

Canada's governments ignored 2006 pandemic preparedness report

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A May 15 *World Socialist Web Site* article titled “The 2003 SARS epidemic: How Canada’s elite squandered the chance to prepare for the COVID-19 pandemic” characterized the response of the country’s ruling class to the novel coronavirus as a “social crime.”

This point is further substantiated by perusal of a fourteen-year-old report that was commissioned by the federal and provincial governments in the aftermath of the 2003 SARS outbreak. The report both anticipated the current COVID-19 pandemic and outlined a comprehensive public health response.

The recommendations contained in the report were essentially ignored by every level of government across the country.

Titled “The Canadian Pandemic Influenza Plan for the Health Sector,” the 550-page report was a significant undertaking, developed through the collaboration of governments at the federal, provincial or territorial, and local level.

It recalled the devastating impact of pandemics and reiterated the necessity for preparedness, collaboration across provincial borders and governmental jurisdictions, and a rapid response to the country’s initial cases of pandemic influenza.

Of particular note is that the report was coauthored by Theresa Tam, the country’s current Chief Public Health Officer. As late as January 29 of this year, Tam downplayed the risk to Canadians of the novel coronavirus as “much, much lower than that of many countries.”

Tam made these remarks a month after the federal government and doctors across the country were notified of a novel virus outbreak in a Wuhan marketplace that would become the source of the pandemic. Four days earlier, on January 25, Canada had recorded its first case of COVID-19.

What is even more striking is how accurately the 2006 report predicted the development of the outbreak in Canada.

Under a section titled “Background,” the report made the prediction that a strain of pandemic influenza would likely originate in Asia, and that it would probably arrive in Canada within three months. The report went on to estimate that the peak in infections would occur two to four months after the arrival of the virus, with the peak in mortality occurring one month afterward.

Ominously, the report also forecast that over 70 percent of the population would contract the virus. A “mild to moderate” outbreak would see 15 to 35 percent of the population fall clinically ill (5.6 to 13 million people), with a staggering 10,000 to 60,000 deaths. The COVID-19 death toll in Canada, currently at 7,395, is steadily approaching the lower limit of this projection.

Notwithstanding the report’s focus on the influenza virus, as distinct from the novel 2019 coronavirus (designated SARS-CoV-2), its projections retain their validity because of the similar pathological features of the two viruses, including the way they are transmitted and disease symptoms.

The public health measures advocated by the report in its “Preparedness” section were, therefore, no less compelling.

They stressed the need for rapid “collection, collation and analysis of detailed epidemiological, laboratory, and clinical data” on a new pandemic virus. This required the preparation of a robust research and testing capacity in the country’s medical laboratories. Instead, due to years of cuts to health care funding, Canada’s testing capacity remains extremely low even as the pandemic enters its sixth month.

In addition, a 2004 consultation by the World Health

Organization cited in the report insisted that the containment of a novel pandemic virus would require “aggressive public health care measures,” including the use of “antiviral drugs, contact tracing, quarantine and exit screening.”

The report tacitly acknowledged the ramshackle state of public health care in Canada. It described the country’s health care institutions as “running at maximal or near maximal bed capacity,” and warned that a pandemic could “exceed the capacity of the current health care setting to cope.”

The images in 2020 of health care professionals working with inadequate or nonexistent personal protective equipment, and having to solicit donations of surgical masks from the general population, serve as a tragic confirmation that these warnings were ignored by all levels of government and all major political parties in the 14 years after the report was published.

The three pillars of testing, contact tracing, and quarantine formed the bulk of the report’s plan to combat a pandemic prior to the development of a vaccine. A group of data tables specified the recommended public health measures to be implemented at each stage of the pandemic’s evolution.

For example, even in a scenario where a foreign virus had only hatched sporadic infections within Canada, the report recommended an approach only undertaken by a few countries to halt the spread of COVID-19, notably South Korea.

It specified the “collection and dissemination of epidemiological and clinical data for cases occurring in Canada,” followed by a need to “isolate cases,” and “quarantine or activity restriction [sic] of contacts.”

Without lending political support to the capitalist government of South Korea, it is clear that its early and aggressive containment of the COVID-19 outbreak by means of mass testing and contact tracing allowed it to emerge from the first wave of its pandemic with less than 300 deaths.

Just as it was ignored for over a decade by federal, provincial, and municipal governments in Canada, the report has also been essentially overlooked in the corporate media’s coverage of the pandemic. To call attention to this “pandemic playbook” would be to indict Canada’s big-business governments, past and present, for willfully rejecting its rational public health directives.

Governments across the country, from that of Trudeau and his Liberals in Ottawa to the hard-right Ford Conservatives in Ontario and Legault’s Coalition Avenir Quebec regime, are instead frantically scrambling to reopen all workplaces and public institutions. They are doing so in opposition to warnings of medical experts that a premature rollback of restrictions could lead to the infection of millions and thousands more deaths.

At the same time, a concerted effort is underway to place the blame for the upswing in infections on ordinary working-class people. Stories of large crowds ignoring social distancing guidelines have recently been given blanket coverage in the corporate press, ignoring the fact that figures like Ford exaggerated the mid-April dip in new COVID-19 cases to bolster his government’s back-to-work push.

Nevertheless, the 2006 report remains an important document for illustrating how Canada, or any country, could have effectively managed the current pandemic from a health perspective. It would be a valuable resource in any future worker-led tribunal into the Canadian ruling elite’s criminal handling of the current crisis.



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