

## **ADDRESS TO THE CANADIAN CLUB OF TORONTO**

**By:** Dr. Dana Hanson, President, Canadian Medical Association  
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### **Introduction**

Thank you very much.

On February 13, a Toronto resident arrived in Hong Kong to visit her son. Like many travelers, she spent several days staying at the Metropole Hotel. Another hotel guest, who had recently come down with a strange flu like illness, also stayed on the same floor at the hotel.

Thinking nothing of it, on February 23, she did what millions of other people do each year – she got onto an airplane and flew home.

And in doing so, through no fault of her own, she set off a calamitous chain of events that, like the aftershocks of an earthquake, are still being felt today.

February 23, 2003 is the day SARS came to Toronto...

February 23, 2003 is the day our lives, Canada's public health system, and our nation's standing in the world changed, forever.

I want to personally express my thanks and appreciation to the health care workers of Ontario, and to the Ontario Medical Association, for all their leadership, dedication, hard work and sacrifice in fighting this terrible illness.

Les événements des derniers mois ont démontré que le système de santé publique du Canada est déficient.

It has illustrated in startling terms, just how easily our massive and sophisticated health care system can be brought to its knees.

The virtual shutdown of Toronto's hospitals...

Thousands of lifesaving surgeries cancelled...

Thousands of health care workers quarantined...

And complete exhaustion among Toronto's remaining critical care doctors, nurses and other health care professionals... Just a few years ago in Canada, infectious diseases and their destructive power was a subject reserved for sci-fi movies like "Outbreak".

This is "fiction" no longer. Other, more virulent viruses are just around the corner.

As Ontario Health Minister Tony Clement reminds us, this is the "new normal".

SARS, or its cousins, are here to stay. My friends, what happens when the next infectious disease arrives in Canada?

What happens the next time a community's water supply is poisoned?

What happens if, despite our best efforts, our nation's security forces cannot prevent a terrorist attack that spreads anthrax or smallpox?

The Canadian Medical Association and our 55,000 physician members believe that Canada cannot afford to put-off crucial and potentially life-saving changes to our public health system any longer.

We are reassured that the federal Health Minister is taking this challenge very seriously by appointing Dr. David Naylor, Dean of the Faculty of Medicine at the University of Toronto, as Chair of the National Advisory Committee on SARS and Public Health.

We are hopeful that his recommendations will provoke governments into taking meaningful action on this issue of national importance.

Yesterday, I delivered the Canadian Medical Association's comprehensive action plan on public health to Dr. Naylor.

### **Context**

My friends, sadly, SARS has been only our most recent wakeup call.

In 1994 the Laboratory Centre for Disease Control established the Expert Working Group on Emerging Infectious Disease Issues. This group issued the Lac Tremblant Declaration, a compelling warning to

government on the growing, modern threat posed by infectious diseases.

This compelling report has sat on the shelf gathering dust for the past decade.

In 1999 the federal Auditor General fired the next shot, warning that federal public health authorities did not have the resources or capacity to respond to a crisis.

These words also went ignored.

And despite the calamity of September 11th, the anthrax scare that came in its wake, and the ongoing threat of terrorism, little has been done to improve our public health emergency preparedness system over the past two years.

Canada's doctors joined in ringing the warning bell about the need for action.

Our November 2001 submission to the Standing Committee on Finance dealt directly with this issue, but unfortunately, the silence was deafening.

We now face some tough questions.

With more than 425 probable or suspected cases, 38 deaths, 20,000 people in quarantine and over \$1 billion in economic losses in Toronto alone, have we finally learned our lesson?

Are we now ready to tackle the challenges of the future head-on?

Sommes-nous prêts à faire de la santé publique une véritable priorité?

### **Key Considerations**

In the wake of the SARS crisis, the people of Canada are demanding that all of us show lasting leadership when it comes to restoring the integrity of the public health system.

Why?

Viruses don't have visas.

International air travel is just a credit card and an e-ticket away. Where once we might have thought it preposterous, exotic but extremely virulent viruses are just a few hours away from landing anywhere in Canada.

Despite this threat, Canada has no clear national authority with the necessary power and resources to fight national trans-border threats such as SARS.

Instead, authority to deal with public health problems resides with a panoply of programs and policies.

Many elements of these date back to the early days of the reign of Queen Elizabeth.

The First!

That is right, our public health laws such as the Quarantine Act are based, in part, on how people dealt with problems before the advent of air travel.

This is outrageous. We need to modernize Canada's public health laws and drag them into the 21st century.

In this respect Federal Health Minister Anne McLellan recently announced a review of federal public health related legislation.

The CMA supports this... as far as it goes.

I say we must be bold. We must break new ground.

We must reassign necessary command and control authorities to get the job done.

During the 1990s our governments had to make very tough spending cuts, including to public health, but at a terrible toll.

The system is stretched to the limit. Any more shocks, and it just might snap. We need enlightened leadership, and a renewed sense of what's right.

Above all else we must stop robbing Peter to pay Paul. We must stop stripping funding for chronic disease related public health services when an emergency arises and vice versa.

We've become complacent about public health in this country. Our national public health system is now splintered along federal, provincial, regional and municipal jurisdictions.

And you know what? When it comes to dealing with public health emergencies, this absence of working together shows.

### **The CMA Plan**

Canada's physicians have come together to propose a bold new way. Today I am releasing our ideas in answer to this call for leadership.

We have a ten-point plan that we commend to Dr. Naylor to rebuild public confidence in Canada's public health system.

It's founded on three core strategies:

First, modernizing Canada's outdated and impotent public health emergency infrastructure, especially at the national level;

Second, building much greater capacity – beds, specialized physicians and nurses, supplies - within the public health system so that it is far better equipped to deal with emergency situations;

Third, investing in public health research, surveillance and communications systems so our public health officials are far more prepared to deal proactively with the crises that are sure to come.

### **Legislative Update/Reform**

Modernizing Canada's public health laws is the cornerstone of our plan.

One of the most important reasons for these reforms is the inability of the federal government to act in the national interest during a time of crisis under the Emergencies Act.

This act is a clumsy tool – a legislative hammer – requiring Ottawa to declare a national emergency for legislation to come into force. Under current laws, new regulations must be promulgated for each new disease.

This time-consuming "all or nothing" approach means that where required, a more measured and focused response that does not unduly alarm Canadians is impossible.

We need to streamline public health legislation by creating a single, modern Canada Emergency Health Measures Act.

This proposed act would provide public health authorities with a clear and accountable mandate to act, when dealing public health emergencies.

The Act will give to an expert body the authority to issue alerts and invoke a range of steps depending on the severity of a specific public health risk.

Ranging from a Level 1 alert all the way up to Level 5, this emergency scale would enable this national office to respond to acute public health issues in a measured way to help protect the health and safety of Canadian families.

This authority would build on, not replace, existing provincial responsibilities. It entails a more concerted federal-provincial response.

Hand-in-hand with this modernization of our laws we must be taking decisions about public health problems out of the hands of politicians and instead, entrust them to public health professionals.

Canadians shouldn't have to call on experts from the Centre for Disease Control in Atlanta to help us in times of need.

How is it that as a wealthy G-7 nation, Canada does not have an independent national agency that is solely responsible for protecting the health and safety of Canadians?

Canada should have its own Canadian Office for Disease Surveillance and Control with state-of-the-art technology. The proposed office will have responsibility for a national public health strategy that anticipates problems, and develops solutions before a crisis takes place.

Responsibility for coordinating national emergency planning is part-and-parcel to these "infrastructure" reforms.

Rather than the disjointed and ambiguous system that exists today, responsibility for public health emergency preparedness and response should be handed over to a single national authority.

The CMA proposes appointing a Chief Public Health Officer of Canada with the authority to cut through red tape and invoke a variety of different public health emergency measures free from bureaucracy and political influence.

Unlike today, a new Chief Public Health Officer of Canada will be able to act in the national interest.

### **Capacity Enhancement Strategy**

The first priority of this Office would be to work with provinces and municipalities to increase the surge capacity of Canada's public health system.

Greater capacity in our public health system means having the right health care professionals – with the right tools – to protect Canadians and their families.

We need "surge" capacity available right across Canada so that in times of need, just like SARS, we can tackle the problem right away with a full battery of resources.

Think about the recent concerns here in Ontario about the peak demand for electricity.

When there is a spike in the need for electricity, the power-grid system redirects electricity from areas with lower need to meet the demand. This is pre-planned

Our public health system should be equipped to handle the same kinds of spikes in demand for the services of doctors, nurses and other health care professionals – and do it extremely quickly.

While there are no silver bullets, over time there are several things we can do to build this surge capacity.

Canada needs its own specialized School of Public Health, like Johns Hopkins in the United States, to build upon the expertise and leadership that is currently insufficient when it comes to public health.

We propose as part of this Office the creation of a Canadian Centre of Excellence for Public Health to fulfill this essential public health education need.

At the height of the SARS crisis, the federal government could not relieve the doctors and nurses who were overwhelmed by the situation and desperately needed help. In response, again under the auspices of the Office, Canada should establish a Canadian Public Health Emergency Response Service. The Service would create a reserve of fully trained public health professionals who, like a SWAT team, can be deployed to crucial areas during times of crisis.

But above all, the most important building block that needs to be put in place is for the federal government to provide a substantial reinvestment in capacity. The CMA recommends \$1 billion over the next five years to support the provinces and municipalities in the rebuilding of their public health infrastructure – not to build new bureaucracies – but to provide real, tangible resources and tools.

Local public health units are already stretched to the limit. And as more demands are placed on the system it is becoming almost impossible to keep up.

This investment from Ottawa will help protect public health services in each province. Provinces will also have to step up to the plate and match the federal government to allow the system to recover and build up the capacity necessary to respond to future problems – problems that we know are sure to come.

### **Research, Surveillance & Communications**

Turning to the third broad building block, research, surveillance and communications systems need to be harnessed in the service of public health. The work of Dr. Alan Bernstein and the Canadian Institutes for Health research holds great promise in this connection.

Canada led the world in the DNA sequencing to identify the Corona virus that is SARS. Well done Dr. Bernstein. There is so much more we can do to unleash the potential of our untapped research capacity.

SARS also taught us that under the current public system, day-to-day communications between governments, public health officials, and front-line health care professionals break down creating widespread confusion.

That's why we need a \$200 million investment over the next five years in public health research and to support a "REAL" time emergency health communications system, a system that is Rapid, Effective, Authoritative and Linked.

Provinces and territories should also be required to report on infectious and chronic diseases to the Chief Public Health Officer of Canada so that the system can detect any early warnings, and put a response in place right away.

## **Conclusion**

In closing, I want to share a comment I recently heard from a Deputy Minister of Health regarding SARS. He said, and I quote:

"Our response was insufficient because of lack of understanding of this deadly new disease, weaknesses in our public health system, inadequate preparedness, fragmented organization and coordination, inadequate laws and regulations, slow communication of information, and an inadequate alert system."

Sounds bang on doesn't it?

The surprise is that this wasn't Canada's Deputy Minister of Health. It was China's. The similarity is striking, yet we consider ourselves to be so far ahead. I know I've been blunt and direct, but the CMA has a responsibility to speak out on behalf of the people of Canada when it comes to the future of the health care system.

Before February 13th, public health issues may have seemed to be another issue among many, in a complex and ever changing world. SARS has changed all that. Canadians must now come together to develop powerful solutions that can help improve our health in the years ahead.

It won't be easy. People will say it is too difficult because it means setting aside provincial and parochial concerns. You and I know that it can, and it must be done.

Notre tâche consiste à bâtir un système de santé publique capable d'attaquer de front les défis et les risques du 21e siècle :

The modernizing of Canada's public health emergency legislation...

Building surge capacity within the public health system so it is finally equipped to respond to emergencies with real force and presence...

And investing in public health research, surveillance and communications systems so our public health officials can anticipate

and deal with the crises that are sure to come...These are the solutions that Canada needs, today. These are the solutions that will build a safer and more secure Canada for our children tomorrow.

Thank you.