

Covid 19 Pandemic Response in Canada
January 5, 2021
David Redman
Former Head of Emergency Management Alberta

Emergency Management

Pandemics happen continuously. Right from the start one must state a Pandemic is not a Public Health Emergency, it is a Public Emergency. All areas of society are affected – public sector, private sector, not-for-profit, 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. The aim of these plans is to allow our leaders to rapidly minimize the impact of the 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 then understands their role in the plan.

The response to the pandemic would then be coherent.

This has not happened.

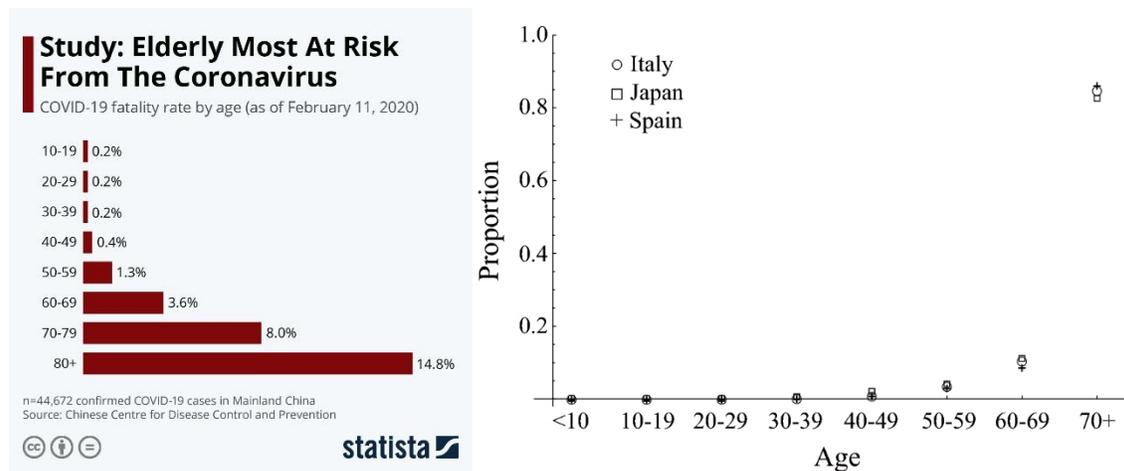
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The Canadian Response – Not Based on Emergency Management

The Canadian response to Covid 19 has been incoherent, and constantly changing, with no plan.

The focus on only Covid 19 case counts led to a completely flawed response, trying to deal only with the first pandemic goal, and **failing**.

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



We should have immediately developed options for the protection of concentrations of our seniors over 60 with co-morbidities. Our Long-Term Care homes should have been placed into Quarantine, for both the **residents and the staff**.

To date, in Canada, over 96.5% of our over 16,000 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 15,440 deaths. It is likely thousands of these deaths could have been avoided, as over 80% of the deaths in the first wave occurred in long term care 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.

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

This may have cost \$1.5 Billion. But could have saved over 12,800 lives, while negating the need to lock down business, and spend over \$240 Billion to force over 8 million healthy Canadians to stay at home.

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. We knew who was most at risk and had time to quarantine our seniors in LTC homes. **Instead we sacrificed our seniors.**

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

Our leaders and doctors constantly tell us we are in danger of overwhelming our medical system.

If we had acted to quarantine our senior's 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, most from Long Term Care homes. 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://lfpres.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. It still is not.

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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 main stream media, includes but is not limited to, **massive damage** to:

- our social fabric,
- <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00051-eng.htm>
- our Mental health,
- <https://www.msn.com/en-ca/news/canada/opioid-deaths-skyrocket-mental-health-suffers-due-to-pandemic-restrictions-new-federal-report-says/ar-BB1au4mD?pfr=1>
- other health conditions,
- <https://www.washingtonexaminer.com/news/catastrophic-unexplained-deaths-at-home-in-uk-nearly-nine-times-more-than-those-from-coronavirus>
- <https://www.nytimes.com/2020/10/20/health/coronavirus-excess-deaths.html>
- our Children's education,
- <https://youngminds.org.uk/media/3808/youngminds-submission-to-education-committee-the-impact-of-covid-19-on-education-and-childrens-services.pdf>
- <https://www.publichealthontario.ca/-/media/documents/ncov/main/2020/08/covid-19-school-closure-reopening-impacts.pdf?la=en>
- <https://edmontonjournal.com/news/local-news/alberta-teachers-concerned-about-students-mental-health-academic-performance-survey>
- and our Economy
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The death of over 12,800 of our seniors and all these collateral lockdown-caused damage, NEVER NEEDED TO OCCUR.

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As an emergency manager I am horrified.

- Every day the number of deaths in Long Term Care homes grows, in spite of society wide lockdowns.
- The Public is blamed for not locking down hard enough.
- In fact, the deaths mount because our leaders continue to choose not to Quarantine our Long-Term Care homes.

We have massively impacted all the rest of our citizens for generations to come, who have extremely little risk of dying of Covid 19.

Why?

Because our leaders continue to abandon our Emergency Management Process and give into fear.

Conclusions – A Science Based Way Ahead

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. Governments' and the MOHs' daily facts must be given with context. There is no need to announce how many people have tested positive from Covid 19 each day. Be ready with solid messaging that, with the context of what we know now, the way ahead is not based on case count 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 vaccines become available, for the **current** strain of Covid 19.