

## The Great Reset with Tony Parsons and featured guest: Dr. Bonnie Henry

**Tony Parsons:** Hello, I'm Tony Parsons, and this is the Great Reset. As a journalist, I've interviewed thought leaders from around the world. Coming out of covid, I was curious what they felt the future would hold. My goal with the great reset is to get their insights. What does it mean to Reset our relationship with the world after this global event, and I'm pleased to say that my first guest is Dr. Bonnie Henry, who happens to be the provincial health officer for British Columbia, the first woman in that position, she's been a Clinical Associate Professor at the University of British Columbia. She was a family doctor and is a specialist in Public Health and preventative medicine. Quite a list of credentials. Dr. Henry, thank you for spending this time with us.

**Dr. Bonnie Henry:** Well, thank you for asking me. This is a really important issue, and I'm happy to talk with you today.

**Tony Parsons:** I want to go back to pre-pandemic. What was it like in the Henry household? And in the Henry offices...

**Dr. Bonnie Henry:** Well, the one wonderful thing about public health is you're never bored in public health, there's always something that is keeping us on our toes, and no, covid is no change to that, but obviously, there are some really important things that we were dealing with in our office in particular, we are in the midst and still of the toxic drug crisis that is taking far too many people in our Province, so that was a lot of the work we were doing, but there's also many other things, we do a lot of work around drinking water, we had brought in a new reporting for school people's immunization status so that we could better understand risk of other infectious diseases after we had uses outbreaks. So there was always lots going on in our office, but I will say though, that is... We had to do to this pandemic, I had taken over as the Provincial Health Officer from Dr. Perry Kendall, one of my mentors and dear friends as he retired and had not yet replaced my position, which was the Deputy Provincial Health Officer, so we were really busy and running a little short prior to this all starting.

**Tony Parsons:** And took on a load that you never expected, so how did you find out about covid?

**Dr. Bonnie Henry:** You know, it is something... One of the things that I've been privileged to be part of over the last of probably more than 10 years as a World Health Organization advisory group that looks at things like pandemics and what's happening around the world, and so we have been worried about

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what we were hearing from China in late 2019, and funnily enough, I was in Rome and a big meeting about pandemic measures and how we might use things like closures, and when we would do this with... With a G7 countries in November, we were all talking about, hey, what are you hearing about? What's going on in China? So it really, to me, triggered a lot of the feelings of memories I had from the Sars Outbreak in 2003 when we were hearing very similar stories about respiratory illness causing quite a lot of people getting sick, but being downplayed a little bit by the government and nobody sort of knowing what was going on and being worried that it was going to spread, so I was very anxious about this new virus... Well, we didn't even know if it was a virus at the time, but this new infection that we were hearing about in China, sort of in late 2019.

**Tony Parsons:** Then, if I may say so, you became a rock star as far as public health is concerned, pulled into the public awareness. How did that feel for you?

**Dr. Bonnie Henry:** It's still a little bit unusual, I'm still always a bit shocked when people recognize me, and in a sense, there's the public persona, this Dr. Bonnie Henry, but it is of course very much me, and I knew early on from my previous experiences in Sars and working in Ebola, that we really needed to be very upfront and open with the communications and tell people what we do and what we didn't know and I've always said that we need to tell people what's going on, what we need them to do, but we also need to give people the means to do that, so that was the intent very early on in how we approached this here in BC. So I was quite taken aback at the fact that it was resonating with a lot of people and that people were actually starting to recognize me as a person. I'm very... I'm very much an introvert, and I think if I didn't have the job but I have this pandemic would have been nice for a while because it's staying at home with a good book is something that I think is really my ideal...

**Tony Parsons:** Well, and I must add this because I found this really astounding that the prestigious New York Times called you one of the most effective public health officials in the world. How did you react to that?

**Dr. Bonnie Henry:** Maybe a little bit of hyperbole was, I think we had early on when we recognized what was happening, and I have a very strong team and I recognize that I am the face and the voice, in many ways of the public health community and our healthcare leadership in the province, and that was something that I think helped us early on, having that support of the team behind me and being able to communicate and I believe... and I think we saw that the words really matter, and being able to speak to people in a way that is calming, but factual provides what we know and what we don't know, and supports people in doing what they need to do, especially in that early time when there is a lot of unknowns. I'm proud of how our team has been able to respond to that, and I gave voice to a lot of really strong people in the public health and in our healthcare system here.

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**Tony Parsons:** There was a lot of praise for you and the work you did, but there were also slings and arrows, not to mention death threats. How did you react to that?

**Dr. Bonnie Henry:** Yeah, I'm not surprised that there would be some negative voices, and I've experienced that before, but I was taken aback at very early on, the level of vitriol and truly hate that came into my office and it came in waves as this pandemic changed, but there was a very small voice, I believe, by a very strong, consistent voice of hate, that was really really, in some ways, terrifying. And it had a profound impact on me on the people in my office and the things that we needed to do, having security at my house, the fact that people were following me and knew where I lived, and we're telling people where I lived. Some of the things that came into my office were very, very disturbing, the things that people sent in the mail, but also letters, emails, voicemails, so we had to put in measures so that my team, and we have a very small on a wonderful team here at the office didn't have to deal with that as well, and it surprised me at that level of vitriol, as I say, and how long it's lasted, so I still have a protective detail that supports me and I'm very grateful for that.

**Dr. Bonnie Henry:** I'll be happy when I no longer need them. But as things have changed and public sentiment has changed and challenges come up, it comes... This minority voice, I believe, can be very disturbing sometimes and very almost frightening.

**Tony Parsons:** Tell me what you thought of the anti-vaccination movement.

**Dr. Bonnie Henry:** We've always had a very small voice, and think of the history of immunization, vaccinations, and vaccines themselves came from the original Cowpox that was used to prevent small pox, which is another one of those viral diseases, and as soon as we had our very first vaccines, there was an anti-vaccine movement and fear around vaccines around things that people don't know about them. So I was not surprised to see it, and I think we can see that with the level of immunization that we have in DC, in Canada, that the vast majority of people were able to take the information we had understood the importance and the protection that these vaccines have, but that very small voice can be very undermining, and we know that there's a concerted misinformation, especially online, and so much of that is available now, but what worries me more than that is the disinformation intentionally seeding people's fears with information that is clearly wrong. And so we try and counter that, and I really believe that we counter that by putting the positives then putting out the correct information and talking about how important immunization is to me, for example, into my family and to the elders and seniors in my life, the children in my life.

**Dr. Bonnie Henry:** So I think always going with the positive and emphasizing what we know and how we know it's effective, but I will also say that one of the very important things that we've done here in BC and in Canada is making sure that we are monitoring the safety of vaccines, we know that there's some very, very rare side effects that could have effects on people, and we want to be able to find those who want to see if there's any safety signals. So what we've done is that we have what's called an Immunization Registry, so every single dose of every vaccine that was put into everybody's arms is in our registry, and that's so important because by lot number, we can tell if there's something wrong with a specific lot of vaccine, we can monitor the safety of the vaccines, we can monitor the effectiveness, or how well they're working and protecting people from illness and hospitalizations. So that's been so, so important, and that's why I have so much confidence that the vaccines we're using are working and they're safe. Yes, there are some rare side effects and we need to support people if those happens, masks also became a point of contention.

**Tony Parsons:** Will masks be with us for a while after this, from here on in, when we built them on, when we feel we should, or do you hope that's what's going to happen.

**Dr. Bonnie Henry:** Yeah, I do hope that's what's going to happen and you're right, it's really massive and an evolution as well. Early on in this pandemic, some parts of the world, it's very socially acceptable to wear a mask, especially if you're dealing unwell yourself, and some people use them because of pollution and the air quality and cities they live in, but it was not something that people were used to here in Canada, in BC. Other than in some of the Asian communities. So I think we needed to socialize wear a mask and what type of mask and availability. Also, if we go back to early 2020, one of the biggest concerns we have was that the medical masks respirators and the N95 that we need in our healthcare system, where not that available, and so we wanted to make sure that our top priority was protecting people who are looking after those who were sick in the system, and we came to a whole lot of realizations over our supply chains, but now that has changed, we've also had much more availability of good quality cloth mass of non-medical masks, and now of course, availability of N95 type tasks that people can access very readily.

**Dr. Bonnie Henry:** So yes, I do hope that there are some things that have always been important. And continue to be important. Cleaning your hands regularly, we know that helps protect against all kinds of infections, and we're starting to see influenza again now, it protects against droplets from that cause gastrointestinal intentions like Norovirus, So cleaning our hands is something that we need to stay with us forever, covering your mouth when you cough, staying home when you're sick, and we've also now learned how important it is to give people the means to do that and things like the importance of allowing people to stay home with their ill, supporting them to do that, having sick leave policies that allow people to do that, and I also think masking is important when you're not sure if you're feeling

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well or not in those indoor settings, especially if you're around a lot of people, you don't know. When there's higher rates of transmission of respiratory illnesses and food and covid in our community, I think mask wearing should become part of what we do in certain settings for the future.

**Tony Parsons:** Well, all of those things, notwithstanding, can we safely say, now, that we have weathered this pandemic storm.

**Dr. Bonnie Henry:** You know, I think we are weathering this pandemic storm, and I know people have used waves to describe it, I almost think of it as several difference storms in one and are very early on though, the number of cases was a ripple... We didn't know the impact, and then we had a different variants, all of these new technologies like whole genome sequencing that allow us to see how the virus is changing in real time. That has helped us understand it, but it's also created a lot of fear and anxiety and I talk about, it's science in action, 'cause things are changing and as things change and we need to change what we do to try and weather the storm, but I've also said from the very beginning that we are globally in the same storm, but we're not all in the same boat. And in an individual level, in the community level as well as globally, so we know that there is still some unknowns to come around covid-19, and it is going to be with us, it's in our community it's circulating around the globe. So we are in a pretty good place, I believe, in BC right now, in Canada right now, because we have such high levels of vaccination, we've had people who've been infected, especially with Omicron, and what we're seeing is Omicron is not as severe as some of the especially is Delta, which is really giving, causing some very severe illness, and especially if you're vaccinated then your chances of getting more severe illness is going down dramatically, we're seeing that, but it's still having an impact.

**Tony Parsons:** It's having an impact on healthcare workers who are getting sick and they may not be thankfully getting very sick because they're vaccinated, but they do need to be off work for a period of time. We're also seeing again, influenza, and so I think we're in a good place right now to cautiously get back to some of those other things that are so important in life and its connection, we're social creatures, and we need that connection, we need art in our lives, we need music in our lives, we need getting together with our family or friends our communities to support each other, so we need to do that now, and part of my job and our job in public health and then the health system is to look at what's potentially gonna happen in the fall, 'cause we know there's seasonality to other respiratory viruses, we're seeing patterns now with covid, that there is some seasons to it, so I think will be probably in the fall having to pay more attention to our own risk, again, we may need a booster dose for those who are more at risk, we may need to booster dose for everybody, depending on how the virus changes over the next few months, so we're not over the pandemic completely, we're learning to live with covid, we're learning to monitor it, we're learning the tools that we have and when we need to use them.

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**Tony Parsons:** We are, as you say, not quite normal, but are we now able to look forward to what we are calling the Great Reset? Do you think that's going to be problematic for us, is it going to work for us?

**Dr. Bonnie Henry:** I'm calling it the new abnormal, I don't, everybody is saying, the new normal, but it's not its a new abnormal. I think we have another year of still learning and trying to understand patterns and changes and increasing immunization in other parts of the world that will help. I'm a little wary of that term because I know some people have been using this reset to mean nefarious things with the global economy, which is certainly not my area of interest at all. I do think this pandemic has exposed to us that there are inequities in our communities, in our society, or in BC, in Canada and globally, and I am hopeful that we will no longer... That we've seen those, and I put sometimes Rachel Carson who says "most of us walk, I'm seeing to the world unaware of life of its beauty, the tragic intensity, the lives we lived around us" We've been given this opportunity to see these things, we've seen that racialized communities are more affected by the virus, but also by the measures that we've put in place to try and counter the virus, we've seen that young people have suffered and had challenges in a time of their life when things like graduations and connections and social or interactions are so important.

**Dr. Bonnie Henry:** We've seen that indigenous people, First Nations Metis, Inuit communities have shown resilience and strengths, but have also been differentially affected by the virus, so I think we have an opportunity to really learn from that and look at how do we with this common... This common trauma that we've been through, how do we make up for that, how do we address some of those inequities in a very real way, so I'm hopeful that this is our opportunity, now that we've seen... We can't un-see it and let's find ways to connect with each other and address some of these inequities that we're seeing...

**Tony Parsons:** I just want to touch on one point that concerns a lot of people, and that some of the habits we picked up during this pandemic, for instance, not going to the office, working at home, now, we seem to have slid into the idea that this is not a bad thing working at home, but it complicates things for employers, doesn't not.

**Dr. Bonnie Henry:** Well, I think we found that there's many things that we can do in a variety of ways, we really... In leaps and bounds that we look in the medical system, where virtual care can provide an important connectivity for people who may not have had access in the past. And one of the great things that my colleagues, at the Nations Health Authority did was set up a First Nations doctor the day, virtual doctor of the day, so that First Nations people in remote communities can access a First Nations health care worker. So somebody that is Metis or First Nations an indigenous health care

worker, doctor or nurse, and actually talk to them about their issues, but we've also seen that we can't do everything virtually, so I think this... We can look at where it can work as hybrid... I know in my office actually, most of my team came in through all of this, and I had to say, Okay, let's work from home periodically, and find ways to support each other to do that, particularly for people who had a long commute. One of the things that at least in my experience, is that we are just as productive with the tools that we have now for certain things to be able to work remotely, so I think we can take advantage of that and many...

**Dr. Bonnie Henry:** I know many voters are, but I also believe that there is that team building that you have from coming together, so making the times when we come together and have those conversations and see each other. I think about the first time that last summer when we had a little bit of a reprieve and we're traveling, and I went up and visited the teams and the public health teams in the north and in the interior, and it was just so emotional, even though we had talked to each other almost daily and seeing each other on Zoom calls, to be able to see each other again in three dimensions and see their emotions and some people I hadn't met in person before you realize that... because somebody said to me, Oh, you're awfully short... Maybe I looked tall on TV, so I think we have to find the interconnections, and we've also learned that there are so many essential workers that we may not have considered before, everybody, for me, the garbage collector, to the grocery store worker, to the people that are keeping the lights on, the power going. So I think they need a whole new respect for how we can work together, whether it's remotely or in person.

**Tony Parsons:** Certainly in the area of nurses and doctors, that said the pandemic had a big effect on those people, you mentioned there's a shortage of our nurses, what's going to happen in the future, how do you... Correct that.

**Dr. Bonnie Henry:** You know, these are not new issues. The issues in our long-term care homes and the issues for nursing shortages, physician shortages, these are things that pre-dated the pandemic, but of course have been made dramatically worse through this, and we talk about people have been working flat out, and that leaves people tired and burnt out and exhausted in some of the negativity against healthcare workers in the hospitals of people to protesting in hospitals. It's demoralizing, but I also think... I have seen, and I've talked to many, many people have visited our critical care areas and emergency departments, that there is that sense of collective... Where I come from, we say common suffering builds strong bonds, and we have built some bonds that will help people get through this, and we have the resiliency, and we've come to learn that resiliency... My own personal resiliency is a little bit about me and my past experiences, but it's also about the team that I'm with and building that community, and community resilience helps all of us get through this, so there are no easy solutions, and I know the emergency departments or hospitals right now are stretched, they're stretched with

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healthcare workers still getting sick with covid, with influenza now with other things, of people coming in with illnesses that they may have put off coming in for for a long time, so it's nothing short-term, but we have recognized it now, and I believe we need to work together to change things that seemed insurmountable prior to this pandemic, we now need to change, we need to value healthcare workers better, we've seen the difference that it can make in long-term care homes, when Carrie had a pay differential of 14 dollars an hour in different care homes, and now they've all been levelled up to a living wage, we need to do that across the board in our healthcare system, we need to look at how we're supporting and making it a place to work that is supportive for people, but it's going to...

**Dr. Bonnie Henry:** I know, I worry about what's coming next because we're all stretched and tired.

**Tony Parsons:** It does seem like we're... Seeing some light at the end of the tunnel. But you've just mentioned that you also worry as a lot of us know about, hey, what's coming next? Is that going to live with us for a while?

**Dr. Bonnie Henry:** I think it is, which makes it even more important that we build up that resiliency and surge capacity in our systems and our mental, physical mental health surge capacity too... We now have a heightened awareness globally of the things that we can face, whether covid monkey pox is now spreading, we've had even influenza-causing outbreaks and poultry farms that can fill over to humans, so that's worry. There's the whole issues that we've been faced with around the impacts of climate change, and we saw that in record heat domes and flooding and atmosphere rivers and wildfires. So there's just so much that we need to do it, but I also think we've seen that we can deal with these things as long as we continue to stay positive and supportive and work on the same page and trying to tap into that altruism that comes when we're faced with these challenging times.

**Tony Parsons:** Those are encouraging words, we should be encouraged by what you say, what do we learn and what have we learned about ourselves? What do we learn about? The conditions in which we live.

**Dr. Bonnie Henry:** Yeah, I thought a lot about this because I think in disasters and crises, people react in different ways, and part of that's our own experience, what's happened to us in the past, and that's what I talked about being kind. It's recognizing that we're connected, that the root of the word is kin, and recognizing that we don't always know each other's story, and somebody may be reacting in anger, fear, anxiety because of their past experiences, and we can support each other with compassion by saying, Okay, I don't know your story. Let's find out how we can get through this together, and we've seen that, we've seen that we can be resilient and strong and brave when we are compassionate and we care for each other and we connect with each other. So I think we've seen examples of

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strengths that we've pulled us through even the most challenging at times that we have to remember that, because that is our resilience, those strands that we have now, those are the things that we've seen, which we've seen, that we can emerge, we can choose to emerge. Remembering the connection and the joy, those moments of joy that keep us going, and we talked about this, in BC from very early on go outside, breathe the air, go for a walk, hug your kids...

**Dr. Bonnie Henry:** Those are all the things that give you those moments of joy that help you get through these hard times, and I think we need to remember that as we emerge through this...

**Tony Parsons:** I want to insert this question because it's of interest to me, a personal interest. Some hearing specialists are talking about a study that identified self-reported changes in hearing with some post-hospitalization covid 19 cases, is the medical community aware of any possibility of deterioration in hearing in post-covid patients, what's being done today to address research, these long-term health concerns and issues for those who have recovered from covid...

**Dr. Bonnie Henry:** Yeah, a really good question, and this is something that's come up early on when people were recovering from the initial infections, we were seeing that some people were having longer term impacts, and hearing is one that I've heard of, and ringing in the years... or tinnitus is something that people have reported after covid infections, and we do know the more severe the infections, so if you're in hospital or ICU the risk is greater that you're going to have longer term impacts, although we are also seeing that people, even with mild infections, sometimes can have long covid symptoms. So globally, we are trying to understand that phenomenon, we do know that vaccination, thankfully, that helps reduce the risk that even if you get infected after vaccination, your chances of going on to have long covid symptoms is much reduced. So that's important. I don't think we have all the answers yet. We're still trying to understand which are the things that are associated with people who require a ventilation or are in critical care for a variety of reasons, often have long-term recovery from the mental health as well as physical health. How much of that is related to covid infection versus the things that happen when you're in an ICU bed for a period of time, but we are trying to figure that out and monitoring people, we have clinics here in BC, and we're sharing information on the physicians and the teams working in those clinics are working nationally and internationally, so that we all have common definitions of what we're talking about and trying to find ways to help support people to come through this.

**Dr. Bonnie Henry:** The other challenges we have with, especially with viral infections is there are very few treatments, and when people have long-term symptoms like brain fog, or fatigue or ringing in the ears, or challenges hearing, there's also not a medication that we can give people, so it is about monitoring, about making sure your physical health comes back from a nutrition and activity and trying

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to do things to support people to get through it, to be sure you're sleeping well and eating well, which sounds like motherhood things, but those are important things that are helping us recover and recover our mental health as well. So there's lots of unknowns still, but these are things that we're watching

**Tony Parsons:** Still things to learn. Yes, much to learn. I want to go back to something that will live with you forever, I suspect. Be kind... Become, Be safe. But in your book, you wrote, I could have added something else, I could have said, it's not forever, but it is for now. What you're thinking of when you said that?

**Dr. Bonnie Henry:** That... I remember vividly that day, because we were talking about there are so many, and talking about... I had written, scribbled down on a piece of paper, kind and calm, calm was one of the things that people tell me that I'm calm in a crisis. And the concept that we needed to do things to keep each other safe, and it really is about kindness, being that not just nice, but kind recognizing that people are in their own distress and their own crises and that we need to connect with each other and that we are in this together, and then we need to respond with compassion and staying calm means taking that step back and recognizing we don't know the other person's story, and that compassion is what will help get us all through this and keep us safe. So that was absolutely what I was thinking through at the time. I also felt that we needed hope that this wasn't gonna be a permanent like this forever, and that... So the concept that it is for now, but it is not forever, having said that, when I was thinking of that early on, I didn't think it would be two and a half years that we were going through these trying times, but the concept is still the same, the importance of the underlying, making sure that we're taking care of ourselves, but also recognizing that we still need to support each other through this, we need this community, we need this connectedness more than ever now.

**Tony Parsons:** Dr. Henry, I've enjoyed spending this time with you, and I want to say that you are... and you have been a beacon of light in this whole problem that we've over the last two and a half years. Thank you so much for being with us. And good luck.

**Dr. Bonnie Henry:** Well, thank you so much. I really appreciate being with you today.