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Canada's health system is unprepared for the COVID-19 pandemic

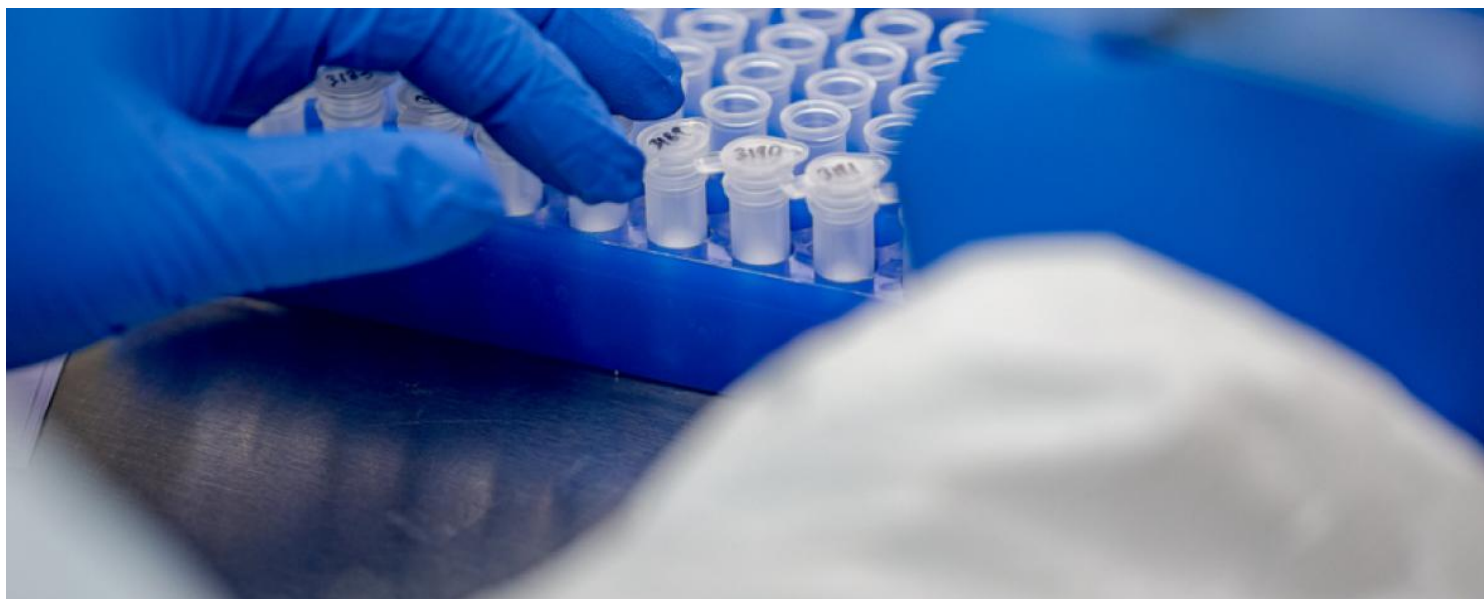
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[Raluca Bejan \(/category/bios/raluca-bejan\)](#) March 16, 2020

FOOD & HEALTH (/ISSUES/FOOD-HEALTH)



On the evening of Wednesday, March 11, I had a bit of a fever (37.7 C). The next morning, I started to cough a little. I dialed Telehealth Ontario and was on hold for over two hours. I hung up after leaving a voice message. On Friday morning at 8:29 a.m., I called Toronto Public Health and remained on hold with no answer until 11 a.m., when I accidentally hung up trying to end another call. In total, I was on hold for about four and a half hours, and still wasn't able to speak with anyone.

I am also three months pregnant. I called the maternal unit at one of Toronto's big hospitals and asked to speak with my regular nurse. She promptly returned my call and went over my symptoms. The first signs of what I assumed to be a regular cold had started on March 7 with a sore throat. It was only on March 12 that I started having a cough and experiencing shortness of breath. This is my first pregnancy and I was unsure if the shortness of breath is a common pregnancy sign (I have gained some weight, and so I generally find it harder to move) or was related to the cold. My lungs also seemed tight. Moving around the house felt like climbing a set of stairs or chain-smoking a pack of cigarettes.

March 7, the onset of my symptoms, also marked the 15th day since my return from Europe and the U.K. I was in London, Cambridge, Athens and then back in London. I had returned to Toronto on February 22, and the following day I took a fully boarded flight to Halifax. As we were about to take off, someone started feeling sick on the plane and we had to turn back to the gate to drop off the ill passenger.

The nurse at the maternal unit assured me that I am probably fine, since I did not come into contact with anyone with COVID-19 and I had already been back from Europe for more than two weeks. If I was concerned, she continued, I could go to the emergency room, but this was framed as a personal choice.



proceeded to the ER, where the process was fairly quick. All suspected COVID-19 patients were contained on a separate hallway and were asked to sit at least one metre apart. Nurses and physicians were wearing full protective body suits. I finally got tested. The physician was confident that, due to no community transmission, and the fact that the incubation period is no more than 14 days and my symptoms started on day 15, I probably did not have COVID-19, but just a regular cold. Normally, I would not be tested, but since I am pregnant, they did the test.

Toronto Public Health (<http://www.toronto.ca/community-people/health-wellness-care/diseases-medications-vaccines/coronavirus/>) states that there are **no cases of community transmission** (<https://torontosun.com/news/local-news/t-o-s-emergency-operation-centre-preparing-for-covid-19-spread>) of COVID-19. The two main **criteria for testing** (<https://www.theglobeandmail.com/canada/article-doctors-say-coronavirus-test-criteria-is-inconsistent-could-lead-to/>) are foreign travel (to Europe, China, Iran or the US) in the last 14 days, and knowing a person infected with the virus. If you do not meet at least one of these criteria, you will not get tested, regardless of your symptoms. But if the state refuses to test for community transmission, naturally there won't be data on community transmission. On Saturday, March 14, there were 24 new cases confirmed in Ontario. **Only six** (<https://www.theglobeandmail.com/canada/article-canadians-abroad-urged-to-come-home-while-they-still-can-amid/>) of these were linked to recent travel outside of Canada, but no explanation of the source of infection has been provided for the other 18 cases.

Think of my own circumstances for example. Not only did I pass through many international airports in late February, but I also travelled quite a lot within Canada and interacted with several other travellers who might have been out of the country recently. Yet no questions were posed about the domestic travel of those coming from abroad. A flight from Toronto to Halifax does not automatically imply that everyone flying to Halifax has Toronto as their primary departure point. On my flight on February 23, for instance, many travellers who were returning home (it was reading week at most Nova Scotia universities) were probably arriving from international destinations, since very few direct international flights are scheduled from Halifax during the winter.

This column is not an attempt to gain sympathy, nor is it advice related to a personal story. I am simply using my own particular experience as an analytical standpoint to identify structural concerns in addressing the issue. The experience I described shows that Canada is unprepared for the COVID-19 pandemic. If public health lines are swamped with **300 cases** (<https://atlantic.ctvnews.ca/the-latest-numbers-of-covid-19-cases-in-canada-as-of-march-15-2020-1.4853884>) in Ontario, imagine how things will look like when we hit a thousand cases, let alone many thousands. Test kits are similarly scarce, as the province has **limited testing** (<https://www.ctvnews.ca/health/coronavirus/ontario-limits-who-can-be-tested-for-covid-19-due-to-demand-for-nasal-swabs-1.4853260>) beyond people meeting their

results/), whose entire team got tested.

Some might argue that most states do not have enough test kits, so if you are young and healthy you should just stay home to avoid overwhelming the system. Such individualizing logic, however, laying all the responsibility on the individual to "not overwhelm the system" is part of the problem. South Korea has tested over **250,000 people** (<https://www.forbes.com/sites/carlieporterfield/2020/03/13/south-korea-sees-coronavirus-slowdown-without-a-lockdown-but-with-nearly-250000-tests/#659d4348576b>), and such a heavy-testing approach has been **viewed** (<https://www.bbc.com/news/world-asia-51836898>) as one of the best ways to get a grip on the spread of the virus.

Lack of tests kits is a structural problem and one that Canada could have avoided if it had been taking things more seriously beginning in December. After all, it had three full months to prepare.

*Editor's note, March 16, 2020: Shortly after this post was first written, **CBC news reported on March 16** (<https://www.cbc.ca/news/health/coronavirus-community-transmission-canada-1.5498804>) that Dr. Allison McGeer, an infectious diseases specialist at Toronto's Mount Sinai Hospital, said community transmission is likely already underway across Canada.*

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*Image: **Governor Tom Wolf/Flickr***

(<https://www.flickr.com/photos/governortomwolf/49628225456/in/photolist-2iCYxz6-2iCZZPu-2iCVQyQ-2iCZZMv-2iCVQwa-2iCZZJz-2iCVQuq-2iCVQtp-2iCVQsh-2iCVQqP-2iCYxoj-2iCYxma-2iCZZz6-2iCVQjG-2iCYxhs-2iCZZvZ-2iCVQfU-2iCVQfi-2iCYxeg-2iCVQcH-2iCVQbq-2iCVQ9r-2iCYx8p-2iCZZmf-2iCVQ5d-2iCZZi9-2iCZZgW-2iCW88F-2iCtvBU-2iCcFBi-2iCcFyx-2iBHqVG-2iBDmBv-2iBDmyQ-2iBDmyu-2iBqYYz-2iBv3gx-2iBv3fR-2iBtCuR-2iBv3bn-2iBv37p-2iBtCpA-2iBaaXU-2iBbnTS-2iB5u9A-2iAqsXs-2izuFHa-2iz9vJY-2iwUQt2-pCYRsM>)

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