

Appendix A: The Commission's Ongoing Work

The Commission was appointed by order in council dated June 10, 2003. Although some preliminary interviews were conducted in June and July¹⁷⁴ the work did not get fully underway until August after premises were secured and a small core of staff had been retained.

This preliminary report is based upon the public health aspects of the SARS crisis that have emerged from the evidence obtained during the course of investigation until now.

The Commission continues to investigate in order to tell the public the story of SARS, what happened, what went right, what went wrong, and what lessons emerge from the entire experience. The specific terms of reference, to be addressed in the final report, are set out in Appendix B. These issues include, among others, health worker protection, occupational health and safety in hospitals and emergency response. Many who contracted SARS and who lost family members to SARS have spoken to the Commission with particular concerns which will be addressed in the final report.

Most of the Commission's investigation takes place through confidential interviews. Over 300 people have provided information on the condition that their names will not be used in the report and that their disclosure to the Commission is confidential and not subject to private or public access. A few people have been interviewed without such guarantees and they may be quoted in the report.

The Commission is grateful to those who have come forward to provide information and in particular to the many who suffered from SARS and lost family members to SARS, who shared their stories despite the pain of reliving their suffering and loss. The Commission will speak to more SARS victims in the months ahead including those who lost loved ones to SARS.

174. During June and into July the health care system was still dealing with SARS patients and public health authorities were still dealing with SARS issues. It was required by the terms of reference, and by common sense, that the investigation be conducted in a manner that does not impede ongoing efforts to isolate and contain SARS.

The Commission will continue to conduct interviews in the months to come. Anyone who wishes to speak to the Commission or provide information to the Commission should contact Commission Counsel, Mr. Douglas Hunt, Q.C., (416-212-6868) or Assistant Commission Counsel, Ms. Jennifer Crawford (416-212-6867).

In addition to the private interviews, the Commission held six days of public hearings. The first round of public hearings were held on September 29, 30 and October 1 at the St. Lawrence Market (North Market) in Toronto. The second round of hearings were held on November 17, 18 and 19, at the St. Lawrence Hall, in Toronto. Everyone who asked to present to the Commission was given an opportunity to be heard. Over one hundred people spoke to the Commission during these six days of public hearings.

Transcripts of the presentations, along with some of the power point presentations and written submissions provided to the Commission by presenters during the public hearings, are available for public viewing at the Commission web site: www.sarscommission.ca.

There is no deadline for the completion and submission of the final report. The Commission's present intention is to have the final report in the hands of the Minister late this year or early next year. The work will continue until the Commissioner is satisfied that all necessary evidence has been reviewed and that the terms of reference have been fulfilled.

For further information or future updates on the work of the Commission, please visit our web site at www.sarscommission.ca.

Appendix B: Order in Council

Ontario
Executive Council
Conseil exécutif

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and concurrence of the Executive Council, orders that: Sur la recommandation de la personne soussignée, le lieutenant-gouverneur, sur l'avis et avec le consentement du Conseil exécutif, décrète ce qui suit:

WHEREAS the Minister of Health and Long-Term Care has appointed the Honourable Mr. Justice Archie G. Campbell to investigate the recent introduction and spread of Severe Acute Respiratory Syndrome ("SARS") pursuant to section 78 of the Health Protection and Promotion Act;

WHEREAS the Minister of Health and Long-Term Care has provided Mr. Justice Campbell terms of reference for the investigation in a letter dated June 10, 2003;

WHEREAS persons who disclose information to Justice Campbell in the course of his investigation will be protected from any adverse employment action;

AND WHEREAS it is desirable to support Mr. Justice Campbell's investigation and to mandate full co-operation with him by all Government ministries, boards, agencies and commissions:

ALL Government Ministries, Boards, Agencies and Commissions, and their employees, shall assist Mr. Justice Campbell to the fullest extent in order that he may carry out his investigation;

ALL Government Ministries, Boards, Agencies and Commissions shall respect the independence of the investigation;

THE Attorney General shall furnish Mr. Justice Campbell with the resources and support referred to in paragraph 7 of the terms of reference for the investigation.

Recommended: _____
Minister of Health and
Long-Term Care

Concurred: _____
Chair of Cabinet

Approved and Ordered: June 10, 2003
Date

Lieutenant-Governor

O.C./Décret 1230/2003

Appendix C: Letter of Appointment

Ministry of Health
and Long-Term Care

Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Tel: 416-327-4300
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www.gov.on.ca/health

June 10, 2003

The Honourable Mr. Justice Archie G. Campbell
130 Queen Street West
Toronto, ON M5H 2N5

Dear Mr. Justice Campbell:

This letter will confirm your appointment as an independent Investigator, pursuant to section 78 of the *Health Protection and Promotion Act*, to investigate the recent introduction and spread of Severe Acute Respiratory Syndrome (SARS). I would like to express my thanks for your valuable input into the development of the Terms of Reference for this inquiry, a copy of which is appended hereto.

As you are aware, persons who disclose information to you in the course of your investigation will be protected from any adverse employment action, pursuant to Section 9.1(1) of the *Public Inquiries Act*.

As indicated in the Terms of Reference, you will deliver your reports to me and I will release them to the public. You will receive resources and support staff through the Ministry of the Attorney General, pursuant to paragraph 7 of the Terms of Reference.

In accordance with the attached Order in Council, all Government ministries, agencies, boards and commissions and their employees have been directed to co-operate with your investigation and to respect its independence.

On behalf of the Government and the people of Ontario, I thank you for agreeing to accept this most important mandate.

Yours very truly,

Tony Clement
Minister

Appendix D: Terms of Reference

Independent SARS Commission Terms of Reference

1. The subject matter of the investigation shall be:
 - (a) how the SARS virus was introduced here and what measures, if any, could have been taken at points of entry to prevent its introduction;
 - (b) how the SARS virus spread;
 - (c) the extent to which information related to SARS was communicated among health care workers and institutions involved in dealing with the disease;
 - (d) whether health care workers and patients in health care treatment facilities and long-term care facilities were adequately protected from exposure to SARS, having regard for the knowledge and information available at the time;
 - (e) the extent of efforts taken to isolate and contain the virus and whether they were satisfactory or whether they could have been improved;
 - (f) existing legislative and regulatory provisions related to or that have implications for the isolation and containment of infectious diseases, including the quarantine of suspected carriers;
 - (g) any suggested improvements to provincial legislation or regulations, and any submissions that the Province of Ontario should make concerning desirable amendments to federal legislation or regulations; and,
 - (h) all other relevant matters that Mr. Justice Campbell considers necessary to ensure that the health of Ontarians is protected and promoted and that the risks posed by SARS and other communicable diseases are effectively managed in the future.

2. The investigation shall be conducted in a manner that does not impede ongoing efforts to isolate and contain SARS.
3. Mr. Justice Campbell may request any person to provide relevant information or records to him where he believes that the person has such information or records in his, hers or its possession or control.
4. Mr. Justice Campbell shall hold such public or private meetings as he deems advisable in the course of his investigation.
5. Mr. Justice Campbell shall conduct the investigation and make his report without expressing any conclusion or recommendation regarding the civil or criminal responsibility of any person or organization, without interfering in any ongoing criminal, civil or other legal proceedings, and without making any findings of fact with respect to civil or criminal responsibility of any person or organization.
6. Mr. Justice Campbell shall produce an interim report at his discretion and deliver it to the Minister of Health and Long-Term Care who shall make the report available to the public. Upon completion of his investigation, Mr. Justice Campbell shall deliver his final report containing his findings, conclusions and recommendations to Minister of Health and Long-Term Care who shall make such report available to the public.
7. To conduct his investigation Mr. Justice Campbell shall be provided with such resources as are required, and be authorized by the Attorney General and shall have the authority to engage lawyers, experts, research and other staff as he deems appropriate, at reasonable remuneration approved by the Ministry of the Attorney General.
8. The reports shall be prepared in a form appropriate for release to the public, pursuant to the *Freedom of Information and Protection of Privacy Act*.
9. These terms of reference shall be interpreted in a manner consistent with the limits of the constitutional jurisdiction of the Province of Ontario.

In the event that Mr. Justice Campbell is unable to carry out any individual term of his mandate, the remainder of these terms of reference shall continue to operate, it being the intention of the Minister of Health and Long-Term Care that the provisions of these terms of reference operate independently.

Appendix E: The Economic Impact of SARS

SARS inflicted untold pain and suffering on its victims, their families and friends. In all, 247 people in Ontario had probable cases of SARS and a further 128 had suspect cases. Forty-four people died of SARS . Up to 20,000 people may have been quarantined.¹⁷⁵

But SARS also had economic consequences that affected everyone in Ontario. It is impossible to calculate the overall economic effect of SARS, including the personal financial toll on those whose families were struck or the toll on health workers and health care institution. . The purpose of this appendix is simply to point to the scale of magnitude of involved in any estimates of the overall costs of SARS.

Some experts have suggested it was fortunate that SARS hit the Greater Toronto Area, with its major teaching hospitals, world-renowned medical school and the largest local public health unit in the country. As the Naylor Report stated:

Having the SARS outbreaks occur in Canada's largest city presented many challenges. However, it may have been fortuitous that SARS struck Toronto and not a less-advantaged region of the country. Few rural and small urban hospitals have resident specialists in infectious disease; infection control officers/nurses are often part-time, and include infection control among a number of somewhat unrelated functions such as nursing super-vision or occupational health.¹⁷⁶

The corollary is that SARS also affected Ontario's, and indeed Canada's, most important single economic engine. The GTA, which some economists call the country's "primary economic locomotive," produces nearly 20 per cent of Canada's gross domestic product¹⁷⁷ and is home to about 40 per cent of Canada's corporate head

175. *SARS Commission Public Hearings*, September 29, 2003, p.82

176. Naylor Report, p. 20.

177. The standard measure of the overall size of the Canadian economy, gross domestic product is the market value of all goods and services produced in a year in Canada.

offices.¹⁷⁸ If the GTA falters, the effects are felt not just in Ontario, but also in Canada as a whole.

Because the Ontario and national economies were also affected by the stronger Canadian dollar and the mad cow scare during the second quarter (from April to June) of 2003, federal and provincial experts caution that it is hard to pinpoint the precise impact of SARS.¹⁷⁹

The Ontario tourism industry which generates \$18 billion in annual sales, about four per cent of Ontario's GDP, was badly affected by SARS. It employs over four hundred and eleven thousand employees, more than seven per cent of total provincial employment, and more than the construction or public administration sectors.¹⁸⁰

In a presentation to the Commission, Terry Mundell, President and CEO of the Ontario Restaurant and Motel Association, stated:

The immediate economic impact of the SARS outbreak was previously unimaginable. In areas of Toronto, the epicentre of the outbreak, restaurant sales and many establishments dropped 80 to 90 per cent overnight. With business and leisure travellers cancelling trips into Ontario, some hotels posted single digit occupancy rates . . . In April 2003, Ontario lost over twelve thousand (12,000) hospitality and tourism jobs . . . [In the] first half of 2003, visitors to Ontario dropped 17.9 per cent over the year previous which had also shown decline from 2001. By June of this year [i.e. 2003] international border crossings were down over 20 per cent. U.S. visitors [were] down over 20 per cent. International tourism revenues for the period of February to June of this year [i.e. 2003] were down a staggering \$639 million, nearly 30 per cent below Ministry of Tourism forecast for that period.¹⁸¹

Other sectors were also affected. According to the Ministry of Finance:

178. TD Economics, *The Greater Toronto Area: Canada's Primary Economic Locomotive In Need of Repairs*, May 2002.

179. Ontario Ministry of Finance, *Ontario Economic Accounts – Second Quarter of 2003*, (Toronto: November 2003). Statistics Canada, *The Daily*, (Ottawa: August 29, 2003)

180. *SARS Public Hearings*, November 18, 2003, pp. 85-6.

181. *SARS Public Hearings*, November 18, 2003, pp. 85-6.

The SARS outbreak, which lasted from the end of March to mid-June, had a widespread impact on Ontario's economy . . .

In addition to the decline in visitors, local residents curtailed their shopping and entertainment activities. The arts and entertainment sector in Ontario recorded growth of 1.6 per cent compared with 4.2 per cent in the rest of Canada. Retail activity fell 0.5 per cent even though grocery store sales rose as many people chose to substitute meals at home for restaurant outings.

Production in the health and social services sector slipped 0.2 per cent in the second quarter. While the fight against SARS mobilized additional resources, this was more than offset by a drop in activity as many health care workers were placed on quarantine, and most non-emergency procedures were postponed.¹⁸²

The Naylor Report also looked at the economic impact, stating:

Estimates based on volumes of business compared to usual seasonal activities suggest that tourism sustained a \$350 million loss, airport activity reduction cost \$220 million, and non-tourism retail sales were down by \$380 million. It seems entirely possible that the direct and indirect costs of SARS could reach \$2 billion.¹⁸³

As Table 1 illustrates, SARS also increased provincial spending. At the end of June 2003, the Ministry of Finance estimated that SARS had generated an estimated \$1.073 billion in unforeseen expenditures in the 2003-4 fiscal year.¹⁸⁴

182. Ontario Ministry of Finance, *Ontario Economic Accounts – Second Quarter of 2003* (Toronto: November 2003), p. 8.

183. *Naylor Report*, p. 211.

184. Ministry of Finance, *Ontario Finances – Quarterly Update*–June 30, 2003.

Table 1 — Provincial Expenditure Impact of SARS 2003–4¹⁸⁵

Extraordinary Costs in the Health Sector	\$395 million
Compensation for Health Care Workers	\$330 million
Health Sector Short-Term Action Plan	\$120 million
Ancillary Revenue Losses (hospitals and other health agencies)	\$100 million
Compensation for Individuals	\$10 million
Support for Municipalities and Volunteer Organizations	\$10 million
Tourism Recovery Program	\$84 million
Ontario Investment Attraction Program	\$5 million
FitzGerald Infectious Diseases Network	\$2 million
Other Extraordinary Costs	\$17 million
Total	\$1.073 billion

When Erik Peters, the former Provincial Auditor looked at the issue in October 2003, he estimated that SARS-related expenditures would total \$720 million, of which \$250 million would be recovered from Ottawa. When Erik Peters, the former Provincial Auditor General, looked at the issue in October 2003, he estimated that SARS-related expenditures would total \$720 million, of which \$250 million would be recovered from Ottawa.¹⁸⁶

The economic consequences of SARS contain an important lesson. They underline the vital importance of sufficiently funding public health, which according to the Association of Local Public Health Agencies, accounts for less than one per cent of provincial health spending.¹⁸⁷

As one local Medical Officer of Health told the Commission:

The public health system has always demonstrated a tremendous value for the expenditure of public funds. It is important to note that the Ontario public health system was funded at \$40 per capita in 2003 . . .

The public health system has delivered tremendous value, and has focused on the overall health priorities. The fact remains that it is a

185. Ministry of Finance, *Ontario Finances – Quarterly Update*–June 30, 2003.

186. Erik Peters, *Report on the Review of the 2003–4 Fiscal Outlook* (October 29, 2003), p. 4

187. Association of Local Public Health Agencies, *The Future of Public Health in Ontario* (November 2003), p.9.

system that is substantially under-funded at a time when the illness care system monopolizes the provincial budget. As the Naylor panel pointed out, “. . . and, given the very small percentage of publicly funded health spending directed to public health functions, the levels of investment that would have a transformative effective on public health capacity are comparatively small – ranging by province from the tens of millions to the low hundreds of millions annually.” Put another way, what does our society expect for \$40 a person?

SARS proved that infectious disease, in addition to its human toll, can have a devastating effect on the economy. When the government considers the cost of public health reform in the overall competition for tax dollars, it should consider the potential cost of failure to invest in public protection against infectious disease. The expenditures required to provide effective protection against infectious disease are relatively small when compared to the overall cost of health care. A failure to invest in public health infrastructure and infectious disease control could be economically disastrous.