One Year of COVID-19 Pandemic Response in Canada
March 31, 2021
David Redman
Former Head of Emergency Management Alberta

Emergency Management

Pandemics happen continuously. Since 1955, this is the world's fifth pandemic. In the next fifty-five years there is going to be five more. We have never responded to a pandemic like we responded to COVID-19.

It must be clear that a pandemic is not a Public Health Emergency, it is a Public Emergency because all areas of society are affected: public sector, private sector, not-for-profit sector, and all citizens.

In Canada, we have an Emergency Management Process that we normally use in a pandemic. We have pre-written Pandemic Response plans. These plans were written incorporating the hard lessons learned from previous pandemics.

Part of the lessons learned from previous pandemics is contained in the World Health Organization (WHO) "Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza" dated 2019.

https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf

This document included the world's best studies and information on the use of 15 separate non-pharmaceutical interventions (NPIs). The use of these NPIs was discussed in the development of the existing Provincial Plans.

The 2019 WHO document was known, or should have been known, by all Medical Officers of Health in Canada. The use of each of the NPIs was dependant on the severity of the pandemic. Even in a High or Extraordinary Pandemic the use of all or most of these NPIs at the same time was not envisioned.

Prior to the use of each NPI, the Federal and Provincial/Territorial governments needed to demonstrably justify how each NPI would protect the life of Canadians. Some of the NPIs were not recommended for use in any pandemic, including:

- Contact Tracing (not recommended after first two weeks)
- Quarantine of Exposed Individuals
- Entry and Exit Screening
- Border Closures

Some of the NPIs were recommended for use only as a last resort, including:

- Workplace Measures and Closures

Despite this, they were used as a first resort.

Some NPIs were not recommended for a pandemic with the severity of COVID-19, including:

- School Measures and Closures
- Face Masks for Public

These recommendations were ignored.

The lack of any attempt to publicly demonstrate a cost benefit analysis based on life and impact on lives shows a complete disregard for "Due Diligence" by both our Medical Officers of Health (MOH) and our Premiers.

In summary on NPIs, the collateral damage from the use of each NPI needed to be justified in a cost benefit analysis, showing not only what life saving could be expected, but what the short-term and long-term impact on lives would be. Further, it needed to be demonstrably shown why the WHO recommendations were ignored. This was never done for any of the NPIs invoked.

The aim of the pre-written pandemic plans is to allow our leaders to rapidly minimize the impact of a new pandemic on our society. The four goals of the pandemic plans are clearly defined:

> • Controlling the spread of influenza disease and reducing illness (morbidity) and death (mortality) by providing access to appropriate prevention measures, care, and treatment.
>
> • Mitigating societal disruption in Alberta through ensuring the continuity and recovery of critical services.
>
> • Minimizing adverse economic impact.
>
> • Supporting an efficient and effective use of resources during response and recovery
>
> https://www.alberta.ca/pandemic-influenza.aspx#toc-1

The purpose in writing these plans in advance is to ensure the government could rapidly advise the public of the scope of the new hazard and publicly issue a complete written plan to address it. That way the public can see the entire plan, see the phases of the plan, and all steps that will be taken. The public understands their role in the plan. The response to the pandemic would then be coherent.

This has not happened.

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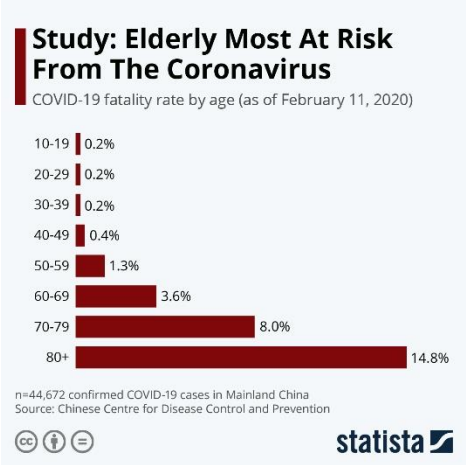
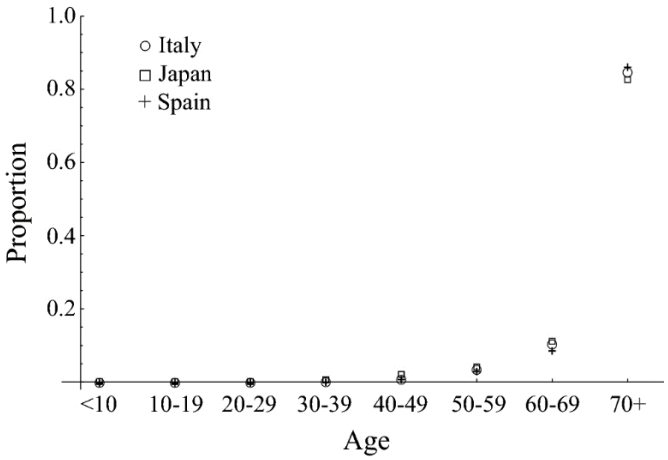
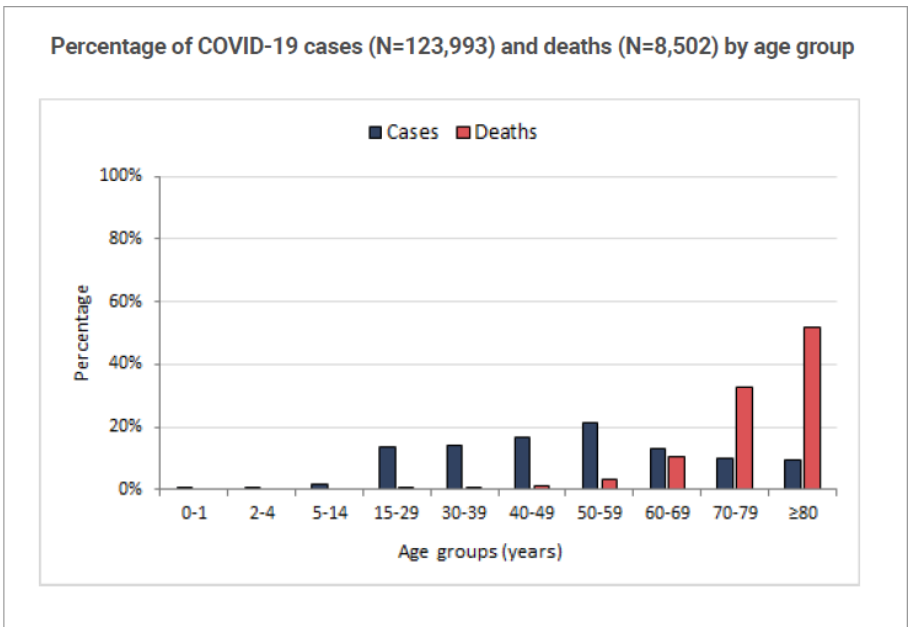
The Canadian Response – Not Based on Emergency Management

The Canadian response to COVID-19 has been incoherent, constantly changing, and with no plan. The sole focus on COVID-19 case counts led to a completely flawed response trying to deal only with the first pandemic goal, and **failing**.

In February and March 2020 we knew that over 95% of the deaths in China and Europe were in seniors, over the age of 60, with multiple co-morbidities.







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We should have immediately developed options for the protection of concentrations of our seniors over 60 with co-morbidities. Our Long Term Care (LTC) homes should have developed and offered quarantine options, for both the residents and the staff.

In our first full year of COVID-19 in Canada, 96% of our over 22,800 deaths have been in seniors, over the age of 60, with multiple co-morbidities. See Figure 5 in link below, updated weekly by Health Canada.

https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html

That is over 21,890 deaths. It is likely that thousands of these deaths could have been avoided, as over 80% of the deaths in the first wave occurred in LTC homes.

In June 2020, the Canadian Institute for Health Information reported that Canada had a higher proportion of COVID-19 deaths within LTC settings than other OECD countries included in its comparison. At that time, deaths in Canadian LTCs from COVID-19 were at 81% of the total, while OECD countries reported LTC COVID-19 deaths of 10-66% (average of 38%) of their totals.

After one full year, we stand at 73% of the 22,880 deaths in LTC homes, 16,700 of our seniors. Our country ranked last in the OECD for protecting our seniors.

https://hillnotes.ca/2020/10/30/long-term-care-homes-in-canada-the-impact-of-covid-19/

https://www.msn.com/en-ca/news/canada/canadas-nursing-homes-have-worst-record-for-covid-deaths-among-wealthy-nations-report/ar-BB1f76sw

This may have cost $2 billion, but could have saved over 16,700 lives as 73% of Canadian deaths have been in LTC homes in the first year of COVID-19. Instead we locked down healthy Canadians and our businesses and spent well over $240 billion to force over 8 million healthy Canadians to stay at home. The cost mounts daily.

The CBC News analysis has tracked $105.66 billion in federal payments to individuals; $118.37 billion that has gone to businesses, non-profits and charitable organizations; and a further $16.18 billion in transfers to provinces, territories, municipalities and government agencies.

https://www.cbc.ca/news/canada/tracking-unprecedented-federal-coronavirus-spending-1.5827045

We did not need to follow the failed lock down practice of China or Europe. Lockdowns have not saved 21,890 of our Canadian seniors. We knew who was most at risk and had time to provide the option of quarantine for our seniors, both in LTC homes and in society. Instead, we sacrificed our seniors.

https://www.cnn.com/2020/05/26/world/elderly-care-homes-coronavirus-intl/index.html

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Our leaders and doctors constantly tell us we are in danger of overwhelming our medical system. If we had acted to quarantine our seniors' long term care facilities, our hospital capacity would not have been challenged, as 71% of our hospital beds and 64% of our ICU capacity continue to this day to be filled with seniors. See Figure 5 in link below, updated daily by Health Canada.

https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html

We would not have needed to stop other medical procedures.

https://lfpress.com/opinion/columnists/goldstein-canadas-medical-wait-times-longest-ever-because-of-covid-19

We should never have forced healthy medical staff to self-isolate. We should have made rapid testing a priority for all orders of government.

We ignored the other three goals of our pre-existing pandemic plans:

> • Mitigating societal disruption in Alberta through ensuring the continuity and recovery of critical services.
>
> • Minimizing adverse economic impact.
>
> • Supporting an efficient and effective use of resources during response and recovery

Ignoring these three goals and following a failed lockdown response has caused massive collateral damage in terms of deaths and long-term effects on our population. Collateral damage, largely ignored by mainstream media, includes but is not limited to:

- Societal health,
- Mental health,
- Other health conditions,
- Children's education and social development,
- Economic health

https://pandemicalternative.org/
http://www.sfu.ca/~allen/LockdownReport.pdf
https://collateralglobal.org/

We are told that lockdowns (i.e. the persistent use of NPIs) has decreased the spread and deaths from COVID-19. Therefore, it is assumed that the collateral deaths are somehow justified. Nothing could be further from the truth.

We knew from the WHO 2019 NPI document cited earlier that the use of most NPIs have little effect on the spread of a virus. It was a lesson learned. Unfortunately, it had to be proved again through studies by some of the best infectious disease doctors in the world. One such study on the spread of COVID-19 is quoted:

"European Journal of Clinical Investigation

Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19

Methods
We first estimate COVID-19 case growth in relation to any NPI implementation in subnational regions of 10 countries: England, France, Germany, Iran, Italy, Netherlands, Spain, South Korea, Sweden and the United States. Using first-difference models with fixed effects, we isolate the effects of mrNPIs by subtracting the combined effects of lrNPIs and epidemic dynamics from all NPIs. We use case growth in Sweden and South Korea, 2 countries that did not implement mandatory stay-at-home and business closures, as comparison countries for the other 8 countries (16 total comparisons).

Conclusions
While small benefits cannot be excluded, we do not find significant benefits on case growth of more restrictive NPIs. Similar reductions in case growth may be achievable with less-restrictive interventions."

https://onlinelibrary.wiley.com/doi/10.1111/eci.13484

Dozens of Peer reviewed studies say the same, lockdowns do not significantly affect transmission rate or death rate, yet this science is ignored.

https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/

Further comment on deaths from COVID-19 and non-lockdown countries compared to lockdown countries:

https://off-guardian.org/2021/03/23/lockdown-one-year-on-it-doesnt-work-it-never-worked-it-wasnt-supposed-to-work/

COVID-19 has followed the annual seasonal infection curve almost exactly, in spite of lockdowns in our country. Our MOH and Premiers take credit for the seasons when it is in their favour and blame their citizens when seasons dictate "exponential increases". Our Premiers and MOHs continue to abandon our Emergency Management Process and give in to fear.

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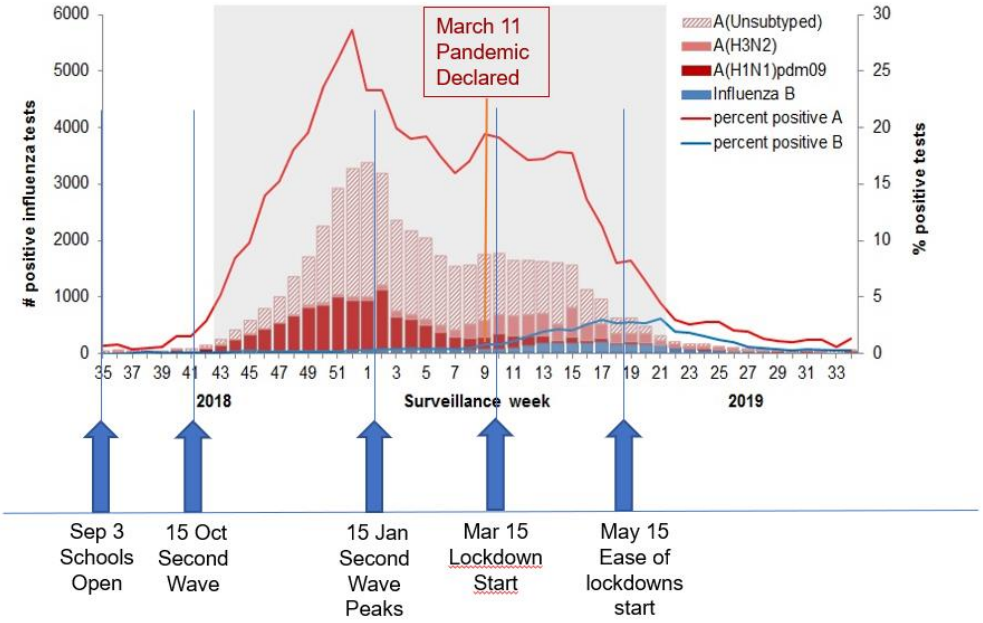
Canadian Annual Viral Infection Curve

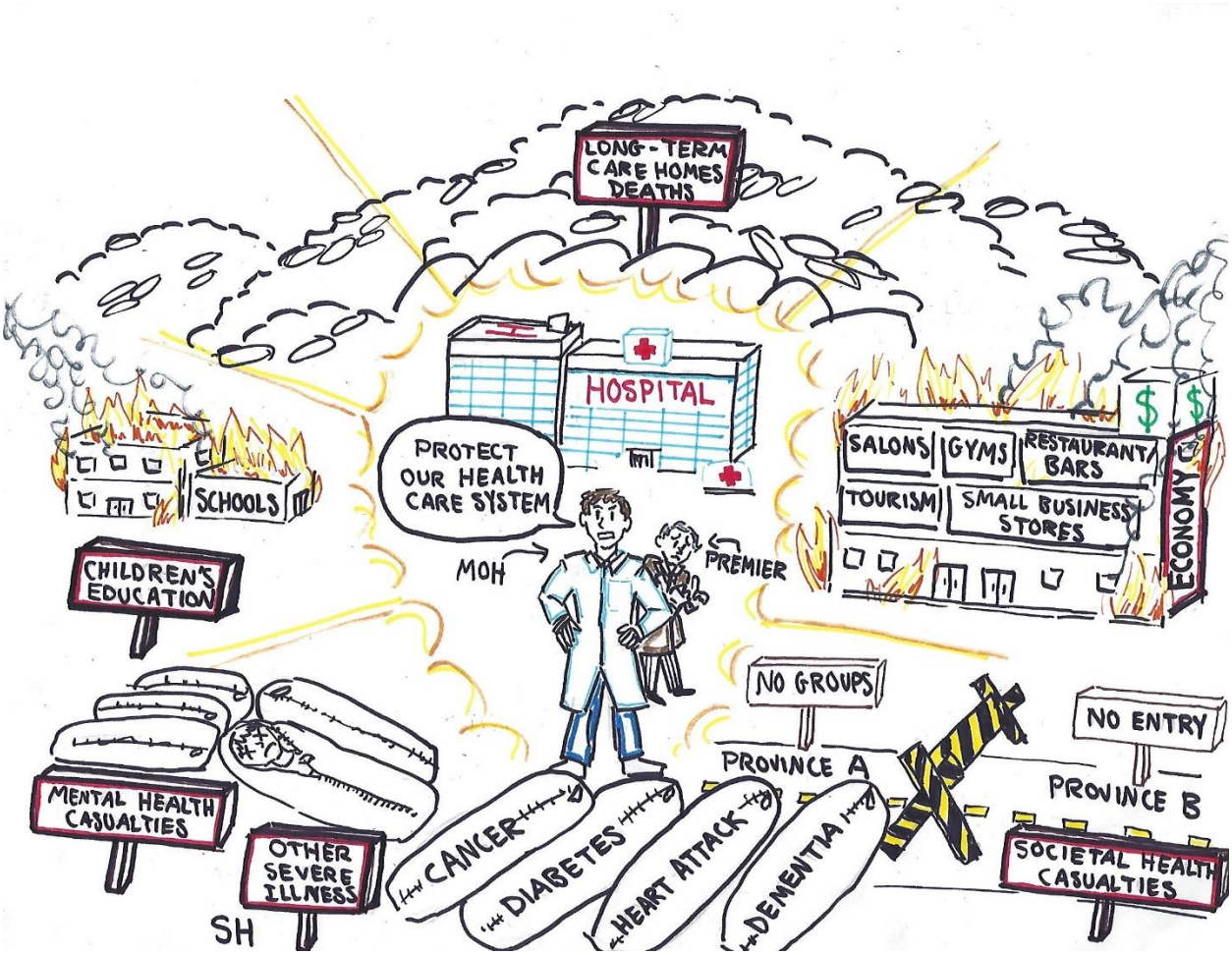


Conclusions – An Emergency Management and Science Based Way Ahead

Canadians deserve a confidence-based response to the COVID-19 pandemic and all future pandemics. An eight-point process is proposed for the immediate future:

1. Release a comprehensive, Four Goal-based Pandemic Plan, showing what is to be done phase by phase, and what the public's role is in each phase.
2. Vigorously enact a plan to protect our most vulnerable (those over age 60 with multiple co-morbidities).
3. Ensure all critical infrastructure (including but not limited to hospitals) is ready for people who get sick and who need to take sick days.
4. Remove the fear campaign from the media. This needs a PLAN and will not be easy. Government and the MOH daily facts must be given with context. There is no need to announce how many people have tested positive from COVID-19 each day. Introduce solid messaging that, with the context of what we know now, the way ahead is not based on case counts but rather on a confidence that we have the medical resources in our system, and speak to all Four Goals of the Pandemic Plan.
5. End all talk of future lock downs and loosen social distancing rules. Making people fear each other is always the wrong approach to any challenge.
6. Guarantee to keep schools and day cares open, with relaxed social distancing like in Sweden.

7. Get everyone under 65 without pre-existing compromised immune systems, who can and want to work, fully back to work.
8. Continue to vaccinate as safe and effective vaccines become available, for the **current** strain of COVID-19.



Canada's Response to COVID-19 After One Year