

Report to the Senate Subcommittee on Social Affairs, Science, and Technology

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Thank-you for the opportunity to witness the experience of rural communities through the COVID-19 pandemic.

We who work in rural communities have a saying – “Once you’ve seen one rural community, you’ve seen one rural community!” This is to emphasize that each rural community is unique, with its own strengths and challenges. I would like to be a witness to two different and unique rural communities today.

I work in Picton, which is a community of 4000 in southern Ontario. We are in Prince Edward County which is a tourist destination, with the famous Sandbanks Provincial Park. Our population swells in the summer and attracts tourist both from Ontario and Quebec.

The WHO declared the pandemic on March 11th, a Wednesday. By Friday, it became clear that we would have to stop seeing non urgent patients in the office. We spent part of the weekend phoning patients who were booked to see us on Monday, and had phone visits with them. We also made changes in our office to isolate our staff from patients with barriers. We took the toys and the magazine out of the waiting room and separated the chairs so they were 6 feet apart. Now we only see pregnant woman, infants who need immunizations, patients who need injected medication, and patients with potential urgent problems like cancer scares.

We developed a COVID-19 parking lot assessment cart so that we could assess patients in the parking lot for respiratory issues, so they would not have to come into the office building.

We then started developing a COVID-19 assessment centre in the arena which happens to be next to our offices and hospital and were up and running as of April 2nd.

The emergency visits in our hospital dropped dramatically, and this gave the emergency physicians time to do a lot of COVID-19 education, including practice resuscitations.

At present, our health unit, Hastings and Prince Edward Public Health has the lowest number of COVID-19 positive cases in all of southern Ontario. But, tourist season is upon us and as tourists arrive from urban areas of Ontario and Quebec, we are concerned that they may bring the virus with them.

I would now like to move across the country to La Loche, Saskatchewan. La Loche is a Metis and Dene village that is in the north of the province close to the Alberta border. It is 200 km by road to McMurray.

Like most northern public health departments, the Northern Saskatchewan Population Health Unit has been very concerned about the possibility of isolated northern communities being exposed to COVID-19. These communities have challenges with crowded housing and other social determinants of health. The Population Health Unit also worked closely with the uranium mining camps where workers live in close quarters.

There were two cases where health professionals returning to the north, contracted COVID-19 while they were out of the community or county. These cases were identified and isolated and there was no community spread.

Then a La Loche resident who worked in the oil patch in Alberta contracted COVID-19 and returned home to his crowded living situation. COVID-19 began spreading through the community. Access between the north and south of the province was severely restricted, and northern residents wondered why these restrictions were only put in place after there was a breakout in the north. Food choices became even more limited. Many residents who needed to self isolate had no place to live so Atco and vacation trailers were brought in. Residents received some money as a result of various programs at the community, provincial, and federal level. Several of these amounts were received at about the same time, and they were followed by increases in the incidence of alcohol related domestic and other violence. The community leaders worked closely with the Population Health Unit and closed the liquor store. A monitored alcohol program was started for residents who needed to self isolate but were alcohol dependent. These residents receive delivery of alcohol to their isolation location three times per day.

There have been two COVID-19 deaths in the long term care in La Loche and some patients have had to be transferred south for care. Reflective of the demographics of the community, which has an average age of 20, many of the residents who contracted COVID-19 were young and have not become severely ill.

At present, the northern population health unit has by far the most number of active COVID-19 cases in Saskatchewan.

The COVID 19 pandemic has brought to light the social inequalities across the country. There is a need for funding of more research related to health disparities and the best ways to deliver health care that respond to the unique circumstances of each community. We need better interprovincial cooperation, especially for communities near provincial borders. Limited resources like PPE and swabs should be coordinated on a national level. We need to be aware that rural communities feel that their health services are constantly stretched, and that the inflow of tourists who may need health services is a significant concern.

I am happy to discuss these issues further.
Thank you for the opportunity.