

## Health Workers

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Nearly one-half of Ontario's SARS victims in Ontario were health workers, doctors, nurses, lab technicians, cleaners, ambulance drivers and others who daily walked into the face of SARS. Unlike the rest of us, they had little choice. SARS was where they worked and they couldn't run away from it, even if they wished.

The experiences of the health workers who became ill with SARS are especially chilling because they are so unexpected. We don't expect our doctors and nurses and other health staff to get ill, even though this is an unreasonable expectation. We particularly don't expect them to get ill because of their work. We like to see them only as the knowledgeable professionals who try to keep us safe from disease and who look after us when it does strike us. When they begin dropping ill, we realize we are in a health crisis in which we are all at risk.

Because they are so important to us, we often view them as if they are not subject to vulnerabilities. But they are humans. They are people like us who worried, became tired and watched their personal lives suffer from putting in brutally long hours in the fight against SARS. They lived in constant fear that they might infect their families. Hundreds of them were quarantined, which often meant forced separations from their families. Many faced ostracism by colleagues and neighbours and, whether quarantined or not, had severely limited contact with family and friends. At times the fear and ostracism lasted for months after SARS finally ended.

Some of the saddest stories are from those who saw their colleagues suffer, and in some cases die, from SARS. One doctor who lost a member of her team told the Commission:

When Tecla Lin died it was the worst ... I do not think I was very well for a while. I did not want to go anywhere, I just wanted to be home. I was tired ... it was like I had been through an earthquake ...

Working conditions were difficult for doctors and nurses treating SARS patients, and for their support staff. The experiences of many nurses during SARS have been

related elsewhere in this report, particularly in the Nurses' Survey section. One doctor told the Commission of one of the most difficult effects of treating SARS patients, was being shunned.

We were not allowed to go the cafeteria they were sending sandwiches to us, because we could not go to the cafeteria. If we walked in the corridor and somebody saw us, they would turn around. It was not only my experience, it was the experience of a lot of people ... It took me a while to understand the ones that had been nasty to me.

I will let it go. I have to work with them anyway. But something I feel, feel that there are two kinds of people, those who will and those who will not ... when they tell you are not welcome here in this room. You cannot be here, you are not responsible by coming in this room ... it is a stigma ... it is not nice. I mean, they are all physicians for goodness' sakes, and health care workers, and they are behaving like old maids.

The same doctor had praise for many who did pitch in:

I can tell you that the people who worked in that unit were all extremely dedicated people, that I will work with them any time, because it was a risky situation.

Being a medical worker did not seem to help those who were unfortunate enough to become infected with SARS. No one can say that they received preferential treatment. The experience of one hospital nurse illustrates that. It also shows the difficulty some doctors had in diagnosing SARS.

One nurse who worked in a hospital that had SARS patients answered a call from a patient in a special unit and became ill over the following days:

I wanted somebody to admit me at the hospital. So I went to hospital ... and then I waited there for seven hours and the doctor there sent me home. He said I only have a urinary tract infection. I asked him, should I have a chest x-ray. He said no.

During her seven-hour stay, she didn't get anything to eat. Just water. Ten days after her contact with the infected patient, she was admitted to hospital. She was sent home after four days.

No one from her own hospital called her to tell her about the SARS outbreak there. She found out from colleagues that one of her co-workers had died and seven people on her floor were sick. She recovered and tried to resume work but found she was too tired, and retired from nursing.

Hospital settings were familiar to the health workers who became ill. Sometimes that made their hospital stay more difficult since most had been in contact with death during the course of their work. One hospital lab technician had been in quarantine at home when she experienced SARS symptoms and was admitted to hospital.

She recalled that one nurse refused to make up her bed:

I know that some of them didn't really want to be in the room. So she refused to make my bed. She just threw my stuff. I said, "You don't understand, I need to clean the bed, I've been sweating a lot, I need to change the bed right down and make a clean bed." And she just refused to do it and she said I have to do it myself. And I could hardly stand up. I was really upset over that ... I had other nurses who came in the morning and changed the bed. I didn't have to ask them.

This and a handful of similar stories stand in stark contrast to the compassion demonstrated by the majority of nurses and other health workers.

As Dr. Avandano of West Park Hospital told the Commission, there were many health workers from all areas of the hospital who worked very hard to contain SARS:

I suppose we were enough, or maybe at times we were not enough, but I can tell you that the people who worked in that unit were all extremely dedicated people, that I will work with them any time, because it was a risky situation. The staff that cleaned, the housekeeping, did not want to go either. So we had a woman that was absolutely amazing, she was always there working, washing and cleaning. And at one point, [something spilled on her] and she was in a panic, and we just washed her. The pharmacist was all the time there, from eight o'clock until eight o'clock at night. The infection control nurse ... was all day there, the ward clerk in the TB unit worked there with his mask because there were so many papers coming and going.

By far the greatest fear among health professionals was the fear of bringing SARS home to family. What could be worse than infecting the people you love the most? As one health worker said:

I was more frightened of taking it to my family. I did not see anybody, did not touch anybody for almost two months. It was the hardest. You do not realize what it is to look at people's faces and to shake hands and to touch. You do not realize until you do not have it ... for instance, we were not to go to any stores, so we could not go to a store, we could not go anywhere, and yet we were working in quarantine. So you go home, and work, home and work, you do not go anywhere, no social life, nothing, nothing, nothing ...

I have two grandchildren that are very, very young. My daughter would pass with them on the front sidewalk when I was home so that I could see them ... I did not want to infect anyone. I was terrified of infecting somebody else.

Another doctor described for the Commission how hard it was to deal with precautions and protective equipment. Those treating SARS patients or suspected SARS patients started by using a surgical mask, gloves and a gown. Later the mask was replaced by the N95 respirator, headaddress and goggles when examining or treating patients:

... And we realized how difficult it was to maintain those precautions, so once you came out of the room, and you disrobed, what happened then? Should you take your mask off? What happens with contact with your hands? I mean doorknobs, hand railings, how about charts, paper, pens, I mean everything and anything. It was so hard to know exactly what to do. So, again eventually we simply donned another gown, started keeping the mask on, we didn't wear gloves ... but that was a huge question. We were more certain what to do at bedside ... But the big questions, even to this day continues to be is what should the team members do when they leave the room? You know, they are still on the same floor, you know, the rooms of the patients are 10 feet away, what do you do at the nursing station, I still think that is a big issue.

Like others who treated SARS patients, he experienced fear from friends and acquaintances, in one case months after the SARS wave had ended:

I was in a restaurant. We were having a gathering. There could have been 14, 15, or 16 people. It was someone's birthday. A close friend of mine ... we were sitting relatively close together ... By mistake, they gave him mine [food dish], and I got his, well, I didn't realize this so I took a

morsel, a single morsel off his plate, with one of the vegetables, and you should have seen the reaction when I said, "Here's your plate." His wife and his sister said, "You can't touch that."

I just looked aghast, I said what are you crazy? It's a month later, you know my wife, my kids, my mother, a lot of friends ... I've shaken hands, I've hugged, I've kissed, you know, it's not a big deal, it's gone, forget it, and you know what? He, he would have been okay had it just been him and me, but I think it was everybody else around him. It was a silly little thing, but I couldn't believe that eight or nine months later I was still a bit of an outcast ... I think if had I used my fingers, I would have understood, but with a fork?

Another nurse became ill with SARS after she looked after a patient in her hospital's SARS unit. The illness played havoc with her personal life and she still suffers some effects. Although her story has a terrible beginning, it does have a happy ending.

She was saving up to go to the Philippines to be married when the illness struck. As she told the Commission:

We planned to get married there, to have the ceremony there, since our family and my husband's family are all there. We planned to have the ceremony in 2003, the summer 2003, but since I got sick, we changed our plans. We let him come here, use his visa, but I wasn't recovering well yet, so instead of coming here to Toronto, he went to Vancouver for a month so that his visa would not expire. But at that time it was so sad because I had SARS so we have a problem with his family, of course I cannot blame his family, they were discouraging him from coming over because they learned that I was sick. [They feared that] he might get infected too.

I was so scared that the wedding would not be realized. But he really proved to them that he loves me and no matter what he said he would still come to marry me. He actually wanted to come to look after me because even though I was sick already ... My mom was the one doing the household chores for me since I was so sick. I was always tired, so that's why he wanted to come over. I asked him to stay in Vancouver for one month, because I needed some time. Then in August 2003, he came [to Toronto] and then we got married on September 25th.

The couple waited two years to have a child because she was prescribed the anti-viral drug ribavirin, which is deemed to be unsafe during pregnancy:

So, to make it safe, we did it after two years. I got pregnant after two years. It was so scary still. Maybe I was just paranoid, but I know that I had that medication, I was sick. I don't know what the long-term effect of that will be. Even now, I have severe headaches. Sometimes I am so short of breath and still last year, my blood was not normal. And when I got pregnant and I had my ultrasound, ...they said that I am carrying a Downs syndrome baby. So it scared me ... but when I gave birth, [the baby] was healthy

When a health worker gets sick, the effects on his or her family can be profound. One nurse worked at a Toronto hospital but lived in a city out of Toronto. She became infected while helping to admit a patient. The hospital did not know he had SARS.

She was admitted to a Toronto hospital and her husband and her three school-age children had to go into quarantine in their home city. She recalled her experience in an interview with the Commission, explaining what was going through her mind:

Just the dread of possibly infecting my family was the first thing that went through my mind. This fear for my family and then just the anxiety of not knowing whether or not I was going to have it ... And it's very tense trying to explain it to my husband and my kids. Wondering how it could happen. I don't think that kind of feeling, that kind of resentment hit until I was actually hospitalized.

The husband set up school for the children at home. As she told the Commission:

You know they would sit in our family room and he would ring the school bell and sit them down to do their homework from nine o'clock and then they would have recess when they usually had recess and lunch when they usually had lunch and then at three o'clock they were allowed to watch cartoons like usual.

The neighbourhood kids were not so understanding:

There were some kids that were just targeting the house. You know teenagers, what else is there to do, I guess. So they were throwing bottles at the house and trash on the lawn and stuff like that.

For the most part I truly believe most had no idea what was going on. Locally it wasn't big news so I guess most people, if they heard about it, didn't really associate it with something [there]. I had one neighbour who was very, very helpful who brought supplies to the family.

She said her husband faced some shunning after his quarantine:

He went into the bank and they were covering their faces or some silly thing like that. You have to expect that kind of thing because people are not sure what to do and they want to protect themselves so I didn't really hold that against them. It wasn't that bad.

The nightmare of passing SARS on to family came true for one doctor who contracted SARS and infected his 15-year-old daughter. Both survived. The dramatic impact on the family was relived on the first anniversary of the Toronto SARS outbreak on the TV Ontario program *Studio 2*.<sup>813</sup>

The doctor noted that anesthetists sometimes resuscitate people and this has never been a problem for him, even when he had to try to resuscitate a woman with leprosy using the mouth-to-mouth method. But SARS was different:

We had an elderly man who was quite ill in the intensive care unit whose breathing was getting quite distressed. I happened to be the first available anesthetist that morning that entered hospital so I was asked to go and help out in the situation. And you have to bend down and look within a few inches of the patient's mouth. And even just that few seconds it took to do that I guess I was right in the stream of the virus being breathed in and out and I got quite a wallop of it. So even with the mask I had and that, I got I guess enough of it around the edges of the mask to become ill myself.

It happened so fast. I guess I was more like one of the sort of front-line border troops in a war that just got sort of mowed over by the initial blitz.

When symptoms appeared, he went to the emergency department. Several other medical staff were showing up with similar symptoms and all were sent to a newly

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813. TVOntario transcript, *Studio 2*, March 15, 2004.

opened SARS ward at another hospital. He lost 20 to 25 pounds and became jaundiced from the side effects of the drugs, and anemic. He became extremely weak. As he said:

And it got worse when I found out my 15-year-old daughter had gotten sick and was admitted and probably had SARS as well.

When she got sick, I really felt somehow that maybe I should have, you know, immediately just put myself into isolation as soon as that – as soon as I was in contact with that patient. So yes, I certainly did feel a lot of guilt there.

His daughter also spoke on the TV program:

I never was angry. I was never upset at him. I didn't want him to feel guilty. It made me sad that he felt that way.

It all happened in a matter of hours. I started to feel really fluey, got into the shower and within half an hour I was feeling really bad. It was like a flu but it was, I would say, ten times worse. When you breathe, you feel pain in your chest and when you try to cough it's just like fire coming out your throat.

The ambulance came and all of a sudden these guys come out in these outfits that looked like space suits and it sounded like Darth Vader and it was like the scene from *E.T.* when the people come in and take him away. It was like that. And just the sound, everything was really strange and really scary and frightening. I could not stop crying.

There were a few moments when I thought to myself, I'm gonna die. I knew that it was really serious and there was a woman down the hall from me in the isolation ward and she was really sick, and she was screaming and really disoriented and crying. And then I found out a few days later that she died.<sup>814</sup>

The daughter recovered and was in quarantine for about two months and, of course, missed two months of school but she said the experience changed her:

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814. TVOntario transcript, *Studio 2*, March 15, 2004.



I was just sitting in my room alone and didn't know what was going to happen. I had a lot of time to reflect and to think about the way I was living previous to this. I had really, really negative self-esteem, really bad image. And throughout that time, I just only had myself and God and just my thoughts and I had to sort everything out. And I came out feeling just completely more connected with myself and had this really good relationship with myself. I was really happy. I was really positive. I thought, wow, I'm really a survivor of something this dangerous, this scary.

It was a wake-up call. Whether or not you admit it, everybody takes everybody for granted, you know. Your family is always there. When somebody almost dies or somebody is really sick, when you get better you're that much more thankful for it.

What gives me comfort is to know that believe it or not you cannot control many things. And sometimes you just have to take it a day at a time and see what happens. Just live your life and follow your goals and dreams.<sup>815</sup>

The doctor also fully recovered. As he said:

I was lucky. I got over the physical stuff pretty promptly. By the time the quarantine was over I was actually basically sick of being sick. I found that first going out, even just walking, it felt like a walk around the block was a several-mile brisk hike. But within a month I was right back to where I had been before.<sup>816</sup>

But his daughter worried about her dad when he went back to work:

I thought that maybe new diseases would come back. If something like that happens, well, what else? There are probably millions of other diseases we don't know about.<sup>817</sup>

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815. TVOntario transcript, *Studio 2*, March 15, 2004.

816. TVOntario transcript, *Studio 2*, March 15, 2004.

817. TVOntario transcript, *Studio 2*, March 15, 2004.

## The Case of Dr. X

Early in SARS a nasty public controversy erupted over whether a health professional knowingly put hundreds of people at risk when he attended a funeral while sick with SARS-like symptoms. An estimated 150 people were quarantined because of what a public health official painted as an irresponsible action that could possibly spread SARS throughout the community. The media jumped on the story and many people became anxious that the SARS outbreak, already a terrifying situation, was about to get worse.

Dr. Hanif Kassam, acting York Regional Medical Officer of Health when SARS broke out in the spring of 2003, revealed this potential exposure at a news conference the day after Easter. He said the health professional had put “hundreds of individuals at risk” by exercising bad judgment. He went so far as to threaten to have the person charged by police if he did not stay isolated. The *Toronto Star* reported:

He should have known about the symptoms and taken the necessary measures to ensure that other people were not put at risk, Dr. Kassam told the news conference. He clearly doesn't know the gravity of the situation.<sup>818</sup>

This scathing denouncement was made publicly despite the doctor's evidence that he had no symptoms before the funeral.

The health professional, Dr. X, was a resident doctor at a Toronto hospital at the time and vigorously denied the accusation. He had admitted himself into hospital with SARS-like symptoms after the funeral but protested that he had been symptom free before going to the funeral home and a church. At the time that Dr. Kassam made the accusations, the doctor had been isolated in hospital for almost two days.

Dr. X responded to the public attack and the two doctors fired back and forth at each other in the media, leaving the public trying to sort out the facts. There is much more to this story than contained in this brief summary and the Commission cannot make a finding of fact in this particular case. It can, however, note that the incident is an example of how easily things can escalate in times of crisis. It shows the need for those

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818. York Health says he spread SARS, *Toronto Star*, April 22, 2003.

in authority to keep a cool head and measure their response when emergencies occur. Provocative personal attacks by those in authority are not helpful.

The public fight between Dr. Kassam and Dr. X was unfortunate and unnecessary. It caused considerable apprehension among the public, who were left with the impression that even the medical community, their best defence against SARS, was slipshod. If anything was learned from the incident it is the need for reasoned approaches and calm communication by those in positions of authority during times of public crisis. What was missing in this case was a measure of official restraint and non-provocative language, especially when the battleground of the dispute was the news media.