

Flu expert: 'More will die' if strike drags on

TheStar.com - GTA



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Dr. Allison McGeer, head of infection control at Mount Sinai, says the public health department can only do limited pandemic planning during a strike.

Instead of picketing, public health staff should be preparing for 2nd wave of swine flu

July 18, 2009 Theresa Boyle HEALTH REPORTER

Toronto will see more deaths from the global H1N1 pandemic because of the civic workers' strike, warns the head of infection control at Mount Sinai Hospital.

"The bottom line is more people will die," microbiologist Dr. Allison McGeer, a respected authority on pandemic planning who has consulted for all three levels of government on the issue, said yesterday.

On the picket line are as many as 1,800 unionized employees from the Toronto Public Health Unit, which is supposed to be playing a critical role in the battle against the H1N1 influenza virus, particularly in planning for the second wave, which is feared to hit North America in September with a vengeance.

"We are already in trouble. Now we've got 26 days of work that hasn't been done," McGeer said.

Instead of being on the picket line, public health nurses, doctors, epidemiologists and other health unit staff should be providing pandemic management advice to school boards, long-term care facilities, jails, the Toronto Police Service, Toronto Fire Services and other essential services, she said.

They should be tracking the spread and severity of the virus, following up on cases where people have tested positive, and making plans for the establishment of vaccination clinics and flu assessment centres.

They should be organizing ways to help the homeless, shelter residents and people who don't have

family doctors. And they should be ensuring that plans are in place to quickly communicate updated pandemic response instructions to the general public and to health-care providers.

"We are expecting them to have spent the summer doing this. ... They are the experts in pandemic planning," McGeer said.

"None of those things are getting done and the longer the strike goes on, the less likely they are going to get done," she warned.

But Toronto's medical officer of health, Dr. David McKeown, insists the strike has had no bearing on the city's response.

"Planning for a pandemic in the context of the current H1N1 outbreak is something we identified as a critical service to be maintained during the strike, so non-union staff have been continuing with our planning efforts," McKeown said last night.

Asked if the same level of service is currently being provided as would have been provided were there no strike, he responded: "I think we're doing what we need to be doing at this point."

McGeer said managers are doing their best, but it's impossible to fill the vacuum.

As for front-line workers, she said: "I'm sure that the people who are out on strike are really unhappy about recognizing that they can't be doing what they know needs to be done."

Privately, senior officials at the city who are not on strike have agreed with McGeer's assessment, expressing concern about the fall when a second wave of H1N1 is expected to hit. Managers are getting burned out, they say.

The health unit is now staffed by about 200 non-union employees and managers. They are also contending with health issues arising from piling-up garbage.

Sources say restaurant inspections are being done only on a complaint basis.

Ontario's pandemic plan calls for the province's 36 public health units to play a central role in containing spread of the virus and minimizing illness.

With Toronto's health unit hobbled by the strike, not only will the city see more deaths, but there will also be more infections and hospitalizations, McGeer said.

"The whole goal of the (pandemic) plan is that fewer people die. It's very simple," she said.

Public health should be declared an essential service, like police and fire, so that employees are not able to strike, McGeer argued.

"I really struggle with our Toronto Public Health not being an essential service," she said.

Her comments come days after the World Health Organization warned that the virus is spreading faster than any other pandemic in history, that production of a vaccine has been delayed and that one may not be ready until the end of the year.

Of all the province's public health units, Toronto's has by far seen the most H1N1 activity. Latest numbers show that there have been six related deaths and 85 hospitalizations.

What the second wave of the pandemic will bring is still a big question mark. At the very least, it's expected to surpass the impact of regular seasonal flu, which has a role in 50 to 70 deaths in Toronto annually.

But there is a fear it could mimic the 1918 Spanish flu, which infected one-third of the world and contributed to the deaths of more than 50 million.

McGeer said the public health unit was already behind the eight ball before the strike.

Public health, in general, is woefully underfunded and under-resourced, she said, noting that the H1N1 outbreak was a challenge to deal with even with the full complement of staff.

"In terms of pandemic planning, it's causing a terrible problem because we know that the amount of pandemic planning that the Toronto Public Health Department can do when it's on strike is very, very limited," McGeer said.

She pointed out that five royal commissions in the past 12 years have warned that public health is substantially underfunded.

"When I have been part of stakeholder groups and focus groups about what our goals should be for a pandemic and what we are aiming to do in Canada ... Canadians tend to talk about being sure that we have protected the most vulnerable people.

"That we can have that sense as a society and not fund pubic health is a complete mystery to me," she said.