Victory Declared

In May 2003, the government declared victory over SARS in a series of measures that led to the relaxation of precautions on May 13 and the lifting of the provincial emergency on May 17.

In fact, SARS was still with us, spreading undetected at North York General Hospital and ready to break loose with a vengeance when precautions were relaxed. How could Ontario declare victory when in fact it was on the edge of a fresh outbreak that would burst into public view on May 23, kill 17 more people and leave another 118 sick with SARS?453

The answer is not easy to find. Everyone wanted SARS to be over, and this desire no doubt influenced the decision to declare victory. The most identifiable cause for SARS II may be the lack of any formal effective surveillance program.

Dr. Richard Schabas put it this way at the Commission’s public hearings:

Unfortunately, what we did was we flipped from a state of SARS panic to a state of SARS denial because as SARS I was petering out, we made the crucial error of not introducing any programme of active surveillance for SARS.

In fact, it was worse than that . . . I believe on May 8th the city health department announced that the outbreak was over. On May 12th the Chief Medical Office of Health for Ontario was quoted in the Toronto Star as saying “it was preposterous” – his word, “preposterous” – that someone could have acquired SARS in Toronto in late April . . . We have to realize that with there being no programme of active SARS surveillance in Toronto, there was no basis for saying that the outbreak was over. It was, in fact, an exercise in wishful thinking.

453. 118 is the estimated number of cases associated with the second phase of SARS. Source: Presentation of Dr. Colin D’Cunha, SARS Commission, Public Hearings, September 29, 2003.
But even more so, the suggestion that it was ridiculous to consider that there might be cases, pointing ridicule at the suggestion that there might be cases, was sending out entirely the wrong message.\textsuperscript{454}

The city was squirming under the weight of the SARS outbreak. Mel Lastman, the mayor at the time, focused on the economic impact of SARS at a special meeting of City Council. He said:

… It’s not the disease that’s doing the damage – it’s public perception about SARS that’s hurting Toronto’s tourism industry – and it’s getting worse.

There’s a third level to this crisis that we cannot ignore – and that is the impact this is having on our residents and our businesses.

People’s lives are being adversely affected by both the disease and the public’s perception of this disease … Toronto can expect both provincial and federal funds for an advertising campaign once we have put SARS behind us . . .

Tourism Toronto is days away from tabling a marketing initiative designed to sell Toronto locally, nationally and internationally.

Provincial officials heard the message, but they waded into lifting the emergency with butterflies in their stomachs.

Premier Ernie Eves told the Commission:

I remember the day that . . . our emergency order was lifted because when [an aide] phoned me and sent this little piece of paper over to my residence, I believe in the morning, I did not sign it. I asked him I think half a dozen times, “Are you absolutely positive that this is the right thing to do, that we are getting the right information?” . . . I’m sure that he went back to the Ministry of Health a gazillion times, saying, he [the Premier] does not want to sign this thing.

\textsuperscript{454} SARS Commission public hearings, September 30, 2003.
[We kept asking] “Are you sure this is all right?” and we kept getting the answer I was told that oh yeah, we are 110 per cent sure . . . yeah well, you can never be 110 per cent sure in any of these things . . . It is funny how my gut just told me that I should be asking these questions. But you have to take the best medical . . . and scientific advice that you can get. You have to have confidence in those people, you have to go with it . . . I think that from what they knew at the time, they felt that it was the right thing to do. I have tremendous amount of respect for the abilities of both Dr. [Colin] D’Cunha and Dr. [Jim] Young. I can’t perceive either one of them ever doing something that was expeditious as opposed to appropriate or correct and I think that they acted in their best judgment.

The situation in North York was as I recall a fairly unique and unanticipated thing and . . . it certainly was very unfortunate. Believe me, nobody was more concerned than I when we found out that there was a second event, that’s not exactly the thing you wanted to hear . . . I think that there was a perception on behalf of the nurses and a particular nurses’ association that perhaps there was some plot at least if you read that media, that’s what you would understand. I can assure you that nothing was further from the truth. In reality, we were trying to be as open and transparent as possible . . . I do not think that anybody can doubt the sincerity of all people involved.

Tony Clement, the Minister of Health, also had misgivings about declaring an end to the SARS outbreak. He told the Commission that while there was no pressure from inside the government to declare an end, he did feel pressure from the media:

There certainly was pressure from the media and I thought to myself as the cases decline . . . they are going to start to ask me whether this crisis was over, and I’d be the craziest health minister alive to declare this over . . . I was asked probably a dozen times on television, “Is this over?” and my response was exactly the same. In early May, which is after the travel advisory [was lifted], I said, no, this is not over. We have to continue to be vigilant. There could be a recurrence and so our job is to continue to ensure that we have the right procedures in place in case there’s another outbreak of this or any other communicable disease. I said that ad nauseam because I knew that if I ever declared it over and it wasn’t over, I would be strung up from the nearest lamp post. I knew that as a politician, as well as a human being. So, I never declared it over. I never, ever, ever, in my discussions with stakeholders, with the media, with the POC
[Provincial Operations Centre], with the Premier, I always said we have
to be continually vigilant because this may not be over.

Mr. Clement said that while he did feel pressure from the media and from some insti-
tutions, none came from the senior people managing the crisis. But people generally
wanted it to end:

This is human nature . . . I think it’s a normal human reaction to think
that this is over, now we could get back to normal. My point to them
always was; “We will never get back to normal.” That’s why I am the one
who coined the phrase “the new normal”. At a Science Committee, I said
that we had to get a new normal because we were never going back to
normal. We were in the midst of creating the new normal when the
second outbreak obviously occurred. But I got a sense after . . . the second
outbreak that human nature did its thing again, and there were some
people who may have potentially let their guard down because they
thought that it was over. But they never got that signal from me and
never got that feeling from anyone in the senior management group.

The cautious message was not heard by the general public and by some health work-
ers. Under a headline, “Clean bill of health revives hospitals,” the Toronto Star
proclaimed:

**Greater Toronto comes back to life**

On its first day as a city officially free of SARS, Toronto rolled out the
welcome mat as hospitals slowly moved toward a new kind of “normal.”

Ontario’s chief medical officer of health, Dr. Colin D’Cunha, called a
halt to daily screenings at hospitals and clinics throughout the province,
citing the clean bill of health given Wednesday by the World Health
Organization.

However, hospitals warn that it will be some time before they’re fully up
and running again.

“We’re going to have to, in the near future, learn how to live with SARS,
learn how to protect ourselves while functioning efficiently in the emer-
gency department,” said Dr. Tim Rutledge, chief of emergency medicine
at North York General Hospital.
“Not all of us, in the long-term future, will be wearing masks and gloves and gowns all the time. But certainly there will still have to be procedures in place at the triage desk for the triage nurses to be protected at all times until we decide whether the patient needs to be in an isolation room,” he said.

“We will adjust to this new reality until this disease is eradicated.”

Ironically, it was at the North York General Hospital that the new outbreak was about to emerge and start the second phase of the spread that became known as SARS II.

While the WHO travel advisory was not reinstated, it took the WHO until July 2, 2003, to remove Toronto from its list of SARS-affected cities.