

Top three priorities

EDITORIAL

IN A SINGLE WEEK we have witnessed a five-fold increase in the number of deaths in North America attributed to COVID-19.

In Canada, the deaths soared from about 20 to slightly over 100, while in the United States the total went from around 780 to about 4,000 ? more than the recorded total to date in China, where the virus was apparently first transmitted from animals to humans.

Although Canadians deserve some credit for the fact our mortality rate is well below that in the U.S., where the state of New York alone has 10 times the totals number of deaths in Canada, there clearly is no room for complacency and an obvious need for more action in at least three areas ? testing, equipment and nursing homes.

Perhaps the most obvious is the need for protective equipment for all of our front-line health care workers ? doctors, nurses and personal support workers ? and particularly for those working in nursing homes. If there had been any doubt, that vanished with the disclosure of the fact the 13 of Ontario's 37 deaths as of Wednesday came from a single nursing home in Bobcaygeon, where most of the other residents were believed to have been infected and where none of those who died had been taken to hospitals where they might have had access to life-saving ventilators.

And even today, weeks after the first COVID-19 cases surfaced in Ontario, testing for the virus is in its absolute infancy, to the point where ?assessment centres? where the testing is done, are unable to conduct the tests on anyone who might be a carrier but shows no symptoms. Worse yet, we're hearing horror stories of people who were given the tests and feel ill have been waiting more than a week for the test results.

Although testing in Canada is probably more advanced than in the U.S., where the first test kits produced by the Center for Disease Control didn't work, a Global News survey this week found that Ontario is lagging behind all the other provinces in terms of per-capita testing, with 334 here compared with 1020 in Alberta.

As we see it, the objective should be to have testing made available to any person who either has symptoms of the virus or has been in contact with someone exhibiting the symptoms.

The two big questions facing us are how many will die and when will the outbreak subside. Much may depend on the weather, although the relative warmth in the U.S. south hasn't prevented Louisiana from having an outbreak that's far worse than Canada's.

As of March 31, Louisiana's Department of Health was reporting 5,237 confirmed cases of COVID-19 and 239 deaths associated with the virus, while 1,355 patients had been hospitalized, and 438 of those were on ventilators. Confirmed cases have been reported in 60 out of 64 parishes in the state.

The Louisiana outbreak may have been triggered by Mardi Gras celebrations on Feb. 19, when the celebrants no doubt included many from states where the virus had taken hold.

Even this week, with the number of U.S. deaths having surpassed the count in China, nearly half the 48 continental U.S. states did not have state-wide rules closing schools and businesses and banning crowds.

And it wasn't until Tuesday night that U.S. President Donald Trump began practising the six-foot separation he had been urging on all other Americans.

Now, with experts predicting at least 100,000 deaths in the U.S., it remains to be seen whether anything so terrible will happen in Canada despite our nationwide attempts to minimize the risk of the virus spreading.

In our view, there's no solace in the fact that half the 100-plus deaths to date have been in nursing homes. All that really means is an obvious need for more protective gear for the employees and ventilators for the residents, all of whom should be given hospital-level care.