

A Break in the Action

SARS, Saddam and CNN (1)

**Steven Marc
Friedman, MD,
MPH, CCFP (EM)**

Assistant Professor,
University of Toronto
Associate Editor, IJTICEM

The cab driver diverted his attention from his cell phone and the choking traffic to a news report dealing with the current crisis. After the segment, he looked at me through his rear view mirror and expressed with resignation tinged with anger: "There are no tourists here. This has completely destroyed business."

The statements are paraphrased, but this same incident happened to me twice on the way to the hospital in the same month, - first in Tel Aviv and then in Toronto. Two very distant points on the globe, but the very same grievance.

I am a Toronto based emergency physician. I spent the first week of April, 2003 as a visiting lecturer and clinician at Tel Hashomer Hospital, a trauma center in Tel Aviv. Standard hospital security measures include inspection of vehicles at the front gate, scrutiny of ID tags and personal belongings, a sweep with a metal detector at the entrance. Public health precautions were augmented during my sojourn. The Home Front Command directed all Israelis to carry a personal protection kit (gas mask and antidote syringes) at all times and to stay within 3 minutes of a sealed room or bomb shelter.

Despite renewed threats of missile attacks and suicide bombers, life in Israel went on with vigor. Israelis have a tremendous joie de vive and sidewalk cafes and restaurants remained lively. Political debate, flirtatious banter and the incessant ringing of cell phones characterized the ambient background noise. The absence of tourists was conspicuous though and the impact on the economy readily apparent. Cable news readily propagated the misperceptions that hospitals were overrun with terror casualties, the population in a panic and the country a good place to stay away from.

My first shift back in the emergency department in Toronto was April 11. The similarities were eerie: inspections, interviews and sign in sheets upon entering the hospital, conspicuous security, widespread distribution of masks and protective gear, information hotlines and websites. As of that day, Health Canada had reported 10 SARS-related deaths and 217 probable or suspect SARS cases in Ontario. The vast majority of cases came from the Greater Toronto Area, similar in population and geographic size to Israel. Canadian medical staff and their patients were far tenser than their Israeli counterparts; paroxysms of civilian casualties are not part of Canadian quotidian life.

On April 17, the US State Department moderated its travel warning regarding Israel, lifting the ordered departure of non-emergency employees and family members. On April 23, the World Health Organization expanded its warning concerning the worldwide SARS outbreak, advising against nonessential travel to Toronto. An outcry from Canadian officials alleging premature conclusions with political motives was directed at WHO and its parent organization, the United Nations. By April 30 the WHO Toronto travel warning was lifted, but not Toronto's status as an 'affected area'. As of May 7, cases of SARS in Ontario had leveled off at 265 probable or suspect cases and 23 deaths. Local officials and the media were optimistically declaring that the battle had been won. (A subsequent resurgence of cases would challenge that conclusion.)

Scrutiny of these statistics might lead more discriminating readers to put down their Marlboros and to pour themselves a stiff drink. Health Canada reported 23 SARS-related deaths in Ontario in the 11 week period from Feb 23 to May 7. Statistics Canada reports that each year approximately 8600 Canadians die of unintentional

injuries (2). Considering that Ontario has roughly one third of Canada's population, one can extrapolate that while 23 patients were dying of SARS in Ontario, approximately 600, or almost thirty times as many, were falling from scaffolds or being killed on motorways. The Canadian death toll from chronic obstructive pulmonary disease and allied conditions is even greater. Motor Vehicle Accidents in Israel have resulted in higher body counts than terrorism. The Israel Central Bureau of Statistics reported almost 20,000 road accidents with casualties in the year 2000, resulting in over 40,000 people injured and 461 dead. Over 21,000 Israelis have been killed in motor vehicle accidents since the establishment of the state (3). As for COPD, approximately 1/3 of adult Israelis are smokers. *Res Ipse Loquitur*, - the evidence stands for itself. Visitors to either Tel Aviv or Toronto should be more concerned with driving to the store to buy cigarettes than with more 'newsworthy' ways to die.

Throughout the respective Canadian and Israeli crises of SARS and Saddam, Israel and Canada were replete with government officials prescribing extraordinary precautions so as to prevent avoidable deaths. Government agencies expressed outrage at the UN for questionable declarations that suggested political bias. Local editorialists alternated accusing local authorities of being overly cautious in order to protect their careers and blaming them for deaths that might have been prevented. Tel Aviv and Toronto enjoyed glorious spring sunshine and warmth, a rich cultural life and gridlock. Meanwhile, network reporters, perhaps unacquainted with Dizengoff Square in Tel Aviv or Queen Street in Toronto, filed ominous reports anchored from Atlanta. While cable news continues to tell everyone else to stay away, the citizens of both regions get on with their lives.

Globalization of disease, like terror, is here to stay. Practical solutions will undoubtedly call for both inward - and outward - looking critical thinking, heightened vigilance and painful concessions. But to consumers of cable news I suggest: *caveat emptor*. Life goes on and the facts on the ground are frequently very different from how they are portrayed on the nightly news.

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1. An earlier draft of this article was published on FrontPageMag.com
 2. Statistics Canada, 2003
 3. Israel in Figures 2001, Israel Census Bureau, Central Bureau of Statistics, Israel

