

The Top Doctor Who Aced the Coronavirus Test

Dr. Bonnie Henry kept the disease in check in British Columbia without harsh enforcement methods. Now, she is leading the way out of lockdown.

By Catherine Porter

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That Tuesday in March was the day Bonnie Henry had been preparing for her whole life.

Overnight, 83 people had tested positive for the novel coronavirus and three more had died. The pandemic had officially broken out in British Columbia.

Standing inside the provincial legislature's press gallery, the preternaturally calm top doctor of Canada's westernmost province declared a public health emergency. Under her orders and recommendations, schools closed, bars shuttered and social distancing measures were put in place.

"It seemed so surreal," she said. "I felt like someone was standing on my chest."

That day, March 17, Dr. Henry ended her presentation with a line that would become her trademark, and a mantra for many Canadians struggling to cope under a lockdown. It has since been hung in windows, painted on streets, printed on T-shirts, stitched on shoes, folded into songs and stamped on bracelets.

"This is our time to be kind," she said in her slow and low-pitched voice that many call comforting, "to be calm and to be safe."

In the next few months, Dr. Henry would prove to be one of the most effective public health officials in the world, with lessons for nations struggling to emerge from lockdowns.

While Ontario and Quebec, the two most populous provinces, are still grappling with hundreds of new cases every day, British Columbia has now reopened schools, restaurants and hair salons. This week, the province of five million reported fewer than 80 new cases.

"By all rights, British Columbia should have been clobbered," said Colin Furness, an outspoken infection control epidemiologist in Toronto. The province is on the coast, above Washington State, he noted, with a large population that travels back and forth to China, where the outbreak began.

"They took decisive action, did it early without hesitation and communicated effectively," Mr. Furness added. "People listened to her."

A former Navy physician, Dr. Henry has been lauded for her intelligence and strength, but also for her classically female leadership traits — humility, collaboration, empathy and emotion. In perhaps her most celebrated press briefing, she teared up after announcing the virus had broken out in long-term care homes.



The Lynn Valley Care Centre, a long-term care home in Vancouver where an outbreak of coronavirus was declared in early March. Jennifer Gauthier/Reuters

"We'll embrace vulnerability in our leaders," declared the Globe and Mail newspaper, as one way the coronavirus would change society.

Taking a rare break in her Victoria living room, wearing one of the many T-shirts emblazoned with her image sent by a fan, Dr. Henry said in a video interview that she is both heartened and frightened by her sudden fame. She is an introvert, used to working in relative obscurity. She wears her now famous collection of quirky shoes by a Canadian designer, John Fluevog, for "a bit of confidence."

But she allowed that a 30-year medical career as a female fleet medical officer tending to 1,000 men at sea, a family doctor at an urban California clinic, an epidemiologist setting up quarantines for families exposed to Ebola in Uganda and the operational leader of Toronto's response to the lethal SARS outbreak in 2003 prepared her well for this moment.

“It really is about the recognition that we are all in the same storm,” said Dr. Henry, 54, now on her 156th straight day at work on the crisis. “This is a storm that’s affecting the world. But we are not in the same boats, so we can’t make assumptions about other people. I am going to give you everything we know so you can do your best to keep afloat.”



A Costco in Burnaby used wood pallets to help shoppers observe social distancing in April. Darryl Dyck/The Canadian Press, via Associated Press

Dr. Henry grew up a military brat, the second of four daughters in a middle-class family. Her father was an army major whose job meant they moved every two years to different cities from St. John’s, Newfoundland, in the east to Calgary in the west, as well as to the Netherlands.

“Early on, we developed the habit of having our own worlds and being self-sufficient,” said Lynn Henry, Dr. Henry’s older sister. When Lynn suffered appendicitis at age 8, little Bonnie came to visit, looked around the hospital and declared, “This is what I want to do.” She would become the family’s first doctor.

After high school, Dr. Henry joined the naval reserves, drawn by the camaraderie, naval navigation and communication techniques, and the lure of the open ocean. She enlisted in her third year of medical school and graduated to become a fleet medical officer in Esquimalt, B.C., not far from where she lives now.

“I look back on it now, a lot of the work I was doing with a group of captive men was prevention. They would tease me about always telling them to wear sunscreen and use condoms,” said Dr. Henry, who stayed with the navy for almost 10 years, meeting her husband there. (They separated five years ago, after 20 years of marriage, and never had children.)

During a gastrointestinal outbreak onboard, Dr. Henry used basic epidemiological legwork and a microscope to trace the source of the sickness to contaminated bottled water they’d taken on board in Tahiti.

One day at her job at a clinic in San Diego, a man burst in with a gun, demanding to talk to someone. Dr. Henry stepped forward. “I said, ‘I’m somebody. Let’s talk,’” she recalled. “He burst into tears. He was in pain and distraught.”

It turned out he was recovering from open-heart surgery and was unsure how he would pay the medical bills.

It was while working for the World Health Organization tracing Ebola outbreaks in Uganda that Dr. Henry developed her ideas about how best to respond to public health emergencies. The keys to an effective quarantine, she came to understand, were communication and support, like food and medical follow-up, not punitive measures.

“If you tell people what they need to do and why, and give them the means to do it, most people will do what you need,” she said.



An Ebola screening facility in Uganda in 2018. It was while working for the World Health Organization tracing Ebola outbreaks in the country that Dr. Henry developed ideas about how best to respond to public health emergencies. Sumy Sadurni/Agence France-Presse — Getty Images

She was working as an associate medical officer of health in Toronto in 2003 when a patient arrived at a hospital with a tuberculosis-like disease. It was her job to figure out what it was, and set in place plans to contain it. In the end, SARS killed 44 in Toronto.

Dr. Henry recalls the phone call she got one night, telling her the wife of one SARS patient had reported a fever and needed to be hospitalized. The couple had two children.

The Coronavirus Outbreak >

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How many people have lost their jobs due to coronavirus in the U.S.?

The unemployment rate fell to 13.3 percent in May, the Labor Department said on June 5, an unexpected improvement in the nation's job market as hiring rebounded faster than economists expected. Economists had forecast the unemployment rate to increase to as much as 20 percent, after it hit 14.7 percent in April, which was the highest since the government began keeping official statistics after World War II. But the unemployment rate dipped instead, with employers adding 2.5 million jobs, after more than 20 million jobs were lost in April.

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“We couldn’t find anyone to take in the children,” said Dr. Henry, breaking into tears, because people were so scared of the disease. “I remember calling around to children’s services. They said, ‘There is nothing we can do.’ At the end of day, they ended up going to the children’s hospital for four weeks.”

All four family members survived, but the memory of the stigma they faced and its harrowing effects stuck with Dr. Henry.

That’s why, even when pushed to ramp up police enforcement of social distancing in parks and protests — as she was empowered to do — she staunchly refused.

“That’s the only way as a community we can get through this without traumatizing people,” she said.

Her friends and colleagues say the Dr. Henry on television is the same person they know privately. On a 15-day hiking trip in Nepal with a group of traveling companions in 2017, she arrived at camp an hour before everyone else each day and then made sure bowls of hot water were ready for each as they arrived.

“It’s almost like she was groomed for this time,” said Dr. Anthony Mounts, a senior adviser for immunizations with the U.S. Agency for International Development, who met Dr. Henry in Pakistan working on polio immunization two decades ago. “But the job comes at enormous personal cost.”

Dr. Henry admits she has taken to grinding her teeth in her sleep. But she is laser-focused now on managing the virus to avoid any backsliding after the lifting of restrictions.

“The philosophy is how to make this sustainable over next year to two years,” she said. “We know there were unintended negative consequences from the things that we did, like intimate partner violence, suicides, children who didn’t get the services they need.”

The crucial thing now, she said, is to “find that balance so we minimize the impact of Covid, particularly on those people who are more likely to have severe illness or die from it, and minimize the unintended negative consequence of all the other things as well.”

“We have to find that balance,” she added, as she prepared to take her first day off in five months on Saturday. “We can manage this for as long as we need.”

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