



TEMPORARILY  
CLOSED  
COVID-19



**FRONTIER CENTRE  
FOR PUBLIC POLICY**

# BRIEFING NOTE

MAY 2021

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TO THE PREMIERS OF ALL OUR PROVINCES & TERRITORIES

# Provincial Response to Covid 19

## ISSUE

While the vaccines appear at this time to be saving many of our seniors, the current lockdown-based response to Covid 19 in the Province continues to leave some seniors at risk, while causing severe co-lateral damage to our citizens' mental health, our societal health, our children's education, our citizens with other severe illnesses, and our economy. The Province needs to immediately protect the remaining seniors, our Long-Term Care (LTC) homes and other high risk groups, while rapidly removing the lockdown methodology.

## KEY MESSAGES

- Based on the clear evidence from the first, second, and now third wave it is time to adjust our response to Covid 19.
- The Province will move to immediately target protection for everyone over the age of 70, and people with severe comorbidities over 60 until they can all be vaccinated.
- Further, the Province will release a full Covid 19 Plan, to protect other vulnerable members of our population while ending lockdowns.
- It is time we pivot to rebuilding the Province with a clear Plan for a way ahead.

## RATIONALE

In February we knew that over 95 percent of the deaths in Asia 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 LTC homes should have been placed into Quarantine, for both the residents and the staff.

To date, in Canada, over 95 percent of our over 25,000 deaths have been in seniors, over the age of 60, with multiple co-morbidities. That is over 23,700 deaths. Over 80 percent of the deaths in the first wave occurred in long term care homes. Canada could have saved over 18,000 lives, while negating the need to lock down business and spend over \$300 Bn to force over 8 million healthy Canadians to stay at home. Canada 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.

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 and protected others with severe co-morbidities, our hospital capacity would not have been challenged, as 66 percent of our hospital beds and 62 percent of our ICU capacity continue to this day to be filled with compromised seniors. This is even with most seniors with their full or first vaccines. Conversely, even with the new variants, only 20 percent of hospital patients and 19 percent of ICU patients are under the age of 50. (See <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>, Figure 5.)

The MOH should have developed new surge capacity in both staff and medical infrastructure. Instead, we stopped other medical procedures. 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.

Ignoring our long-established and hard learned pandemic response 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, massive damage to our Social Fabric, our Mental health, our other severe Health Conditions, our Children's education, and our Economy.

## NEXT STEPS—WAY FORWARD

It is time to stop following a case count based lockdown approach that is causing massive death and destruction. The way ahead is recommended as follows:

1. Release a comprehensive written Pandemic Plan, showing what is to be done by phase, real triggers for moving between phases, 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 and those under 60 with severe 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' daily facts must be given with context. See Appendix A.
5. End all talk of future lock downs and loosen social distancing rules.
6. Guarantee to keep schools and day cares open, with relaxed social distancing.
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.



A 16 Year Old Student's View of Canada's Provincial Response to Covid 19

## Appendix A

# Confidence Based Approach for Next Steps

1. Produce a written Provincial Covid 19 Pandemic Plan including but not limited to:
  - i. Situate the Disease and Province in a National concept;
  - ii. Define the Mission—To ensure minimum impact of Covid 19 on your province;
  - iii. Clearly defined Governance;
  - iv. Clearly defined Phases;
  - v. Clearly defined Objective and tasks by Organizations;
  - vi. Outline Critical Support;
  - vii. Define Communications for
    - a. Support of Citizens;
    - b. Support of the Public sector;
    - c. Support of the Private sector.
2. Define How you will Protect those most at risk:
  - i. A separate Plan for Long Term Care (LTC) homes;
  - ii. A Plan for care of those with multiple co-morbidities not in LTC Homes;
  - iii. How the Public can help and interact.
3. Define how you will ensure operation of Critical infrastructure:
  - i. Place Covid hospitalizations/ICU usage in context with total capacity and plans for surge capacity;
  - ii. Assurance of electricity, water, food and essential supplies;
  - iii. Show that you know what is most important and how the public can help.
4. Define how you will ensure the continued care for those with other life-threatening illnesses.
5. Define a Plan for Mental Health issues related to the Pandemic.
6. Define a Plan for the assurance of in-class learning for our youth with appropriate safety measures and mental health aides.

7. Place this virus in Context
  - a. To other diseases (Pneumonia for Example);
  - b. To other causes of death annually;
  - c. To Covid patient beds vs total beds in system.
  
8. Testing of Province for Covid 19
  - a. Rapid;
  - b. In depth;
  - c. cross population to determine actual Infection Fatality Rate.
  
9. Produce risk analysis for population for GP advice to population (similar to the Cancer risk analysis provided to new Cancer patients age vs operation vs chemo vs radiation vs drug therapy)
  - a. by age;
  - b. by co-morbidity;
  - c. by other health conditions (including obesity).
  
10. Define exactly how the Public can send ideas and feedback to the Government.
  
11. Show the public you have a Plan and are READY.



## **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.

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