

Did Politics Intrude?

There is widespread suspicion that political and economic pressure affected Ontario's response to SARS. Union officials, nurses, doctors, people who fell ill, families of those who died asserted again and again their feeling that someone, somewhere, somehow, exerted pressure to minimize or hide SARS, or not call a SARS case SARS, or declare SARS over because of its devastating effect on the economy.

Those who assert these suspicions point to the timing of the World Health Organization travel advisory imposed against Toronto on April 23, 2003. The advisory was lifted on April 30 only after high-level political intervention by the Minister of Health, who flew to Geneva with public health officials. That was followed in mid-May by the relaxation of precautions, the new normal, announcements that SARS appeared to be over and that the health system and the economy could return to business as usual. Those who assert this view point to the disastrous May 23 news conference where news of the second outbreak was pried out of officials only in the face of skilful cross-examination by the media. They also point to the patients at North York General who had SARS in April and May, although the hospital and public health officials failed to diagnose and disclose these cases as SARS.

The suspicions, with one exception, are unfocused and unspecific and they name no names or events or alleged events or conversations or documents. Some who hold these suspicions point to politicians or government in general terms; others point to hospitals or public health or physicians.

In all the interviews and documents and investigations, only one specific allegation of pressure emerged, not that there was pressure to hide SARS, but that there was pressure to back off an investigation into health worker safety. The allegation surfaced during the followup interview of a confidential source that the Ontario Cabinet Secretary, as the result of a phone call from the CEO of Mount Sinai Hospital, directed the Ministry of Labour to cancel a worker safety investigation scheduled for Mount Sinai on June 13, 2003. Immediately upon receipt of this late-breaking allegation, the Commission interviewed 13 witnesses, some more than once, and examined documents that included contemporary emails, memoranda and various government

and hospital paper trails obtained by way of subpoena. The results of this investigation are found in Chapter Three, under the heading “June 13 Cancellation at Mount Sinai,” and do not form part of this chapter.

As for the persistent yet vague suspicions of improper political and economic pressure, the Commission noted in its first, 2004, interim report that it had at the time of writing found no evidence of political influence on public health decisions:

The Commission on the evidence examined thus far has found no evidence of political interference with public health decisions during the SARS crisis. There is however a perception among many who worked in the crisis that politics were at work in some of the public health decisions. This perception is shared by many who worked throughout the system during the crisis. Whatever the ultimate finding may be once the investigation is completed, the perception of political independence is equally important. A public health system must ensure public confidence that public health decisions during an outbreak are free from political motivation. The public must be assured that if there is a public health hazard the Chief Medical Officer of Health will be able to tell the public about it without going through a political filter. Visible safeguards to ensure the independence of the Chief Medical Officer of Health were absent during SARS. Machinery must be put in place to ensure the actual and apparent independence of the Chief Medical Officer of Health in decisions around outbreak management and his or her ability, when necessary, to communicate directly with the public.¹⁰⁰⁹

The first interim report also said:

... the Commission has not at this stage of its investigation found any evidence of political interference with public health decisions during the SARS crisis. There is however a perception among many who worked in the crisis that politics somehow played a part in some of the public health decisions. Whatever the ultimate finding may be on this issue, Dr. D’Cunha’s approach left too many colleagues with the perception that he was too much a political animal and too little an independent public health professional.

1009. SARS Commission first interim report, p. 56.

It is impossible to say, in the end result, that Dr. D’Cunha’s difficulties made any ultimate difference in the handling of the crisis. Although his colleagues were frustrated by his approach to things, the crisis was to a large extent managed around him. It is hard to say that the overall result of the SARS crisis would have been different with someone else at the helm.¹⁰¹⁰

The Commission noted similarly in its second, 2005, interim report:

While the Commission has not, to date, found any evidence of political interference during SARS, the problem is that many people suspected political interference and many were convinced that politics were at work behind public health decisions. The mere perception of political interference, whether true or not, will sap public confidence and diminish public cooperation.¹⁰¹¹

This section will deal with:

- The nature and content of the suspicions;
- the evidence of key witnesses, such as the Premier and the Minister of Health, who would have been in a position to exert influence; and
- the evidence of key witnesses such as public health, hospital officials and physicians who would have been in a position to observe any influence.

The conditions that fostered such suspicions include:

- the timing of the travel advisory and its lifting, followed shortly by the relaxation of precautions and the “new normal”;
- the intense desire of everyone in the health system and the community, exhausted and weary of SARS and at the end of their tether, that SARS should be gone, and their fervent hope that it was in fact gone;

1010. SARS Commission first interim report, p. 55.

1011. SARS Commission second interim report, p. 17.

- The regrettable perceptions created by Mayor Mel Lastman's outburst against the World Health Organization and the invocation by some officials in the office of the minister of health and the Chief Medical Officer of Health of the minister's name and authority when requesting information from front-line public health and hospital workers;
- The Commission's steps to investigate the suspicions of political and economic pressure; and
- The Commission's analysis and findings.

These suspicions of political and economic pressure on public health and hospital decisions in order to protect the economy and hospital finances have two common elements. First, they are strongly held by those who hold them. Second, those who hold them are unable to point to any evidence to support their suspicions.

The suspicions were voiced by a health union leader in the context of the WHO travel advisory, its effect on the economy and the political effort to reverse it:

Answer: Quite clearly economic interests took over at an early stage. Quite clearly doctors put pressure on authorities to get back to normal ... The business community started to get on board and economic interests took priority here and the whole health and safety of members took a back seat with the WHO advisory in April. The whole thrust of trying to get it reversed centred around economic factors.

The ball was dropped in the middle of May. [Minster Tony] Clement sent out the signal that the crisis was over and then we have the second outbreak. North York General, St. John's and the Whitby wing of Lakeridge Hospital.

My concern is that the economic interests predominated at expense of health and safety of members.

Question: How does one prove it? ... How can you prove it was linked to economic reasons?

Answer: Why was the whole thrust of the provincial government centred around getting that advisory lifted? That was the sole preoccupation of the Minister of Health. His job should have been to protect the health and safety of the people in the province and they didn't do that.

The suspicions in the context of hospital's finance were expressed by two nurses at North York General:

There was a lot of pressure from the media, from the politicians, from the business community, that the city was going to lose so much money and all I kept thinking was how much money will they lose if this gets out of control ...

The whole thing was being kept hidden because they were afraid of a panic, afraid of the impact on the economy ...

As noted elsewhere in the report, one North York General emergency room nurse said she thought there was tremendous pressure to downplay SARS:

... There was a tremendous pressure on the politicians from the business community, or perceived pressure, to downplay the danger of SARS. That the danger was to downplay it to the staff who were looking after the patients. And to put the staff at risk. And to put all of the community at risk because you're not containing it strictly.

These suspicions were voiced at the public hearings by Dr. Jan Kasperski, Executive Director and CEO of the Ontario College of Family Physicians:

Bowing to political pressure, the new normal was put into place, mostly to reassure tourists that Toronto was open for business.¹⁰¹²

Dr. Kasperski continued with a thoughtful analysis of the lack of support given to front-line family physicians by the health system, but he pointed to no evidence to support a suspicion that the "new normal" resulted from political pressure to reassure tourists.

Although these witnesses were convinced that economic and political pressures were somehow at work, they were unaware of any actual evidence of such pressure. Also unaware of

1012. SARS Commission Public Hearings, September 29, 2003.

such evidence was a doctor at North York General who held similar suspicions:

Question: Did you sense that SARS had gone away and wasn't a problem?

Answer: I didn't think it had gone away. There was, well, significant if you would political pressure to relax the protocols and restrictions, my personal opinion obviously, but with trying to get Toronto off the WHO travel advisory.

Question: What do you mean by political pressure?

Answer: If you were aware of the media, there was pressure because of the way it affected Toronto coming into the summer, to get Toronto off the WHO travel advisory because of the, if you will, the political, economic effect it was going to have. There was this will to have SARS go away and be declared resolved. And the impression that it started at a public health, governmental level rather than within a particular hospital ...

Question: On the question of political pressure, which means different things to different people, we're obliged to see if there was any actual evidence of political pressure. Do you know of any actual evidence of political pressure?

Answer: Exerted by politicians? No, I'm not aware of that. I know that there was a will, if you will, a general will in the community to have Toronto declared SARS-free, you know?

The doctor's observations are significant for two reasons. First is the assumption that underlies most suspicion of pressure, the assumption that the relaxation of precautions and the new normal and the announcements that Toronto was open for business, because they followed so closely the economic disaster of the travel advisory and the political effort to have it lifted, must have been connected to them.

The second reason the doctor's observations are significant is that as soon as he thought about what he meant by "political pressure," he crystallized his suspicion into the proposition that there was a general will in the community to have SARS over

and to be SARS-free.

This doctor's insight goes a long way to explain the widespread suspicion that there was political and economic pressure to say that SARS was over. The doctor is correct that there was a general will in the community to be SARS-free. Everyone wanted SARS to be over. Politicians, health officials, emergency officials, nurses, business people, doctors, hospital officials, paramedics, patients and everyone touched in any way by SARS wanted it to be over and gone.

Front-line workers were exhausted. The restrictions of masks, the constant changing of gowns and gloves, the inability to breathe easily through the N95 respirator, the total disruption of hospitals – indeed, the terrible disruption of every health system workplace and every health worker's daily tasks – their inability to fulfill their professional calling and give patients the kind of personal care so disrupted by SARS, the inability to treat cancer and cardiac patients who needed medical care: All this and more created a profound sense of frustration and a strong desire for a SARS-free return to the normal work of caring for the sick.

There may for this reason be a sense in which the wish is fodder to the thought, a sense in which people throughout the system created in themselves their own pressure to believe that SARS was gone.

Reasons for Suspicion

The perception that SARS was politically driven arose principally from two circumstances:

- The trip by the Minister of Health and senior officials to Geneva to secure the reversal of the WHO travel advisory.
- The coincidence in time between the lifting of the WHO travel advisory on April 30 and the lifting of the emergency and the proclamation of the new normal in mid-May, based on the belief that SARS was gone.

The evidence that the Geneva trip and the lifting of the emergency and the proclamation of the new normal were not politically motivated is noted in this section. This evidence is uncontradicted and the reasons for considering it plausible are reviewed below.

There were also less prominent reasons for the perception, including:

- The perception that the office of the Chief Medical Officer of Health was within the political sphere of the Minister of Health, a perception fostered by the invocation of the Minister's name by some officials when asking for operational information of a medical nature.
- The bizarre attack by the Mayor of Toronto on the World Health Organization, combined with the economic boosterism of some public announcements that SARS was over.
- The intergovernmental bickering, particularly the partisan-sounding attacks by the Ontario government on the federal government.

This is a convenient place, before turning to the major reasons for the perception, to deal with these issues.

The Minister's trip to Geneva and his reasons for it were fully in accord with the thinking of the public health and public service professionals whose advice he accepted throughout the crisis. They were convinced that the WHO decision was wrong and was based on inadequate medical and scientific information. Because of the structure of the WHO, in one sense an international political organization, the only way to bring these scientific and professional concerns to its attention at the highest level was an intervention at the political level by the Minister of Health. There was nothing inappropriate in the Minister taking this step in accordance with the views of the public health and scientific leaders.

As for Mayor Lastman's outburst against the WHO,¹⁰¹³ little need be said except to emphasize that public communication during a public health crisis should be thoughtful, measured and nonpolitical.

As for the economic boosterism of some public announcements that SARS was over, it must be remembered that every level of government was properly concerned not only with the health problems posed by SARS but with its economic devastation. There is nothing wrong with economic recovery measures so long as they do not

1013. "Where did [the WHO] come from? ... They sit somewhere, I understand Geneva, I don't even know where the hell they came from, but Geneva or someplace and they make decisions..." – Mayor Mel Lastman, at a press conference, April 23, 2003.

influence public health decisions or public disclosure of an infectious risk. The remedy against any political interference that might flow from economic recovery measures is not to discourage such measures. The remedy is to ensure, as recommended, the scrupulous structural separation of politics and infectious outbreak management.

As for intergovernmental bickering, the Commission in its first interim report noted the bad provincial-federal communication that impaired our response to SARS and the need to avoid it the next time we are faced with such a crisis. The Ontario government never lost any opportunity to criticize the federal government on any issue, from airport screening to financial compensation. The provincial attacks seldom appeared constructive and smacked at times of gratuitous “fed-bashing.” Nothing displays this anti-federal bias more than a curious document received by the Commission at the beginning of October 2003, in the last days in office of the Eves government, purporting to be a brief submitted on behalf of the government of Ontario.¹⁰¹⁴ It consists of a lengthy partisan attack on the federal government’s SARS activity. Although disavowed by the Premier and the Minister of Health as any reflection of the position of their government, it does reflect within the ranks of senior government advisors a deep hostility to the federal government and a reluctance to miss any opportunity to blame things on it.

Although an element of healthy tension is inevitable in Ontario’s relations with the federal government, there is no room during a health crisis to indulge in this ritualistic intergovernmental bickering. As noted in the Commission’s first interim report, it is essential for governments during a public health crisis to resist their natural temptation to criticize each other. It is imperative for governments in a crisis like SARS to rise above their traditional bickering and work together in the wider public interest.

The unnecessary invocation of the Minister’s name by some within the office of the Chief Medical Officer of Health, when asking for operational information or giving operational directions, created in some quarters a perception that the operational response to SARS was politically driven. While there is no evidence that this was the case, it does emphasize the importance of a clear line between what is public health and what is politics. The government has started to clarify this line in legislation according a measure of political independence to the Chief Medical Officer of Health. This important process will remain incomplete until the government imple-

1014. Although the document is marked “Confidential,” the Commission did not solicit the document in any way, did not receive it under any promise of confidentiality and acknowledges no basis on which this government submission should be considered confidential. It will form part of the Commission’s record of public documents transmitted to the Ontario Archives.

ments the balance of the Commission's earlier recommendations in this respect and in respect of the independence of local medical officers of health.

One similar factor that may have contributed to a blurring of the lines between politics and public health was the special role of Michael McCarthy, a senior political aide to Health Minister Tony Clement. He was perceived to be very close to Dr. Colin D'Cunha, the Chief Medical Officer of Health, and to involve himself from time to time in operational matters. There is no suggestion of wrongdoing on his part and the Commission makes no criticism of Mr. McCarthy.

The problem was not so much the role of any particular person but that the dividing line between what is political and what is public health was not made as clear during SARS as it should have been. It would be wrong to treat any public health crisis as just one more "hot potato file" to be carried and managed politically by those in the Minister's office in the same way as physicians' fees or hospital funding. Public health crises, for all the reasons given above and in the Commission's interim reports, require the utmost public confidence that no political consideration can or will interfere with medical public health considerations by the Chief Medical Officer of Health.

One way to ensure a bright line between politics and public health, so essential to public confidence, is to ensure that ministerial aides stay clearly on the Minister's side of the line without appearing to become players in their own right in the operational response to a public health crisis. The government has taken steps in the right direction by giving the Chief Medical Officer of Health a large measure of independence. Further steps need to be taken in this direction, as recommended in the Commission's interim reports in respect of the role of the Chief Medical Officer of Health and the local medical officers of health.

Evidence of Premier and Minister of Health

The question of economic motivation and political pressure were put to Premier Ernie Eves and Minister of Health Tony Clement.

Mr. Eves said that the government's approach to SARS was to avoid politics and act on the advice of public health and public service professionals like Dr. James Young and Dr. D'Cunha and to back them up:

I made a decision rightly or wrongly at the outset that this was not, that people should not be playing politics with this issue. I felt that it was far

too important an issue. It went right to the safety and health of Ontarians. So I purposely took a role that was not in the limelight; I did not go to appear before TV cameras every day. I thought the best thing we could do is hire the best medical and scientific brains we had or obtain them from other jurisdictions if we did not have them and empower Dr. D’Cunha, Dr. Young and others to I regarded this as a medical and scientific problem and I would like to think that is the way that it was handled. I am sure in hindsight there are always things that we think of that human beings could have done better, but I really think that we approached this on that basis ...

The Premier’s Chief of Staff said:

From day one, the first day was a Wednesday, I think, of SARS I, the message back to Drs. D’Cunha and Young was, whatever you need, you got.

And the Premier added that his message to take away was:

And the cost, we will sort out how we pay for it later.

Mr. Eves said that on May 17 he accepted with some reluctance the advice of public health officials to lift the emergency, and only after he asked repeatedly:

Are you absolutely positive that this is the right thing to do, that we are getting the right information, are you sure this is all right?

And only after he received repeated assurances from Dr. D’Cunha and Dr. Young that the absence of new cases and the advice of medical and science advisors warranted the lifting of the emergency:

I think that they really, from their best judgment, and from what they knew at the time, felt that it was the right thing to do. I have tremendous amount of respect for the abilities of both Dr. D’Cunha and Dr. Young. I cannot 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.

In respect of his overall role as Minister of Health in the SARS crisis and his approach to it, Mr. Clement said:

Mr. Clement: Basically I was the point guy from the government of Ontario's perspective and then had to create a management structure for Drs. Young and D'Cunha that would allow each of them to do what they had to do under their respective acts, and get the job done ...

I believe that the Minister has to be very much involved with the organization of dealing with the medical emergency. Very much has to be involved in all major decisions, has to vet all major decisions, very much has to be involved with the communication to the public on a regular ongoing basis and has to be involved with ensuring that whatever is done, whatever is decided upon is implemented, that there is avenues by the stakeholders, the nurses, the doctors, the public health officials, all these avenues to, if there is something going wrong, they have to be able to talk to the Minister about it. It cannot just be the hierarchy. So that's how I conceived my role and I believe that it was the appropriate definition of my role ...

I was involved at all levels. I would be a frequent participant in the POC [Provincial Operations Centre] meetings. I would be an occasional participant with Dr. D'Cunha at his initial meetings and I was a frequent participant with the conference calls with the Premier's office and the Cabinet office and that was just the formal meetings. Then there were informal meetings that took place throughout the day and night on an as-necessary basis where I was more often involved than not. I was up to my eyeballs in it. I believe that that is the appropriate role. In terms of the communications, I believe we had something like 47 press conferences, and I was involved in over a dozen of those, so I was not an intrusion but where and when necessary to put an elected, empathetic face that was not a doctor but was suffering with the rest of us, I was there. I was there to communicate major messages such as over the Easter weekend, when we were afraid of community spread, as well as interact frequently

with my federal counterpart, which fortunately was a very strong relationship, a very positive relationship. So, that's the role that I played ...

Question: Is there a risk here that the whole issue becomes too much of a political issue?

Mr. Clement: No I think we were quite at pains to make sure that did not happen, actually. I was conscious of that issue. There is an ingrained check and balance on that, which is if you are seen as exploiting this issue for political purposes, you are absolutely crucified and rightly so. That is an ingrained check and balance on that, and I was quite at pains to make this as nonpolitical as possible. I insisted that the Opposition health critics be briefed ...

As for the decision to travel to Geneva to seek withdrawal of the WHO travel advisory, Mr. Clement said:

Can I just say one thing about the WHO on the politics front? The reason that I went along was because I wanted Dr. Brundtland, head of the WHO, Director General, a former Prime Minister, a former politician, I wanted her to see the whites of my eyes. It's one thing for public health officials to go over there and say don't worry, everyone is on side, we've got everything under control, we'll do whatever you ask us to do. The public health officials can say that, but she would want to know that there is political will, that the politicians understand how serious this is, and that the politicians are willing to do what's necessary to meet the concerns of the WHO, which as it turned out hinged on the borders. That was the only outstanding issue. We've convinced them that the disease was not being communicated in the community and we've convinced them that our infection control was working in the hospital setting such that our rate of new infections was radically down.

So the only issue we faced in Geneva really was in federal responsibility and we were able to give them the assurance because I had worked with Anne McLellan on the ground in Geneva to give them the best of assurances. I wanted her to see the whites of my eyes. I thought that it was important for her to know that the politicians were engaged and that we

knew that if we failed that, it was not only a failure in our own community, if this thing got exported to the Third World, this could be a potential catastrophe of unimaginable proportions, and I wanted her to know that I knew that. Because she had a responsibility to the world. She had the responsibility of making sure that this didn't come to South Africa, or didn't come to India, or didn't come to some place that didn't have the public health infrastructure that we have.

So that's why that was important, but I did not make the argument based on politics. I made the argument based on facts. I said, here is our rate of infection, here is our rate of community spread, here is what we are going to do with the federal government when it comes to border crossings. Please make the decision based on the facts, Director General, don't make the decision based on other extraneous factors, including politics. The facts were on our side, so this was not a political appeal, it was a factual appeal to the facts on the grounds on that day on April 30th rather than where they were on April 18th. Sorry, I wanted to get that point out because it was most definitely not a political gesture, it was a strategic gesture to convince her in the language that she would understand, factual language, and also as a former prime minister respecting that politicians have to be accountable and have to be part of the solution, and not just public health officials.

As for the government's approach to public disclosure of SARS risk, Mr. Clement said:

Very early on, I decided, you have to make a decision, you have to make a decision how you're going to treat this with the public, and there is always advice, and I did receive advice to play it down, there is no issue, there is no problem, we got a little problem at Scarborough Hospital, let's not create a sense of panic in the public. I rejected that advice to this extent, I believed that what would create a greater sense of panic in the public is a lack of information given the fact that death was occurring.

And so very early on, even before the state of emergency was issued, I made a deliberate conclusion that we were going to give the public as much information as we had on a real-time basis, even on a daily basis, in order that they knew exactly what we knew, and Dr. [Richard] Schabas has been critical of that, but I think that it was the right thing to do.

And I would do it again, because the alternative is to hide information from the public, and I think that would actually create more of a problem. It would create a problem of credibility with the government and the public health officials, and it would create a problem of assuming far worse than potentially was the case, which would actually fan panic rather than actually contain the panic. So yes, guilty as charged, we communicated with the public at every available opportunity and I think that was the right thing to do.

The Commission asked Mr. Clement about his state of knowledge before the disastrous May 23 press conference where the facts of the North York General outbreak emerged only under media cross-examination of Dr. [Donald] Low. Mr. Clement said that going into the press conference, he was aware of a few cases but not of the magnitude disclosed by Dr. Low, who had arrived directly from the field a few minutes before the press conference without telling the Minister or the other government officials what he later told the media:

Question: So going in to the press conference, had you had any kind of a briefing from any of the officials as to what might be happening?

Mr. Clement: Well, we usually have a briefing before every press conference, and we did so in this case, but it was literally a couple of minutes of briefing, because he had just arrived in time, as I recall, this is my recollection now. And so he didn't, he didn't tell us any of this during the time before we were working on our speaking notes for the press conference. So it was news to us.

Question: And so do you recall what your understanding of the situation was prior to hearing him respond to the media question?

Mr. Clement: Well, we had a few cases, but not in the magnitude that he was expressing.

As for the existence of any pressure to declare SARS over prematurely, Mr. Clement said:

Question: Was there a pressure that you could feel that grew during April as far as the WHO travel advisory and the issues that arose out of that, to be able to declare this victory?

Mr. Clement: I am glad that you mentioned that. I never felt any pressure from inside the government. There was certainly pressure from the media, and I thought to myself as the cases declined, I thought, you know, they are going to start to ask me whether this is over, and I would be the craziest health minister alive to declare this as over. You could go through every single tape and interview I did of where I was asked probably a dozen times on TV, is this over? My response was exactly the same. In early May, which is after the travel advisory, I said no, this is not over; we have to continue to be vigilant.

There could be a recurrence, so our jobs continue to ensure that we have the right procedures in place in case there is 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, I knew that. So, I never declared it over. Never, ever, ever, in my discussions with stakeholders, with the media, with the POC, with the Premier, I always said we have to be continually vigilant because this may not be over.

Question: Why do you think you were getting the sense that the media was putting pressure on you? Was it a new turn in the series of stories for them?

Mr. Clement: I think there is a notion to want to declare something, they wanted to get on to other things institutionally, so yes, they were waiting for somebody to declare it over, sure. But it wasn't me.

Question: Did you get a sense that those who were working on the issue had the same view as you did? Were there people in there in that group that were also feeling pressure or creating pressure?

Mr. Clement: No, not at a senior management. No. Evidently, this is human nature, people on the ground wanted this, there is a normal human reaction to think that this is over and now we could get back to normal. My point to them always was we will never get back to normal, that is why I'm the one who coined the phrase "the new normal." At a Science Committee meeting, I said we had to get a new normal because we were never going back to normal but we were in the midst of creating the new normal when the second outbreak obviously occurred, but I got a sense after the fact, after the second outbreak, that human nature did its thing again and there were some people potentially who may have let their guard down because they thought that it was over. But they never got that signal from me, or I never got that feeling from anyone in the senior management group.

Question: Now the senior management group is?

Mr. Clement: I mean the POC, Dr. Young, Dr. D'Cunha, Phil Hassen ...

...

Question: Did you sense pressure? You mentioned the media. What about the hospitals themselves, the doctors?

Mr. Clement: They were desperate to get back on track. Their queues were lengthening and that is how doctors get paid. The hospitals obviously wanted to get out of the situation where every hospital in the GTA [Greater Toronto Area] was in restricted access. Obviously we handled the second outbreak in a different way. Having learned a little bit, we learned that it is easy to

shut down a hospital but not so easy to boot them back up again. It is a very complicated task, actually. So I would say the hospitals and doctors wanted to get back to normal, as quickly as possible at which point I would say to them, remember, we are never going back to normal we're going to a new normal of infection control, the likes of which we have never seen before but yes, sure we want to normalize the new normal as soon as possible.

Question: Was there a sense of pressure from the federal government?

Mr. Clement: No, to be fair, no I wouldn't say that. They were not that close to the ground to even make that suggestion, I wouldn't think.

Question: What about the city? Business community? Were you sensing anything coming?

Mr. Clement: I was sensing that everybody wanted this to be over as soon as possible but again, it is not as if I had a conversation or a meeting X on day Y where the mayor said to me, get on with it, nothing like that that you could, I guess it was through the media that you got a sense that people wanted to be over this, and we all did, but we knew that there had been recurrences in other, a recurrence in Singapore, a recurrence in Taiwan, the situation in China wasn't under control yet, so I made it pretty clear that we will not do anything in haste that we would regret later. I felt pretty clear about that.

Question: There is certainly concern expressed to us, and it often does not have specific genesis, but that it was economics that drove this from about the WHO travel advisory on.

Mr. Clement: Yes, that is not true.

Question: They will say that you sent the signal. You obviously

didn't send a direct signal. I think that they are taking your participation in response to the WHO has been a signal, that it was the economics of it that drove you to take a higher public profile at that point in time?

Mr. Clement: No. I went there I went to Geneva because they had to hear the facts from a combination of public health officials and elected officials and I wanted them to make a decision based on the facts, so no, that is not true.

When I say pressure, I was aware that people wanted this to be over, but it is like being aware of the weather. Just because they wanted it to be over does not mean that it is going to be over. I want to make that absolutely clear. It is not as if it had any influence in my decision making whatsoever. In fact, quite the opposite, because I saw the danger of declaring prematurely that it was over and I was absolutely committed to not declaring premature victory, so I want to make pretty clear that fact outlined and highlighted to me why we could not declare prematurely that the war against SARS was over.

This evidence from the Premier and the Minister of Health, as noted below, is uncontradicted. There is no evidence in any document or from any witness or confidential informant interviewed by the Commission to suggest the contrary of what they assert in respect of the lack of any political pressure to hide or downplay SARS or to say prematurely that it was over.

Their evidence is plausible because, for reasons expanded on below, it would be political suicide for anyone in their position to attempt to hide SARS or to exert influence to secure a premature declaration that SARS was over.

Evidence from Senior Officials

The Commission interviewed many senior officials with the Provincial Operations Centre, the Ministry of Health, the Science Committee, hospitals and Public Health who were in a position to see the exertion of political influence if it existed. Some of

them were quite properly irritated by the invocation of the Minister's name by some of those associated with the Chief Medical Officer of Health when requesting information from the field. But not one of them recalled any form of political pressure to hide SARS or to say it was over when it was not. All of them said that their message from the Minister of Health and the Premier was that the government stood ready to do whatever was necessary and to commit whatever resources were necessary to assist the professional public health management of the SARS crisis. All say that there was no political pressure to minimize or hide SARS, to say that cases were not SARS, to say prematurely that SARS was over or to hide the second outbreak.

Their evidence is typified by this comment by one of the most senior government officials involved in SARS:

The politicians were amazing. They had not a minute of doubt or criticism of our work. When SARS II broke out they said it was "too bad" and "do what you have to do to get it under control." The politicians led. The premier said, "Fix it. Do what you have to do. You have the resources." They never second-guessed or made political decisions. The politicians got out of the way. They made exactly the right decision to let the professionals run it. We received nothing but encouragement and pats on the back.

This observation is typical of all responses by those who dealt with the political reaches of government, and these responses support the evidence of the Minister of Health and the Premier.

Evidence from the Health System

Typical of the evidence from hospitals is this account from one of the most senior administrative physicians at North York General in charge of the SARS response:

Question: Some have said that there may have been a combination at play provincially, that there was a disincentive to declare cases to be SARS because of economic impact, political impact. You recall the WHO travel advisory and a contingent of politicians and others off to Geneva to try to persuade them otherwise, and WHO in late April dissolved it. After that point in time, was there a disinclination at all levels to call

something SARS because of the potential consequences? Did you ever sense that was becoming a factor in decisions?

Answer: I never felt any pressures about that. I never felt indirectly any pressures on the part of anybody I interacted with about that. You know, the calls were being made and I didn't get a sense that Toronto Public Health was saying, look, it's bad for the economy. They just didn't have an epilink and they didn't meet the criteria and they actually didn't meet the criteria, as identified at the time. So it wasn't like they met the criteria but let's not call it SARS. They didn't meet the criteria and it turned out not to be as black and white as that in hindsight, but at the time, the knowledge said you need an epilink. And you needed all three and they didn't have all three so they weren't SARS.

Question: Did you ever sense that, at any level, your level included or above, that there was political pressure being brought to bear on anybody?

Answer: I wasn't aware of any political pressure being brought to bear in our institution. I wasn't aware of any.

Question: Nothing caused you to wonder about it?

Answer: I read the news and listened to the news like everybody else. You know, we were hoping that SARS was over, and it would have been nice if it was, but if it wasn't, then we needed to deal with it. So it wasn't about trying to call it quicker than it should be. The question more pertained when people were discussing it about whether or not WHO was calling it right in terms of the travel advisory given that it seemed to be a hospital-based phenomenon. But I don't even remember when that discussion occurred. That might have been in SARS II when it became more clear. So I might be merging thought processes from three years ago together too close in time in retrospect. So I just,

there wasn't a sense, as I look back at it, I don't have a sense that that really played into our interactions with the health care system, the ones that I'm aware of. I don't have any sense. After the fact, in SARS II, I didn't have a sense that that was the case either.

This evidence that there was no pressure to hide SARS or to say that SARS cases were not SARS or to declare SARS over prematurely is consistent with everything said by Ministry of Health and public health officials.

It is implausible to think that officials in the Ministry of Health would be able, even if they wanted to, to conceal a plan to hide SARS. This huge and complex ministry could not turn on a dime, and it was difficult enough for it to respond to the daily demands placed upon it by SARS, let alone to participate in some form of yet undetected secret pressure. It was all it could do to manage the systems and complex interactions with other levels of government, the federal government, the local public health agencies, the hospitals, and above all its many internal divisions, including the office of the Chief Medical Officer of Health and the hospitals branch. It is implausible to think that an organization so complex and so difficult to coordinate internally could successfully conceive, manage and successfully execute a conspiracy of silence to hide SARS or its return.

It was a frustrating time for many in the Ministry, and some of them expressed their frustration when dealing with front-line hospital people. One middle-level Ministry manager told a hospital official who contemplated closing a Toronto emergency ward in mid-April because of short-staffing due to SARS that "the Ministry has no appetite for more closings." It is clear from the entire conversation, including the fact that the manager backed off immediately when challenged, that he was not reacting to political pressure or expressing Ministry policy but simply venting a personal frustration shared by many in government and on the front line. Although the line between political pressure and personal frustration is objectively clear, expressions of personal frustration can easily be taken by outsiders already suspicious of political pressure as a sign that political pressure is at work.

Another natural response of front-line managers was driven by their desire for clarity and bright lines in the diagnosis of SARS despite the lack of a reliable or timely clinical test. One thing to fall back on was the epilink requirement before a SARS diagnosis could be made. As noted often in this report, the case definition for SARS set by Health Canada in conjunction with the World Health Organization case definition required recent contact with a SARS patient or recent presence in a SARS-affected

area like Hong Kong or China. Recent presence or actual presence at the time of diagnosis in a SARS hospital with SARS patients did not qualify as an epilink. If you had been to China, you had the required epilink, but if you were in North York General Hospital one floor down from the SARS ward, you did not have the required epilink. In hindsight this sounds counterintuitive, but at the time it was not only the standard generally accepted by every expert in the field but indeed the only standard there was.

One senior scientist at the centre of the SARS response, devastating in his criticism of Ontario's lack of preparedness, insisted nonetheless that it was science alone that drove Ontario's response to SARS:

Science drove policy.

As noted in the section on North York General Hospital, the belief that SARS was over was not limited to North York General. The focus on recovery was universal. One Doctor, who held a prominent leadership role during SARS, agreed that although there was no pressure to say SARS was over, after the travel advisory there was a mindset that everyone wanted it over:

Question: When it comes to the question of the relaxation in precautions, in hindsight you get certain people who say that it must have been a political decision, the guard must have been let down for economic reasons, and people say this and I say, well, how can you prove this and they say that it must have happened.

Answer: No, there was no pressure that I ever saw to hurry things.

Question: But was there a mindset that everyone wanted this to be over?

Answer: Everybody wanted it to be over, and Carolyn Abramson in the *Globe* said that once they ... things changed once they lifted the travel advisory, the travel advisory was a sort of a shift in the whole psychology in the city and all of a sudden everybody now was together. When the travel advisory came down, there was the City, the Province, Health Canada, everybody

was outraged and fighting together, and then when they got the travel advisory turned back, everybody celebrated about that and once everybody were getting back to normal and everybody was ... that is part of why the lack of leadership. There should have been somebody who said ... nobody questioned it. [Dr.] Jim Young went off to China to talk about our successes and how we controlled it. [Dr.] Bonnie [Henry] went with him and [Dr.] Tony [Mazzulli] went with him and nobody said, "how do you know it is over?" including myself. None of us said "well, just because," and it is such a simple question to ask and we blew it. It is just amazing everybody blew it.

The desire to see the end of SARS was natural. People had worked beyond the normal limits of endurance, it was a frightening experience, and everyone wanted to see the end of the spread of SARS. The fact that everyone on the front lines and throughout the system wanted it to be over may in hindsight suggest over-optimism, but it provides no evidence of political or economic pressure.

Inherent Problems of Proof and Disproof

How can one ever be satisfied beyond a reasonable doubt or even on a balance of probabilities that a thing like political pressure does not exist? Judicial experience shows that it is inherently difficult to prove a negative. This is particularly so with a thing as subtle and elusive as political or economic pressure. In the first place, those who improperly exert such pressure or improperly succumb to it are unlikely to admit it unless confronted with a document. In the second place, such matters are not typically committed to documents. In the third place, such pressure can be so subtle as to defy proof. In the fourth place, there may in fact be no such pressure but underlings may create self-imposed pressure to do what they think will please their masters.¹⁰¹⁵

How can an investigator be satisfied there was no improper pressure? Improper pressure is a hard thing to find and a harder thing to prove or disprove. Even if one interviewed every single Ontario politician and Ministry and Public Health and hospital employee, and everyone denied such pressure, that would not, because of the four problems of proof mentioned above, prove there was no improper pressure.

The only thing an investigator can do is to interview the key figures and a large

number of those who played a part in Ontario's response to SARS and those affected by SARS, from the highest officials to the front-line workers, and test their evidence against the entire body of interviews with witnesses and confidential informants and documentary evidence and the logic and experience of human behaviour.

The Commission's Investigation

The work of the SARS Commission was highly publicized in the media and by newspaper advertisements and the Commission website and the public hearings. Confidentiality was promised to anyone who wished to come forward. The Commission conducted hundreds of confidential interviews and examined thousands of documents without finding any evidence of such improper pressure.

Analysis

No one at the public hearings, not even those who were highly critical of government and public health and hospitals, was able to recall any evidence of such pressure.

All of the key figures, including the Premier, the Minister of Health, senior officials in the Ministry and in Public Health and hospitals, and doctors, denied and refuted the suspicions that anyone exerted or succumbed to improper pressure to minimize or hide SARS or to declare prematurely that it was over.

This evidence is uncontradicted by any evidence turned up in the Commission's investigation described above. The evidence supports the assertion of the key figures that there was no such pressure.

These uncontradicted denials and refutations are plausible for the following reasons:

- It would be political suicide to try to hide SARS or suppress evidence of its return because it would be so difficult to hide such an explosive fact and the risk of exposure would be too high. As Health Minister

1015. An example of the latter two problems is furnished by the remark by King Henry II: "Will no one rid me of this turbulent priest?" The king's remark resulted in the murder, by four of his knightly hangers-on, of the Archbishop of Canterbury. Did the King order the murder? Did he hope the knights would fulfill his wish? Did the knights follow orders? Did the knights merely want to please their master by bringing about what they thought he wanted?

Clement said in response to questions by Mr. Hunt, Commission counsel:

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, I knew that.

...

There is an ingrained check and balance on that, which is if you are seen as exploiting this issue for political purposes, you are absolutely crucified and rightly so. That is an ingrained check and balance...

- It would be political suicide to try to hide SARS or suppress evidence of its return because the conspiracy of silence required to achieve it would require the participation of so many people at so many levels that leaks and exposure and disgrace would be inevitable.
- To exert improper pressure effectively in a complex health system full of feisty independent professionals and potential whistleblowers would require not only the knowledge of a large number of people but also their continuing silence to this day. The fact that no one has come forward with any evidence or even any specific allegation of improper pressure makes it highly implausible that such evidence exists.
- The Commission asked hundreds of people in confidential interviews, many of whom distrust officialdom and those in authority, if they knew any evidence of such improper pressure. No one recalled any such evidence.
- The Commission from confidential informants and by way of subpoena obtained and examined thousands of contemporary emails and documents from government and hospitals and found no evidence of such pressure.

Finding

On the basis of this evidence and this reasoning, the Commission finds that there was no political or economic pressure brought to bear on the health system or Public

Health or hospitals in order to minimize or hide SARS or to say that a SARS case was not SARS or to declare prematurely that SARS was over.