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Abstract

The 2003 outbreak of Severe Acute Respiratory Syndrome (SARS) exposed serious limitations in Canada's ability to respond to a public health emergency. Considerable progress has been made since SARS in addressing these limitations, including the creation of the new Public Health Agency of Canada. A remaining contentious question is whether there is a need for new federal emergency public health powers. Approaches to public health problems are best handled through collaborative processes, recognizing the critical importance of the local public health response. Nevertheless, this paper

argues that a legislative back-up plan must be available to the federal government in the event that collaborative relationships break down. At the minimum, legislation should give the federal government the authority to have guaranteed access to surveillance data during a public health emergency. The legislation should also consider providing the federal government with the authority to devote the nation's resources to the management of an emergency at its earliest stages. However, any legislative approach must be combined with the development of appropriate capacity at the national level to ensure that new powers can be adequately utilized and that required funding reaches public health officials at other levels of government.

Résumé

L'épidémie de syndrome respiratoire aigu sévère (SRAS) de 2003 a fait ressortir les sérieuses limitations dans la capacité du Canada à réagir à une urgence de santé publique. Depuis le SRAS, on a réalisé d'importants progrès dans la réduction de ces limitations, y compris la création de la nouvelle Agence de santé publique du Canada. Une question reste cependant en litige, à savoir, s'il faut établir de nouveaux pouvoirs fédéraux en matière de santé publique d'urgence. Les solutions envisagées pour résoudre les problèmes de santé publique se prêtent mieux à des processus de collaboration qui tiennent compte de l'importance critique d'une intervention li à

The Collaborative Option to Managing Emergencies

Relying upon collaborative relationships is always the starting point in public health, where responses are inherently intergovernmental and where local activities are the backbone of the response. However, SARS demonstrated the possibility that collaborative relationships could fail at a time of crisis. Similarly, efforts to develop a national health surveillance system have been under way for over a decade and are largely based on a collaborative model (Wilson 2001). These efforts have been found to be less than optimal, and there still is an absence of comprehensive intergovernmental agreements on data sharing (Office of the Auditor General 1999). After the anthrax attacks, the
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a province, and the federal government must be prepared to pay the cost of exercising those powers. Therefore, the federal government must ensure that it has the appropriate capacity to utilize any new powers, a capacity that likely does not exist at this time

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