

BY DAVID REDMAN

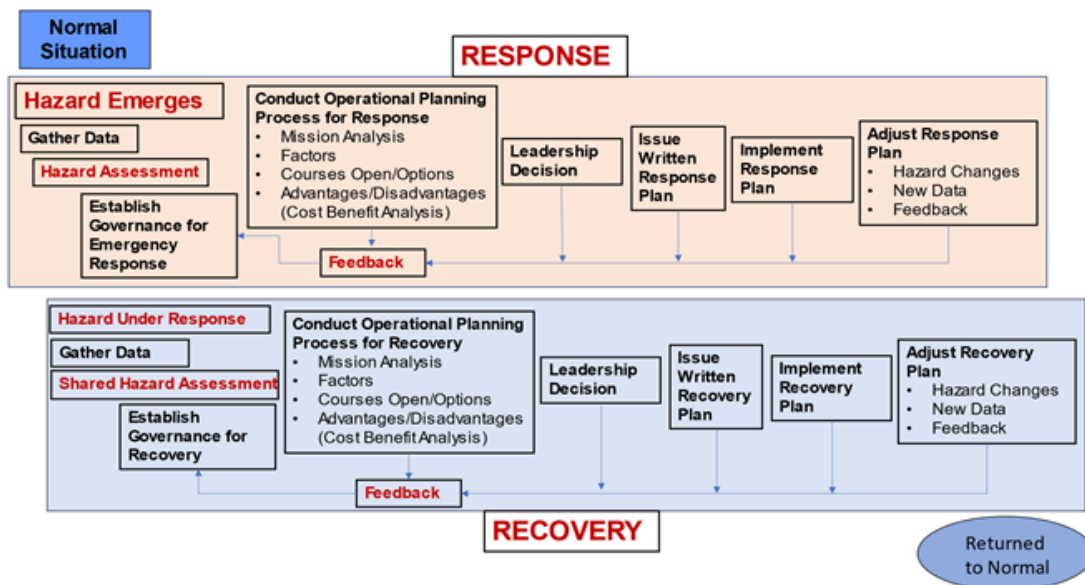
A Recovery Plan

CANADA POST-PANDEMIC COVID-19

BACKGROUND

My position paper “[Canada’s Deadly Response to COVID-19](#)”, was, and remains, nine months later, a detailed, step-by-step emergency management (EM) process describing what a correct RESPONSE to the arrival of COVID-19 in February 2020 should have done. The suggested EM process is as shown in Figure 1.

Figure 1 – The Emergency Management Process for Response and Recovery



It must be noted that the then suggested recovery process to COVID-19 should have been accepted and begun no later than March of 2020. Instead, the actual response from Canadian governments was to ignore it, causing immeasurable Canadian excess deaths and serious damage to the economy. The failure to follow what then was suggested will likely continue to cause excess deaths and damage for generations to come.

The recovery process must include detailed plans and implementation, not just for the management of an endemic COVID-19 virus, but also must have detailed plans and implementation to overcome the massive damage and deaths caused and that will be caused by the fear based, use of Non-Pharmaceutical Interventions (NPIs).

The entire recovery process will have to first and foremost deal with the fear based mass formation or group think (see work of Dr. Professor Mattias Desmet — Ghent Belgium) that our leaders intentionally caused in the Canadian public. Until fear is recognized and properly dealt with, a frightened public will continue to support the deadly use of NPIs, which includes the inappropriate if not illegal use of vaccine mandates, which have been so damaging to Canadian democracy.

Development of a Successful COVID-19 Pandemic Recovery Plan

Aim/Mission for Pandemic Recovery

The aim for the recovery process must be:

To minimize the impact of endemic COVID-19 on the province (P)/territory (T) and recover from the deadly “lockdown based” response used by the P/T.

It should be noted that aims/missions are rarely in two parts. This reflects the disastrous nature of the current response to COVID-19.

It also must be noted that the second part of this two part mission statement is by far the hardest and most extensive of the two parts.

It must also be noted that the ultimate aim is to return the P/Ts to a cognitive behavioural state like existed before January 2020 and the public’s reaction to COVID-19 with mass formation, as it relates to the functioning of democracy and an understanding to any future threats to the functioning of our democracy.

Hazard Assessment

We need to find governments and premiers who will act to stop the current failing public response. First, these governments and premiers, including the Prime Minister, must first understand that COVID-19 is a coronavirus, that it is endemic, and is constantly evolving. They must understand this, the virus will continue to act in ways not addressed by current responses.

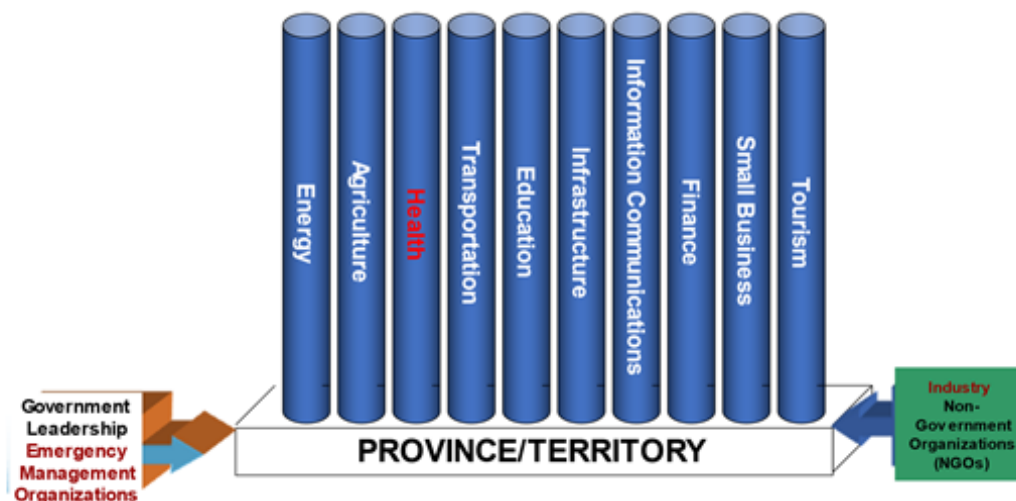
Premiers and governments must understand that the SARS CoV-2 virus is extremely age and comorbidity dependent. In defining who is at what degree of risk they must understand that for those over 75 years old, along with those over 60 years old having severe comorbidities, the current specific diagnosis, prevention, and treatment options need to be enhanced. For those under 60 years old, SARS CoV-2 virus represents the same risk (in almost all cases) as the regular seasonal influenza that hits our country every year. The Premiers equally need to understand that this fact, for those under 60, was well known in March of 2020.

Unless a Premier is prepared to admit the above, at least to themselves, nothing will change in their province.

Governance

The next step for our 'aware' Premiers and PM is to establish an astute Governance Task Force, seeking as best full recovery as is possible. As for the current scientific advisory groups, medical advisory groups, doctor-based advisory groups, and special interests groups, all dealing with the virus — they need to be disbanded or if that is not possible due to fear, they must be removed in their advisor status to the Premier. A specific plan must be developed for this removal of status, as these groups will continue to influence the media and therefore the public, as most are not prepared to give up their position on NPIs or vaccine mandates.

Figure 2 – Governance Task Force on the Recovery



In order to move towards a truly successful recovery process, the provincial/territorial orders of government should form a "Task Force on the COVID-19 Pandemic" (it should have been formed in late February/early March 2020). The fact that this still has not happened, now two years later, makes this task much harder.

Such a task force would best become the single decision-making body for policy, programs, and actions, for recovery actions. It must be led by provincial premiers, including as a minimum:

- ministers and the deputy ministers of the most impacted ministries,
- representatives of the urban and rural municipalities,
- representatives of the private sector critical infrastructure (CI),
- a representative for NGOs, and,
- representatives of opposition parties (unlikely now due to the political environment of the past 2 years).

Such task forces should be coordinated and supported daily by the P/T EMO, as is done now routinely for emergencies.

Operational Planning Process – Mission Analysis

Under the coordination of each province's EMO, and with the most senior members of their Task Force on the Recovery, a Mission Analysis session should occur (likely to take two full days).

Mission Analysis is the definition of "WHAT" needs to be done to recover from this pandemic. It is not a definition of options to determine any of the HOW. That should follow in subsequent steps, with a full cost benefit analysis being drafted for each of the arrived options.

Unfortunately, this approach was completely ignored in the first responses to COVID-19, causing in the end a deadly response.

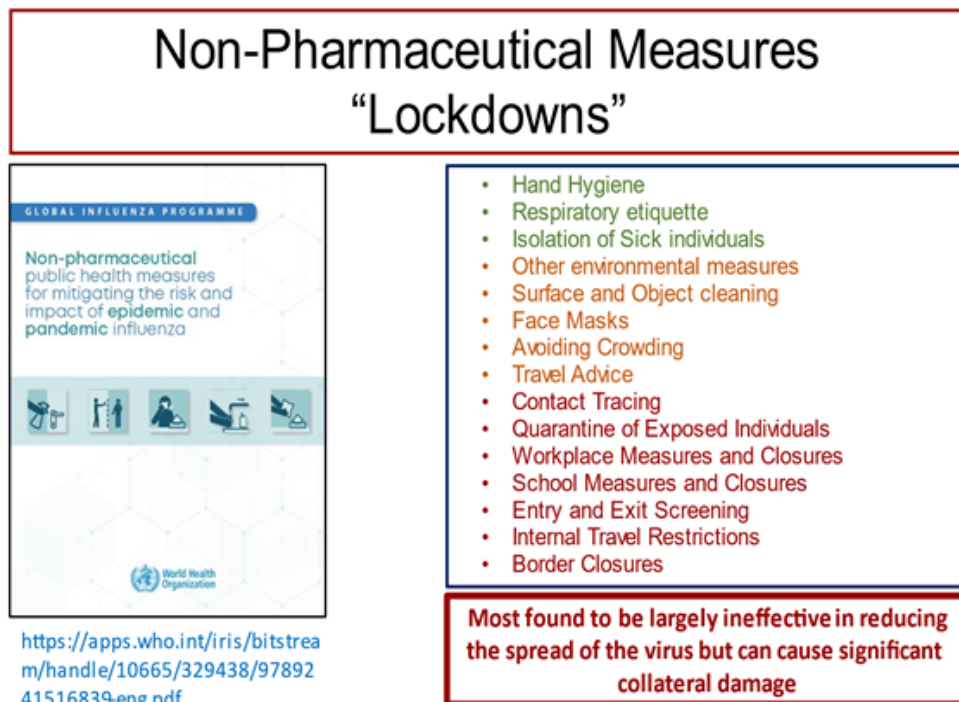
Each P/T should develop a Mission Analysis, recognizing that each province and territory likely needs slightly different response to SARS CoV-2.

The below template may provide initial guidance to the P/T Governance Task Forces.

Tasks Given and Implied

1. Removal of Fear of COVID-19:
 - a. Understanding of COVID (in relation to other daily risks);
 - b. For all members of the public;
 - c. By age group;
 - d. By comorbidity.
2. Removal of fear of the future use of NPIs (i.e. they will never be used again for this virus) Figure 3.
 - a. Masks;
 - b. Contact tracing;
 - c. Quarantine of exposed individuals;
 - d. Workplace measures and closures;
 - e. School measures and closures;
 - f. Entry and exit screening;
 - g. Internal travel restrictions;
 - h. Border closures.
3. Removal of fear of future denials of charter rights and freedoms.
4. Removal of fear of lack of support of our judicial system.

Figure 3 – Non-Pharmaceutical Interventions



5. Removal of fear of the potential collapse of our medical system.
6. Establishment of new governance and accountabilities for public health.
7. Establishment of new governance and accountabilities for the medical system in each P/T.
8. Establishment of public oversight of College of Surgeons and Physicians in each P/T.
9. Establishment for capabilities for endemic COVID-19:
 - a. Seasonal surge capacity — without restrictions on other areas of health;
 - b. Appropriate capacity:
 - i. Acute care beds;
 - ii. ICU care beds;
 - iii. Family practice care;
 - c. Appropriate response times.
10. Detailed plan to overcome mental health impacts of the use of FEAR and NPIs:
 - a. Fear affecting others (i.e. children to grandparents);
 - b. Fear of affecting yourself;
 - c. Fear of a virus (not just Covid-19);
 - d. Increased use of illegal drugs;
 - e. Increased use of legal drugs.
11. Detailed Plan to overcome the societal health impacts of the use of FEAR and NPIs, including but not limited to:
 - a. Spousal abuse;
 - b. Child abuse;
 - c. Denial of charter rights and freedoms;
 - d. Intentional targeting fear of others (unvaccinated, travellers, snitch lines, not wearing masks, etc.);
 - e. Societal impacts of intentional cross border (foreign and domestic) restrictions/ denials.
12. Detailed life-long plan to overcome the destruction of our children's education:
 - a. Mental health;
 - b. Social development;
 - c. Academic development.
13. Detailed plan to overcome the massive deaths and damage caused by missed or delayed diagnosis and treatment of:
 - a. Diabetes;

- b. Cancers;
 - c. Heart diseases;
 - d. Dementia;
 - e. Other organ diseases;
 - f. All other “non-essential” health operations/illnesses.
14. Detailed plan for the recovery of Small Businesses (and families that were destroyed or severely affected) including but not limited to:
- a. Retail;
 - b. Tourism;
 - c. Bars;
 - d. Restaurants;
 - e. Hotels;
 - f. Etc.
15. Detailed plan to deal with the massive debt incurred by:
- a. Federal government;
 - b. P/T government;
 - c. Municipal government.
16. Detailed plan to reduce personal debts caused by the use of NPIs on individuals.
17. A detailed plan on how to restore confidence in investment and development in the Canadian economy, domestically and abroad.
18. Detailed Plan to overcome the destruction of faith in our democracy and our form of government.

This list reflects the complexity of what must be developed by teams of experts across public, private, and not-for-profit sectors in Canadians society.

Subsequent Steps towards the Development and Implementation of a Recovery for COVID-19

The [Position Paper](#), referenced at the start of this brief piece on Recovery, covers the subsequent process, both for the Operational Planning Process and for the implementation of a recovery plan as best depicted in Figure 1.

Emergency Management, which was largely ignored in the early response to COVID-19, should be employed towards cleaning up the disastrous mess of our governments' approach to the COVID pandemic.

Governments failing to follow the process recommended herein will result in even more deaths and damages.

Concluding Remarks

A Royal Commission into the Response to COVID-19, towards holding elected officials, Medical Officers of Health (MOH) accountable, and for investigation into the media's roles in this pandemic must wait.

The current deadly and damaging response must stop.

The recovery must start.

The first step to recovery is to reduce fear. Fear of SARS CoV-2 and of the use of NPIs. Fear of the now-authoritarian control of our MOH, Premiers and the PM. Removal of the fear of our neighbours and friends. Removal of the fear of simply living.

All of this while our country negotiates our path in a world where conflicts are emerging that show just how unprepared our country is for the next decade.

Fear must be replaced with confidence. Confidence in a better future, confidence in innovation, confidence in growth, confidence in each other, and confidence in our democracy being strong, free, and vibrant.



AUTHOR

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David Redman was an officer in the Canadian Army for 27 years, retiring as a Lieutenant Colonel. He was posted 19 times to operations in Germany, Egypt, the Former Republic of Yugoslavia, the USA, and across Canada. In 2000 he became a part of what is now called the Alberta Emergency Management Agency. Following September 11, 2001, he led the development and implementation of the Alberta Crisis Management Counter-Terrorism Plan. He became the Head of EMA in 2004 and led the Provincial response to the devastating floods of June 2005. He also led the development of the 2005 Provincial Pandemic Influenza Plan. He retired from EMA in December 2005, continuing to work as an expert in Emergency Management provincially, nationally and internationally until 2013 when he fully retired.

David Redman has a Bachelor's Degree in Electrical Engineering from the Royal Military College of Canada, and a Master's Degree in Electrical Engineering from the United States Naval Postgraduate School. He is a graduate of both the Canadian Land Forces Command and Staff College, in Kingston, Ontario and the Canadian Forces Command and Staff College, in Toronto, Ontario.



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