

SARS and Bukas Loob Sa Diyos (BLD)

Introduction

Easter of 2003 brought fear to Toronto with the news that SARS had spread beyond health facilities and into the community. Community spread was the ultimate nightmare, and when SARS penetrated an extended family and a religious group called BLD, Toronto was in crisis.

Until Easter, SARS appeared to be contained in hospitals and the immediate households of patients and health workers. The Easter bombshell raised the biggest question yet. Could the community spread be stopped? If so, there was a good chance that SARS could be contained. If not, the unspeakable disaster loomed, an uncontrollable epidemic.

Toronto Public Health responded quickly and strongly, with stern quarantine and clear public notifications. The religious community cooperated magnificently. The community spread was stopped in its tracks. This is the story of how Easter brought us to the edge of disaster and how we pulled ourselves back.

As one public health expert who worked at the Ministry of Health during SARS told the Commission:

What I saw scared me. I actually was afraid that we'd lost SARS. I thought it was gone into the community . . . I thought it was going to take a superhuman effort to actually stop it.

A doctor who worked on the science committee formed by the province to help combat the outbreak told the Commission:

I can tell you personally that the weekend prior to Easter weekend and Passover was very, very stressful for all of us in the science committee and in operations, trying to deal with what we perceived was the beginning of

a community-wide outbreak and . . . the religious gatherings that were going to be taking place over the next week.

The SARS crisis at Easter 2003 involved the Roman Catholic prayer group Bukas Loob Sa Diyos Covenant Community (BLD). Some SARS transmissions were made through the group, but misconceptions and inaccurate reports exaggerated the group's role in the outbreak. Many people associated with that SARS cluster had no connection to BLD.

On April 12, the Saturday before Easter week, Dr. Sheila Basrur, then Medical Officer of Health for Toronto, issued an urgent message to Toronto hospital emergency departments advising them to be on the lookout for BLD members with SARS symptoms. This was based on an April 9 discovery by Toronto Public Health that two BLD members had SARS and on concern that there had been other contacts. "Members of this group may present at hospital emergency departments or SARS assessment clinics with no obvious link to a known SARS case," said the alert.

This alert said all members of the group had been placed under "mandatory isolation (i.e. isolation)" by Toronto Public Health, a difficult decision because many BLD members were Filipino and there was legitimate concern that quarantine of one ethnic group would lead to stigmatization. The large-scale quarantine was also bound to increase public fear, which was already heightened.

Fear of transmission at religious gatherings spilled beyond the BLD group and into larger religious communities. Early in Easter week the Roman Catholic Archdiocese of Toronto, after receiving a call from the Minister of Health, asked all parishes to suspend the practices of taking Communion from the chalice, kissing the crucifix on Good Friday and extending salutations of peace through handshakes. Some other Christian denominations did likewise.

As Bishop John Boissonneau said during an Easter week news conference:

Some people may feel a stress or tension between what they would regard is their religious duty and their public health duty.... Let me tell you: their public health duty is their religious duty. They're responsible before their God and within their community to safeguard the common good.³⁴⁴

344. The Canadian Press, April 15, 2003.

Easter service attendance fell off. Those who did attend avoided some Communion practices, the holy water and physical exchanges with fellow parishioners. Nervousness was felt in churches where sneezing and coughing were present, as it almost always is in large gatherings. Some churchgoers carried anti-bacterial lotions and used them after having contact with prayer books, pews and Communion wafers.

The Easter crisis had international ramifications. One person from Pennsylvania was infected with SARS while attending a Toronto BLD retreat and Mass in late March. A nurse's aide from Toronto carried the disease to the Philippines, where she infected her parents, among others. She had no known BLD ties but contracted the disease while helping a friend's mother, who was infected during a visit to the Lapsley Family Doctors' Clinic,³⁴⁵ which had a BLD connection.

Concern about the spread of SARS in BLD resulted in the World Health Organization and the U.S. Centers for Disease Control and Prevention adding Toronto to their lists of SARS affected areas. Toronto became known as a place to avoid and the tourism industry suffered losses estimated into the hundreds of millions of dollars.

The worst suffering was personal. Dr. Basrur noted the personal suffering in an article written post-SARS in collaboration with colleagues Dr. Bonnie Henry and Dr. Barbara Yaffe:

Individuals and families affected by SARS faced multiple complex issues, including physical illness, psychological stress, financial hardship and social stigma.³⁴⁶

The Background of BLD

Bukas Loob Sa Diyos, a Filipino name meaning "Open in Spirit to God," is a Catholic prayer group. It was founded in Manila, Philippines, in 1983 and has spread throughout the world. It came to North America in the early 1990s when a small group began to meet in Toronto to pray together. Since then the movement has grown to thousands of members in 20 cities in Canada and the United States.

345. The story of the Lapsley clinic is told later in the report.

346. S. Basrur, B. Henry and B. Yaffe, "SARS: A local public health perspective," *Canadian Journal of Public Health* (January/February, 2004).

The Catholic Church sanctions BLD, and Toronto BLD is an active member of Archdiocese of Toronto Charismatic Renewal (ATCR), an archdiocesan umbrella organization of charismatic prayer groups. BLD Toronto usually meets on Fridays for prayer and Bible study. They also have retreats and workshops to promote spiritual growth and strengthen the family. Members also do apostolate work such as visiting the sick and elderly and volunteering with Toronto's Out of the Cold program.³⁴⁷

A BLD member caught SARS while accompanying his father to a Scarborough hospital on March 16. The son had contact with some BLD friends at a social event on March 23 and later there was more exposure through a BLD retreat on March 28-29 and a funeral home visitation for the father, who died April 1. No one knew of the SARS exposure at the time.

The so-called³⁴⁸ BLD SARS cluster involved 31 persons who were listed as probable or suspected victims. Fourteen of these were in the family of the father who died, but only one member of that family belonged to BLD. Another 14 were BLD members from eight different families and the other three were nurses or doctors. Not all the cases resulted from BLD activity, and it is somewhat misleading to tag the cluster with the BLD name. Twelve of the 31 BLD cluster cases actually came from exposure to the father while he was in hospital.

In all, 819 people in the Toronto area were quarantined because of the BLD cluster. Overall, 33,535 people were quarantined in Toronto and York and Peel regions during SARS.³⁴⁹

The cluster was a small part of a larger outbreak in Canada, which had more SARS cases than any other country outside Asia. By August 2003 there had been a total of 375 probable and suspected cases, including 44 deaths. The majority of cases and all the deaths were in the Greater Toronto Area.³⁵⁰ The infectious phase of the Canadian outbreak ended in mid-June 2003.³⁵¹

The so-called BLD cluster had significance much greater than its size. First, as already noted, it marked the first spread of SARS beyond hospitals or family contact. Public health officials worried that the BLD cluster meant that SARS had escaped into the open community and would be very difficult to contain. As Dr. Don Low said:

347. From notes provided by the BLD and www.bldworld.org.

348. So-called because some of the cluster were not BLD members but only contacts of BLD members.

349. Figures compiled by Toronto Public Health.

350. Naylor Report.

351. Health Canada <http://www.hc-sg.ca/pphb-dgsp/sars-sras/cn-cc/numbers.html>.

The frustrating thing is that we have seen this week something that we hoped would not happen.... We have seen this disease go into the community. . . . We're in a new phase of the illness... We're into the community phase and that has to be aggressively controlled. But it's where we have far less control than we did in a hospital setting.³⁵²

Second, the cluster raised significant issues such as stigmatization of people connected through religious and ethnic associations, how Public Health should communicate potential risks to the public, and the pros and cons of quarantine.

It also played a significant role in the WHO's April 23, 2003, decision to issue a travel advisory for Toronto, a decision that had devastating economic consequences. The advisory was lifted after 10 days. The WHO cited the export of SARS cases to Pennsylvania and the Philippines as one reason for the advisory. The Pennsylvania and Philippines cases had ties to the BLD cluster.

How the Cluster Developed

As noted above, one of the earliest SARS cases involved the wife of a patient at Scarborough Grace Hospital. This woman, Mrs. M, who also was not feeling well, sat in the emergency room waiting area when her husband (Mr. M, whose story is told earlier in this report) was brought in on March 16. She was infected with SARS at this time, having contracted it from her husband, who was exposed to SARS while in the emergency department on March 7th with the index case Mr. T. While Mrs. M was in the emergency department on March 16, so were some members of a Filipino family, a man and his wife who had brought in his 82-year-old father, Mr. S. The elderly man was a diabetic with a gangrenous ulcer on his leg and was examined, treated and released. He was the patriarch of a family of at least six adult children, one of whom belonged to BLD.

Toronto has an extensive Filipino community and the S family was fairly well-known in that community. On March 23, seven days after the hospital visit, the S family held a social gathering at the patriarch's home. All the partygoers, mainly family, were potentially exposed to the SARS virus picked up in the Scarborough Grace waiting

352. War on Deadly Foe Enters Critical Phase, *Globe and Mail*, April 19, 2003

room. Only two of the people at the house gathering were BLD members. One was the patriarch's son, the other a close family friend. It is believed the friend became infected at the party. The friend then attended a BLD retreat and Mass on March 28 and 29, events attended by as many as 500 BLD members.

By April 1, the patriarch's family was in crisis. At least three members of the family had visited the Lapsley Family Doctors' Clinic in Scarborough one or more times during the last week of March. One of the doctors who treated them was Dr. Nestor Yanga,³⁵³ a family friend whom they infected and who succumbed after a long fight against SARS on August 13, 2003, two months after the last reported infection. Mr. S had been admitted to Scarborough Centenary Hospital on March 26 and died there on April 1, but SARS was not suspected. On April 2 his wife was admitted to Centenary and two sons were sick. One son, F Jr., who had been with his father on his first hospital visit on March 16, visited Scarborough Centenary emergency department on March 27. He was examined and sent home. Another son, Fx, returned to the Lapsley clinic where he was seen by Dr. Yanga.

This was two weeks after the World Health Organization issued its first definitive description of the disease. It was called atypical pneumonia; the name SARS was not used until March 15.³⁵⁴

Funeral arrangements were made for Mr. S and a visitation was held at the J Funeral Home on April 3. There were two visitations at the funeral home that evening, one for Mr. S and another for an unrelated person, and the two sets of families and friends shared a common lounge. After the visitation one of Mr. S's sons, Fx, was so ill he was taken by ambulance to Scarborough Centenary, where his mother, admitted the day before, was in serious condition. Also on April 3, Mr. S's son F Jr. went to the Lapsley Clinic and was seen by Dr. Yanga. F Jr. was sent to Women's College Hospital and later admitted to Sunnybrook Hospital.

As of April 3, Mr. S was dead, his wife and two of his sons were in hospital and several other family members were beginning to feel unwell. Three major possible transmission events had occurred, the house party on March 23, the BLD retreat and Mass on March 28-29 and the funeral home visitation on April 3. More illness was to

353. Commission policy is not to use actual names of people who contracted SARS. However, Dr. Yanga's case and name have been publicized at public hearings and in the media, so it is impossible to conceal his identity in this report.

354. SARS Commission Public Hearings, September 29, 2003.

come. Before it was over both the patriarch and his wife had died of SARS and four others in the S family were sick enough to be treated in intensive care units.

The night of April 3, a Toronto Public Health doctor received a call from Scarborough Centenary, where a respirologist had diagnosed SARS in Mr. T's wife. Toronto Public Health also learned that the woman's husband had died two days earlier. On top of that, two of her sons were ill with flu-like symptoms. This was unusual and Toronto Public Health began to investigate.

There was some confusion over whether Mr. S died of SARS but it was considered likely. Toronto Public Health became alarmed about exposure at the visitation. It told the family that another planned visitation and the funeral must be cancelled, and that the interment could be attended only by family members who were not sick.

The next morning Toronto Public Health got the funeral home register to determine who had been at the visitation the night before. Roughly 70 persons were at the funeral home for Mr. S, plus another 36 for the other family and 11 staff.³⁵⁵ It began contact tracing of those 100-plus people. Two days after the visitation it issued a public notice about the visitation and advised anyone who had attended to go into quarantine. Toronto Public Health also spoke to two of Mr. S's sons who were ill. It learned that one belonged to BLD but did not learn about the other potentially critical spreading events, the house party and the BLD retreat and Mass.

BLD leaders who had been at Mr. S's visitation contacted their personal physicians and were advised to go into voluntary quarantine because of possible exposure. They contacted other BLD members known to have been at the funeral home and advised them to do the same and to call Toronto Public Health. They did, and Public Health sent quarantine supplies such as masks and thermometers to their homes. However, no general quarantine of BLD was ordered.

Then, on April 5, Toronto Public Health received a call from Markham Stouffville Hospital saying that Dr. Yanga had come there with a dry cough and malaise. He went back to his home the same day and into voluntary quarantine, sending his family away. Dr. Yanga shared the Lapsley Clinic with three other physicians, and all but one became ill. The clinic was closed and checks were started on when members of Mr. S's family had been there. The story of the Lapsley Clinic follows in the next section.

355. SARS news conference with public health officials, April 2003.

Several days later Toronto Public Health began to put all the connections together. On April 9 Dr. Basrur received a late-night call from a staff member who said two members of BLD had been diagnosed with SARS. At least one had attended the March 23 family party, the BLD retreat and the funeral home visitation. “On the 9th of April, Wednesday, it clicked about the BLD connection,” recalled a Toronto Public Health physician.

There was considerable scrambling over the next three days. Toronto Public Health held an emergency meeting with the BLD leadership. It asked for a list of everyone belonging to BLD. The group’s leadership was extremely cooperative and cancelled all the community’s functions for April and May. “They took the whole thing very seriously,” Toronto Public Health reported later, “As leaders of the community they were bending over backwards to assist us.”

There were concerns that news of SARS within BLD could have repercussions for the group and its individual members. These concerns proved to be well-founded; the details will be addressed later. Toronto Public Health obtained the BLD list on the night of April 11. It was given to five public health nurses staffing a Public Health hotline. They began calling out, talking to people who might have symptoms. The nurses made 30 calls in the first hour but quickly became frustrated because the word had spread through BLD and people were expecting the calls. “The nurses were doing risk assessments and the people already knew what answers to give”, one Toronto Public Health doctor told the Commission.

Like most people who know they are going to speak with a doctor or a nurse about themselves, they had prepared what to say, making it difficult for the nurses to do thorough risk assessments. The public health nurses did find three sick people during the first hour, a mother and two of her sons. One son worked at a local racetrack and casino, and Toronto Public Health dispatched an ambulance to pick him up and take him to hospital. Hospital staff examined him, then put him on a bus back to return to work. He was located a second time and got himself to another hospital. The fear now was that SARS, which had been traced back only to hospital transmissions, was out in the community. No one knew where it might go or how difficult it might be to get it stopped.

About this time an epidemiology expert was drafted to help Public Health assess the outbreak. He told the Commission that he feared SARS had gone into the community and that:

. . . I'm still impressed with the BLD church leaders for what they did and I think they deserve so much credit for actually stopping this.

The BLD leadership was concerned that the quarantine would leave the group stigmatized, but they not only accepted the Toronto Public Health decision, they plunged in with support. Said one Toronto Public Health physician:

They were incredible. They were forthcoming. They identified the issues.

Toronto Public Health wrote a letter that the BLD leadership distributed through email, reaching 95 per cent of the membership. The other five per cent was reached by telephone. The three-page letter gave guidelines for the 10-day quarantine, plus a warning:

I recognize that these directives will cause disruption and possible hardship to individuals and families. However, failure to comply with these requirements will place at risk not only your own health but also the health of your family, BLD members and possibly others in the broader community. Failure to comply will also result in legal action being taken against you.³⁵⁶

The SARS outbreak marked the first use of quarantine in Ontario in 50 years. The use of quarantine and its extent during SARS will be discussed below. Dr. Jim Young, told the Commission at its public hearings that Ontario's use of quarantine was unrefined but it served a purpose because there was some community spread of SARS and there was huge public pressure for quarantine.

We had a community spread, in fact, through doctors' offices, with an incident in a funeral home and that, in turn, spread into the workplace. . . . So, we can't pretend that it [quarantine] was of no value or it didn't do anything. First, we didn't know its value and, secondly, there was community spread. We made the decision, from the beginning, as to what to do and how to do it using a scientific committee.³⁵⁷

There was concern that quarantine might be problematic in such a large group as BLD, especially because it would cover Easter week, the most important time of the Catholic religious year. Holy Thursday, Good Friday and the Saturday-Sunday Easter

356. April 13, 2003, letter from Dr. Sheela Basrur, Medical Officer of Health.

357. SARS Commission Public Hearings, September 30, 2003.

rites are critical Catholic times that devout practitioners are loath to miss. The BLD leadership took firm control, however, telling members it was their religious duty to stay at home. They arranged broadcast of Easter services over cable TV and home delivery of Communion.

Quarantine might be of limited effect, however, now that the disease was on the loose. Health officials did not know at the time that the virus was not particularly communicable in open community settings. There was worry about who had been unknowingly infected before quarantine. “As we had already learned with Grace [Scarborough Grace Hospital] after SARS shows up, it’s too late,” Dr. Young told the Commission.³⁵⁸

During Easter week, April 13 – 20, nine health professionals involved in treating Dr. Yanga were infected at Sunnybrook Hospital. This dramatic evidence that nurses and doctors and medical support staff were not adequately protected by worker safety systems will be discussed below under the heading “Disaster at Sunnybrook.”

At roughly the same time, a nurse’s aide from Toronto arrived in the Philippines and immediately started to show symptoms. She had been caring for a friend’s mother who had been to Dr. Yanga’s Lapsley Clinic. Her trip to the Philippines was to assist her parents return from a trip there. She infected her parents and started a Philippines cluster. She and her father died of SARS in the Philippines; their story is told in the Lapsley Clinic story that follows.³⁵⁹

Another exported case was a man from Pennsylvania who travelled to Toronto and attended the BLD retreat. He became ill on his return home on April 14 and was taken to a Philadelphia hospital, where he was diagnosed with SARS. There were no transmissions from him.

All this news prompted the U.S. CDC to list Toronto as an area with documented or suspected community transmission of SARS. CDC said BLD had multiple outreach areas throughout the United States and asked state and local health officials to be on the lookout for SARS among people who had travelled to Toronto and to report them to CDC.

The WHO also expressed its concern about the outbreak by advising against all but

358. SARS Commission Public Hearings, September 30, 2003.

359. Philippines Government death certificates, April 2003.

non-essential travel to Toronto.

WHO has assessed the SARS situation in Toronto, Canada. The outbreak in this area has continued to grow in magnitude and has affected groups outside the initial risk groups of hospital workers, their families and other close person-to-person contacts, although all the cases reported have identified links to known SARS cases. In addition, a small number of persons with SARS, now in other countries in the world, appear to have acquired the infection while in Toronto.³⁶⁰

The Public Health Response

The social and economic ramifications of SARS were so huge that there was bound to be intensive examination and criticisms of how Public Health performed during the crisis. The BLD cluster quickly became one important area for focusing on what Public Health did wrong and what it did right.

The media questioned whether Public Health, Toronto Public Health in particular, had reacted quickly enough to the outbreak connected to BLD. Words like *misjudgment* and *missteps* showed up in the news coverage. “Crucial misjudgments and bad timing played key roles in a SARS outbreak that hit a religious community and threatens to spread the disease further across Toronto,” reported the *Globe and Mail*.³⁶¹

Questioning of Toronto Public Health’s BLD performance centred on three main areas: preparedness, reaction speed and the use of quarantine.

A doctor who treated Mr. S’s wife while she was dying told of how he needed some information on work quarantine and could not get through to public health authorities by telephone. He gave up and drove to his hospital to get the information he needed.

One management specialist called in to help the provincial health branch with the outbreak spoke of the “mess” of Toronto Public Health’s systems:

360. World Health Organization, Update 37, April 23, 2003.

361. “Health system’s misjudgments escalated new SARS outbreak,” *Globe and Mail*, April 16, 2003.

And because Toronto was such a mess with their records, we would often have the same person three or four times. . . . everybody got ticked that they were always being asked for information they had just given you.

Dr. Basrur reported on September 2003 to the Board of Health³⁶² that “the volume of information generated in the SARS outbreak far exceeded previous experience.” She said staff were forced to use inefficient manual and paper-based systems that were slow and duplicated some effort. Public Health technical staff developed a case and contact management system partway through the crisis and work was later underway to improve information sharing between local health units, the Province and Health Canada.

The Commission heard and has reported in its interim report that at times Public Health was overwhelmed by a staggering workload during SARS:

Despite the best efforts of so many, the systems for redeployment proved inadequate. SARS demonstrated the need to create surge capacity by planning in advance so that every available worker can be deployed where necessary.³⁶³

Toronto Public Health’s reaction to SARS was to establish an emergency response plan, set up a public information hotline and assign staff full time to the outbreak investigation. Up to 400 staff worked on the front lines on any given day. The hotline received more than 300,000 calls between March 15 and June 24, with a peak of 45,567 on one day.

The deepest questioning of Toronto Public Health’s response to the BLD cluster was about response time. Public health officials knew on April 3 that a family patriarch was dead, his wife was in hospital and two of his sons were ill. Toronto Public Health began contact tracing and issued a public notice on the funeral home visitation two days later. Toronto Public Health says that on April 9 it recognized a connection between Mr. S’s family’s illness and BLD. On April 13, it issued the quarantine notice to BLD members.

362. Toronto Board of Health, Toronto Public Health’s Response to the Severe Acute Respiratory Syndrome (SARS) Outbreak 2003, September 9, 2003.

363. SARS Commission, first interim report, April 15, 2004.

The question has been asked in the media and by the Commission: Why did it take so long to isolate BLD members and to notify the public of the BLD exposures? Some BLD members who attended the April 3 funeral home visitation began voluntary quarantine on April 4.

Dr. Basrur gave her answer to the media a few days after the BLD quarantine was announced:

It's a fair question . . . At that point [April 5] we didn't realize the degree of interaction between this group.

Hindsight is absolutely my best friend.³⁶⁴

She said the more they investigated, the more they realized that BLD had more regular and close contact than imagined. As more cases were revealed, they decided to discuss quarantine.

If we had acted in a similar fashion a week earlier it would have been seen as overkill, she said.³⁶⁵

At the time of the SARS outbreak there was considerable debate on whether to use quarantine. History has shown that quarantine brings fear, discrimination and hardships, including separation from family and friends and potential income loss from being away from work. Also there are hardships connected to being labelled a possible case. A study of the Ontario SARS outbreak showed that quarantine can result in considerable psychological distress in the forms of post-traumatic stress disorder (PTSD) and depressive symptoms.³⁶⁶

The study noted:

364. "Health system's misjudgments" *Globe and Mail*, April 16, 2003.

365. "Health system's misjudgments" *Globe and Mail*, April 16, 2003.

366. "SARS Control and Psychological Effects of Quarantine, Toronto, Canada," *Emerging Infectious Diseases* (July 2004) (SARS Quarantine Study).

Public health officials, infectious diseases physicians, and psychiatrists and psychologists need to be made aware of this issue. They must work to define the factors that influence the success of quarantine and infection control practices for both disease containment and community recovery and must be prepared to offer additional support to persons who are at increased risk for the adverse psychological and social consequences of quarantine³⁶⁷.

Some medical experts consider quarantine an outmoded public health strategy. Others consider it a tool secondary to good infection control practices, while still others say that the hardships and stigma presented by quarantine are acceptable if some disease spread is controlled.

The decision to put BLD members into quarantine certainly was not taken lightly. Two Toronto Public Health doctors recalled for the Commission the thinking that went in favour of quarantine. One remarked:

If this is it, then it's take a stand now or never. If we can't control it at this stage then it really may be gone out of control into the community, and we knew we were doing something very drastic. We had no rose tinted glasses on about that at all.

Said the other:

We certainly didn't do it with any great ease either. Quite a bit of anxiety back and forth around doing the right thing. There's the right thing for the group. There's the right thing for the rest of the community. It was difficult.

Dr. Basrur said there were concerns that because the majority of BLD members were Filipino their quarantine might be seen as singling out one ethnic group.³⁶⁸

One of the Toronto Public Health doctors involved in this case said:

367. SARS Quarantine Study, p. 7.

368. "Health system's misjudgments," *Globe and Mail*.

If you make a mistake, err on the side of caution. We quarantined all sorts of people that we did not have to quarantine but we did not know this at the time. I knew that we quarantined too many but if that is the worst thing that we did, we did all right. We knew this [SARS] was killing people and it was very dangerous.

Stigmatization

Concerns that a quarantine of BLD would bring discrimination and hardship on its members proved to be justified. Once BLD and SARS were connected publicly, members of the group began suffering stigmatization. The stigmatization went beyond BLD and spread into the Filipino community because so many BLD members had a Filipino background.

Once the BLD name was public, its members became thought of as people to be feared and avoided. The *Globe and Mail* newspaper in Toronto reported that many families were avoiding hiring Filipino nannies because many BLD members had a Filipino background. One woman offered to pay her Filipino nanny to stay home although the nanny had no connection with BLD.³⁶⁹

The BLD leadership complained that the group was stigmatized by public identification with the disease:

Even as we received a clean bill of health from public health authorities and stepped out of the doors of our homes to rejoin the larger community, we encountered a number of distressing situations.

These included two medical labs in Oakville and Ajax and an X-ray clinic in Scarborough posting signs saying BLD members should not enter. Also a student who belonged to BLD was sent home because she coughed in class.³⁷⁰

The BLD experience raises the general problem of stigmatization suffered by Chinese, Asians generally, health workers and other groups that were named publicly.

Some people blamed the news media for helping to promote the stigmatization.

369. "SARS threatens jobs for nannies," *Globe and Mail*, April 16, 2003.

370. From a BLD fact sheet given to the Commission by BLD leaders.

“Media response was fast and furious,” said a funeral home employee whose operation was caught in the media spotlight. “They loved to play on the terms that indicate danger.”

When Toronto Public Health issued the public notice about Mr. S’s visitation it named the funeral home, which was understandable. However, this funeral industry worker said that the media continued to link the home’s name with the SARS story long after the quarantine period from the visitation ended. People, including suppliers, avoided the home because the name was still in the media. “The media lacked understanding,” he said.

There was a feeling, certainly within BLD, that the BLD connection with SARS was hyped in the media. BLD member Don O’Shaughnessy of Scarborough, who was quarantined during the Easter outbreak, certainly thought so:

When you see yourself [BLD] identified in a *Time* magazine graphic as a locus of the disease, it hurts, especially when the information is wrong.³⁷¹

He said BLD should have been given the same consideration about privacy as individuals.

The community really was singled out and the name BLD was carelessly used³⁷².

In fairness, the media had an important duty to report on this serious public health threat. The spread of a deadly disease into the community through any identifiable group, whether it be a religious or ethnic group or a visible minority, is a story that must be covered. The difficulty with reporting such stories is that they are easily sensationalized and require scrupulous accuracy, balance and fairness.

The media faced real difficulties in reporting the BLD story. SARS was a new threat and dealing with it was a learning experience. Efforts to get a quick and firm grip on the disease were hampered by a lack of clear facts in the fog of worry over a deadly developing situation. Even the public health authorities, on whom the public and the media were relying for solid information, did not have all the facts. Although the media generally did a good job in SARS, sometimes an outstanding job, there were

371. “Marked by SARS,” *Toronto Star*, December 13, 2003.

372. “Marked by SARS,” *Toronto Star*, December 13, 2003.

some unfortunate cases in which news stories did not appear to be completely accurate or fully balanced.

For instance, it was reported that two BLD members violated quarantine and went to work at a geriatric centre. In fact, the workers were not BLD members.

Another media report said that a BLD member went on a business trip to Montreal despite exhibiting SARS symptoms. The man was a BLD member and before the trip was feeling unwell, but he consulted his personal physician, who cleared him to travel.

The media reported that the Toronto nurse's aide who brought SARS to the Philippines was a BLD member. She wasn't and was infected by chance, by being kind to someone who had been infected at the Lapsley Clinic.

Some reporting simply gave a wrong impression. One newspaper report said the Catholic Archdiocese of Toronto restricted communal traditions because it was "fearful" that BLD members had exposed "congregants" to SARS. In fact, Tony Clement, Ontario's health minister at the time, has stated publicly that he called a Catholic cardinal and asked that rites be altered to reduce the chances of spreading the disease. The cardinal agreed.

These instances show the need in public emergencies for the media to use extraordinary efforts to ensure accuracy, balance and fairness. The same should apply to public authorities who are passing information to the public through the media. If their facts are not accurate, the media is not always in a position to confirm them.

The Lessons from BLD

The BLD story is strewn with confusion, misunderstanding and fear directly resulting from a lack of facts, for instance, people avoiding contact with any Filipinos, such as Filipino nannies, or people avoiding all people of Asian descent for fear of SARS exposure. Public health authorities tried to use reason to overcome such unreasonable fears. Toronto Public Health sent people into schools to work with principals. At news conferences, public health officials stressed that it was not easy to contract SARS and that race had nothing to do with getting it. "I would remind everyone that viruses are viruses," stressed one Toronto Public Health spokesman. "And viruses are not racial viruses . . . any racial stigma attached to this is simply scientifically not valid or appropriate."³⁷³

373. SARS news conference, April 5, 2003.

However, we have to do better next time in terms of public communication and supplying solid factual information with balance so the public is able to judge the situation reasonably. The relationship between public authorities and the media is a key to ensuring that the public is informed quickly and accurately.

The importance of good public communication was stressed at a September 2003 conference in Singapore that discussed communications guidelines in fighting epidemics. Lee Jong-Wook, director-general of the WHO, told the conference in a videotaped statement that communication is “as critical to outbreak control as laboratory analyses or epidemiology,” and that “poor outbreak communications can undermine good decisions.”³⁷⁴

One of the most important lessons in the BLD-SARS experience was a positive one: Good leadership always helps people through time so crisis and fear. BLD leadership guided members through a difficult and dangerous time, while at the same time setting an example for governments and their agencies.

The most important thing BLD did was communicate clearly with its membership. It gave them facts they should know and provided them direction. It also organized ways of making a difficult situation more bearable: for example, Mass by cable television, Communion delivered to the doors of those quarantined. Supplying facts, clearly and directly, is the best way to control fear. When people have facts that they believe are credible, they feel better equipped to face their difficulties.

BLD Chronology

March 16, 2003 – Eighty-two-year-old patriarch of a Filipino-Canadian family (the S family) brought to Scarborough Grace Hospital emergency with leg ulcer related to diabetes. Family members accompanying him exposed to SARS in hospital waiting room.

March 23 – Social gathering at Mr. S’s home. Partygoers exposed to the SARS virus picked up in the Scarborough Grace waiting room. One attendee is a member of BLD.

March 26 – Mr. S ill again and admitted to Scarborough Centenary Hospital.

374. “Good communication helped S’pore beat Sars: WHO adviser,” *Straits Times*, September 22, 2004.

March 27 – One of Mr. S's sons, F Jr., feeling unwell and goes to Scarborough Centenary, where he is examined and sent home. One of his brothers, FX, also is feeling unwell.

March 28 and 29 – BLD holds a retreat and Mass attended by as many as 500 people. The BLD member who was at Mr. S's house party attends.

March 29 – F Jr. still sick and visits Dr. K at the Lapsley Clinic. Prescribed antibiotics.

March 31 – Mr. S's wife and son FX attend Lapsley and are seen by family friend Dr. Yanga.

April 1 – Mr. S dies. Cause listed as sepsis, but changed to SARS following a post-mortem review.

April 2 – Mr. S's wife admitted to Scarborough Centenary Hospital, where husband died the day before. Son FX returns to Lapsley and is seen again by Dr. Yanga.

April 3 – F Jr. goes to the Lapsley in worsening condition and is seen by Dr. Yanga. Sent to Women's College Hospital, then Sunnybrook Hospital, where he is admitted with evidence of SARS.

April 3 – Friends and family attend funeral home visitation for Mr. S. After the visitation son FX is brought to Scarborough Centenary by ambulance.

April 3 evening – Toronto Public Health doctor receives call from Scarborough Centenary about Mr. S's wife's admission and illness in other family members. Investigation begins.

April 4 – Toronto Public Health orders T family to cancel a second visitation for the Mr. T, and the funeral, scheduled for April 5.

April 4 – BLD leaders, who attended the funeral home visitation the previous night, consult personal physicians and advise BLD members to go into voluntary quarantine.

April 5 – Dr. Yanga goes to hospital ill, then into voluntary quarantine.

April 8 – Dr. Yanga admitted to Sunnybrook Hospital with SARS symptoms.

April 9 – Toronto Public Health connects BLD with the S family, the March 23 house party and the April 3 funeral home visitation.

April 12 – Dr. Sheela Basrur, Toronto Medical Officer of Health, issues an urgent message to Toronto hospital emergency departments advising them to be on the lookout for BLD members with SARS symptoms.

April 13 – TPH mired in tracking and contacting BLD people who might have been exposed, and issues quarantine order for BLD members.

April 14 – Nurse's aide who contracted SARS from patient of Lapsley Clinic dies in the Philippines.

April 14 – Pennsylvania man who attended March 28-29 BLD activities in Toronto returns home and falls ill with SARS.

April 14 – 100 Toronto city workers quarantined because two workers belong to BLD.

April 15 – Health care worker helping to treat Dr. Yanga in hospital falls ill.

April 15 – Roman Catholic Archdiocese of Toronto suspends taking Communion from chalice, kissing the crucifix on Good Friday and extending salutations of peace through handshakes.

April 18-20 (Easter weekend) – Easter Mass broadcast to quarantined BLD members via television and Communion delivered to their homes.

April 21 – Centers for Disease Control in U.S. adds Toronto to affected areas because of spread within BLD.

April 23 – Wife of Mr. S dies of SARS, age 85.

April 23 – BLD quarantine ends.

June 12, 2003 – Onset of last known SARS infection in Canada.

August 13, 2003 – Dr. Yanga, in hospital more than four months, succumbs to SARS.