting in a drastic increase in so-called "hallway medicine."

The planning and implementation of further austerity measures continued right up until the current pandemic struck. In Ontario, where hospital beds per capita are among the lowest in OECD countries, Doug Ford's Tory two-year-old government further slashed health funding in its 2018 financial update and 2019 budget, including announcing sweeping cuts of up to 30 percent in the budget for public health.

Due to fierce public opposition, the government briefly stalled the cuts to the province's public health authorities, but last November, Ontario Health Minister Christine Elliot told the media the cuts would be implemented in full in 2020 and beyond. In an expression of the bankruptcy of all the bourgeois parties, in the midst of the current pandemic, Andrea Horwath, the leader of Ontario's New Democratic Party, called not for the elimination of Ford's proposed public health cuts but their postponement till the pandemic was over.

One recommendation of the *Learning from SARS* report that was implemented was the creation of the Public Health Agency of Canada (PHAC). The goal of the PHAC is to coordinate federal disease control, prevention and emergency response. A further motivation for its creation was to facilitate better communication between government agencies and with the public at large. However, the budget for PHAC has remained stagnant for years. According to University of Saskatchewan epidemiologist Cory Neudorf, individual provinces use clever accounting tricks to inflate their real expenditures on public health programs.

After the 2009 swine flu outbreak, experts told parliament the system was on the verge of collapse due to the flu and that not only non-essential procedures, but vital surgeries were being delayed. The politicians assured them they agreed that healthcare spending had to be increased. But the subsequent years of real-terms health spending cuts give a clear indication of the degree of urgency they give to bolstering Canada's increasingly dilapidated health system. In addition to Ontario's "hallway medicine" problem and Quebec's long waiting lists for essential medical procedures and notoriously overcrowded emergency departments, New Brunswick and Nova Scotia have witnessed large scale hospital emergency room closures and the turning away of patients due to doctor shortages.

### **Chronic underfunding and government indifference undermine pandemic response**

After COVID-19 was first identified in China in January, Canadian authorities squandered two critical months before taking any decisive action to combat the spread of the disease. This delay, which saw the federal government only write to the provinces on March 10 to enquire about the state of their medical supplies, was all the more criminal given that one of the critical lessons from the SARS outbreak was the need to act swiftly to contain and isolate the virus.

It also quickly emerged that provincial governments had failed to maintain stockpiles of critical personal protective equipment (PPE). In Ontario, where 55 million N-95 face masks were stockpiled following SARS, the masks were allowed to expire in 2017 without being replaced. In all, the government spent 45 million dollars on PPE and other materials needed for health care staff after SARS. Yet as early as 2013, the authorities began disposing 80 percent of it due to supplies being out of date. Scandalously, no move was made to replace the destroyed stockpile, even though the problem was explicitly discussed in a 2017 Ontario auditor general's report.

The failure by the political establishment to learn the lessons of SARS has been shown above all in the catastrophic situation in long-term care facilities. More than 80 percent of Canada's 5,500 deaths have been recorded among care home residents. A crucial factor in the spread of the disease has been the reliance on poorly-paid, part-time or casualized workers—precisely the same problem Ontario experienced with nurses and other hospital staff in 2003. Additionally, care workers confront a chronic shortage of PPE and other necessities to help protect themselves and long-term care home residents from infection.

The decade-long starvation of public health funding has also hampered

response efforts. PHAC director Dr. Peter Donnelly claimed in January that the nation's labs were in a good position to test for the virus. However, levels of testing in the country have remained relatively low. Canada has performed just over 30,000 tests per million residents, compared to 37,000 in Germany, 46,000 in Italy, and 42,000 in Russia. Widespread testing and contact tracing are critical tools to identify cases and prevent the uncontrolled spread of the virus in workplaces and the wider community.

In mid-March, Naylor, the author of the *Learning from SARS* report, and other physicians, spoke to the *Lancet* about other shortcomings of Canadian governments' response to the pandemic. They argued that the threat of COVID-19 has been "underestimated and understated" by officials in positions of authority and pointed to the lack of a national digital health infrastructure to help coordinate the response. Michael Schull, president of the Institute for Clinical Evaluative Sciences and an emergency department physician at Sunnybrook Hospital in Toronto, criticized the lack of funding "for renovation to achieve minimal facility standards for infection control in emergency departments," including the availability of negative pressure rooms in each hospital, which are critical to preventing the airborne transmission of viruses. John Bergeron, the co-director of the laboratory of systems medicine and cell biology at McGill University in Montreal, pointed to the damning fact that biomedical research budgets have been slashed in real terms over the past decade.

The inability of Canada's ruling elite to apply the lessons from the SARS crisis and take basic preparatory measures underscores its contempt for the lives and well-being of working people. This has been a feature of government responses globally, which have been premised on the prioritization of corporate profits over human lives. While multi-billion dollar bailout packages for the banks and major corporations were adopted across Europe and North America at lightning speed, basic public health measures were ignored. Now, with global cases approaching 4.5 million and the death toll over 300,000, ruling elites in every country are seeking to corral workers back on the job amid the pandemic and embracing a policy of "herd immunity," abandoning any concerted attempt to staunch the spread of the virus and protect human life to the maximum.

The organization of a scientifically guided response to the coronavirus based on the best medical knowledge available, including that derived from the experience of the SARS epidemic, is possible only under the leadership of the working class. The socialist reorganization of society is posed as an urgent necessity in order to redirect the vast financial and material resources currently controlled by an insatiable capitalist oligarchy towards the defence of human life and social needs amid the pandemic.



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