

2. Reason for Interim Report

The Commission's terms of reference provide for an interim report in the discretion of the Commissioner:

Mr. Justice Campbell shall produce an interim report at his discretion and deliver it to the Minister of Health and Long-Term Care who shall make the report available to the public.

Ten months have passed since the end of the SARS crisis. Excellent reports on public health renewal have been produced by Dean Naylor, Senator Kirby, and Dean Walker. A consensus has emerged that fundamental reform is necessary and the time has come to make decisions about the future of public health in Ontario.

The work of this Commission will continue until I am satisfied that the necessary evidence has been reviewed. But government decisions about fundamental changes in the public health system are obviously imminent at this time. If the Commission's report on public health renewal awaits the completion of the entire investigation, of which public health is only one part, it will come too late to be of practical value. The Commission's public health findings and recommendations must therefore be released now on an interim basis. This interim report is based on the evidence examined to date and is not intended as the last word on this aspect of the Commission's investigation.

The fact that the Commission must address public health renewal on an interim basis is not to say it is more important than any other urgent issue such as the safety and protection of health care workers. It is simply a case of timing. The Commission continues to interview health care workers, SARS victims, the families of those who died, and those who fought the outbreak. Their story and the story of SARS will be told in the Commission's final report.

For an update on the Commission's ongoing work see Appendix A.

This interim report will:

- Summarize the problems in the provincial public health system revealed by SARS.
- Analyze some major issues around fundamental public health renewal.

- Present a few principles that reflect the lessons learned during SARS.

3. Hindsight

Everything said in this report is said with the benefit of 20-20 hindsight, a gift not available to those who fought SARS or those who designed the systems that proved inadequate in face of a new and unknown disease.

As Dr. James Young, Commissioner of Public Safety and Security, pointed out at the public hearings:

. . . when we called the provincial emergency, we were dealing with an outbreak where we did not know for sure that it was a virus, we did not know for certainty what virus it was, we did not know what symptoms and what order of symptoms SARS presented with. We had a vague idea that some of the symptoms might include fever and cough. We did not, for example, for some period of time, realize that about 30 per cent of patients also could present with diarrhea. We did not know how long it incubated for. We did not know with certainty whether it was droplet spread or whether it was airborne. We did not know when it was infectious. We did not have a diagnostic test for it and still do not have an accurate diagnostic test. We had no way of preventing it, we had no vaccine and we had no treatment. What we had was an illness with many unknowns and virtually no knowns.³

It is easy, with the benefit of what we now know, to judge what happened during SARS. It is easy now to say which systems were inadequate and which decisions were mistaken. That is the great benefit of hindsight. As one military historian noted:

Once a dramatic event takes place, it always appears to have been predictable because hindsight tells the historian which clues were vital, which insignificant, and which false. The unfortunate general who must act without the benefit of hindsight is much more likely to err.⁴

3. *SARS Public Hearings*, September 30, 2003, p. 34.

4. Steven E. Woodworth, *How Good a General Was Sherman?* North and South v. 7 no. 2, March 2004.