

Hi Samantha,

April 4, 2020 (January 2020 letter)

I hope your spirits remain high and you are able to keep active during the pandemic. Fran and I seem to have settled in to the new conditions reasonably well. Our retirement condition certainly helped since we have not been worried about losing a job and we have plenty to do around the house.

I remember hearing the news about the early stages of the virus in China. Like most people, it seemed like Ebola or even SARS—something that would be handled in a relatively effective manner by standard methods. Even with the news of sickness in BC, it still seemed far away.

It was brought closer to home when I went in for my 28-day checkup on March 3rd. By that time, it was clear that Covid-19 was more than a local phenomenon so I was not surprised to be greeted by staff asking if I had a fever, a cough, or been travelling. It was also a matter of discussion between Fran and me, of course, but it was the social and epidemiological aspects of the phenomenon that attracted our attention.

That changed when I received a phone call from my cancer support team a couple of weeks before my March 31st visit. By that time, I had begun to wonder how I would manage the public transit in my immunocompromised position. The team set up an alternative routine for me to get my blood tests and medication, so the call was to make those arrangements. Not only would it help to keep me safe but it meant that the hospital staff would be able to devote their attention and resources to people who were more needy.

The deal was that I would get my blood tests done at the local CLSC and once the results were sent evaluated by my oncologist (he has online access to the results), the medications would be couriered to me. It meant that I wouldn't have to use public transportation and it cut plenty of time off my visit.

I was very impressed by the speed and efficiency with which the Québec system had switched into protection mode by that time. They set up an easy system to make an appointment, had rearranged the clinic for physical distance, and even had me in and out in about 15 minutes. The only fly in the ointment was that that one of the important tests was missing so I had to go back the next day to get it done.

Since the crisis deepened, Fran and I have been busy learning about it, evaluating the advice from the WHO, Health Canada, and RAMQ (and discounting the many ridiculous suggestions and predictions found via social networks). Our first task was to identify the points of risky contact for us and figure out ways in which the risk might be reduced. We enjoyed discovering the many ways by which we put ourselves in danger without thinking of it. The isolation and positional distancing were rather straight forward, but the one about not touching our faces was a much greater challenge. We are now getting rather good at stopping ourselves from the usual scratching of itches, wiping our eyes, and picking our noses when in public places. The other somewhat attractive feature of our situation is that whatever one of us does is the same as if the other did it.

We have followed the controversies about wearing masks—mostly with respect to the modifications of the official advice as more data becomes available and the related research gets generated. Our current view is that the N95 masks are the only ones that can protect the user since they do a reasonably good job of filtering. Other masks are primarily useful for protecting the people around the wearer since they reduce the amount of spitting and droplets that the wearer might generate. This includes people who

are pre-symptomatic since we now know that they can still infect others. My sphere of “Thank you” greetings has expanded to include others who wear them.

We typically don’t bother with gloves since in most cases they protect about the same as bare hands. Instead, we focus on washing our hands or using antiseptic if it is available. We notice how many people put on gloves, then proceed to touch doorknobs, push buttons, and engage with public shareable sites while they scratch their face itches, brush their hair, or wipe their noses as if the gloves somehow protect them. It’s also annoying to see all the used gloves in the supermarket parking lots!

Our local food stores have done a good job in protecting us and their staff. Our Metro store, for example limits the number of customers, installed 4 sinks, soap, and an air dryer in the entrance way (along with the paper dryer), have someone who wipes off each buggy handle as it is returned, installed shower curtain style clear plastic barriers at each cash register, the clerk cleans off the card reader machine between uses, and leaves the bag packing up to us. I noticed that one of the other stores has a “dip and flip” bucket by the cashier and after each customer they dip their hands in the disinfectant. As a result, I feel quite safe doing our shopping (as long as I keep my hands away from my face).

We have also made use of the “curbside pickup” that is available for Reno-Dépot purchases and the system set up in the Bulk Barn for our staples. In the latter, customers are required to go to each bin with a staff member and it is the staff who do the scooping. We can no longer bring our own bags and the cashiers are the ones who handle the items.