

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/11/12	MEETING NAME Regional Council
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2020/11/10
--

NAME OF INDIVIDUAL(S) Dr. Kulvinder Gill
--

POSITION(S)/TITLE(S) Peel Resident & Physician
--

NAME OF ORGANIZATION(S)

E-MAIL	TELEPHONE NUMBER	EXTENSION
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) Concerns regarding the Region of Peel's response to Covid-19
--

A formal presentation will accompany my delegation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Presentation format: <input checked="" type="checkbox"/> PowerPoint File (.ppt) <input type="checkbox"/> Adobe File or Equivalent (.pdf) <input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi,.mpg) <input type="checkbox"/> Other <input type="text"/>
Additional printed information/materials will be distributed with my delegation : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at **least ten (10) business days prior** to the meeting date so that it can be included with the agenda package. **In accordance with Procedure By-law 56-2019, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).**
Delegates should make every effort to ensure their presentation material is prepared in an [accessible format](#).
Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section 5.4 of the Region of Peel Procedure By-law 56-2019, as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the *Municipal Act, 2001*, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.

Please save the form to your personal device, then complete and submit via email attachment to council@peelregion.ca



Beginning a Scientific Evidence- Based Humanitarian Response to Covid-19 in Peel Region

DR. KULVINDER GILL, MD, FRCPC

NOVEMBER 12, 2020.

More surgeries postponed due to overwhelming number of flu cases

BY AMANDA FERGUSON

POSTED FEB 22, 2018 5:17 PM EST LAST UPDATED FEB 22, 2018 AT 8:18 PM EST



More elective surgeries are being postponed at two GTA hospitals as severe flu cases continue to overwhelm emergency departments and ICUs, CityNews has learned.

Several elective surgeries have been cancelled at Etobicoke General Hospital (EGH) as patients with severe influenza complications require beds and acute care in its ICU.

Dr. Frank Martino, chief of staff at EGH, said procedures like hernia repair, abdominal and gynecologic surgeries have been postponed for about a month while flu cases continue to impact all areas of the hospital.

"We've had to cancel some surgeries," Martino said. "We try not to cancel cancer surgery, but we have to cancel some elective surgeries that can hopefully wait and often they can wait."

Michael Garron Hospital, formerly Toronto East General Hospital, told CityNews last week it has [postponed seven cancer surgeries](#) as a result of a shortage of beds in the ICU since December.

On average, the patients have had to wait less than a week to get the required surgery. In each case, the patients received care within the targeted wait times set out by Ontario's Ministry of Health.

"Sometimes these surgeries require an ICU bed, and the aim is to clear the floor and move patients out of the ICU, so those critical patients who may have cancer who need a critical care bed can move into that bed," Martino said.

This, as both EGH and Brampton Civic Hospital have been in a state dubbed Code

Brampton Civic Hospital's 'hallway medicine' still a problem

TRENDING

Jane Stevenson
Jan 14, 2018 • Last Updated 2 years ago • 4 minute read



A busy hallway at Brampton Civic Hospital on Wednesday January 10, 2018. PHOTO BY DAVE ABEL /Postmedia Network

Hallway medicine at Brampton Civic Hospital doesn't appear to be going anywhere anytime soon.

After last October's bombshell internal memo – obtained by CTV News Toronto – revealing 4,352 patients were treated in the hospital's hallways between April, 2016 and April, 2017, the government announced 2,000 new hospital beds for the entire province with 37 of them going to BCH.

NEWS

Flu season may be ‘record breaking’ for Peel

By **Danielle Edwards** Brampton Guardian
Monday, January 1, 2018



This winter’s flu season is shaping up to be a particularly nasty one — and hospitals in Peel are feeling the crunch.

“We’re at the point right now that we can call it a surge officially,” said Dr. Naveed Mohammad. “We’ve seen numbers go up in the last 48 hours.”

Mohammad is William Osler’s vice president of medical affairs and he said that because of this year’s flu “things are going to get a lot more hectic over the next two to four weeks” and this might be “a record breaking season” for flu cases.

It’s why hospitals in Peel are preparing for the onslaught. Mohammad said all of the William Osler sites — Brampton Civic Hospital, Etobicoke General Hospital and the Peel Memorial Centre for Integrated Health and Wellness — have to be “hyper-vigilant” with their infection control procedures. He explained they start preparing for the flu season as soon as the previous one ends and during winter, staff are encouraged to get the flu shot.

Prediction analysis — mapping out the number of cases in previous years — is also used to forecast the severity of the season.

There is a blackout put in place during the holiday season that prevents staff from taking too much time off as well, he said.

William Osler has also added 59 beds — 37 of which will be at Brampton Civic — which should help ease any overflow in the emergency department, according to Mohammad. The rest are going to Etobicoke General.

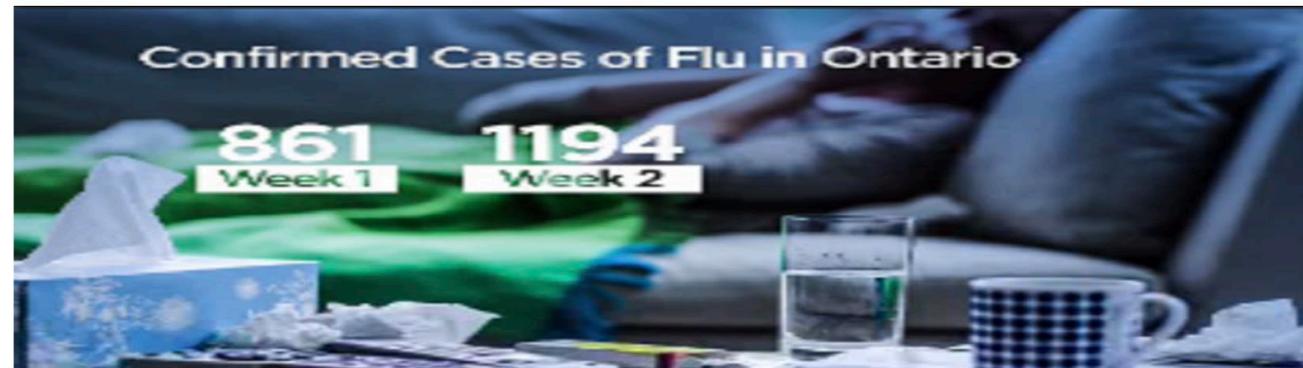
HEALTH

Hospitals say spike in flu cases across GTA leading to 'dangerous' overcrowding



By **Jamie Mauracher** · Global News

Posted January 23, 2018 7:47 pm · Updated March 29, 2018 11:03 am



Between the first and second weeks of 2018, the number of confirmed flu cases in the province have risen from 861 to 1,194, according to the Ontario Ministry of Health's flu report. **Global News**



For many, winter means flu season and this year medical experts say the virus is taking a toll on the Greater Toronto Area [health-care](#) system.

"Influenza A is a little bit higher than it should be, but influenza B is off the charts higher," ER doctor Brett Belchetz told Global News, adding the increase is due in part to a low efficacy rate of the flu shot.

A number of doctors, nurses and administrators at hospitals across the GTA confirmed to Global News there has been a surge of patients on top of a system that is already operating at or over 100 per cent capacity.

Hamilton hospitals over capacity as flu season surges



Code zero ambulance events are also spiking, city statistics show



[Adam Carter](#) · CBC News · Posted: Jan 16, 2018 5:14 PM ET | Last Updated: January 17, 2018



Hospitals in Hamilton are overcrowded as flu season is well underway. (CBC)

Emergency rooms in Hamilton are over capacity, as local hospitals feel the strain of flu season spreading through the city.

Health officials across the country are reporting higher than normal lab-confirmed cases of the flu. Hamilton has mostly dodged that bullet, local officials say, with numbers sitting in the mid-level range for what the city usually experiences around this time of year.

Toronto

2 major GTA hospitals ran at more than 100% capacity in first half of 2019



Brampton Civic, Etobicoke General hospitals burdened by severe overcrowding

CBC News · Posted: Oct 29, 2019 1:47 PM ET | Last Updated: October 29, 2019



Brampton Civic Hospital has struggled to accommodate increased patient demands from an exploding local population. (Paul Chiasson/Canadian Press)

[19 comments](#)

Brampton Civic Hospital and Etobicoke General Hospital operated at more than 100 per cent capacity throughout the first half the year, newly released data reveals.

In April, for example, both hospitals had an occupancy rate of 106 per cent for medical and surgical beds, while their emergency departments ran at 104 per cent and 106 per cent, respectively.

The data, obtained from the William Osler Health System through an access to information request by the Ontario NDP, was circulated at the legislature on Tuesday.

HALLWAY HEALTH CARE

This woman spent 47 hours waiting for surgery in the Sunnybrook ER, with shattered wrists, a broken elbow, cracked ribs and internal bleeding. An investigation into the overcrowding of Toronto ERs

BY ALISON MOTLUK | PHOTOGRAPH BY NATHAN CYPRYS |
APRIL 16, 2018



Flu rates in Canada 'exceptionally' low despite more testing, says report indicating possible COVID dividend

Tom Blackwell

Nov 11, 2020 • Last Updated 11 hours ago • 3 minute read

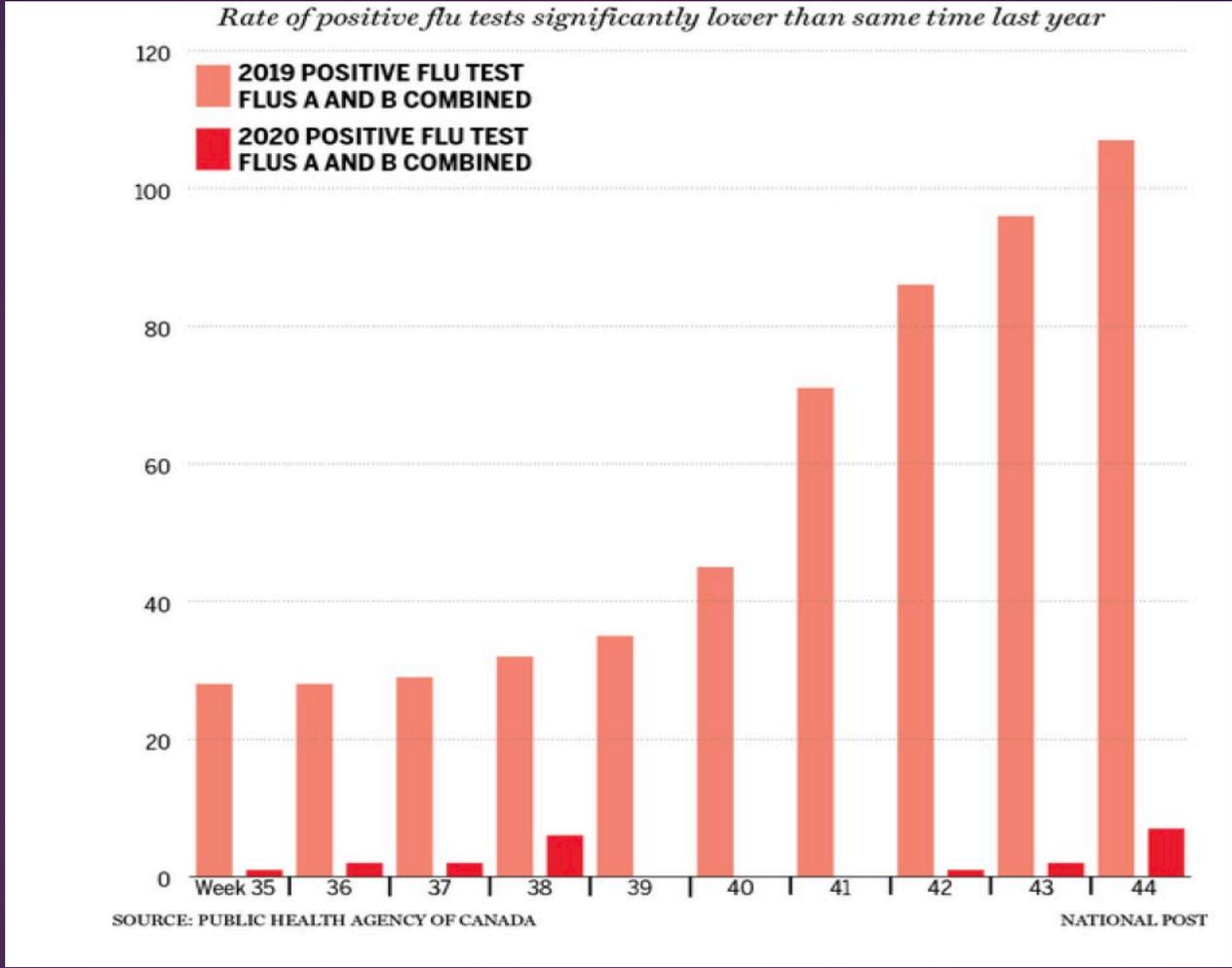
There are early signs that Canada may be experiencing one of the few silver linings of the COVID-19 pandemic.

Despite double the usual volume of laboratory screening for influenza, the number of people testing positive for the virus is “exceptionally” low so far this season, says a Public Health Agency of Canada report.

In fact, only eight positive tests came back in the most recent week of reporting from across the country, and half may have merely been signs of flu vaccination, not actual spread of the virus, says the agency’s latest [“FluWatch” report](#).

Just 12 flu cases were reported between March and October, compared to an average of almost 600 in each of the last six years during the same period.

Southern hemisphere countries like Australia, which have their flu season during the northern hemisphere’s summer, reported unusually little influenza in 2020. Experts suggest that masks, social distancing and more hand washing designed to combat COVID-19 had curbed the other virus, too.



[Int J Forecast.](#) 2020 Aug 25

PMCID: PMC7447267

doi: [10.1016/j.ijforecast.2020.08.004](https://doi.org/10.1016/j.ijforecast.2020.08.004) [Epub ahead of print]

PMID: [32863495](https://pubmed.ncbi.nlm.nih.gov/32863495/)

Forecasting for COVID-19 has failed

[John P.A. Ioannidis](#)^{a,*}, [Sally Cripps](#)^b and [Martin A. Tanner](#)^c

▸ [Author information](#) ▸ [Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

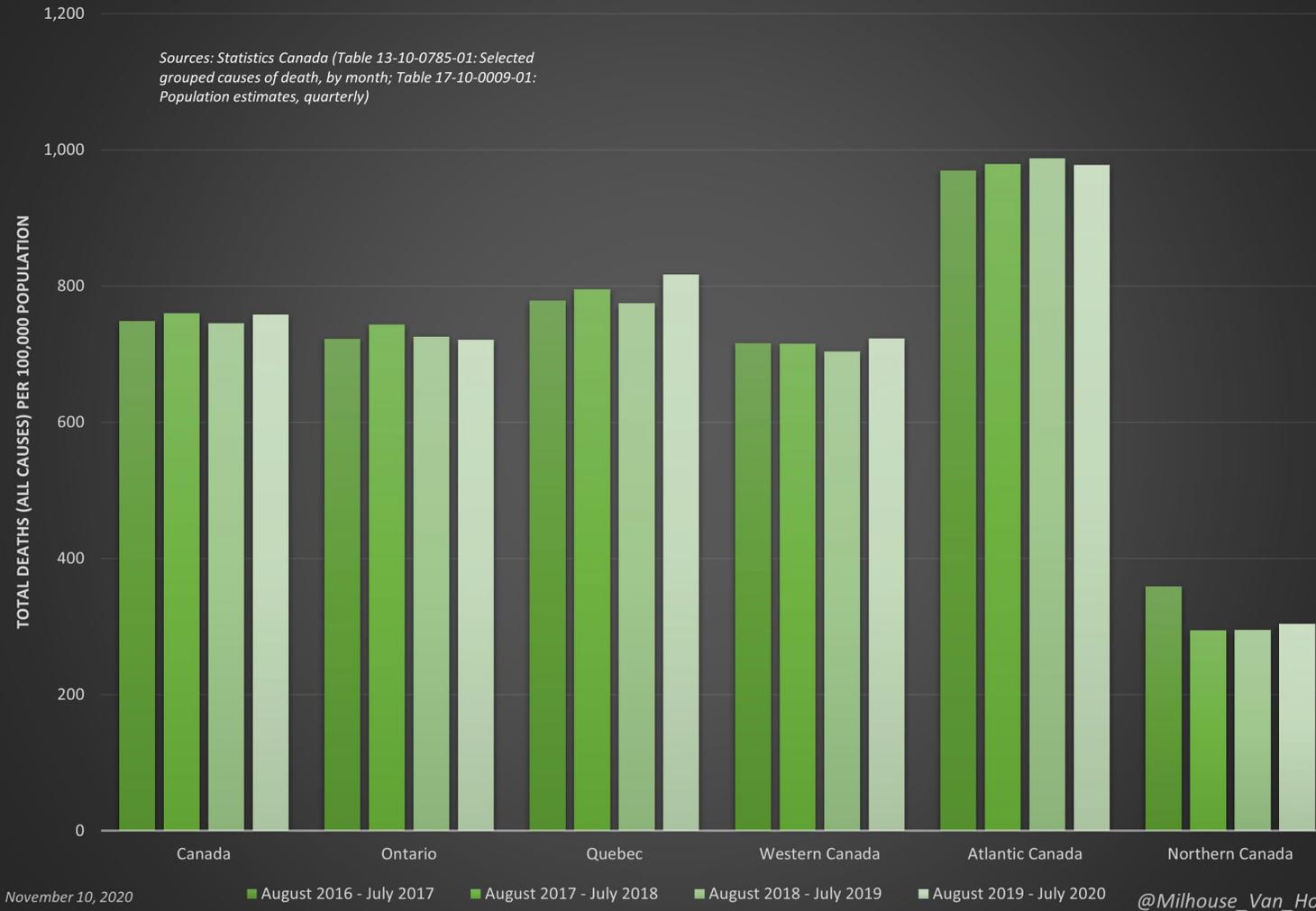
Abstract

Go to: 

Epidemic forecasting has a dubious track-record, and its failures became more prominent with COVID-19. Poor data input, wrong modeling assumptions, high sensitivity of estimates, lack of incorporation of epidemiological features, poor past evidence on effects of available interventions, lack of transparency, errors, lack of determinacy, consideration of only one or a few dimensions of the problem at hand, lack of expertise in crucial disciplines, groupthink and bandwagon effects, and selective reporting are some of the causes of these failures. Nevertheless, epidemic forecasting is unlikely to be abandoned. Some (but not all) of these problems can be fixed. Careful modeling of predictive distributions rather than focusing on point estimates, considering multiple dimensions of impact, and continuously reappraising models based on their validated performance may help. If extreme values are considered, extremes should be considered for the consequences of multiple dimensions of impact so as to continuously calibrate predictive insights and decision-making. When major decisions (e.g. draconian lockdowns) are based on forecasts, the harms (in terms of health, economy, and society at large) and the asymmetry of risks need to be approached in a holistic fashion, considering the totality of the evidence.

Overall Death Rates in Canada, August 2016-July 2020

Sources: Statistics Canada (Table 13-10-0785-01: Selected grouped causes of death, by month; Table 17-10-0009-01: Population estimates, quarterly)





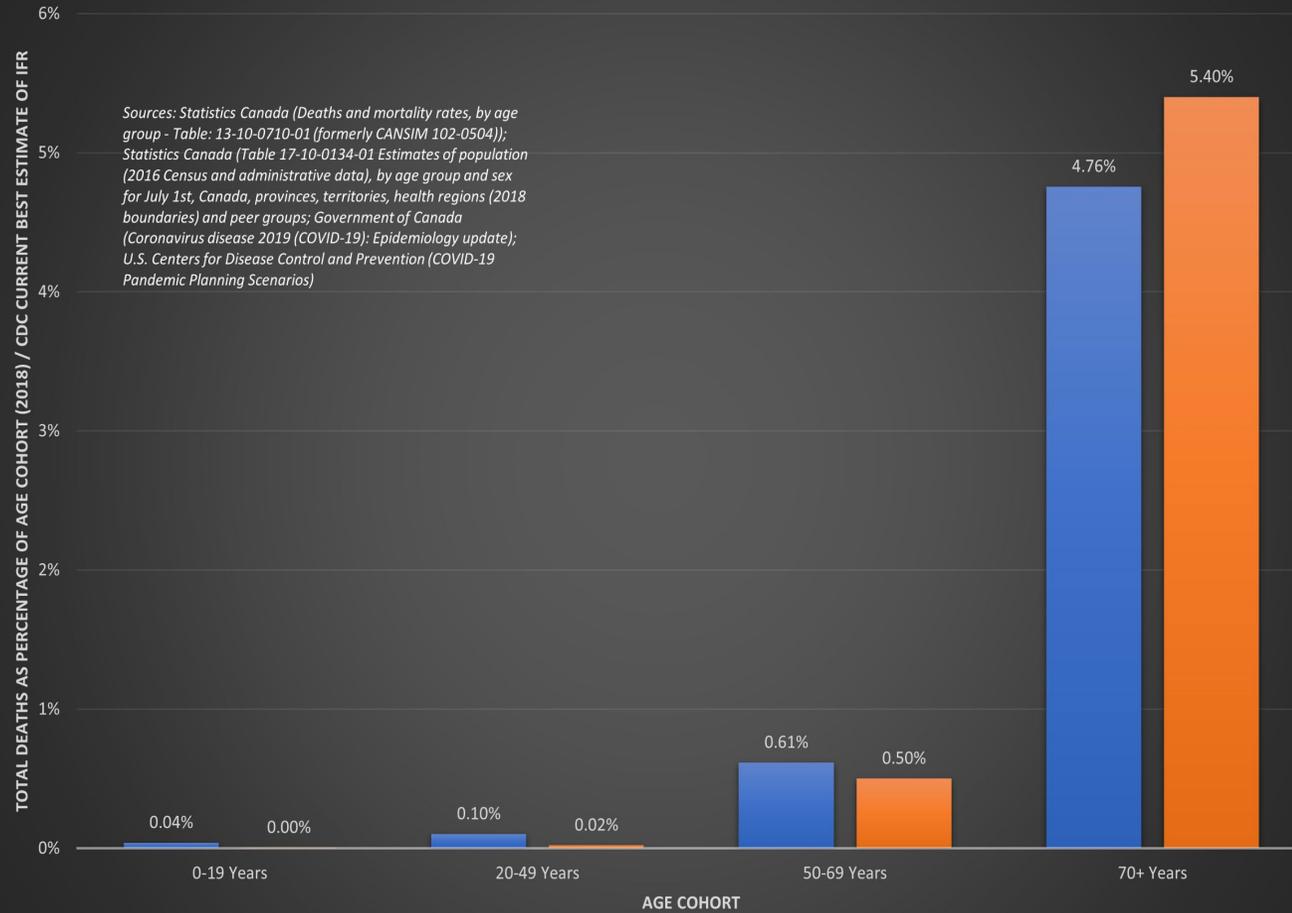
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19) September 10, 2020

Estimated Infection Fatality Ratio

0-19 years: 0.00003
20-49 years: 0.0002
50-69 years: 0.005
70+ years: 0.054

Annual Risk of Death in Canada (2018) vs. Covid-19 IFR (2020)



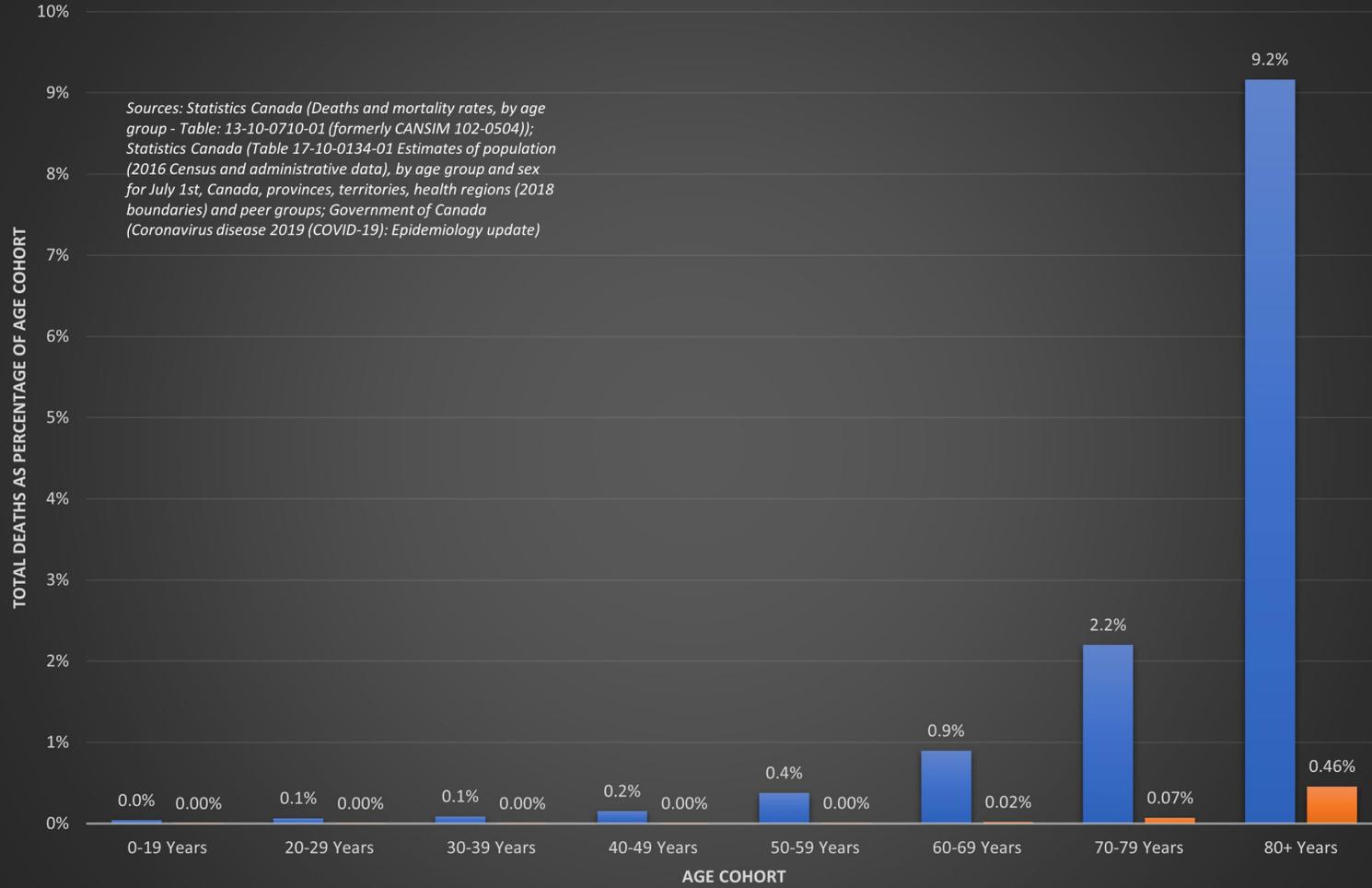
November 7, 2020

■ Overall Annual Risk of Death (2018)

■ CDC Current Best Estimate of Covid-19 Infection Fatality Ratio (IFR)

@Milhouse_Van_Ho

Rate of Death in Canada: Overall (2018) vs. Covid-19 (2020)



November 7, 2020

Overall Deaths (2018) as % of Age Cohort (2018)

Covid Deaths (2020) as % of Age Cohort (2018)

@Milhouse_Van_Ho



ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of Clinical Virology

journal homepage: www.elsevier.com/locate/jcv

Short communication

Real-time PCR-based SARS-CoV-2 detection in Canadian laboratories

OXFORD
ACADEMIC

Clinical Infectious Diseases

IDSIA
Infectious Diseases Society of America

hivma
hiv medicine association

Article Navigation

CORRECTED PROOF

Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 From Diagnostic Samples ^{OPEN}

Jared Bullard , Kerry Dust, Duane Funk, James E Strong, David Alexander, Lauren Garnett, Carl Boodman, Alexander Bello, Adam Hedley, Zachary Schiffman ... [Show more](#)

Clinical Infectious Diseases, ciaa638, <https://doi.org/10.1093/cid/ciaa638>

Published: 22 May 2020 [Article history](#) ▼

Ontario PCR cycle thresholds of 38-45

“SARS-CoV2 cell infectivity only observed for RT-PCR cycle threshold of less than 24 and symptom onset to test of less than 8 days.”

The Centre for Evidence-Based Medicine

CEBM develops, promotes and disseminates better evidence for healthcare.

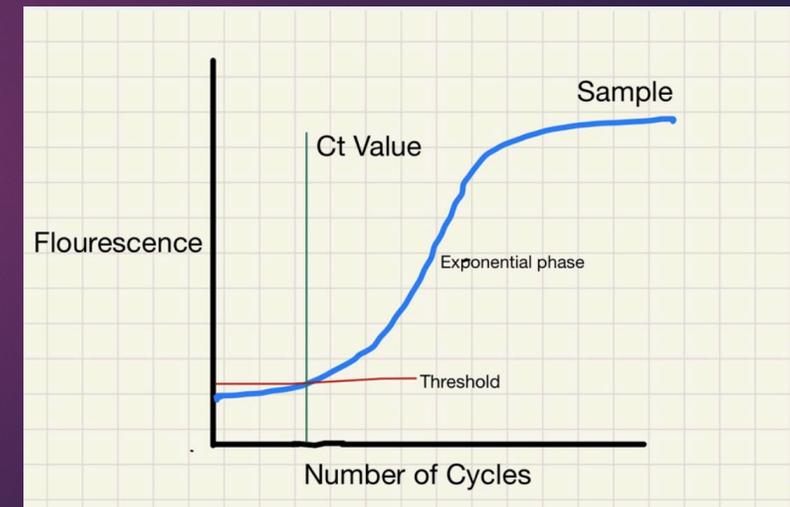


Professor Carol Heneghan and Professor Tom Jefferson

“PCR cycle thresholds are the times that the amplifying test has to be repeated to get a positive result. The higher the viral concentration the lower amplification cycles are necessary.”

“When you are picking up asymptomatic people, you have no idea if they have active SARS-Cov-2 infection or if they had it two months ago because PCR test being deployed in a sort of rag bag way with PCR cycle threshold greater than 25.”

“Understanding accuracy of tests in population... matters. Going off current (inaccurate) testing practices and results, Covid-19 might never be shown to disappear.”



Feature

Briefing

Covid-19: the problems with case counting

BMJ 2020 ; 370 doi: <https://doi.org/10.1136/bmj.m3374> (Published 03 September 2020)

Cite this as: *BMJ* 2020;370:m3374

Oxford Professor Carol Heneghan

“We are moving into a biotech world where the norms of clinical reasoning are going out the window.

A PCR test does not equal Covid-19.”

Editorials

Operation Moonshot proposals are scientifically unsound

BMJ 2020 ; 370 doi: <https://doi.org/10.1136/bmj.m3699> (Published 22 September 2020)

Cite this as: *BMJ* 2020;370:m3699

Birmingham Professor Jonathan Deeks et al.

“False positives become a problem when individuals and their contacts have to self-isolate unnecessarily.. causing unnecessary but legally enforced isolation of both cases and contacts with potentially damaging consequences for economy and for civil liberties.”

Case Definition – Coronavirus Disease (COVID-19)

These case definitions* are for surveillance purposes and they are current as of August 6 2020. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

A. Probable Case

- A. A person **(who has not had a laboratory test)** with symptoms compatible with COVID-19 (see footnote 8) **AND:**
- Traveled to an affected area (including inside of Canada, see footnote 9) in the 14 days prior to symptom onset; **OR**
 - Close contact with a confirmed case of COVID-19 (see footnote 2); **OR**
 - Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison)
- OR**
- B. A person with symptoms compatible with COVID-19 (see footnote 8) **AND** In whom laboratory diagnosis of COVID-19 is inconclusive (see footnotes 4,5)

B. Presumptive Confirmed Case

- Based on the evolving situation with COVID-19 there is no longer a Presumptive Confirmed Case definition for surveillance purposes

C. Confirmed Case

A person with laboratory confirmation of SARS-CoV-2 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g., hospital or community laboratories) (see footnote 7).

OR

A person with a positive detection of serum/plasma immunoglobulin G (IgG) antibodies to SARS-CoV-2 from a laboratory in Ontario that is licensed to conduct serology testing for clinical purposes

INFERENCE

International Review of Science

On the Futility of Contact Tracing

Jay Bhattacharya & Mikko Packalen

“Contact tracing does not deserve the central place it has received in the tool kit public health authorities use to control COVID-19.”

Dr. Jay Bhattacharya, MD, PhD,
Professor of Medicine at Stanford
University, Physician and Infectious
Disease Epidemiologist.

Dr. Mikko Packalen, PhD, Associate
Professor of Economics at the University
of Waterloo.

“Contact tracing, testing and isolation.. is ineffective, naïve and counter-productive against COVID-19.. and by definition, against any pandemic.”

Dr. Martin Kulldorff, MD, PhD, Professor
at Stanford University Medical
School, Physician, Infectious Disease
Epidemiologist.



World Health Organization

Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza

ISBN 978-92-4-151683-9

© World Health Organization 2019

6. SOCIAL DISTANCING MEASURES

6.1. Contact tracing

RECOMMENDATION:

Active contact tracing is not recommended in general because there is no obvious rationale for it in most Member States. This intervention could be considered in some locations and circumstances to collect information on the characteristics of the disease and to identify cases, or to delay widespread transmission in the very early stages of a pandemic in isolated communities.

Population: Individuals who have come into contact with an infected person

When to apply: N/A

Overall strength of recommendation

Not Recommended

There is no obvious rationale in most Member States.

6.3. Quarantine of exposed individuals

RECOMMENDATION:

Home quarantine of exposed individuals to reduce transmission is not recommended because there is no obvious rationale for this measure, and there would be considerable difficulties in implementing it.

Population: People who have had contact with infected cases

When to apply: N/A

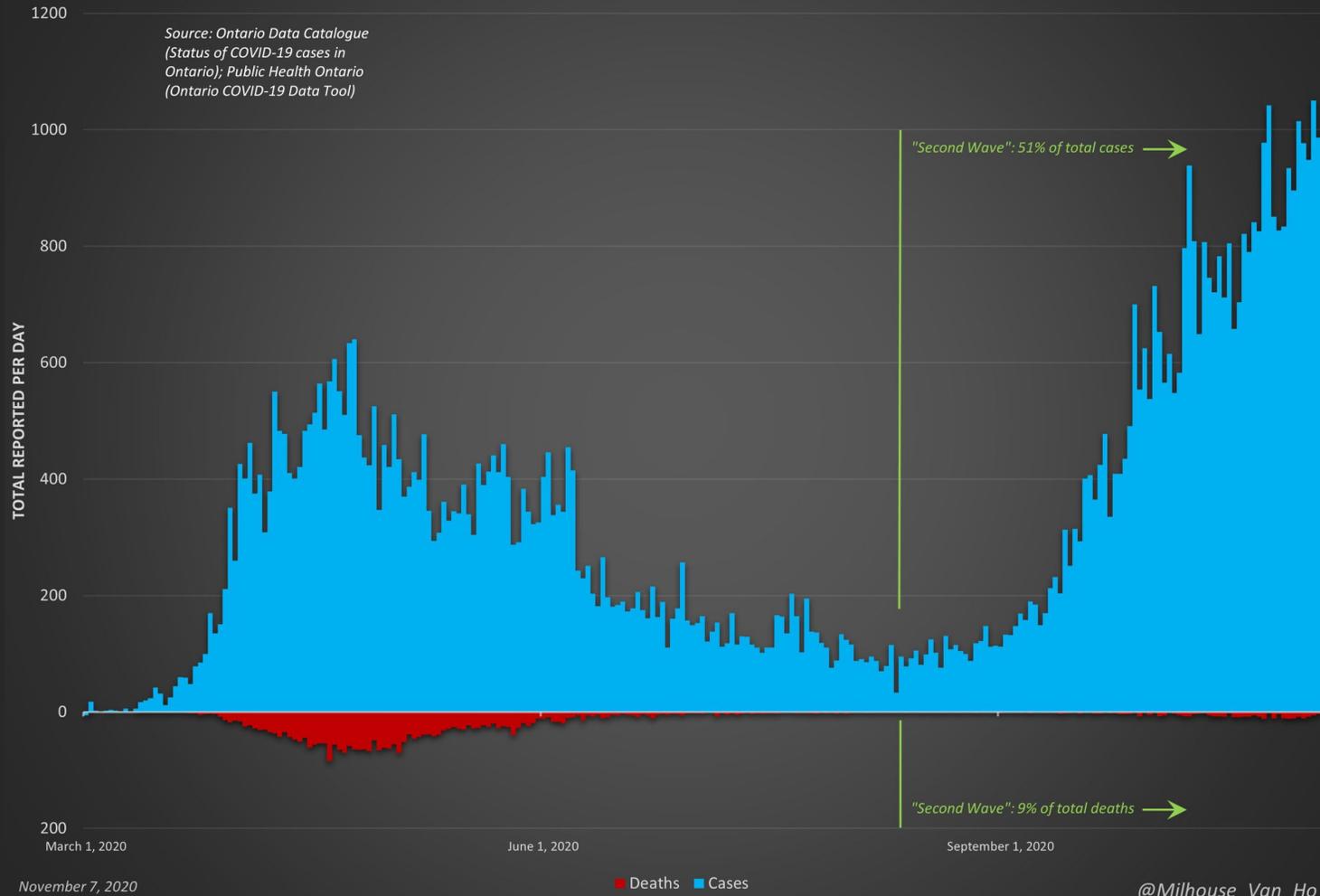
Overall strength of recommendation

Not Recommended

Not recommended due to feasibility concerns with very low quality of evidence.

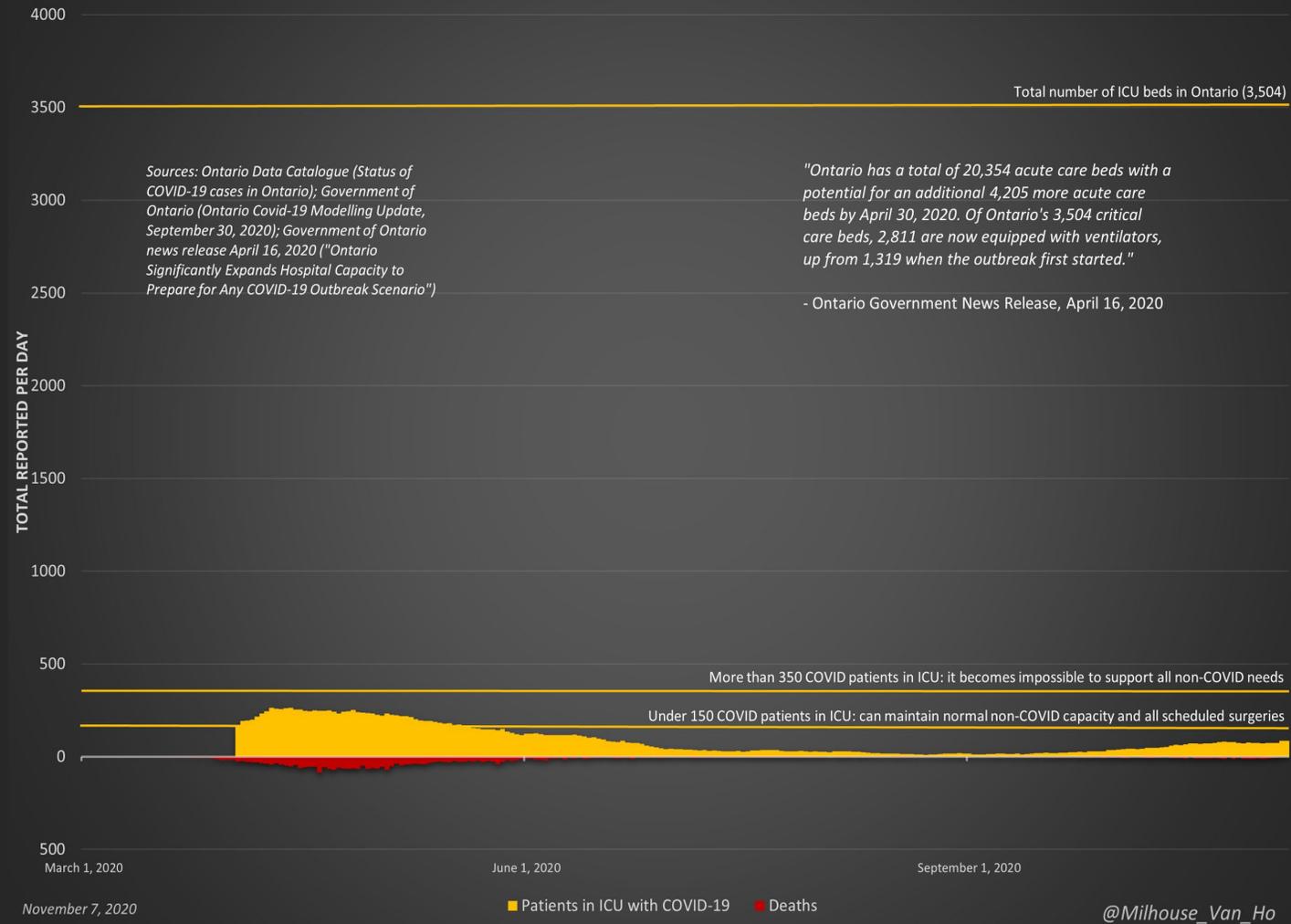
Ontario Covid-19 Cases and Deaths

Source: Ontario Data Catalogue
(Status of COVID-19 cases in
Ontario); Public Health Ontario
(Ontario COVID-19 Data Tool)

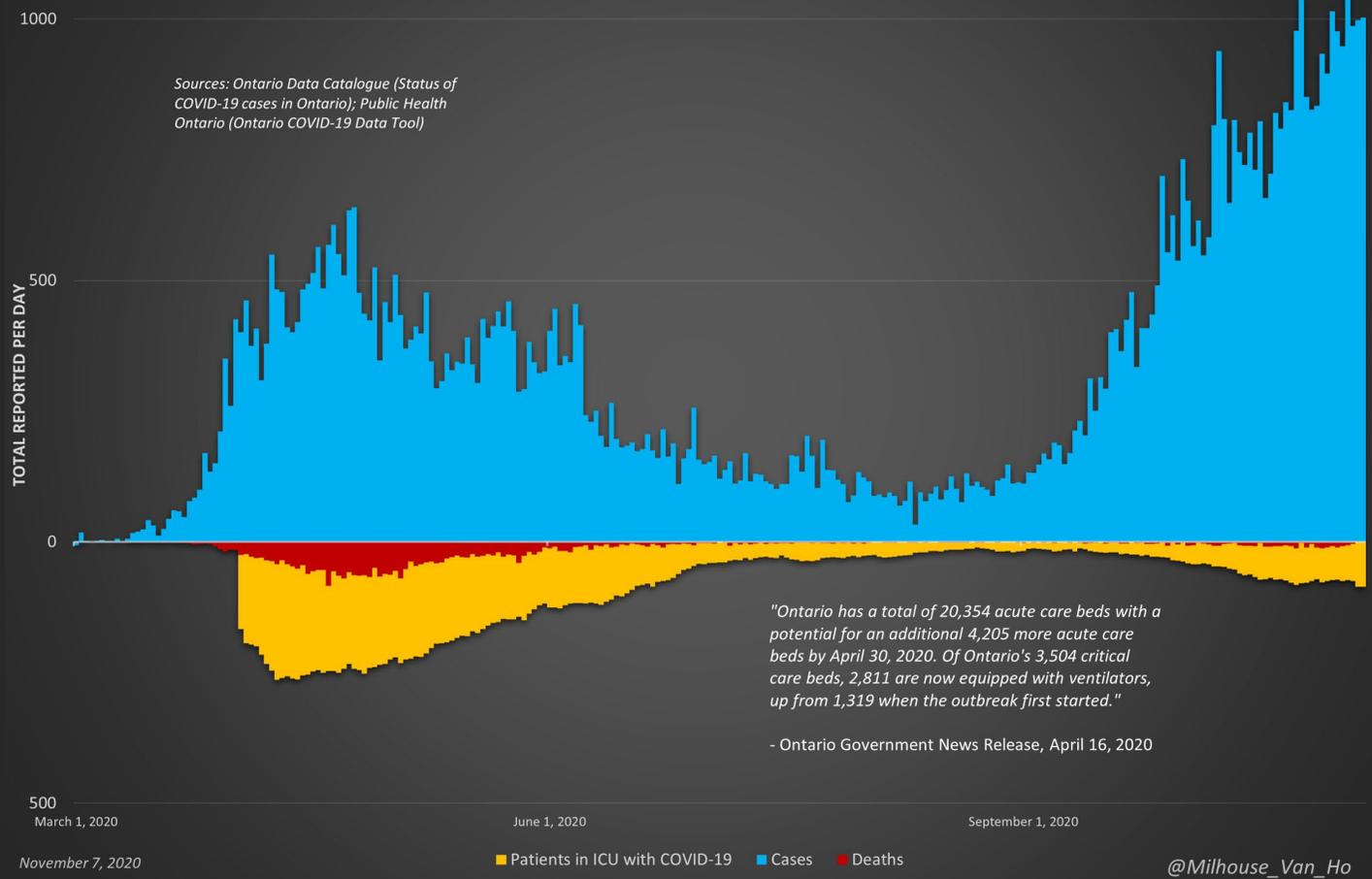


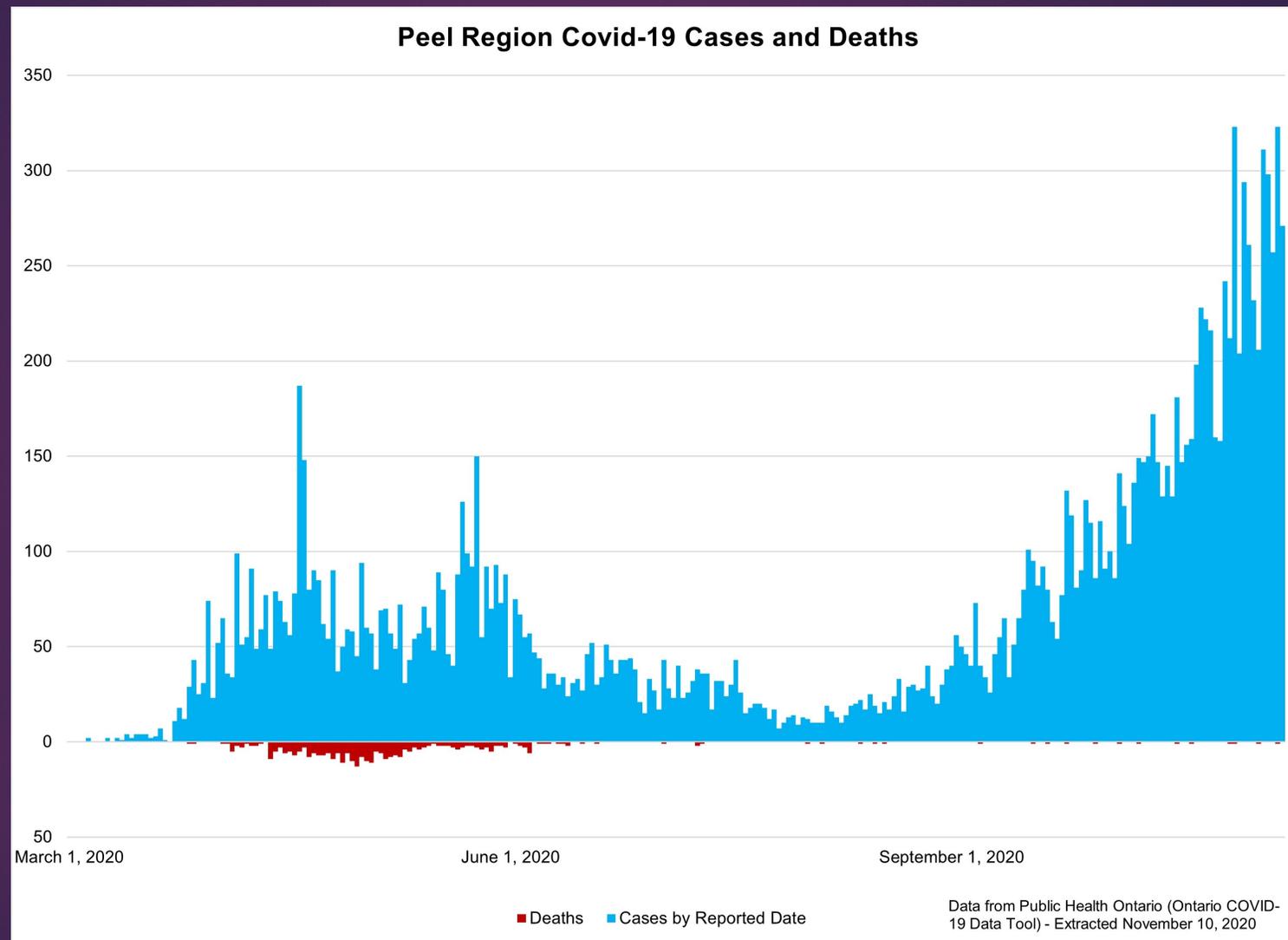
@Milhouse_Van_Ho

Ontario Covid-19 Deaths and ICU Occupancy



Ontario Covid-19 Cases, Deaths, and ICU Occupancy





Feature

Will covid-19 vaccines save lives? Current trials aren't designed to tell us

BMJ 2020 ; 371 doi: <https://doi.org/10.1136/bmj.m4037> (Published 21 October 2020)

Cite this as: BMJ 2020;371:m4037

"None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus..

You're talking about giving vaccine.. to tens of millions of people.. And basing that.. on only 150-160 trial participants developing symptomatic Covid-19."

Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed



William A. Hasetline Contributor ©
Healthcare

"What would a normal vaccine trial look like? Prevention of infection must be a critical endpoint.

Prevention of infection is *not* a criterion for success for any of these vaccines.

We all expect an effective vaccine to prevent serious illness if infected. Three of the vaccine protocols—Moderna, Pfizer, and AstraZeneca—do *not* require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache.

None list mortality as a critical endpoint."

The screenshot shows the top portion of a research paper page on EClinicalMedicine. The header includes the journal logo 'EClinicalMedicine' and 'Published by THE LANCET'. Navigation links for 'Log in' and 'Register' are present. The main title is 'A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes'. Below the title, the authors are listed: Rabail Chaudry, George Dranitsaris, Talha Mubashir, Justyna Bartoszko, and Sheila Riazi. The page also indicates it is an 'Open Access' article published on July 21, 2020, with a DOI link. A 'Read Information for Authors' button is visible on the right side of the abstract section.

EClinicalMedicine
Published by THE LANCET

RESEARCH PAPER | VOLUME 25, 100464, AUGUST 01, 2020

A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes

Rabail Chaudry • George Dranitsaris • Talha Mubashir • Justyna Bartoszko • Sheila Riazi

Open Access • Published: July 21, 2020 • DOI: <https://doi.org/10.1016/j.eclinm.2020.100464>

Abstract

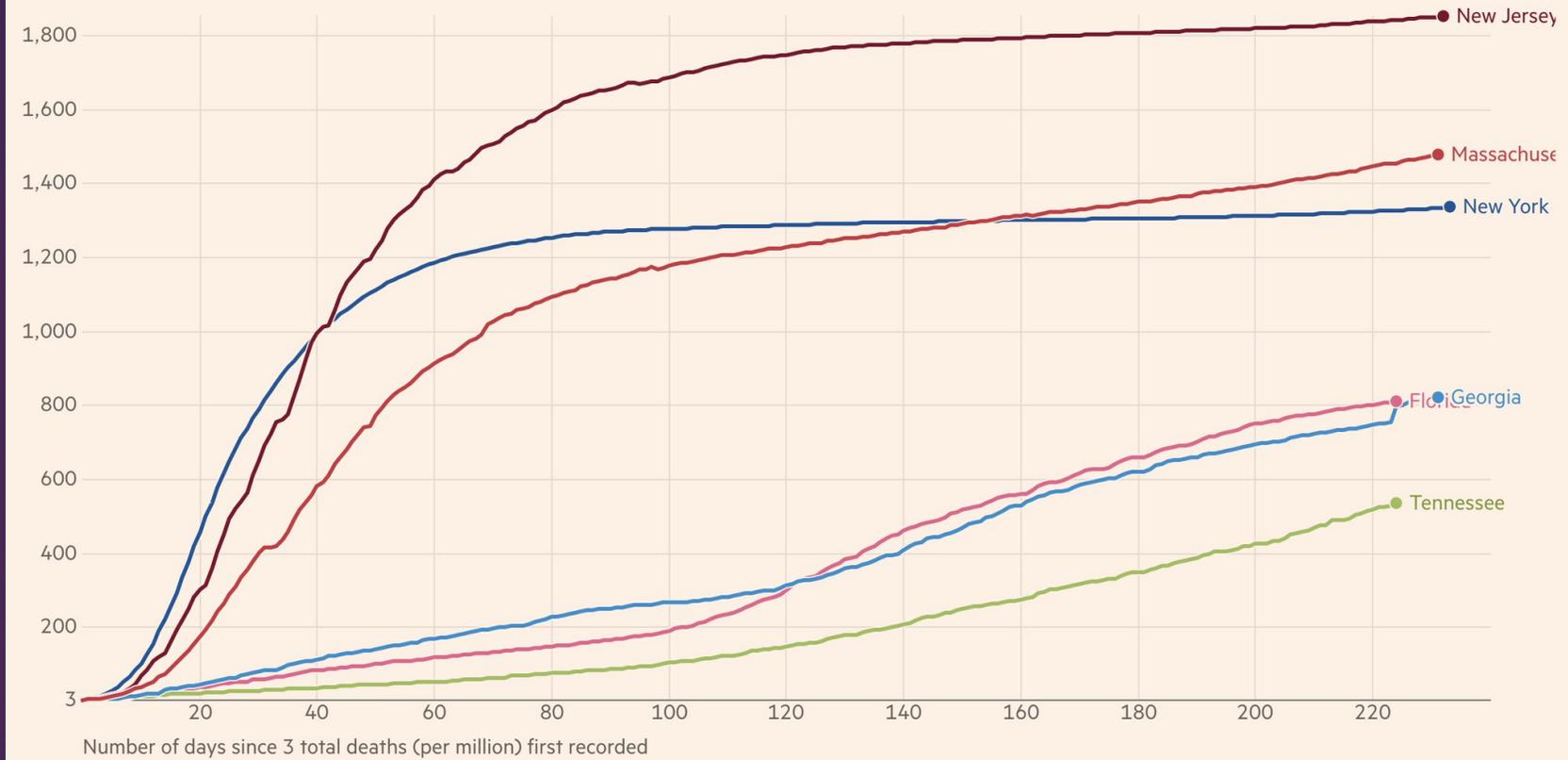
Read Information for Authors

“Rapid border closures, full lockdowns, and wide-spread testing were not associated with COVID-19 mortality per million people.”

“Increased mortality per million was significantly associated with higher obesity prevalence ”

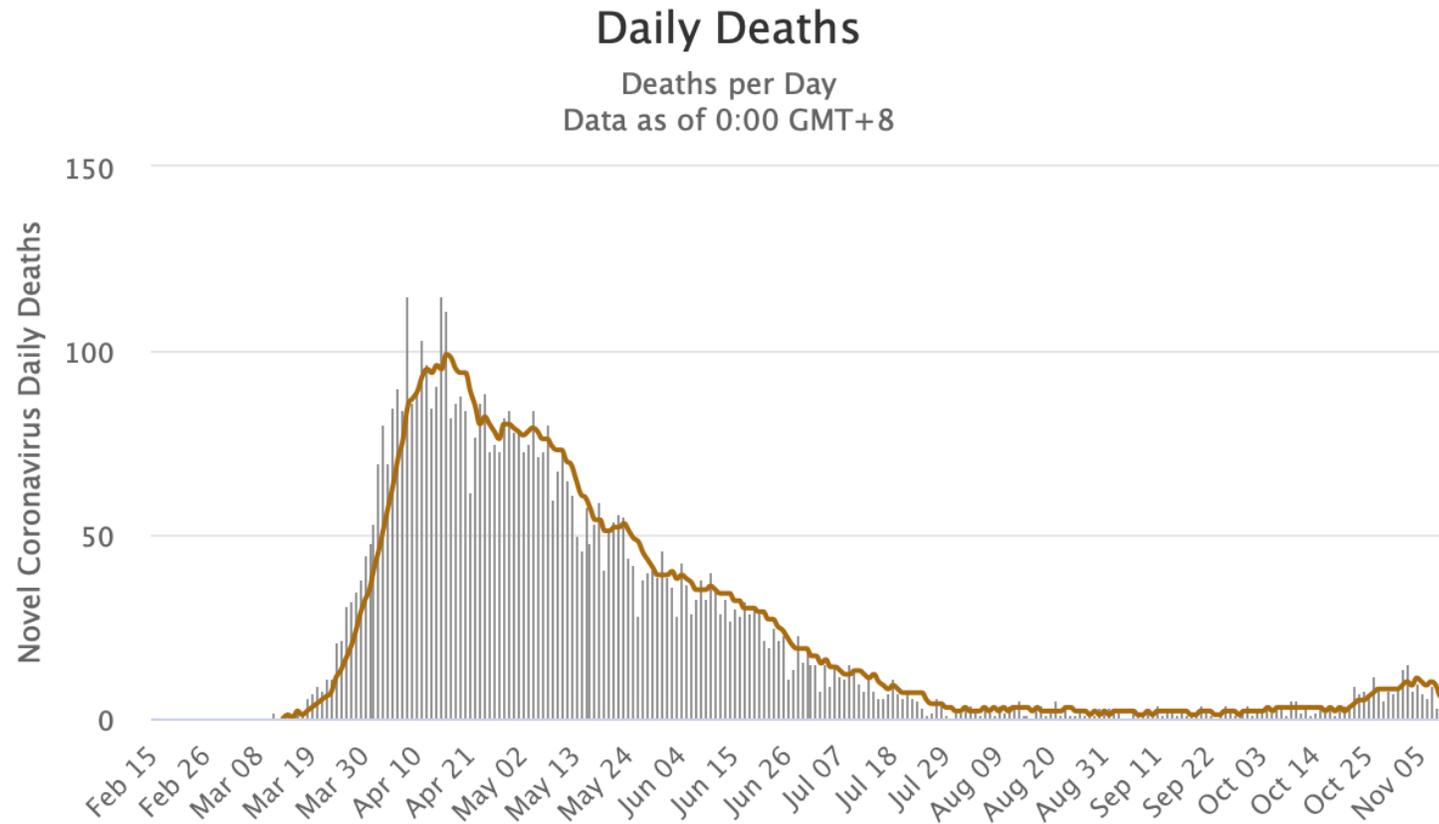
Cumulative deaths attributed to Covid-19 in New York, Florida, Tennessee, Georgia, New Jersey and Massachusetts

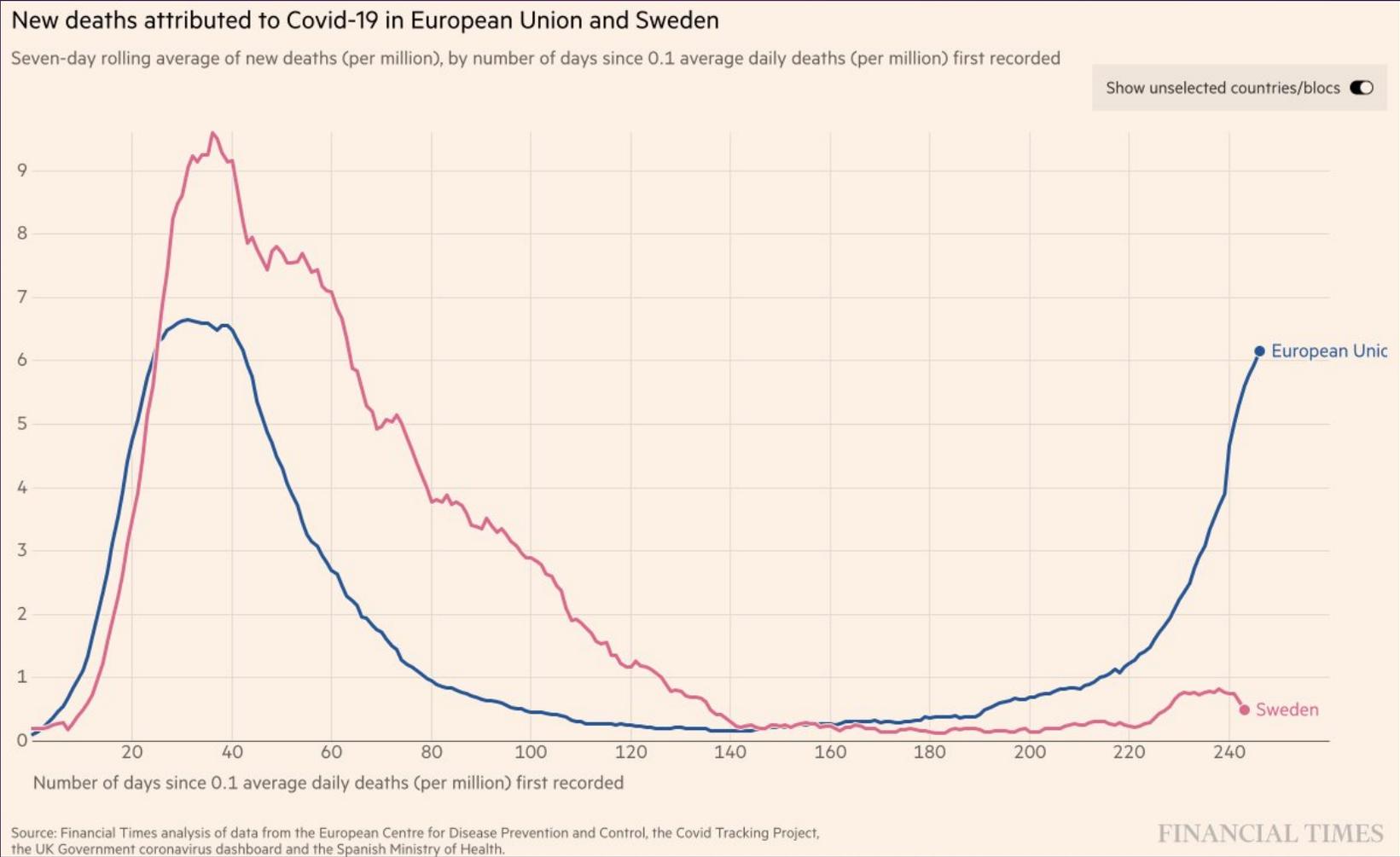
Cumulative deaths (per million), by number of days since 3 total deaths (per million) first recorded



Source: Financial Times analysis of data from the Covid Tracking Project.

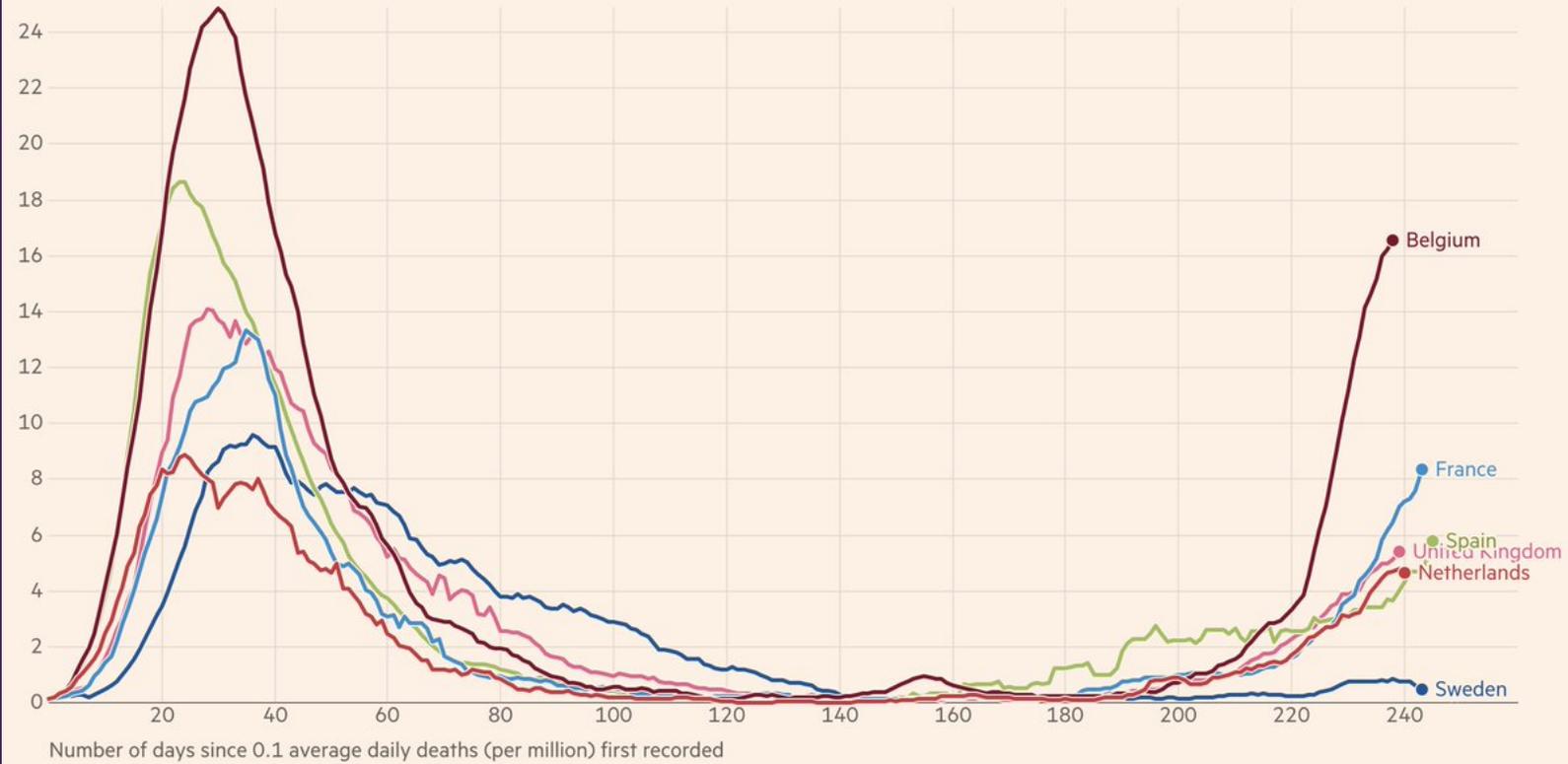
Daily New Deaths in Sweden





New deaths attributed to Covid-19 in Sweden, United Kingdom, Spain, France, Belgium and Netherlands

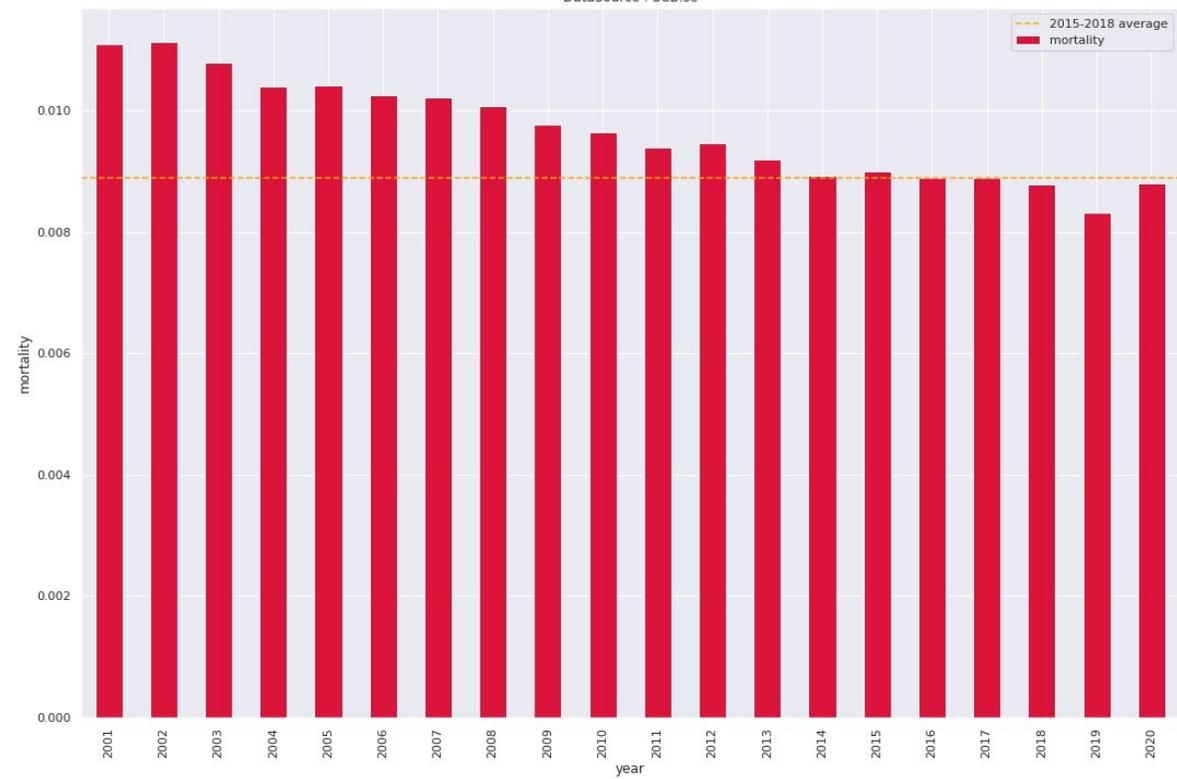
Seven-day rolling average of new deaths (per million), by number of days since 0.1 average daily deaths (per million) first recorded



Sweden Age Adjusted (std pop : 2010) Mortality : 2001-2020

- ASSUMPTIONS:
1) Linear growth for full year assumed
2) population 2020 grows, per age group, as between 2018-2019

DataSource : SCB.se



Public health lessons learned from biases in coronavirus mortality overestimation

Ronald B. Brown  (a1) 

DOI: <https://doi.org/10.1017/dmp.2020.298>

Published online by Cambridge University Press: 12 August 2020

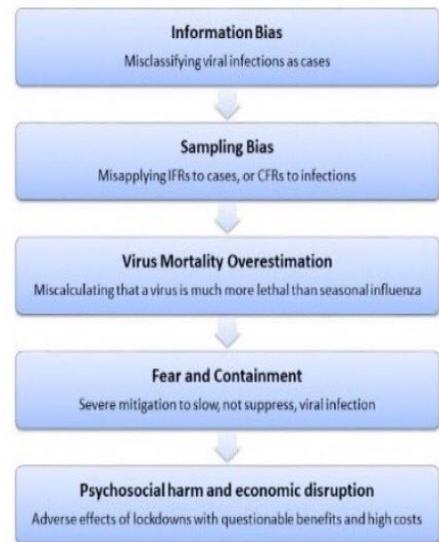


Figure 2. Biases and potential related effects of virus mortality overestimation.

“Public should be guaranteed a voice in a transparent process as authorities establish public health policy.”

In addition, legal and ethical violations associated with mitigation of pandemic diseases were previously investigated by the Institute of Medicine in 2007.⁷⁰ People should have the right to full disclosure of all information pertinent to adverse impacts of mitigation measures during a pandemic, including information on legal and constitutional human rights issues,⁴⁵ and the public should be guaranteed a voice in a transparent process as authorities establish public health policy.

Health: World Health Organization



World Health Organization

Health
Topics



Countries

Newsroom

Emergencies

Data

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Us



< Who we are

Constitution

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WHO remains firmly committed to the principles set out in the preamble to the Constitution

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.



Human Rights

Lockdowns contravene many international human rights laws, yet no one is holding governments accountable. Rights must be upheld to protect people from harm.



Extreme Poverty

The poorest countries have been the worst affected by lockdowns. Hundreds of millions of people have been pulled in extreme poverty and face starvation.



Chronic Lonesomeness

Long-term mental and physical suffering due to lack of social connection will be the fate of a large portion of the world's population if social distancing is not soon arrested.

Rates of Increase in Alcohol Consumption

UK

20%

among daily drinkers

Australia

20%

in general population

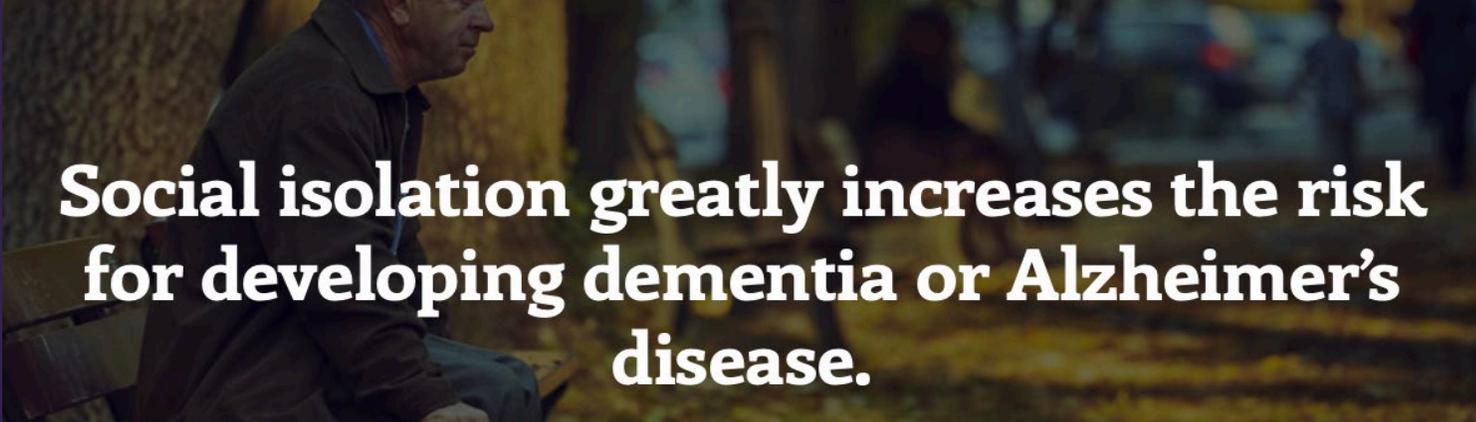
Canada

25%

for ages 35 to 54

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.

National Institutes of Health



Social isolation greatly increases the risk for developing dementia or Alzheimer's disease.

The COVID-19 pandemic and the physical distancing measures imposed in response to it have greatly increased the risk of intra-family violence and online abuse. School closures have impacted more than 1.5 billion children and youth. Movement restrictions, loss of income, isolation, and overcrowding have heightened levels of stress and anxiety in parents, caregivers and children, and cut families and individuals off from their usual sources of support.

Global Status Report on Preventing Violence Against Children 2020, WHO

Stephanie MacKendrick, CEO of Crisis Services Canada, said their distress centre members have seen up to a 90 per cent increase in calls to their hotlines, including a 200 per cent increase in "active rescues," meaning the caller is in imminent danger.



UN World Food Programme: COVID-19 will double number of people facing food crises unless swift action is taken

The number of people at risk of starvation has doubled to 265 million this year as a result of lockdowns. In poor countries, if people can't work, their families don't eat.



'Toxic lockdown' sees huge rise in babies harmed or killed
Ofsted chief reveals higher baby deaths in lockdown and calls for action as next one begins.
[bbc.com](https://www.bbc.com)



United Nations University: Estimates of the impact of COVID-19 on global poverty

Half a billion people will be pushed into severe poverty in the short term because of lockdowns. In some regions, poverty will return to 1990 levels.

Great Barrington Declaration

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

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www.gbdeclaration.org

current signature count

concerned citizens

617,685

medical & public health
scientists

11,791

medical practitioners

33,903

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

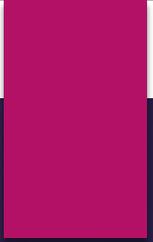
Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

Professor Jay Bhattacharya, MD, PhD, Professor of Medicine and Epidemiology at Stanford University:

"It is not possible to get zero Covid. It is an impossible goal.. At this point the virus is so widespread that zero Covid would be utterly disastrous to even attempt to achieve & it is not technically possible.

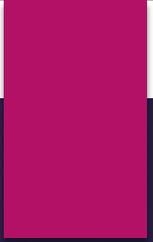
Lockdowns have absolutely catastrophic effects on physical and mental health both domestically and internationally.. Lockdowns themselves in fact create vulnerable people and put them in places where they are going to be at risk. Lockdowns have failed.

Child abuse skyrocketed. Domestic abuse. Suicide. School closures are the single greatest generator of inequality since segregation. There are going to be more stage 4 breast and colon cancers. 130 million people are on the brink of starvation due to harm from lockdowns. Incredibly unequal unfair immoral policy."



The Great Barrington Declaration has called for a return to traditional public health practice: thinking holistically regarding public health again, not just one disease.. with *focused protection* as its central idea. It is based on three basic principles of public health ignored by lockdown proponents:

- (i) minimise long-term rather than short-term Covid-19 mortality
- (i) minimise morbidity and mortality from all diseases; not just Covid-19, and
- (ii) minimise disease and mortality in the entire population, including the working class and the poor.”



www.gbdeclaration.org

www.endlockdowns.org

www.collateralglobal.org



October 30, 2020: after 7 months of lockdown in Ontario LTC home and day 7 of room isolation



November 5, 2020: within 5 days of arriving at home with his family

Health Promotion & Disease Prevention



VITAMIN D



EARLY OUTPATIENT
TREATMENT FOR HIGH
RISK PATIENTS



EXERCISE



BALANCED DIET



SOCIAL INTERACTION



ENHANCED TESTING
AND PPE AT LTC AND
RETIREMENT HOMES

Thank you.