

Ministry of Labour Sidelined

Introduction

The Ministry of Labour was sidelined during most of SARS. Despite its legal mandate to protect workers, the Ministry was excluded from the higher echelons of the government's response to SARS. No one thought to make the ministry an integral worker safety component of Ontario's SARS response. Ministry safety officials were largely excluded from information links. A senior Ministry safety official found it quicker to go to the nurses' union to get a SARS directive than it was to penetrate the information barriers within government.

After the Sunnybrook disaster on April 13, when nine workers got sick after they did everything they were told they needed to do to be safe, the government called in experts from the Centers for Disease Control and Prevention (CDC) without informing the Ministry of Labour's experts whose job it was to prevent such future safety lapses.

It was only in June, towards the end of SARS, that the Ministry of Labour picked up on its responsibility to ensure N95 respirator use, training and fit testing in hospitals. In hindsight it is clear that the Ministry could have done more, that it could have reminded the hospitals in March of their legal obligation to train and fit test nurses, physicians and other health workers for the N95. It is clear that the ministry in April and May had the capacity to do what it finally did in June by way of proactive safety work with SARS hospitals.

Nurses, with good reason, expected the Ministry of Labour to be more aggressive in its mandate to protect health workers. Although it is puzzling why the Ministry did not act sooner, the answer may lie in its exclusion from the central SARS command, its sad lack of depth in health safety resources, a questionable 1984 government protocol that kept it physically out of hospitals during any infectious outbreak, its assumption that the health system had the resources and expertise to protect its workers, the sharp cuts during the 1990s in its capacity to protect health workers, and the

deep resentment of some hospitals which regarded the Ministry as an unwelcome interloper on hospital turf. It would be speculation to ask whether earlier intervention by Labour could have prevented worker illnesses and deaths. It would be speculation to wonder what might have gone better if the Ministry of Labour from the beginning had been able to rise above these limitations, to flex its muscles and push its way on to the turf of those entrusted by the government with its response to SARS.

Ontario's worker safety system needs a tune-up to ensure that the Ministry is not sidelined the next time we are hit by something like SARS. Workers are entitled to better safety enforcement than they got during SARS from the Ministry of Labour. Worker safety requires an independent inspection and enforcement arm and in Ontario, the Ministry of Labour is that arm. The public is entitled to expect that the government's worker safety arm will be more aggressive next time in its protection of workers. Improvements since SARS have put the Ministry in a much better position to protect workers in the next outbreak. But the turf resentments against the Ministry still remain in hospitals and in the Ontario's health system. Those turf barriers have to be torn down.

The Ministry of Labour Before SARS

SARS found a Ministry of Labour that was poorly resourced and ill prepared for a public health crisis. Its contingent of physicians had been sharply reduced since 1992, when it had 19 physicians. By 1996, they were down to three and one half. It no longer had a laboratory, or air-sampling technicians. Its occupational health and safety nurses had been laid off in the 1990s.

Most inspectors had little or no training on infectious disease issues. None of the inspectors interviewed by the Commission said they had ever conducted an infectious disease-related inspection of health care facilities before SARS.

As a senior ministry official told the Commission, the Ministry had little internal expertise in infection control:

The Ministry did not have, until April of this year, people with specific public health experience working, or people with specific communicable disease experience. Actually, I'll correct that a little bit. We had occasionally some inspectors who were nurses with experience in the field and we also had ... during SARS, at that time, we would have had people with specifically communicable disease or infectious disease experience.

The Ministry of Labour's Role During SARS

The Ministry of Health led the response to SARS. Labour was given a secondary role, providing:

... advice and support to the emergency response with respect to occupational health and safety issues.

The Ministry of Labour set up an internal command centre. It established a protocol on how Ministry staff would respond to SARS-related worker complaints and work refusals. It assigned an occupational health physician to the Science Committee. It posted information on its website. And it participated in teleconferences with unions, hospitals and the Ministry of Health.

As noted in Table 1, prepared by the Ministry, it also investigated worker complaints and work refusals. In all, the Ministry investigated 54 work refusals during SARS, including 18 by workers in the health sector.⁷⁶⁸ Beginning on June 12, 2003, it conducted a series of proactive inspections of some SARS hospitals.⁷⁶⁹

Table 1 – Summary of Ministry of Labour Responses During SARS⁷⁷⁰

Date of Communication	Nature of Communication	Event Location	MOL Response
24 March 2003	Complaint	The Scarborough Hospital	Complaint received, handled by an inspector
25-26 March 2003	Inquiry	City of Toronto – Ambulance	Handled by phone by medical consultant
31 March 2003	Inquiry	Healthcare Health and Safety Association	Handled by phone by medical consultant
2 April 2003	Work refusal	TS Tech	Reported as work refusal – clarified as inquiry only

768. Ministry of Labour, Submission to SARS Commission, March 15, 2006, p. 16

769. For a complete overview of the Ministry of Labour's activities during SARS, the reader is invited to review its submission to the SARS Commission's public hearings. The submission is available on the Commission's website at the following location: http://www.sarscommission.com/hearings/04Mon.Nov.pdf/Mon_12_00_MOL.pdf

770. Ministry of Labour, Submission to the SARS Commission, March 15, 2006. The Ministry said: "The following table provides a brief summary of SARS related communications received by the MOL during the outbreak, the nature of the communication and the MOL response."

Date of Communication	Nature of Communication	Event Location	MOL Response
3 April 2003	Inquiry	Hilltop Retirement Home	Closed by Public Health – MOL notification
3 April 2003	Work refusal	Ellis Don/Southlake	Field visit report
4 April 2003	Work refusal	Ellis Don/Southlake	Field visit report
7 April 2003	Complaint	DC Diagnosticare	Handled by phone by MOL provincial specialist
8 April 2003	Inquiry	The Scarborough Hospital	Handled by phone by medical consultant
8 April 2003	Work refusal	Canadian Waste Services	Field visit report
27 May 2003	Complaint	North York General Hospital	Handled by phone by medical consultant
1 June 2003	Complaint	North York General Hospital, St. Michael's, & Mt. Sinai	Teleconference
2 June 2003	Work refusal	Thyssen Krupp Elevator	Field visit report
6 June 2003	Work refusal	North York General Hospital	Teleconference
7 June 2003	Work refusal	North York General Hospital	Field visit report
9 June 2003	Work refusal	North York General Hospital	Field visit report
10 June 2003	Complaint	St. Michael's	Field visit report
11 June 2003	Work refusal	Sayers & Associates	Field visit report – delivered verbally June 19 – handled by MOL manager
12 June 2003	Proactive	St. John's Rehab	Field visit report
12 June 2003	Proactive	Lakeridge Health – Oshawa	Field visit report – teleconference
12 June 2003	Complaint	Hospital for Sick Children	Handled by medical consultant – referral to MOH
12 June 2003	Complaint	Mount Sinai	Mt. Sinai reported no issues – field visit deferred pending worker complaints
13 June 2003	Proactive	Scarborough General	Field visit report
16 June 2003	Work refusal	City of Toronto – Ambulance	Field visit report
16 June 2003	Proactive	William Osler Health Centre	Field visit report
20 June 2003	Complaint	Toronto General Hospital	Field visit report
20 June 2003	Complaint	Lakeridge Health – Oshawa – nurse	Referred to mgmt & JHSC – handled by MOL manager

20 June 2003	Complaint	Lakeridge Health – Oshawa – pathology	Referred to mgmt & JHSC – handled by medical consultant
20 June 2003	Inquiry	William Osler Health Centre	Handled by phone by medical consultant
24 June 2003	Complaint	City of Toronto – Ambulance	Field visit report
24 June 2003	Work refusal	Sayers & Associates	Field visit report – handled by MOL hygienist
26 June 2003	Proactive	Sunnybrook	Field visit report
27 June 2003	Proactive	Toronto East General	Field visit report
4 July 2003	Proactive	Southlake – Newmarket	Field visit report
10 July 2003	Work refusal	City of Toronto – Ambulance	Field visit report
14 July 2003	Proactive	Rouge Valley Health Systems	Field visit report

The Ministry of Labour also continued to carry out its duties and responsibilities in other sectors. It told the SARS Commission:

The outbreak of SARS required the Ministry of Labour to apply considerable resources to deal with the emergency while continuing to carry out its inspections, investigations and enforcement activities in all sectors across the province.⁷⁷¹

Perspective of Representatives of Health Care Workers

Representatives of health workers were highly critical of the Ministry of Labour's response to SARS.

They said it failed to enforce safety laws; recognize the health sector's lack of expertise and awareness on N95 respirators, fit testing and other worker safety issues; ensure directives were consistent with laws and regulations and safety best practices; and respond to workers' concerns.

In their joint submission to the Commission's public hearings, the Ontario Nurses' Association and the Ontario Public Service Employees Union said:

771. Ministry of Labour, Submission to the SARS Commission Public Hearings, November 17, 2003, p. 9.

The large number of HCWs [health care workers] who became ill with SARS as a result of workplace exposures should have led to an investigation by the MOL. If that many industrial workers suddenly developed a life-threatening work-related illness, both unions believe that the MOL [Ministry of Labour] would have launched investigations immediately. The illnesses were constantly in the media, as were reports of shortages of equipment, including respirators.⁷⁷²

Ministry of Labour Excluded

Despite its legal mandate to protect workers, the Ministry of Labour was not given a role during SARS commensurate with its statutory duties. No one thought to make the Ministry an integral component of Ontario's SARS response. This systemic problem demonstrates how little the health system was aware of, and how little it understood, Labour's role and expertise.

There are many examples of this.

When a senior Labour expert tried to participate in Provincial Operations Centre (POC) deliberations, he was effectively invisible. He told the Commission:

I went to the Provincial Operations Centre on several occasions to try and participate ... They were in charge, and they were running the show themselves, and that's the way it was.

When the Provincial Operations Centre issued directives, the Ministry of Labour had no oversight over worker safety content. As a senior Labour official told the Commission:

The Ministry of Health was running the directives. They were their directives.

When POC directives were issued, senior Ministry of Labour staff had trouble getting copies. One official said he often had to get copies from contacts at health worker unions or at other agencies. He told the Commission:

772. ONA/OPSEU joint presentation to the SARS Commission Public Hearings, November 17, 2003, p. 28.

What were we supposed to do? We don't have any information. We can't get any information from the Ministry of Health. We are not getting any directives. How do we get the directives?

When West Park Hospital's old TB unit was reopened in late March 2003, the Ministry of Labour was not notified or consulted, even though it knew first hand the old TB unit's shortcomings and had the expertise to try to mitigate them.

When the Centers for Disease Control and Prevention (CDC) was asked to investigate the infection of nine health workers at Sunnybrook on April 13, no one thought to ask Labour to participate. The Ministry didn't even know an investigation was underway.

When the Ministry of Health set up a restricted access website containing technical SARS information, Labour was not informed until long after the fact. Health unions got access to the site weeks before the ministry.⁷⁷³ Labour didn't find about it until "late April or May," a senior Ministry official told the Commission.

When the Ministry of Labour provided one of its occupational health physicians to the Science Committee,⁷⁷⁴ he attended, not as a representative of the Ministry, but as a researcher. A senior Ministry official told the Commission:

He was there as a scientific professional. He wasn't there representing the views of the Ministry of Labour. He was there as our contribution, as a scientific professional, to the SARS Science Committee. He experienced a lot of frustrations.

When the Science Committee met to discuss respirators on April 9, 2003, Labour sent a leading expert to make a presentation. As an indication of his reputation, he sat on the respirator committee of the Canadian Standards Association (CSA). Instead of being welcomed as someone with high-level expertise from the Ministry with

773. ONA-OPSEU joint presentation to SARS Commission Public Hearings, November 17, 2003, p. 6.

774. Ministry of Labour, Submission to the SARS Commission Public Hearings, November 17, 2003, p. 12:

The Ministry of Labour physician in collaboration with the other members of the Science Group contributed infection control advice for the protection of workers, and provided advice regarding the requirements under the Occupational Health and Safety Act and the regulations for worker health and safety in the health care sector. He was also active in gathering scien-

primary responsibility for protecting workers, he was treated as an outsider.⁷⁷⁵ The Ministry of Labour official said:

I was a visitor. I just listened.

Not only was Labour sidelined, but it also assumed that Health – the lead ministry during SARS – and the health care system it oversaw had the resources, expertise and knowledge to protect nurses, physicians and other workers. The ministry told the SARS Commission that it had:

... an expectation that the health care sector was itself equipped to control the hazards.⁷⁷⁶

A senior Ministry of Labour official told the SARS Commission:

The resources and the expertise in terms of infectious disease control don't reside in the Ministry of Labour. We don't have what the health care system has. We don't have what the public health officials have. So, I mean, it doesn't surprise me that we would say, that's fine. The Ministry of Health has got access to international experts. In other cases, and I've had rock bursts in a mine that killed people. And who's got the lead there? It's not the Ministry of Health, it's the Ministry of Labour, and we have our rock engineers. We hire international experts that come in. Health did the same thing here. So when we ran into issues, they brought in infectious control disease experts from various other institutions in the province, from other jurisdictions to help them deal with it, and that's what I would expect it to be.

In hindsight, we can see that this assumption was flawed, and that the health system was woefully weak in worker safety expertise and resources. This assumption worked hand in glove with Labour's exclusion from the higher echelons of the SARS response to limit its response. To the extent that Labour was sidelined, its ability to determine within government whether its assumptions about the health system were valid was reduced.

775. Minutes of the Epi Science Group, April 9, 2003, p. 2

776. Ministry of Labour, Submission to SARS Commission, March 15, 2006, p. 17.

Ministry of Labour Took a Reactive Approach

During SARS, the Ministry of Labour focused on responding to complaints and work refusals.

The Ministry told the Commission:

The MOL strategy during the SARS outbreak consisted of responding to complaints and work refusals on a priority basis to ensure that the most up-to-date standards for the protection of workers from SARS were in place.⁷⁷⁷

At the Scarborough Grace Hospital, Labour received complaints from nurses' representatives by telephone in late March 2003. The Ministry told the Commission:

On March 24, 2003, the Ministry received the first complaint relating to SARS from a worker representative regarding management's response to the hospitalization of health care workers at Scarborough Hospital – Grace Division. The complaint was assigned to an inspector who contacted a Ministry physician who in turn telephoned the hospital on March 24 advising both the Director of Occupational Health and Safety and a Human Resources representative about the requirements under the *Occupational Health and Safety Act* to notify the Ministry of Labour of occupational illnesses. In addition the Ontario Nurses Association was contacted. The Ministry physician also discussed infection control measures with the hospital. The Ministry of Labour physician was told that they were receiving assistance from both Toronto Public Health and Mt. Sinai Hospital and were also in contact with Health Canada.

On March 25, 2003, the Ministry of Labour physician spoke with a Toronto Public Health physician who confirmed that Toronto Public Health was attending at the Scarborough hospital to assist with infection control measures. On March 26, the physician from Toronto Public Health also confirmed that Toronto Public Health was investigating health care workers exhibiting SARS symptoms.⁷⁷⁸

777. Ministry of Labour, Submission to SARS Commission, March 15, 2006, p. 19

778. Ministry of Labour Submission to SARS Commission public hearings, November 17, 2003, pp. 9-10.

When the Ministry of Labour was contacted by a worker at North York General on May 27, 2003, four days after the second phase erupted, the ministry took the same approach as it had taken at the Grace two months earlier:

On May 27, 2003, a Ministry of Labour physician was contacted by a worker at North York General Hospital who raised a concern about infection controls in the emergency department. The Ministry of Labour physician, after contacting a North York General Hospital occupational health representative, contacted the Director of Communicable Disease at Toronto Public Health regarding this concern. The Ministry of Labour physician was advised that Toronto Public Health was aware of the concern and their inspectors were in the hospital doing contact tracing. The Ministry of Labour physician specifically requested that the inspectors attend at the emergency department to review the worker concerns which had been communicated to the Ministry of Labour. Toronto Public Health agreed to do so.⁷⁷⁹

This reactive approach does not reflect on Ministry staff, who responded to the complaints at the Scarborough Grace Hospital, at North York General and at other workplaces, and simply followed Ministry protocols. But it does reflect a systemic problem in the Ministry of Labour.

At the Scarborough Grace and North York General, Labour had, in effect, deferred its worker safety responsibilities to others. It did this under a 1984 Memorandum of Understanding with the Ministry of Health that established:

... lines of responsibilities where there are suspected outbreaks of infectious diseases in workplaces. This agreement provides that the Ministry of Labour has a general responsibility for investigating hazards in a workplace under [OHSA] and the local Medical Officer of Health has responsibility for the identification, investigation and control of outbreaks of communicable diseases. It also provides that where the local Medical Officer of Health has responsibility for the investigation and control of an outbreak, the Ministry of Labour will assist.⁷⁸⁰

779. Ministry of Labour Submission to SARS Commission public hearings, November 17, 2003, p. 11.

780. Ministry of Labour Submission to SARS Commission public hearings, November 17, 2003. p. 9.

The 1984 agreement was unauthorized by statute, unclear, not disseminated to interested parties like the unions, and arguably illegal to the extent that it might require Ministry personnel to fetter their discretion and so fail to fulfill their duties in workplaces affected by infectious diseases.

A former senior Ministry official said:

The first goal is to contain the outbreak and recover, just like it is in any other emergency. The Ministry of Labour doesn't wade in there and start doing their proactive inspections. We let the emergency workers make it safe and then we'll go in and do our investigations and stuff.

SARS revealed a major flaw in Labour's interpretation of the 1984 agreement.

The Ministry assumed that among the myriad tasks on public health's plate during SARS, from contact tracing to deciding whether to close the hospital, it also had the resources, expertise and capability to give worker safety the same level of attention as the ministry whose primary responsibility it is. It is Labour's job to make sure workers are safe. It cannot, and should not, assume that another agency, whether it is a public health unit or the Ministry of Health, can take over that role, or has the capability to do so.

The idea behind the 1984 agreement was sound: Before a crisis, set out the separate roles and responsibilities of the Ministry of Health, public health and Labour so they can better cooperate during a crisis.

What was not sound, and what must be avoided in the future, was the idea that an agreement meant the Ministry of Labour could defer to another agency the primary responsibility for ensuring that workplaces are safe.

Proactive Inspections Came Late

On June 12, 2003, when the outbreak was on the wane, the Ministry of Labour began conducting proactive inspections of SARS facilities. It told the Commission:

On June 12, the Ministry initiated a series of consultations at other health care facilities that were identified as having a risk of SARS transmission to their workers. The health care facilities were categorized based on potential SARS exposure. The facilities were listed as Category 0 to 3,

with Category 0 being hospitals with no known cases of SARS. During these consultations the Ministry reviewed infection control precautions, use of respirators and respirator fit testing and the function of the internal responsibility system. As a result of the consultations and complaints, a total of 16 orders were issued under the *Occupational Health and Safety Act* and regulations to five of ten health care facilities⁷⁸¹ ... The orders included undertaking risk assessments and providing and fit testing respirators to all health care workers in high-risk areas. No violations of the *Act* or regulations were found in five of the institutions.⁷⁸²

Although it is puzzling why the ministry did not act sooner, the answer may lie in its exclusion from the central SARS command, its too long held assumption that the health care sector was able to protect its workers, its reliance on the 1984 agreement, and its emphasis on a reactive approach.

Regardless of the reasons, the bottom line is that no proactive inspections were conducted during virtually all the outbreak. There were no proactive inspections of SARS hospitals in March 2003, or in April 2003, or in May 2003, even though health workers continued to get sick during each of those months and inadvertently infected colleagues, patients and members of their households. That more and more health workers were getting sick was not a secret. One only had to read the newspapers, watch television newscasts or listen to the radio. As each month passed, the widely available evidence mounted that health workers were not protected and that the system in charge of the SARS response was unable to safeguard them. Yet the Ministry did not act proactively. In April and May it had the capacity to do what it finally did in June by way of proactive safety work with SARS hospitals. This was a missed opportunity, although we will never know what impact that might have had on the SARS response.

As noted earlier, Labour's approach was vastly different to what occurred in British Columbia. When a nurse contracted SARS at Royal Columbian Hospital, the Workers' Compensation Board made five inspections at the hospital to make sure workers were protected.⁷⁸³

781. In contrast, the Workers' Compensation Board in B.C. made 19 separate inspections of nine medical facilities, predominantly acute care hospitals between April and July 2003. Only one order was issued, related to N95 respirator fit testing, and it indicates the depth of worker safety culture in B.C. Source: WCB Communication with SARS Commission, September 13, 2006.

782. Ministry of Labour, Submission to the SARS Commission Public Hearings, November 17, 2003, p. 16.

783. Focus of WCB inspections included officer evaluations of:

In B.C., the workplace regulator regarded the incident at Royal Columbian as an urgent signal that it had to make sure workplaces were safe. In Ontario, the Ministry of Labour missed the opportunity to respond to the many red-flag indicators that workers were not being protected.

It cannot be proven that health workers caught SARS because the Ministry of Labour did not conduct proactive inspections. What can be said, however, is that in B.C. only one health worker got SARS in a jurisdiction where the workplace regulator aggressively conducted proactive inspections beginning in early April 2003.

British Columbia provides a useful example of how well things can work and how well health workers can be protected when there is a strong safety culture. It provides an example of how things can work and should work in Ontario.

Improvements Since SARS

Since SARS, the Ministry of Labour has acted on many of the lessons from SARS, and it is to be commended for this.

Since SARS, it has made a significant effort to address its resource and expertise weaknesses, including hiring 200 more inspectors and developing sufficient in-house health care expertise. It has adopted a more assertive, proactive approach to workplace safety in general, and to the health sector in particular. A case in point was a series of proactive inspections of health facilities in late 2003 and early 2004. As the Ministry of Labour said in a submission to the Commission:

Inspectors issued orders for a variety of contraventions related to infection control including the notifications of occupational illness, Workplace Hazardous Information System (WHIMS), operation of joint health and safety committees, training, ventilation, storage and handling of

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- The status of exposure control plans related to SARS and the appropriate control measures necessary for the protection of workers potentially exposed to the unidentified agent responsible for SARS,
 - Written policies and procedures specific to the exposure control plans,
 - Implementation of these policies and procedures,
 - Worker education and training,
 - Use of personal protective equipment, particularly on respiratory protection for those workers potentially exposed to the unidentified agent via airborne droplets

Source: WCB Communication with SARS Commission, September 13, 2006.

materials, risk assessment of needlestick/sharp injuries and the use of safety engineered medical devices, handling of waste materials, appropriate use of refrigeration units and the use of personal protective equipment.

All 192 acute care facilities in Ontario were visited and 2,172 orders were issued.⁷⁸⁴

Further proactive inspections in health care continued afterwards. If all proactive inspections undertaken are included, a total of 6,008 orders were issued by Ministry inspectors in the health care sector for the period 2003 to 2005.⁷⁸⁵

The Ministry has also hired six inspectors dedicated to the health care sector. The Ministry said it:

... wants to ensure that it has additional staff with the knowledge and experience required to deal with emerging issues such as SARS, pandemic influenza, avian influenza, and other outbreak situations in the health care and other sectors.⁷⁸⁶

There are also signs of better cooperation between the Ministry of Labour and the Ministry of Health.⁷⁸⁷

The Ministry of Labour told the Commission:

784. Ontario Ministry of Labour, Submission to the SARS Commission, March 15, 2006, p. 21

785. Ontario Ministry of Labour, Submission to the SARS Commission, March 15, 2006, p. 23

786. Ontario Ministry of Labour, Submission to the SARS Commission, March 15, 2006, p. 21

787. It is useful to note that Dr. Sheela Basrur, the Chief Medical Officer of Health, has taken steps to improve this situation. Only time will tell if these steps are effective. She notes in her letter of March 9, 2006, to Ms. Linda Haslam-Stroud, RN, President Ontario Nurses' Association

We recognize the need to ensure that the perspectives of occupational health and infection control receive consideration. In light of this, an occupational health physician is included in the membership of PIDAC (PIDAC is the Provincial Infectious Diseases Advisory Committee) and has been sitting on the committee since the inception of PIDAC in 2004. However, we see the importance in continuing to strengthen our links with the occupational health field and a physician delegate from the Ministry of Labour is now also sitting on PIDAC. This highlights our commitment to ensuring that occupational health and safety expertise is brought to the table during all PIDAC deliberations now and in the future. We are confident that building on this approach will assist in ensuring stronger linkages between occupational health and infection control on matters of science.

The Ministry wishes to advise that it is sharing the services of three of its experts in infection control and prevention in occupational health and safety with the Ministry of Health and Long-Term Care (MOHLTC) as MOHLTC lacks the requisite expertise and/or experience ...⁷⁸⁸

Conclusion

The evidence reveals widespread, persistent and ingrained failures by the health care system to comply with, and by the Ministry of Labour to enforce, Ontario's safety laws, including the *Occupational Health and Safety Act* and Ontario Regulation 67/93, Regulation for Health Care and Residential Facilities.

We must do better next time. The only way to do better is to ensure that the Ministry of Labour is in a position to oversee and enforce, as aggressively as required, Ontario's safety standards. The only way to do this is to break down the turf barriers that prevented this during SARS and to promote in our health system a safety culture that applies the precautionary principle that action to reduce risk need not await scientific certainty.

788. Letter from the Ministry of Labour to the SARS Commission, August 23, 2006.