No Longer Demonstrably Justified

An Analysis of Alberta's COVID-19 Modelling

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Introduction and Overview

COVID-19 poses a significant threat to the lives of the elderly as well as people of all ages with certain pre-existing health conditions. Nevertheless, the problems and challenges of COVID-19 cannot be reduced only to their physical or medical aspects. Bound up with the goal of reducing transmission and preventing health care system overloads are the equally important questions of *Charter* rights and freedoms, and the lockdown's harmful impact on life, health and well-being, including the ability of Albertans to earn a livelihood.

The World Health Organization (WHO) declared COVID-19 to be a global pandemic on March 11, 2020.[1] In her address that same day, Alberta's Chief Medical Officer of Health, Dr. Deena Hinshaw, informed Albertans that "the global risk was increasing rapidly," that the Alberta health system was preparing for "every possible scenario," and that the risk from COVID-19 would be met with "aggressive public health measures."[2] In the following pages, we describe the Alberta Government's response to COVID-19, and we analyze the "Alberta COVID-19 Modelling" documents, which were released to the public on April 8 and 28, 2020.

There is little doubt that restrictions on citizens' freedom to move, travel, associate, assemble and practice their faith violate the rights and freedoms protected by the *Canadian Charter of Rights and Freedoms*. The Alberta Government's lockdown measures of enforced social distancing and isolation violate our *Charter* freedoms of association,[3] peaceful assembly,[4] mobility and travel,[5] liberty,[6] security of the person,[7] and conscience and religion.[8] In May of 2020, these measures continue to have a severe and negative impact on Albertans' access to health care, which violates the *Charter* section 7 rights to life and security of the person.[9]

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[1] "WHO Director-General's Opening Remarks at Media Briefing on COVID-19 – 11 March 2020," World Health Organization, Retrieved on April 29, https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

[2] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 11, 2020. See Appendix A for full transcript.

[3] *Canadian Charter of Rights and Freedoms,* Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (*UK), 1982, c 11*,* [*Charter*]*,)* section 2(d).

[4] *Charter* section 2(c).

[5] *Charter* section 6.

[6] *Charter* section 7.

[7] *Charter* section 7.

[8] *Charter* section 2(a).

[9] *Chaoulli v Quebec*, 2005 SCC 35.

Finally, these measures continue to have a severe and negative impact on Alberta's economy, inflicting significant damage while remaining in force now, in May.

The constitutional question is whether the Alberta Government's *Charter* violations are reasonable and "demonstrably justified in a free and democratic society."[10] This requires serious analysis not only of the purported *benefits* of the lockdown of Alberta's society and the economy, but also of its *harmful consequences*, including adverse effects on human health and well-being. Under the *Charter*, when governments violate the freedoms of citizens to move, travel, associate, assemble and practice their faith, the onus is on government (not the citizen) to show that freedom-violating measures will do more good than harm.

The Alberta COVID-19 Modelling documents have been functioning as purported justification for limiting the *Charter*-protected freedoms of Albertans. These models are important, both for what they predict and for what social, economic, and health care policies they are supposed to justify and support. The lives and livelihoods of Albertans have been severely impacted by the Alberta Government's *Charter*-violating lockdown measures, and this response to COVID-19 has been significantly informed by the assumptions and projections of these models. For *Charter* violations to be justified, it is therefore crucially important that the models which formed the basis or rationale for violating *Charter* freedoms be shown to be accurate, and that the data and assumptions upon which the models are based be made explicit to Albertans.

Unfortunately, those models have proven to be consistently inaccurate and unreliable. Even more troubling, the Alberta Government has thus far refused to release to the public the data, documents, methodology and assumptions on which the models were based. Further, restrictions on fundamental *Charter* freedoms were imposed on Albertans prior to the release of any evidence-based model.

When modelling was finally released for the first time on April 8, it was ambiguous, uncomprehensive, and ultimately inaccurate. By that point, access to health care *had already been denied* to thousands of Albertans, starting on March 17.

The subsequent modelling released on April 28 is equally flawed. It therefore remains unclear what justification underlies the Alberta Government's COVID-19 strategy today (May 2020), which continues to impose obvious violations of *Charter* freedoms. The sole rationale put forward for lockdown measures that violate *Charter* freedoms was to "flatten the curve" to

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[10] *Charter* section 1.

protect the health care system. This goal has been achieved and surpassed. In light of the inaccuracy of the modelling and the already-flattened curve, citizens have a right to know what, specifically is the purpose of continuing with lockdown measures in May?

Restrictions on our *Charter* freedoms are not valid merely because the government imposing those restrictions does so in pursuit of desirable social outcomes. The *Charter* requires governments to demonstrably justify such restrictions on the basis of evidence which proves that the restrictions do more good than harm. Thus far, the Alberta Government has failed to present such proof to the public.

In the following pages, we analyze the measures implemented by the Alberta Government prior to the release of the April 8 Alberta COVID-19 Modelling. These measures continue to limit the *Charter* rights of Albertans to liberty, association and peaceful assembly; their freedom to practice their faith; their ability to pursue a livelihood; and their ability to access health care. We then analyze the Alberta COVID-19 Modelling documents. We assert that the assumptions and underlying data of these models ought to have been released to the public, and should be released to the public. Finally, we compare the predictions of the models with the presently-available data, leading us to the conclusion that these models were and are inaccurate. In conclusion, we assert that existing models do not provide a sufficient basis basis to justify— as of May 2020— the continuation of the Alberta Government's profound and unprecedented violations of *Charter* freedoms.

Alberta Government violations of *Charter* freedoms

On March 12, Dr. Hinshaw informed Albertans that the Emergency Management Cabinet Committee had approved her recommendation to cancel all international events and gatherings of more than 250 persons in the province.[11] The impact was immediate and widespread. Sporting events, conferences, and church services were cancelled. Schools and post-secondary institutions closed their doors soon thereafter.

[11] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 12, 2020. See Appendix A for full transcript. Actually March 12, 2020 -> Not in the Appendices.

The restrictions soon became more severe. On March 17, Dr. Hinshaw announced that all "mass gatherings" (including funerals, weddings, and attendance at mosques, temples, churches and synagogues) should be limited to no more than fifty attendees.[12] She also declared:

> All Albertans are prohibited from attending public recreational facilities and private entertainment facilities, including casinos, racing entertainment centres, and bingo halls. They should also not attend all recreational facilities, gyms, arenas, science centres, museums, art galleries and community centres, fitness centres and swimming pools. This prohibition also extends to attending bars and nightclubs, where minors are prohibited by law.[13]

Dr. Hinshaw announced on March 27 that no more than fifteen persons could be gathered together in any space and that social distancing measures of two meters had to be observed.[14] On March 25, law enforcement agencies were granted full authority to enforce these public health measures and to issue fines[15] for any infractions.[16]

These government measures cannot be discussed without reference to the freedoms of association, assembly, movement, travel, conscience, religion and liberty as protected by the *Charter*. These freedoms are guaranteed, and as previously stated, cannot be violated by government unless the government shows that its limitations are reasonable and "demonstrably justified in a free and democratic society."[17]

What would count as demonstrable justification for these limitations on Albertans' fundamental *Charter* freedoms? The above-mentioned restrictions on *Charter* freedoms were imposed without Premier Kenney or Dr. Hinshaw referring to or explaining the type of evidence or data that would constitute a reasonable, demonstrably justified limitation. Throughout March and until the release of AHS' COVID-19 Modelling on April 8, Albertans were asked to accept

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[12] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 17, 2020. See Appendix A for full transcript.
[13] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Address, Alberta Government, March 17, 2020. See Appendix A for full transcript.
[14] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Address, Alberta Government, March 27, 2020. See Appendix A for full transcript.
[15] Bill 10, approved on April 2, allowed for an increase of fines to $100,000 for a first offence: https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_30/session_2/20200225_bill-010.pdf.
[16] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Address, Alberta Government, March 25, 2020. See Appendix A for full transcript.
[17] Section 1 of the *Charter* states: "The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

unprecedented interference with their civil, religious and economic freedom in the absence of evidence-based modelling demonstrating why these policies were necessary.

Denying Albertans access to health care

On March 17, Dr. Hinshaw informed Albertans that "all scheduled and elective surgeries"[18] would be postponed in order to increase capacity within the health care system. No time-frame was put forward as to when these medically necessary surgeries would be re-scheduled. She stated:

> The more we can slow the spread of the virus down, the less likely it is that there will be a surge of cases that overwhelm our health system's capacity to care for those who need hospitalization or intensive care. You may have heard this described as "flattening the curve'". This is why we are taking these measures.[19]

Dr. Hinshaw acknowledged, but did not describe or reveal the degree of, the negative impact that these measures would have on the 22,000 patients who had scheduled or planned surgeries.[20] She simply asserted that these cancellations were a necessary feature of the Alberta Government's pandemic response plan. Surgical interventions considered urgent and necessary, such as oncological procedures, abortions and cesarean sections, would continue.[21]

This address followed a similar announcement made by Ontario's Deputy Premier and Minister of Health, Christine Elliott, who stated on March 15 that the Ontario Government was "carefully consider[ing] how to best maximize resources and prioritize services" and that the province was forthwith "requesting that all hospitals further implement pandemic plans by carefully ramping down elective surgeries and other non-emergent clinical activity," stating that

[18] These are often referred to as "elective" surgeries, but "elective" surgeries are medically necessary (in some cases to prevent death) and often urgent. They are "elective" only insofar as the surgery is not immediately necessary, (for example) someone who suffered severe injuries in a car accident.
[19] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Address, Alberta Government, March 17, 2020. See Appendix A for full transcript.
[20] "Patients heading back to Alberta operating rooms for delayed elective surgeries," CBC, Accessed May 4, 2020, https://www.cbc.ca/news/canada/edmonton/patients-heading-back-to-alberta-operating-rooms-for-delayed-elective-surgeries-1.5555461.
[21] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Address, Alberta Government, March 17, 2020. See Appendix A for full transcript.

"in doing so, hospitals can preserve capacity as cases of COVID-19 continue to grow in Ontario."[22] Similar measures were adopted by British Columbia around the same time.[23] In Ontario, the University Health Network has estimated that 35 people had died as of April 29, after their cardiac surgeries had been cancelled for the purpose of increasing COVID-19 capacity within the Ontario health system.[24]

On March 18, Dr. Hinshaw informed Albertans that all non-emergency dental procedures would be cancelled.[25] This followed an outbreak of cases at the Pacific Dental Conference in early March. Dr. Basarab of the Alberta Dental Association & College, is quoted in a April 20 story as stating that "we're asking our dentists as much as possible to provide pharmacology care first. So, antibiotics and pain medication to get people through the short term."[26]

On March 27, Dr. Hinshaw informed Albertans that all diagnostic imaging procedures and all non-essential and routine laboratory tests would be suspended until further notice. In her words:

> Effective immediately, AHS will be postponing any diagnostic imaging procedures that are considered non-urgent by the ordering physician. To be clear, anyone needing an urgent or emergent outpatient CT and MRI scan will still receive one. This will help us limit opportunities for the virus to spread.[27]

In the same March 27 address, Dr. Hinshaw reported that Alberta Precision Laboratories and DynaLife had requested that all physicians and community providers immediately stop all non-essential and routine laboratory testing. Any bloodwork required for a patient's immediate care, however, would still be conducted. Dr. Hinshaw justified this decision by stating that

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[22] "Ontario Hospitals Asked to Take a Planned Approach to Ramping Down Elective Surgeries," Ontario Newsroom, Accessed April 27, 2020, https://news.ontario.ca/mohltc/en/2020/03/ontario-hospitals-asked-to-take-a-planned-approach-to-ramping-down-elective-surgeries.html.
[23] "B.C. Halts Elective Surgeries to Prepare for Surge in Critical COVID-19 Cases," The Globe & Mail, Accessed April 25, 2020, https://www.theglobeandmail.com/canada/british-columbia/article-bc-halts-elective-surgeries-to-prepare-for-surge-in-critical-covid/.
[24] "Delayed Cardiac Surgeries Due To Coronavirus May Have Caused 35 Deaths In Ontario: Minister," Global News, Accessed April 30, 2020, https://globalnews.ca/news/6879082/coronavirus-delayed-surgeries-ontario-deaths/.
[25] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 18, 2020. See Appendix A for full transcript.
[26] "Dentists Balancing Emergency Care, Patient Health During COVID-19," Everything Grand Prairie, Accessed April 25, 2020, https://everythinggp.com/2020/04/20/dentists-balancing-emergency-care-patient-health-during-covid-19/.
[27] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 27, 2020. See Appendix A for full transcript.

"[t]his will help us relieve the strain on the laboratory system, and free up more resources for testing related to COVID-19."[28]

In summary, over the course of eleven days, Dr. Hinshaw announced the suspension of all elective surgeries, non-emergency dental procedures, diagnostic imaging procedures, and non-essential laboratory testing. Each of these decisions was predicated on the belief that Albertans needed to exponentially increase capacity in their health care and laboratory systems immediately, without waiting for actual COVID-19 hospitalizations. Dr. Hinshaw repeatedly asserted or implied that, without these measures, Alberta's health care and laboratory systems would be unprepared, overwhelmed, and ineffective. While some have lauded this panicked partial shut-down of our medical system, the Alberta Government's own data – now available in early May – shows that these measures were based on highly inaccurate modeling and were not, therefore, demonstrably justified.

Some jurisdictions chose to wait until hard data demonstrated an actual need to urgently free up capacity to make room for COVID-19 patients. This option, which would have allowed essential services to have continued to be available for those who needed them, was open to Dr. Hinshaw and Premier Kenney. Instead, they chose to reserve these essential services for patients who never materialized.

When all elective and non-emergency surgeries were cancelled on March 17, there were only 97 COVID-19 cases,[29] five hospitalizations, and two ICU-admissions in the entire province.[30] Seven weeks later, at the end of April, there were still only 90 hospitalizations, of which only 20 were in ICU.

Why were elective and scheduled emergencies cancelled "effective immediately" as of March 17? And why were all of them cancelled, rather than just some, on an as-needed basis? It could be argued that AHS needed time to release the number of in-patients currently occupying hospital and ICU beds. However, according to the AHS 2018-2019 Annual Report, the average

[28] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 27, 2020. See Appendix A for full transcript.
[29] A COVID-19 "case" does not necessarily refer to someone who is sick. Rather, COVID-19 "cases" include the vast majority of people who have not experienced any illness or symptoms, or who have experienced illness (mild, moderate or severe) and have fully recovered.
[30] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, March 17, 2020. See Appendix A for full transcript.

length of stay for an acute care patient is only 7.1 days.[31] Did AHS expect that hospitals would be at or near care capacity by the end of March? Even AHS' own model did not predict more than 500 hospitalizations and 100 ICU-admissions by the end of April.[32] It is therefore unclear why these medically necessary surgeries and procedures, many of them urgent, had to be immediately cancelled on March 17.

The decision to cancel non-urgent health care and laboratory testing was not benign. It impacted and will continue to impact those Albertans whose surgeries have been cancelled and whose health problems have gone undiagnosed. And, because non-urgent diagnostic imaging procedures and laboratory testing have been cancelled, it is unclear how many Albertans are now experiencing the types of health issues that would have warranted an emergency surgery had their health concerns been properly diagnosed. While nobody questions the good intentions behind the decision seeking to allocate medical resources toward those whose lives are seriously threatened by COVID-19, these cancellations have denied much-needed access to health care for thousands of Albertans whose well-being (and, in some cases, survival) depend on this health care.

Analysis of Alberta COVID-19 Modelling

Dr. Hinshaw has stated that "[w]e, above all others, must remember to put our trust and faith in evidence-based care."[33] Unfortunately, it has become apparent that the March 17 decision to cancel non-emergency surgeries was not made on a sound, evidentiary basis. This decision was made weeks prior to the release of Alberta COVID-19 Modelling by AHS on April 8. It is currently not known whether the Alberta Government was even using, or operating under, any sort of evidence-based model throughout all of March 2020. In fact, it was only on April 3 that Premier Kenney announced that the government had finally gathered sufficient data

[31] "Alberta Health Services Annual Report, 2018-2019," Alberta Health Services, Accessed April 24, 2020, https://www.albertahealthservices.ca/assets/about/publications/2018-19-annual-report-web-version.pdf

[32] At page 16; see Appendix B f

[33] "Alberta update on COVID-19 – April 1, 2020," YouTube Video, 54:47, "CPAC", April 01, 2020, https://www.youtube.com/watch?v=6eoCmsPR8NY&t=142s.

to inform credible modelling of the virus in Alberta.[34] What, then, was the evidential basis of the above-mentioned policies throughout March and early April? Why were these decisions made without sufficient (or any) credible modelling?

On April 2, Dr. Hinshaw spoke to "the importance of the [modelling] numbers being made public," saying, "The benefit of modelling is that it helps people think about the magnitude of the situation."[35] The next day, Premier Kenney stated that "We are reaching the point where we have enough data to inform credible modelling about potential paths of the pandemic in Alberta."[36] The first Alberta COVID-19 Modelling document was finally released to the public on April 8, 2020. However, the assumptions, information, data and documents on which this Modelling is based have still not been released to the public.

In our analysis of the Alberta Government's COVID-19 modelling, we will focus on the anticipated number of infections, hospitalizations, and ICU-admissions under the various scenarios.

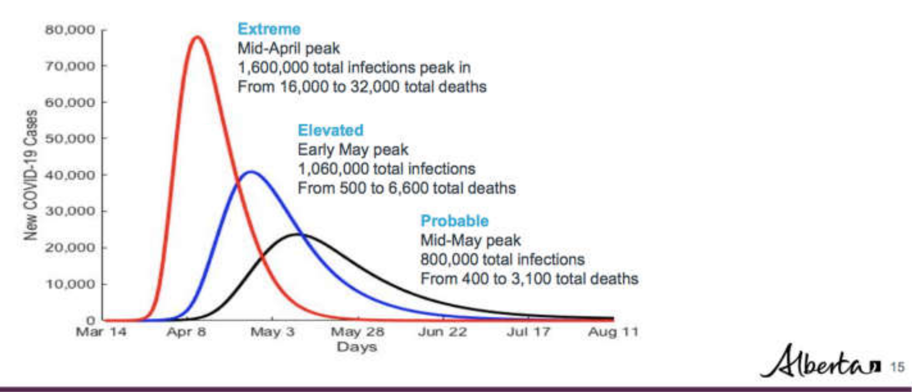
Again, the *Charter* requires governments to demonstrably justify any measure that violates any *Charter*-protected right or freedom. For that reason, on April 24, 2020 we wrote a letter to Health Minister Tyler Shandro requesting the Alberta Government to publicly release the data on which its COVID-19 models are based.[37] We have not yet received a response.

Total number of infections in Alberta

On pages 14-17 of its April 8 Model, AHS set out three scenarios of COVID-19 in Alberta: "probable," "elevated," and "extreme." Under the *probable* (low) scenario, AHS predicted a total of 800,000 infections,[38] of which 400 to 3,100 would result in death, with a peak of infections in the middle of May. Under the *elevated* (medium) scenario, AHS predicted a total

[34] "Coronavirus Outbreak: Alberta Confirms 107 New Cases Of COVID-19, 5 New Deaths," YouTube Video, 50:20, "Global News", April 03, 2020, https://www.youtube.com/watch?v=Mt2amB2iOI8&t=281s.
[35] "Alberta update on COVID-19 – April 2, 2020," Youtube Video, 32:52, "CPAC", April 02, 2020, https://www.youtube.com/watch?v=yF_QphymS4c&t=245s.
[36] Coronavirus Outbreak: Alberta Confirms 107 New Cases Of COVID-19, 5 New Deaths," YouTube Video, 50:20, "Global News", April 03, 2020, https://www.youtube.com/watch?v=Mt2amB2iOI8&t=281s.
[37] https://www.jccf.ca/wp-content/uploads/2020/04/Ltr-to-Alberta-Govt-re-covid-predictions.pdf
[38] The term "infections" includes people who have not experienced any illness or symptoms, as well as people who have experienced illness (mild, moderate or severe) and have fully recovered. The Infection Fatality Ratio (discussed further below) is less than 1%.

of 1,060,000 infections, of which 500 to 6,600 would result in death, with a peak of infections in early May. Under the *extreme* (high) scenario, AHS predicted a total of 1,600,000 infections, of which 16,000 to 32,000 would result in death, with a peak of cases in the middle of April. According to Premier Kenney, this "modelling is giving us the total number of anticipated infections in the whole population, not just the confirmed cases." [39] The graph below is from the April 8 Alberta COVID-19 Modelling.



See Appendix B for full April 8 Alberta COVID-19 Modelling

The April 8 Model projected that "[g]iven our early and aggressive interventions and contract tracing to limit spread", the *probable* scenario was expected to be the most likely outcome going forward. In other words, the Alberta Government claimed that, even with lockdown measures that violate *Charter* freedoms already in place for several weeks, Albertans could expect to see between 400 and 3,100 deaths.

As of May 12, however, 120 people in Alberta had died of COVID-19.[40] Of these 120 people, 82 (68%) were age 80+; 23 (19%) were ages 70-79; 10 (8%) were ages 60-69; five (4%) were ages 20-49; and none were below the age of 20. In total, 96% of COVID-19 deaths impacted people ages 60 and higher, with zero impact on Albertans below the age of 20. According to the National Institute on Aging, 82% of COVID-19 deaths were in long-term

[39] "Premier Jason Kenney On Alberta's COVID-19 Projections And Economic Situation – April 7, 2020," YouTube Video, 15:33, "CPAC", April 07, 2020, https://www.youtube.com/watch?v=odlDTW_VrUc&t=114s.
[40] https://covid19stats.alberta.ca/

care.[41] Given that politicians have failed to prevent COVID-19 from entering long-term care facilities, the claims about "saving lives" ring rather hollow.

The *elevated* scenario was said to be "comparable to the more rapid growth initially seen" in Hubei province in China. The *extreme* scenario was said to show "what would have happened" if Alberta had *not* taken these measures that it had up to that point. there were "limited and late interventions," the *extreme* scenario (16,000 to 32,000 deaths) would unfold. While AHS expected the probable scenario "to be the most likely scenario for Alberta", AHS recommended that Albertans prepare for the elevated scenario "given the catastrophic impacts should the health system be overwhelmed."[42] The rationale put forward by the Alberta Government for violating *Charter* freedoms was to save the health care system from being overwhelmed.

It is entirely unclear how the numbers under each scenario were generated, because the Alberta Government has thus far refused to release the evidence, methodology and assumptions on which these numbers are based. AHS provided neither the statistical methods nor the data relied on to generate the scenarios, nor the name(s) of the author(s) who created them. AHS cited neither the assumptions nor the data -sets used to calculate infection fatality ratio (IFR) and basic reproduction number (R0).

Premier Kenney stated on April 7 that the numbers reflected an "estimate based on best-known data."[43] One might ask: "What best-known data? Known to whom? To what information does the term 'data' refer?" Was Premier Kenney, like the UK government, relying on the work of now-discredited and disgraced[44] Professor Neil Ferguson of Imperial College?

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[41] https://www.thestar.com/politics/federal/2020/05/07/82-of-canadas-covid-19-deaths-have-been-in-long-term-care.html

[42] At page 14; see Appendix B

[43] "Premier Jason Kenney On Alberta's COVID-19 Projections And Economic Situation – April 7, 2020," YouTube Video, 15:33, "CPAC", April 07, 2020, https://www.youtube.com/watch?v=odlDTW_VrUc&t=114s.

[44] Despite his dire virus warnings and urging for social distancing, Professor Ferguson repeatedly met his illicit lover, a married woman with children, while he himself was infected with COVID-19. He transmitted the virus to his lover, her husband, and her children. He has since resigned from his position in Imperial College. https://www.dailymail.co.uk/news/article-8294315/Naked-hypocrisy-Professor-Lockdowns-mistress-telling-public-stay-home.html

Ferguson's prediction - now known to be a stupendous miscalculation – modelled for 510,000 COVID-19 deaths[45] in the United Kingdom and 2,200,000 deaths in the United States? [46]

Now more than ever, while lockdowns continue to violate the *Charter* freedoms of Albertans, it is essential that the Alberta Government make explicit the assumptions, methods, and data used to generate its COVID-19 models. Presumably, the inaccuracies of the April 8 model point to major errors in at least one significant data point, and it is unclear whether these errors have been addressed in any new model(s) on which the Alberta Government is currently relying. Already, the revised "curves" for hospitalizations and ICU-admissions in the updated April 28 model trace much higher than the hospitalizations and ICU-admissions actually occurring, as described by the Alberta Government's own data on hospitalizations and ICU-admissions. There is reason, therefore, to question the predictive accuracy of the April 28 updated model.

Infection Fatality Ratio

Infection Fatality Ratio (IFR) is the ratio of deaths divided by the number of actual COVID-19 infections,[47] expressed here as a percentage.[48] While AHS does not mention the IFR explicitly, the IFR can easily be deduced by dividing the total number of anticipated infections in each scenario by the total number of anticipated deaths in each scenario.

AHS estimates that as many as 2.0% of total infections will result in fatality under the *extreme* scenario, as many as 0.62% of total infections under the *elevated* scenario, and as many as 0.38% of total infections under the *probable* scenario. It is unclear what data AHS used to model these IFRs across the scenarios, and it is also unclear why there is so much variation in IFRs between the scenarios. Perhaps such differences in IFR might occur if the health care system was so overwhelmed that some people could not access needed ICU-supports. But the

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[45] Adam, David. "Special report: The simulations driving the world's response to COVID-19," Nature, https://www.nature.com/articles/d41586-020-01003-6.

[46] "Worst-Case Coronavirus Science," Wall Street Journal, March 27, 2020, https://www.wsj.com/articles/worst-case-coronavirus-science-11585351059.

[47] The number of "infections" includes all people who have, or have had, COVID-19, including the more than 99% of infections where the person experiences no illness or symptoms, or who experiences illness (mild, moderate or severe) and recovers fully.

[48] Condit, Rich, "Infection Fatality Rate – A Critical Missing Piece for Managing Covid-19," Virology.ws, Accessed April 28, 2020, https://www.virology.ws/2020/04/05/infection-fatality-rate-a-critical-missing-piece-for-managing-covid-19/.

April 8 Model states that AHS was then building capacity for the anticipated numbers of hospitalizations and ICU-admissions under both the *probable* and *elevated* scenarios. Subsequently, it has become apparent that Alberta's hospitals are far from utilizing their capacity.[49]

Why did AHS choose to estimate a different IFR as between the *probable* (0.38%) and *elevated* (0.62%) scenarios, when hospital capacity was projected to be sufficient to meet COVID-19 related demand even in the elevated scenario ?

As for the *extreme* scenario, it forecasts an IFR of 2.0%, which is higher than any country where the COVID-19 IFR has been calculated, and five times higher than a high estimate for the global rate.[50] This scenario would mean a rate of 8,000 COVID-19 deaths per million in Alberta, while as of April 30 Italy had reported 467 deaths per million, the UK 405, Spain 531, the United States 196, and China three.[51] While AHS has admittedly stated that this was meant to be an *extreme* model, it is so extreme as to have no potential connection with reality.

Consider the following excerpt from the Centre for Evidence-Based Research statement on March 17, 2020:

> Taking account of historical experience, trends in the data, increased number of infections in the population at largest, and potential impact of misclassification of deaths gives a presumed estimate for the [global] COVID-19 IFR somewhere between 0.1% and. 0.41%.[52]

It is unclear why the IFR in Alberta's April 8 Model was so much higher than these rates.

<u>Hospitalizations and ICU</u>

As of May 11, 2020, according to AHS, there have not been more than 96 patients hospitalized for COVID-19 in Alberta at any one time, and not more than 24 ICU spaces used at

[49] At page 5 of April 28 COVID-19 Update; see Appendix B

[50] "Coronavirus (COVID-19) deaths worldwide per one million population as of May 5, 2020, by country," Statista, Accessed April 30, https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants/.

[51] "Coronavirus (COVID-19) deaths worldwide per one million population as of May 5, 2020, by country," Statista, Accessed April 30, https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants/.

[52] "Global Covid-19 Case Fatality Rates," CEBM, March 17, 2020, https://www.cebm.net/covid-19/global-covid-19-case-fatality-rates/.

any one time.[53] In total, according to AHS, there have been only 52 ICU cases in Alberta and only 264 hospitalizations in the whole province, as of May 11.

Yet the April 8 Alberta COVID-19 Modelling,[54] which forms the primary basis for government policies that violate Albertans' *Charter* freedoms, contains wildly inaccurate predictions. Under the *probable* scenario, AHS predicted (at pages 16 and 28) approximately 818 hospitalizations and 232 persons in ICU, with peaks in late May to June. AHS predicted almost twice as many under the *elevated* scenario, with peaks in early May. These numbers presumably served as justification for the AHS plan to aggressively build capacity in the health system, and perhaps as after-the-fact justification for the March 17 decision to cancel non-emergency surgeries. According to this Model, there were then 8,483 hospital beds and 295 ICU beds in Alberta.[55] AHS planned to have built 2,250 COVID-19-designated acute care beds and 1,081 ICU beds by April 30, 2020.[56] The AHS plan was to add additional beds to current ICU rooms, to convert operating and recovery rooms into ICU rooms, and to convert procedure and treatment rooms into ICU rooms.[57] These rooms had been made available as a result of the cancellation of all non-emergency and elective surgeries, which Dr. Hinshaw described as the first step toward building health care capacity.

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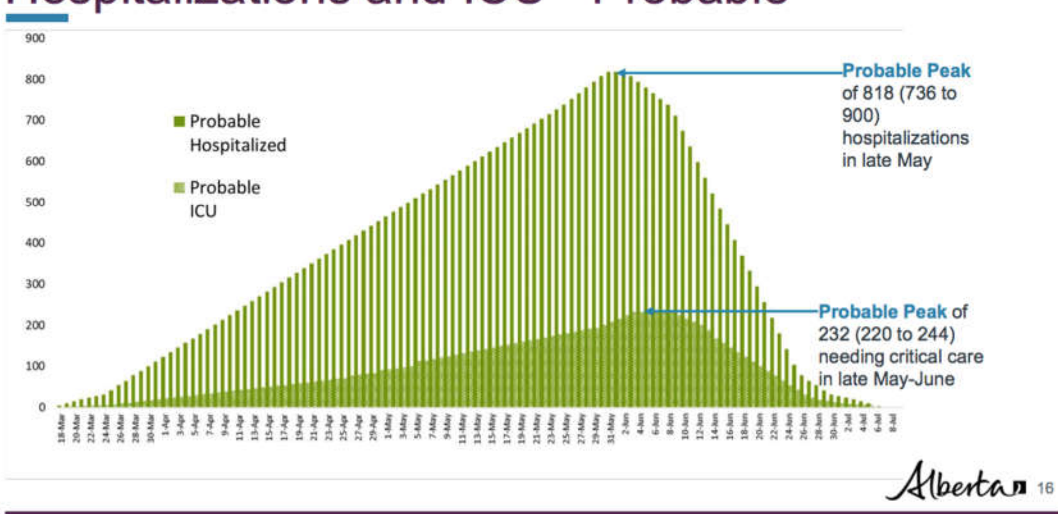
[53] "COVID-19" in Alberta," Accessed May 01st, 2020, https://covid19stats.alberta.ca/
[54] At page 16-17; see Appendix B
[55] At page 19; see Appendix B
[56] At page 20; see Appendix B
[57] At page 22; see Appendix B
‡ I find this wording confusing; he could be saying either that only 12% had COVID-19 listed as the cause of death, or that only 12% had no previous diseases. But reference to the report in question proves that he means the first. That report demonstrates that only 1.2% of patients had no previous diseases, so the second interpretation is off the table.



See Appendix B for full April 8 Alberta COVID-19 Modelling

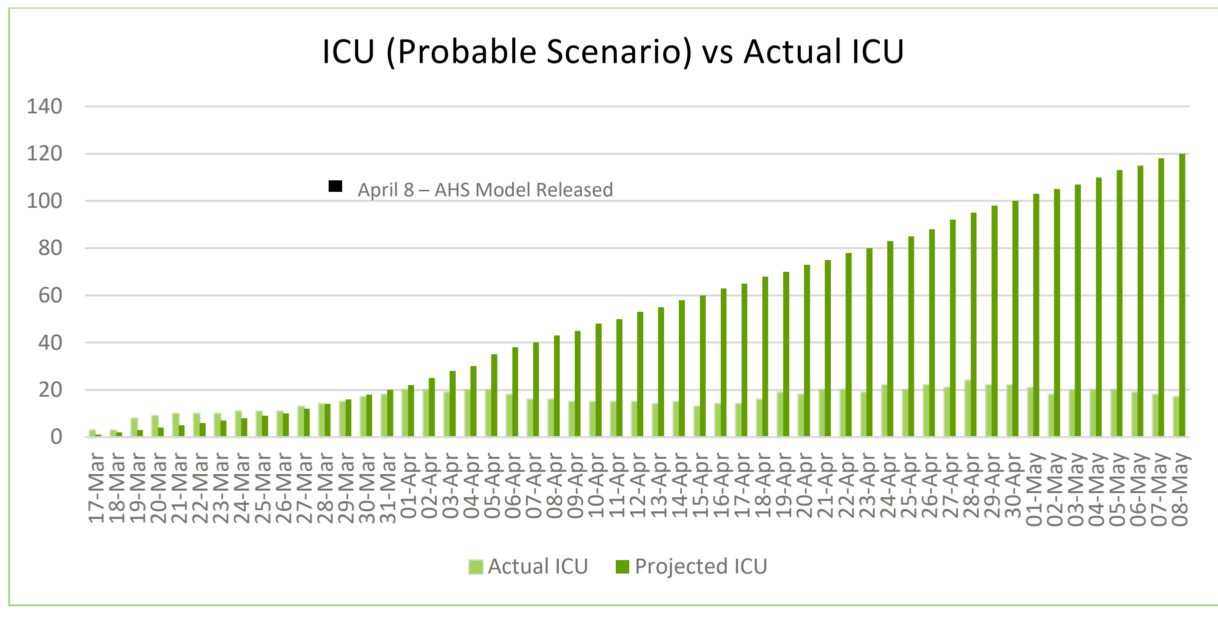
While AHS is or may be preparing for the peak of the *elevated* scenario, Alberta in early May is nowhere near the predictions of even the *probable* scenario, let alone the *elevated* scenario. AHS predicted that there would be more than 500 hospitalizations and more than 100 ICU-admissions under the *probable* scenario, and more than 1,400 hospitalizations and almost 400 ICU-admissions under the *elevated* scenario by May 5.[58] As explained on the chart further below, which sets out actual and predicted hospitalizations and ICU usage, on May 5 there were only 87 hospitalizations (approximately 16% of predicted total) and only 20 persons in ICU (approximately 17% of predicted total).

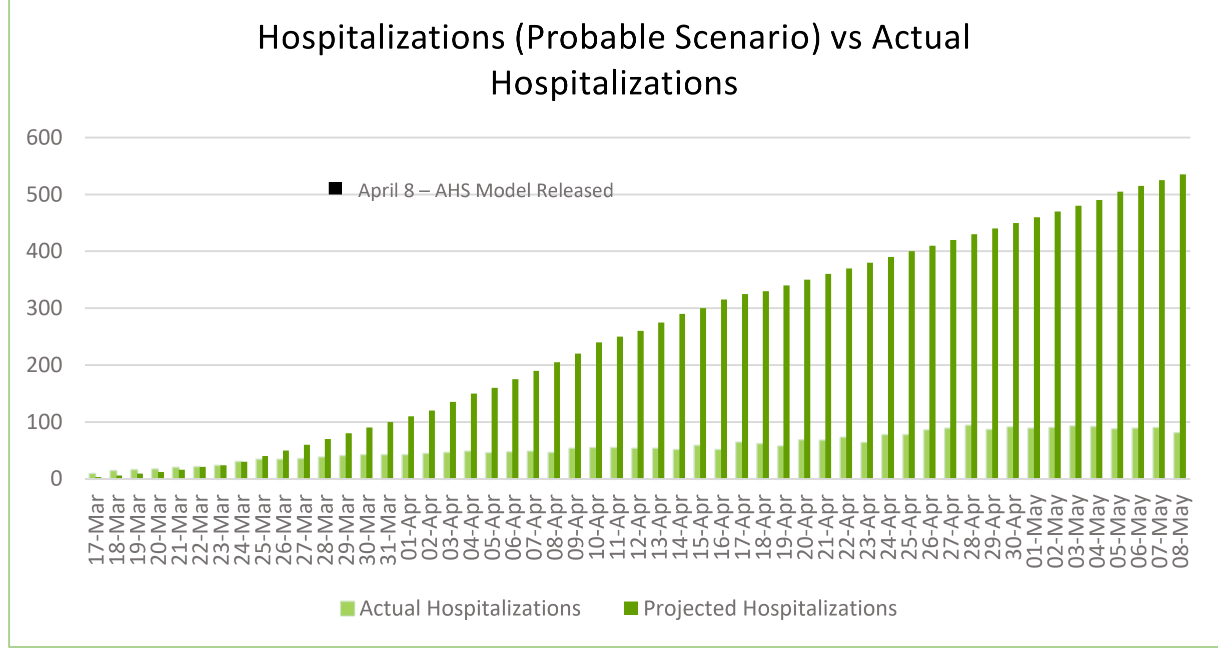
Clearly, the AHS' projections have proven to be inaccurate, and significantly so. Moreover, the Alberta COVID-19 Modelling was inaccurate even at the time of its release. The April 8 Modelling, which covers the period of time from March 18 to July 8, predicted that there would be approximately 200 hospitalizations and 40 persons in ICU by April 8, the day on which the model was released by AHS to the public. In fact, there were only 46 hospitalizations and 16 persons in ICU on April 8. So the Modelling contradicts itself, by making predictions that were

[58] At page 7; see Appendix B

already known to be inaccurate. This is not a sound basis for violating the *Charter* freedoms of Albertans to move, associate, assemble and worship.

The graphs and the table below describe both projections and reality. It is relevant to note that there is a discrepancy between the numbers from the AHS website and the numbers used by Dr. Hinshaw in her daily updates. We have chosen to cite the AHS numbers as posted online.[59]





[59] "COVID-19" in Alberta," Accessed May 11, 2020, https://covid19stats.alberta.ca/

AHS data on projected vs actual hospitalizations and ICU

Date	Projected Hospitalizations[60]	Actual Hospitalizations[61]	Projected ICU[62]	Actual ICU
March 17	3	9	1	3
March 18	6	14	2	3
March 19	9	16	3	8
March 20	12	17	4	9
March 21	16	18	5	10
March 22	20	20	6	10
March 23	25	21	7	10
March 24	30	23	8	11
March 25	40	30	9	11
March 26	50	34	10	11
March 27	60	35	12	13
March 28	70	38	14	14
March 29	89	40	16	15
March 30	90	42	18	17
March 31	100	42	20	18
April 01	110	42	22	20
April 02	120	44	25	20
April 03	135	46	28	19
April 04	150	48	30	20
April 05	160	45	35	20
April 06	175	47	38	18
April 07	190	48	40	16
April 08	205	46	43	16
April 09	220	53	45	15
April 10	240	54	48	15
April 11	250	54	50	15
April 12	260	53	53	15
April 13	275	53	55	14
April 14	290	51	58	15
April 15	300	58	60	13
April 16	315	51	63	14
April 17	325	64	65	14
April 18	330	61	68	16
April 19	340	57	70	19
April 20	350	68	73	18
April 21	360	67	75	20
April 22	370	72	78	20
April 23	380	63	80	19

[60] Approximate, based on *probable* scenario of AHS' April 8 COVID-19 Modelling
[61] There is a discrepancy between the numbers reported by AHS and the numbers reported by Hinshaw in her daily updates. We have chosen to rely on the numbers from AHS, which can be found here: https://covid19stats.alberta.ca/.
[62] Approximate, based on *probable* scenario of AHS' April 8 COVID-19 Modelling

April 24	390	77	83	22
April 25	400	77	85	20
April 26	410	85	88	22
April 27	420	88	92	21
April 28	430	93	95	24
April 29	440	86	98	22
April 30	450	90	100	22
May 01	460	88	103	21
May 02	470	89	105	18
May 03	480	92	108	20
May 04	490	91	110	20
May 05	505	87	113	20
May 06	515	88	116	19
May 07	525	89	118	18
May 08	535	82	120	16

These AHS figures demonstrate that AHS was fully aware, throughout April, of how few COVID-19 patients were actually hospitalized, and how few were actually using Intensive Care Units. Bear in mind that the numbers in the chart above are daily numbers of hospital and ICU usage. Yet medically necessary surgeries, many of them urgent, remained cancelled throughout the month of April. While hospitals remained near-empty or far from full, the Alberta Government did not reverse, even in part, its March 17 decision to cancel 22,000 surgeries.

As of May 8, COVID-19 patients were occupying 1% of hospital beds and 5% of ICU capacity.

Are COVID-19 deaths in Alberta recorded accurately?

Just as it is not clear how AHS has calculated the number of deaths under each scenario, it is not clear how AHS has addressed the criteria for counting a death as a COVID-19 death in Alberta. From the beginning of the pandemic, record-keeping has suffered from a failure to distinguish between people who had COVID-19 at time of death, and those who actually died from it. As is demonstrated further below, in some jurisdictions, any person who died *with* COVID-19 is deemed to have died *of* COVID-19, even when COVID-19 was not the primary cause of death. This issue is significant, given that COVID-19 death numbers have had an enormous influence on how governments around the world have determined their responses to COVID-19.

Prof. Walter Ricciardi, scientific advisor to the Italian minister of health, has stated publicly: "The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus."[63] This is confirmed in the report of the Istituto Superiore di Sanita.[64] The discrepancy between dying "from" COVID-19 and dying "with" the disease may be very high indeed. Prof. Ricciardi went on to state: "On re-evaluation by the National Institute of Health, only 12% of death certificates have shown a direct causality from coronavirus, while 88% of patients who have died have at least one pre-morbidity – many had two or three."[65]

Dr. John Lee, an emeritus professor of pathology in the UK, explains that the same bias is in place in England: "There is a big difference between Covid-19 causing death, and Covid-19 being found in someone who died of other causes. … It might appear far more of a killer than flu, simply because of the way deaths are recorded." [66]

Dr. Ngozi Ezike, director of the Illinois Department of Public Health, has gone on the record to say, "If you were in hospice and had already been given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death. It means technically even if you died of a clear alternate cause, but you had COVID at the same time, it's still listed as a COVID death."[67] During the April 7 COVID-19 White House briefing, Dr. Deborah Birx stated that this is practiced across the U.S.: "So, I think in this country, we've taken a very liberal approach to mortality…If someone dies with COVID-19, we are counting that as a COVID-19 death."[68]

In short, in some jurisdictions the number of patients directly killed *by* COVID-19 is certainly less than the number who died *with* it.

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[63] Newy, Sarah. "Coronavirus: Is Covid-19 really the cause of all the fatalities in Italy?", Stuff, Retrieved April 24, 2020, https://www.stuff.co.nz/national/health/coronavirus/120443722/coronavirus-is-covid19-really-the-cause-of-all-the-fatalities-in-italy.
[64] "Characteristics of SARS-CoV-2 patients dying in Italy," Epicentro, April 29, 2020, https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_29_april_2020.pdf.
[65] "Why have so many coronavirus patients died in Italy?", The Telegraph, March 23, 2020, https://www.telegraph.co.uk/global-health/science-and-disease/have-many-coronavirus-patients-died-italy/.
[66] Lee, John. "How deadly is the coronavirus? It's still far from clear," The Spectator, March 28, 2020, https://www.spectator.co.uk/article/The-evidence-on-Covid-19-is-not-as-clear-as-we-think.
[67] "IDPH Director explains how Covid deaths are classified," Week.com, April 20, 2020, *https://week.com/2020/04/20/idph-director-explains-how-covid-deaths-are-classified/*.
[68] "Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing," Whitehouse.org, April 7, 2020, https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-april-7-2020/.

The Alberta Government should be transparent about how COVID-19 deaths are recorded in Alberta. Our research has not found any information on the AHS website or other Alberta Government websites that addresses this important point.

Counting the costs: how is the lockdown harming Albertans?

The *Canadian Charter of Rights and Freedoms* requires Premier Kenney, Dr. Hinshaw, Health Minister Tyler Shandro and other government officials to demonstrate that any government measures which violate *Charter* freedoms provide more benefit than harm to Albertans. When a law, policy, decision or government order violates any *Charter* freedom (even the freedom of one individual), government becomes responsible to justify "demonstrably" why these measures are truly necessary. Government also bears the onus of demonstrating that its laws and policies violate *Charter* freedoms as little as possible: only to the extent necessary to achieve a pressing goal. The *Charter* does not allow governments to impose broad, sweeping and far-reaching measures that go further than what is truly needed.

The citizen whose *Charter* freedoms are violated does not bear the burden of acquiring data, modelling scenarios, or providing a cost-benefit analysis. The *Charter* appropriately and deliberately places this responsibility instead on the entity that violates our freedoms: the government. The burden belongs to Premier Kenney, Dr. Hinshaw, Health Minister Tyler Shandro, and the Alberta Government as a whole.

Albertans have a right to an explanation for the decimation of their economy, their livelihoods, and the violation of their civil liberties. They have a right to this demonstrable justification. Thus far, the only clear justification provided to Albertans to justify *Charter*-violating policies has been that of "flattening the curve" to protect hospital capacity. The data provided to Albertans by AHS (see pp. 19-20 above) shows that COVID-19 patients have never used up more than 1% of available hospital beds, and never more than 8% of ICU capacity.

The goal of protecting hospital capacity has been achieved, and indeed exceeded to the point of harming other patients. Even if we assume for argument's sake that the lockdown measures have prevented the curve from threatening that capacity, how does this justify not

making full use (or at least good use) of the remaining 99% of hospital beds and the remaining 92% of ICU capacity?

Regarding the harms of Alberta's lockdown measures, below is a list of questions that we sent to Premier Kenney[69] (April 14) and Dr. Hinshaw[70] (April 20), to which no answers have been provided:

1. How many suicides are projected to take place as a result of the government having shut down much of our economy, forcing people into unemployment, bankruptcy, or poverty?

2. How many do you project will die because of the rise in depression, anxiety, alcoholism, other addictions and drug overdoses that the lockdown and associated unemployment and social isolation will cause, as the lockdown drags on for weeks or even months?

3. How many children and spouses do you project will be abused while couples and parents remain confined to their homes, in many cases unemployed, without their usual income and social connections?

4. How many children will be put in foster care because of domestic abuse, or loss of their parents' ability to provide for them, or both?

5. How many isolated seniors are projected to become sick or die because they no longer receive regular visitors, such that nobody is able to take them to their own family doctor, or take them to an emergency unit at the hospital? How many will die at home, alone?

6. How many people are projected to die or to suffer permanent damage because their non-emergency (elective) surgery, their testing and their various treatments have been cancelled due to your singular focus on fighting COVID-19?

7. How many people are projected to suffer serious harm caused by lack of access to secondary health providers they regularly rely on, such as physiotherapists, massage therapists, optometrists, chiropractors, osteopaths, podiatrists and dentists?

8. How many people are projected to die or suffer serious harm because they believe (correctly or incorrectly) that they cannot go see their doctor, or that they cannot check into emergency at the hospital?

9. How many children, confined to their homes while schools and playgrounds are closed and athletic and recreational activities are shut down, are projected to develop diabetes or other chronic health conditions?

[69] https://www.jccf.ca/wp-content/uploads/2020/04/Letter-to-Premier-Kenney-re-Charter-Violations.pdf
[70] https://www.jccf.ca/wp-content/uploads/2020/04/2020-04-20-Letter-to-Deena-Hinshaw-re-health-and-lives-of-Albertans1.pdf

10. How many people will develop psychiatric disorders caused by governments having eliminated social interaction at restaurants, pubs, churches, recreational facilities and community centres?

11. Have you or your staff researched any of these questions here above?

12. If yes to the foregoing question, have you created any models, estimates or projections in regard to any or all of these causes of illness, harm and death, in the same way that you have relied on models, estimates and projections in regard to COVID-19?

The questions which must be answered by the Alberta Government go far beyond this initial set. Thousands of Alberta businesses have closed their doors as a result of the lockdown measures which violate our *Charter* freedoms to move, associate and assemble. Thousands of Albertans have dedicated their lives to creating and building up small businesses, many of which have been destroyed or severely impacted.

Predictably, the *Charter*-violating lockdown measures will result in bankruptcies and insolvencies, and have already caused one or more of severe stress, anxiety, and depression in many Albertans. Stress, anxiety and depression will predictably result in more alcoholism, drug abuse and suicides, not to mention mental illness, spousal abuse and child abuse. While the *Charter* does not directly protect the economic or financial interests of citizens, the *Charter* does require government officials (elected and non-elected) to broadly analyze the harms which flow from any government action which violates *Charter* freedoms. There is no rationale for excluding the destruction of livelihoods – in some cases permanently – from the *Charter*'s "demonstrably justified" analysis. The onus is on the Alberta Government to weigh the harms of additional suicides, anxiety, depression, mental illness, cancelled surgeries and other negative impacts on physical and mental health against the purported benefits of lockdown measures.

This matter is more than economic. In addition to destroying many Alberta businesses, these same *Charter*-violating lockdown measures have forced millions of Albertans, including vulnerable seniors living independently but no longer able to visit family or friends since mid-March, into involuntary isolation for weeks on end. Predictably, such isolation measures will also cause harm, because friends and family are not able to take isolated seniors to see their doctor, or to the hospital. While it is difficult to predict accurately the exact extent to which lockdown measures will entail adverse and even fatal consequences, it is the responsibility of the Alberta government to consider very seriously these consequences when imposing laws and

policies that violate *Charter* freedoms. To date, there is no evidence available to the public that would show that the Alberta Government has given serious consideration to all of the harms of the lockdown.

The Alberta Government, with more than 20,000 employees (not counting doctors, nurses, health care workers, teachers, police or other front-line workers), has sufficient resources to monitor and track the positive and negative impacts of government policies on Albertans, and thus to meet its *Charter* obligation to calculate, analyze, and monitor the harms that have been caused, are being caused, and will be causes by these lockdown measures. If *every* human life is valuable, then the Alberta Government must consider each one. And not just right now, but into the future.

Distinguishing predictions from facts

In mid-March, the United Kingdom and other countries relied on predictions by Dr. Neil Ferguson of Imperial College. His model predicted 510,000 COVID-19 deaths in the U.K. and 2.2 million deaths in the U.S.[71] These numbers were relied upon by the United Kingdom and governments around the world to justify imposing lockdowns.

Today, more data is available. The Alberta Government owes Albertans an explanation as to what evidence and data it relied upon when crafting its lockdown measures. Models that are used to formulate government policies must be accurate, if they are to serve as adequate justification for violating *Charter* freedoms.

In the U.S., 74,807 deaths were attributed to COVID-19 as of May 7.[72] While tragic, this number remains below the 80,000 deaths attributed to seasonal influenza during 2017-18, as confirmed by the US Center for Disease Control.[73]

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[71] https://www.cato.org/blog/how-one-model-simulated-22-million-us-deaths-covid-19
[72] Worldometer, Accessed May 7, 2020, https://www.worldometers.info/coronavirus/country/us/.
[73] McNeil, Donald G., Jr. "Over 80,000 Americans Died of Flu Last Winter, Highest Toll in Years," New York Times, October 2, 2018 (Retrieved April 28, 2020), https://www.nytimes.com/2018/10/01/health/flu-deaths-vaccine.html.

There were 32,065 reported COVID-19 deaths in the UK as of May 11,[74] compared to an estimated 26,408 deaths from seasonal influenza in 2017-2018.[75] However, the final number of COVID-19 deaths in the UK are not likely to be markedly higher than the 34,300 UK influenza deaths in 2014-15.[76]

Italy is well past its COVID-19 peaks: March 21 for cases, and March 27 for deaths. As of May 6, Italy has reported 29,648 COVID-19 deaths.[77] The death toll from influenza-like illnesses in Italy in was 41,066 in 2014-15, and 43,336 in 2016-17.[78]

The global COVID-19 death toll of 286,078 as of May 11[79] is still below the estimate for a *light* flu season. The flu is estimated to kill between 291,000 and 646,000 people every year.[80]

Were the *Charter* violations justified in March and April?

The graphs and tables above indicate the extent to which AHS has erred in projecting both the spread and impact of COVID-19 in Alberta. The Alberta Government's strict and immediate measures—which have harmed the social, economic, and physical wellbeing of Albertans—were implemented weeks before the release of *any evidence-based strategy or model*. It is quite possible that that these measures were based on mere guesswork - shored up by faulty and since-discredited projections.

In the first days of April, Premier Kenney and Dr. Hinshaw ushered in the Alberta COVID-19 Modelling document with words pointing to the need for "evidence-based" and "credible" modelling.

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[74] https://www.worldometers.info/coronavirus/country/uk/

[75] "Surveillance of influenza and other respiratory viruses in the UK Winter 2018 to 2019," Public Health England, Published May 2019, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839350/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2018_to_2019-FINAL.pdf.

[76] "A review of recent trends in mortality in England," Public Health England, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827518/Recent_trends_in_mortality_in_England.pdf.

[77] Worldometer, Retrieved April 1, https://www.worldometers.info/coronavirus/country/italy/.

[78] " Investigating the impact of influenza on excess mortality in all ages in Italy during recent seasons (2013/14 - 2016/17 seasons)," ResearchGate, file:///Users/lukeneilson/Downloads/1-s2.0-S1201971219303285-main%20(1).pdf.

[79] https://www.worldometers.info/coronavirus/#countries

[80] "Seasonal flu death estimate increases worldwide," CDC, retrieved April 28, 2020, https://www.cdc.gov/media/releases/2017/p1213-flu-death-estimate.html.

By making predictions that departed from known facts, this model was already inaccurate at the time of its release. Even the model's low-end predictions, which took into account the lockdown measures that were already in place, dramatically over-estimated the number of infections, hospitalizations, and ICU-admissions. Its authors are anonymous, its evidence uncited, its assumptions opaque. Nonetheless, these models are supposed to function as the legal and constitutional justification for the most widespread government violations of the *Charter* rights and freedoms of Albertans in living memory.

The Alberta Government has attributed the inaccuracies of the April 8 COVID-19 Modelling document to the success of collective effort. On April 21, Dr. Hinshaw stated:

> We have collectively pulled together to reduce the spread of this virus and to a large measure we have succeeded. The temptation we need to resist is to think that because we haven't yet seen the spread that our model predicted, that means the problem has gone away. That is not true. The virus is still with us, and we need to continue to take it very seriously, even as we start to think about reopening again. We can think about this virus as a tidal wave that could have swept in and left a trail of destruction behind. This didn't happen because we collectively formed a barrier by our actions to prevent the full force of this wave from striking us.[81]

However, the April 8 COVID-19 Modelling's "probable" (low) prediction took into account the government's lockdown measures that were in place, and had been in place for weeks.

With the lockdown measures already in place, AHS predicted that at least 400 and as many as 3,100 Albertans would still die. The actual number to date is 120.

With the lockdown measures already in place, AHS predicted that hospitalizations would still reach at least 818. Hospitalizations have never exceeded 100 patients at any given time. The total number of Albertans hospitalized due to COVID-19, to date, is 264.[82]

With the lockdown measures already in place, AHS predicted that at least 232 ICU spaces would still be needed. At no time have more than 23 ICU spaces been used by COVID-19 patients in Alberta.

Suggesting that AHS modelling is inaccurate *because of the lockdown measures* is disingenuous. Further, neither Premier Kenney nor Dr. Hinshaw have spoken publicly about the

[81] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, April 21, 2020. See Appendix A for full transcript.
[82] "COVID-19" in Alberta," Accessed May 11[t], 2020, https://covid19stats.alberta.ca/.

extent (if any) to which voluntary compliance might have achieved equally satisfactory results without the Alberta Government violating *Charter* freedoms,.

Despite the relatively low number of hospitalizations and ICU-admissions, Dr. Hinshaw stated on April 24:

> First, I know the curve shown in our modelling work may have left the impression that the virus will go away over the summer. That is not the case. The virus that causes COVID-19 will be with us for many months to come, and the relatively low case numbers we are seeing in most of the province are the result of our collective efforts and sacrifices.[83]

With COVID-91 patients using only 1% of Alberta's hospital beds and no more than 8% of ICU capacity, it remains unclear why the lockdown continued throughout April and is now still in place in early May. Assuming that the violation of our *Charter* freedoms was demonstrably justified in March and April, and this is far from clear, what justifies the continuation of the lockdown in May?

AHS data demonstrates that the "curve" never took off to the point of needing to be "flattened" in relation to hospital capacity. There is no doubt that the gross under-utilization of Alberta's hospitals has harmed thousands of patients in addition to the 22,000 whose medically necessary surgeries were cancelled by Dr. Hinshaw's March 17 edict.

The onus is on Premier Kenney and Dr. Hinshaw, not the citizens of Alberta, to justify policies and penalties that continue to take away *Charter* freedoms and push so many Albertans into one or more of unemployment, bankruptcy, and poverty.

As provinces, states, and countries learn more and more about the virus, and as the assumptions upon which previous responses were based have fallen under increasing scrutiny, it is worth considering alternative approaches to COVID-19 in Alberta. When questioned about whether Albertans should let the spread of COVID-19 happen in young and healthy populations in order to increase overall immunity over time, Dr. Hinshaw responded:

> I completely understand this question. But the problem is we don't know who will have a severe case of this disease. Some people who are young and healthy will go on to have severe disease and die. So until we have more information about who will be at the

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[83] Hinshaw, Deena. "Chief Medical Officer of Health COVID-19 Update." Speech, Alberta Government, April 24, 2020. See Appendix A for full transcript.

> greatest risk and evidence about treatments, the best way to prevent severe illness is for all of us to perform social distancing, to stay home when possible, and to avoid non-essential activities."[84]

This statement seems to disregard the AHS data that shows 96% of COVID-19 deaths in Alberta were amongst people 60 and older, and not a single death in anyone under the age of 20. Children in Alberta have a greater chance of being struck by lightning than of dying of COVID-19.

Are the continued violations of *Charter* freedoms justified in May?

It will take many months, and probably several years, to determine with certainty the extent to which the Alberta Government's violations of *Charter* freedoms in March and April were "demonstrably justified in a free and democratic society" as required by the *Charter*.

Sweden appears to have achieved considerable success in minimizing COVID-19 deaths, through *voluntary* social distancing rather than through *coercive, state-mandated* social distancing requirements such as those imposed on Albertans. Having violated *Charter* freedoms, the Alberta Government has the responsibility to demonstrate to what extent its lockdown measures achieved benefits *that would not have been achieved by voluntary compliance*. When deciding *Charter* cases, courts expect governments to have considered carefully and fully what measures might have been used to achieve a goal, including measures that violate *Charter* freedoms to a lesser extent, or not at all.

The crucial question now, in May of 2020, is whether the Alberta Government can justify demonstrably that schools, universities, businesses, recreational facilities, churches, mosques, temples and synagogues should remain closed.

In March, the Alberta Government began violating our *Charter* freedoms to move, travel, assemble, associate and practice one's faith or religion. The government's rationale was to "flatten the curve" in order to prevent hospitals from being overwhelmed.

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[84] "Coronavirus Outbreak: Alberta Confirms 107 New Cases Of COVID-19, 5 New Deaths," YouTube Video, 50:20, "Global News", April 03, 2020, https://www.youtube.com/watch?v=Mt2amB2iOI8&t=281s.

Alberta's hospitals have not been overwhelmed with COVID-19 patients, and have in fact been grossly under-utilized from March 17 through to the present. Reasons for under-utilization include the cancellation of over 22,000 surgeries; many patients fearing going to the hospital or believing (correctly or incorrectly) that they could not go to the hospital; and isolated individuals (especially seniors) not being taken to the hospital when in need of medical care.

It will be months or even years before we know the full death toll of this decision, after counting all the cardiac patients who died while waiting for heart surgery, and after counting additional cancer deaths caused by lack of timely diagnosis and treatment.

Is it now the Alberta Government's goal to stop the virus entirely from spreading throughout the population? If so, why? According to antibody tests, a significant percentage of the population has already had COVID-19, and recovered without ever knowing they were infected. Those recoveries have been occurring without medical intervention of any sort, and the people who were infected developed antibodies afterward.[85] The rationale put forward by the Alberta Government for violating *Charter* freedoms was to "flatten the curve" to control the speed of COVID-19's spread. If this is no longer the goal, then what, specifically, is the Alberta Government trying to achieve now? The *Charter* demands an answer.

It will likewise be a long time before we can calculate the full cost – in health and in lives – of the predictable increases in anxiety, depression, suicide, mental illness, spousal abuse, psychiatric disorders, child abuse, seniors dying home alone, and all manner of harm resulting from lack of exercise, fresh air, and personal connection with other human beings. Meanwhile, COVID-19 has still killed vulnerable seniors in Alberta's long-term care facilities, the very people we were hoping to protect. Politicians who want to take credit for saving lives must also accept responsibility for causing deaths.

In Alberta, the curve never took off. According to AHS data, numbers did rise from zero to low, but AHS predictions on COVID-19 deaths, hospitalizations and ICU usage have thus far been out by 342% (deaths), 818% (hospitalizations) and 967% (ICU usage). These AHS predictions were released to the public on April 8, when lockdown measures were already in place, and the "probable" (low) estimates were predicated on lockdown measures being in place. The inaccuracy of AHS predictions therefore cannot be attributed to the any success that the lockdown may have had.

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[85] https://www.nytimes.com/2020/05/07/health/coronavirus-antibody-prevalence.html

If the Alberta Government is still trying to flatten the curve in May of 2020, it has an obligation to explain publicly how, when or on what basis the "curve" will be deemed sufficiently flat. AHS inaccurate data on Alberta's COVID-19 deaths, hospitalizations and ICU usage provide no basis for continuing with the lockdown in May, June, July or beyond.

The COVID-19 deaths forecasted by AHS models have not materialized, yet schools are still closed, parents cannot freely take their children to the playground, Albertans cannot assemble peacefully to express their opinions, and most businesses and all houses of worship are still shutdown by government decree.

With 99% of hospital beds and at least 92% of ICU capacity not being used by COVID-19 patients, what is the Alberta Government's goal in May that justifies continuing *Charter*-violating measures when the curve is flat? The government's efforts are interfering severely with the development of personal and herd immunity, which is the only way to beat a virus.

It takes years, not months, to develop a vaccine that is both safe and effective, if one is ever developed at all. Even if a safe-and-effective vaccine was developed, there is no guarantee it would work on new and different strains of the virus. Yet some politicians have stated the restrictions on our society should not be fully lifted until there is a vaccine. If the Alberta Government plans to retain in place measures that violate *Charter* freedoms until a vaccine is available, it should say so.

Is it now the Government's goal to stop the spread of viruses in Alberta entirely? If yes, Alberta's society and economy will never reopen, and *Charter* freedoms will never be restored, because there will always be viruses.

Incorrect projections and panicked closures are costing Albertans their lives and their livelihoods. Based on the Alberta Government's own data, it is past time for *Charter* freedoms to be restored to Albertans.

Sources and Authorship

Many of the transcripts cited in this document were, but are no longer, available on any Alberta government website. We have provided transcripts of the relevant updates from the Chief Medical Officer in Appendix A. This paper was researched and written by the Justice Centre's staff lawyers and paralegals and one Medical Doctor.

Appendix A: Chief Medical Officer Updates

Notifications

COVID-19 is a public health emergency. All Albertans with symptoms can be tested. Isolation is mandatory for symptomatic people and returning travellers. Find out more.

Home → Government → Connect with government → Government news

Mar 18, 2020

Chief medical officer of health COVID-19 update – March 11, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.

Check against delivery

Good afternoon, thank you all for coming.

My name is Dr. Deena Hinshaw, Chief Medical Officer of Health for Alberta.

Today, I am here to give an update on COVID-19, including an announcement that five new cases have been confirmed in our province.

However, I first want to speak on the World Health Organization's decision to officially declare COVID-19 a global pandemic earlier today.

This is an important designation, and one that reflects the seriousness of this virus.

COVID-19 is not like other threats we have seen in the past few decades.

It is more severe than seasonal influenza, and more contagious than viruses like SARS.

It can be contained, as has been shown in other countries like Singapore, but it will take an effort of all of us to do so.

This means we must continue preparing for the potential that our risk in Alberta will change.

In the meantime, we will continue to identify and isolate any new cases confirmed in the province, and are ensuring that Alberta's health system is preparing for every possible scenario.

To date, there have been 19 confirmed cases in Alberta.

This includes the five new cases that we confirmed last night and earlier today. All are travel-related.

One of these confirmed cases involves a male in the Edmonton Zone whose symptoms started on March 6.

He underwent a procedure that was not related to COVID-19 at the Misericordia Hospital on March 6 and 7.

He tested positive for COVID-19 on March 9 and is now self-isolating.

Any staff or patients who were potentially exposed at this location will be directly contacted by public health. There is no risk to patients or staff at the hospital at this time.

I want to be clear that there is no need for anyone else who may have attended the Misericordia or other hospital sites to be concerned or take additional action.

Anyone considered to be at risk is being directly contacted by AHS.

All necessary precautions will be taken to support their health.

If you are not contacted by AHS, you are not at risk at this time.

We are sharing this information as we are committed to being transparent with Albertans, and informing them of key developments as they unfold.

The other four cases that we have confirmed involve three cases from the Calgary Zone and one from Central Zone.

They are all now recovering in isolation at home.

These cases had recently returned from travel in a variety of countries, including Iran, Egypt, Spain, Washington State and Mexico.

As I have previously mentioned, while we know where these individuals have travelled, it is too early to know the country or exact location where they actually contracted the virus.

Today's declaration from the WHO is a sign of what we have been stressing for many days:

The global situation is changing rapidly, and we all need to take steps to protect our own health and the health of those around us.

Based on this evolving information, Alberta is now asking all travellers returning from Italy to self-isolate for 14 days have passed since their last visit.

All returning travellers at Canadian airports, including those in Edmonton and Calgary, will receive screening starting on Friday and be advised of the need to self-isolate.

In advance of this formal screening, I want to ask all Albertans who returned from Italy in the last two weeks to self-isolate at home until 14 days have passed since they were last there.

In addition to this, all travelers returning to Alberta from anywhere outside Canada should consider limiting attendance at large public gatherings….and most importantly, should closely monitor themselves for any symptoms such as fever or cough.

If they experience symptoms, they should immediately self-isolate if they get these symptoms, and call Health Link at 811 for assessment and testing.

The sooner we can detect cases, the sooner we can isolate an individual and, if needed, launch a detailed investigation to find out if anyone they have been in contact with is at risk.

We are working hard to manage wait times on Health Link.

While I know it can be frustrating to wait on the phone, this is the best way to receive assessment and follow-up testing, if needed.

We are also recommending at this time that anyone over the age of 65 and those with chronic health conditions not travel outside Canada,

as the global risk is increasing rapidly and it is difficult to predict which travel destinations may put people at risk.

Even Albertans who are not in these risk groups should think carefully about their travel plans, and the possibility they may be exposed to the virus while traveling.

Another action we are taking at this time is moving forward with our plans to support family doctors with personal protective equipment.

With the increase in global spread, and travel related cases in the province, we want to be sure that family doctors have access to personal protective equipment in a time when they are having difficulty ordering these supplies from their usual providers.

Alberta Health Services zones will be working with primary care networks to move this forward, with priority given to those family doctors who are doing testing for COVID-19 in their offices.

Right now, I know many Albertans feel overwhelmed with the amount of information available in the news, online and in social media.

I want to encourage all Albertans to access reliable information about what is happening,

and do their part to stop the spread rumours and inaccurate speculation.

COVID-19 is going to test our health system and emergency preparedness, but our system is preparing for that test.

In the coming days and weeks, we will continue to implement aggressive public health measures to detect and isolate new cases.

We will continue to update our webpage – alberta.ca/COVID19 – twice daily.

We will continue to hold regular updates and share information with Albertans.

The risk of exposure to the virus is currently low in Alberta. That is a good thing, but it may change in coming weeks.

If it changes, we will alert you.

And we will continue doing everything possible to protect the health and well-being of everyone in our province.

The health of Albertans is, and always will be, our top priority.

Thank you, and I will now take any questions that you may have.

Related information

- COVID-19 info for Albertans

Multimedia

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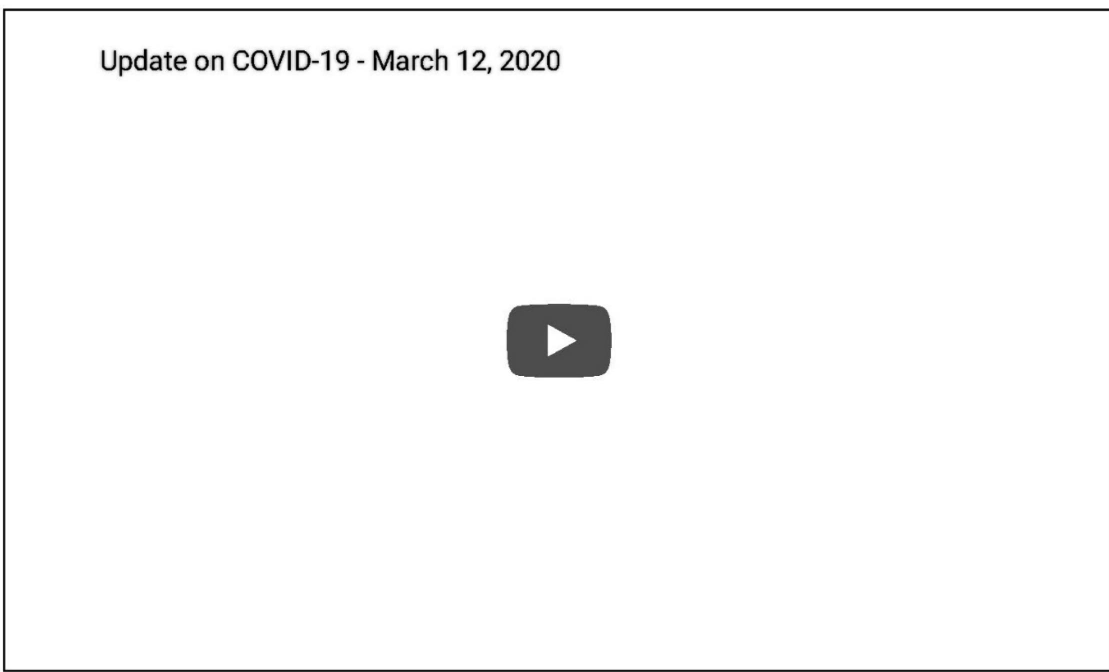
Notifications

COVID-19 is a public health emergency. All Albertans with symptoms can be tested. Isolation is mandatory for symptomatic people and returning travellers. Find out more.

Mar 18, 2020

Chief medical officer of health COVID-19 update – March 12, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.



Check against delivery

Good afternoon, thank you all for coming.

My name is Dr. Deena Hinshaw, Chief Medical Officer of Health for Alberta.

Today, I am here to give an update on COVID-19.

First, I want to announce that Alberta is adopting aggressive new public health measures to limit the spread of this virus.

As I mentioned yesterday, COVID-19 is a rapidly evolving global threat.

It is more severe than seasonal influenza, and more contagious than viruses like SARS.

There is a window of opportunity for Alberta to slow the spread of the virus, and thereby protect the health of Albertans.

Other countries who have faced this crisis have proven that immediate public measures are necessary to prevent the spread of the virus and protect public health.

The steps we take now and in the days ahead will help determine the severity of this outbreak for Alberta.

These are extraordinary circumstances, and our public health response must rise to the challenge we face.

That is why, effective immediately, the Emergency Management Cabinet Committee has approved my recommendation that all large gatherings of more than 250 people, or international events in the province are to be cancelled.

This includes large sporting events, conferences and community events.

It does not extend to places of worship, grocery stores, airports, shopping centres.

Any event that has less than 250 attendees and expects to have international participants, or involves critical infrastructure staff, seniors, or other high-risk populations should also be cancelled.

Events of less than 250 people that do not meet these criteria can proceed as long as risk mitigation is in place such as sanitizer stations, ensuring that there is a mechanism for keeping anyone ill from attending, and distancing between attendees.

At this time, schools and daycares can remain open but schools are encouraged to avoid large all-school gatherings.

In addition to these measures, I am expanding my recommendation from yesterday, and am advising Albertans to not travel outside of the country at this time.

Given the rapid global spread of the virus, it is no longer possible to assess health risks for the duration of the trip.

Also, given the quickly evolving nature of this outbreak, I am recommending that Albertans who are currently outside the country self-isolate on their return for 14 days, independent of the country they were visiting.

Finally, I am recommending that any Albertan who is ill with influenza-like symptoms such as fever or cough stay at home for 14 days after their illness started.

I appreciate that some Albertans may be worried or disappointed at this news. These measures will have significant impacts on many people.

This is a serious decision, which we do not make lightly. This is an extraordinary situation, which requires extraordinary measures.

We are taking this step based on the ongoing developments outside Alberta, both in the actions being taken by other jurisdictions, as well as the increasing spread of cases around the world.

This situation is evolving rapidly and we know Albertans will have lots of questions. We continue to update our website regularly and respond to questions as quickly as possible.

We may not have every answer today, but we will continue to provide regular updates.

Here at home, we continue to work hard to identify new cases and take immediate action.

With respect to new cases, four new cases of COVID-19 have been confirmed in our province.

All of these are individuals in the Calgary zone.

They involve a range of ages in people who had recently returned from travelling in Jordan, Egypt, France, Germany, and the United States, specifically Florida.

One of these cases is a young child who is now recovering at home.

This child returned with their family from a vacation in Florida and developed mild symptoms once back home in Alberta.

They attended a local daycare last week while experiencing mild symptoms.

This child tested positive yesterday and is now recovering in isolation at home. They are expected to make a full recovery.

As soon as the case tested positive, health officials took immediate action to protect the health of the child, and other Albertans.

On the advice of Alberta Health Services, the daycare has temporarily closed to limit exposure to the virus.

All close contacts who may be at risk have been contacted by AHS.

Those who display symptoms are being tested and all contacts are self-isolating for 14 days while being monitored by health officials.

I want to remind Albertans that anyone who has not been contacted directly by Alberta Health Services is not at risk.

As a mother myself, I know that a child contracting COVID-19 may be upsetting for some people.

Children are a vulnerable group and when they get sick, it can often hit very close to home.

I want to assure all parents that cases of COVID-19 in children are typically mild. Despite that, we need to take the same measures for children that we take for any other case – isolate the person who is ill, find close contacts, and ask them to stay at home for 14 days while monitoring their symptoms.

In addition to the measures announced today, I continue to strongly urge all Albertans to follow the public health advice that we have been providing:

Do not visit long-term care facilities or loved ones in hospital if you are sick with a fever or cough.

All Albertans should practice good hygiene, including washing their hands regularly and avoiding touching their face and eyes.

Develop a plan for what might need to change if you and your loved ones need to stay home for two weeks. Talk with your neighbours and friends to see how you can support each other if any of you are in this situation.

There is another important part of preparing: talking to your children.

All parents and guardians should to talk to their children about this virus, if they haven't already done so.

As a mother, I know these conversations can seem daunting to many parents.

It is important to remember that children look to adults for guidance during new or stressful events.

If you do not provide them with accurate information, they will still pick things up at school, on the playground, from television and online.

It is important that all parents talk to their children in a factual, age-appropriate way.

Let them know that worrying is a normal and healthy response.

Be honest and accurate. Evidence to date suggests that the vast majority of kids who contract COVID-19 experience mild symptoms.

Most importantly, parents should make their children feel safe and educate them on everyday actions they can take that will help them reduce the spread of germs.

We are developing materials to help parents with these conversations.

There are also good resources available now online from the BC Centre for Disease Control, CDC and others.

Any public health emergency can have a significant impact on the mental health of children and adults alike.

I want to remind all Albertans of the importance of supporting their mental health, and the health of those around them.

The COVID-19 pandemic will take many weeks and months to unfold.

It's important that all Albertans know that mental health supports are available if needed.

Anyone struggling with their mental health can reach out to the Mental Health Help Line which is available 24 hours a day, seven days a week.

Help is also available across Alberta through your local health services.

Children and teens can also call or text the Kids Help Phone at any time of day or night.

This is a free, confidential and professional service designed to meet our young peoples' needs.

Many, many health professionals and other Albertans are working very hard, often around the clock, to limit the spread of COVID-19.

Given the global spread, and our ongoing work to aggressively identify and isolate cases of COVID-19, I expect that we will continue to confirm new cases in the days ahead.

Rest assured that Alberta continues to work closely with our health partners to closely monitor developments around the world.

If we need to implement additional public health measures, we will do so.

The health of Albertans is, and always will be, our top priority.

Thank you, and I will now take any questions that you may have.

Related information

- COVID-19 info for Albertans

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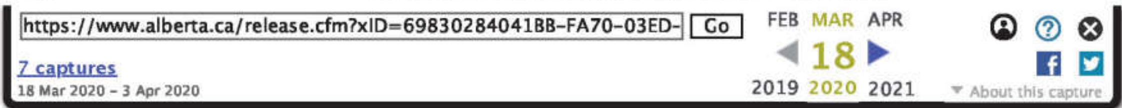

Notifications

Alberta will be declaring a state of emergency under the Public Health Act. Find out more.

Home → Government → Connect with government → Government news

Mar 17, 2020

Chief medical officer of health COVID-19 update - March 17, 2020

Alberta's chief medical officer of health and officials provides an update on COVID-19 and the ongoing work to protect public health.

Check against delivery

Good afternoon, thank you all for coming.

As I previously shared yesterday, I was tested for COVID-19 and I am pleased to confirm that my test results were negative.

I am feeling better and pleased to be back with you for today's update.

Over the last 24 hours, we have confirmed 23 new cases of COVID-19.

Bringing the provincial total to 97, up from 74.

As I reported yesterday, we now have confirmed cases in every health zone in Alberta.

Currently, five cases are hospitalized, of which two were admitted to the ICU. These are the same numbers as previously reported.

All other confirmed cases are self-isolating at home and expected to make a full recovery.

New Measures

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7 captures 18
18 Mar 2020 - 3 Apr 2020 2019 2020 2021 About this capture

The Government of Alberta is finalizing the signing of a state of public health emergency, empowering authorities under the *Public Health Act* to respond to the COVID-19 pandemic.

New public health measures under this state of emergency will limit the time Albertans spend in large crowds and crowded spaces.

Effective immediately

Mass gatherings are limited to no more than 50 attendees. This is inclusive of places of worship, funerals and weddings, where Albertans must ensure appropriate social distancing and other sanitization practices.

Grocery stores, shopping centres, health care facilities, airports and other essential services are not included.

Any other organized gatherings of more than 50 people must be cancelled immediately.

All Albertans are prohibited from attending public recreational facilities and private entertainment facilities, including casinos, racing entertainment centres, and bingo halls.

They should also not attend all recreational facilities, gyms, arenas, science centres, museums, art galleries and community centres, fitness centres and swimming pools.

This prohibition also extends to attending bars and nightclubs, where minors are prohibited by law.

Today, on St. Patrick's Day, I know this will disappoint many, but we must take action to limit the amount of time Albertans are spending in crowded spaces.

Sit-down restaurants, cafés, coffee shops, food courts and other food-serving facilities, including those with a minors-allowed liquor license, are limited to 50 per cent capacity to a maximum of 50 people

At this time, not-for-profit community kitchens, soup kitchens and religious kitchens are exempt, but sanitization practices are expected to be in place and support will be in place for this practice.

Food services in work camps are also exempt, but in addition to appropriate sanitization practices, arrangements should be made to provide for workers if they are self-isolated.

These are aggressive steps that we do not take lightly, but these are necessary to keep us all healthy and safe.

The only means we have to prevent this virus from spreading is to limit contact between people. The more we can slow the spread of the virus down, the less likely it is that there will be a surge of cases that overwhelm our health system's capacity to care for those who need hospitalization or intensive care. You may have heard this described as "flattening the curve". This is why we are taking these measures.

In addition, the health care system is preparing for an increase in the number of cases that need hospital care. Alberta Health Services is postponing all scheduled and elective surgeries.

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About this capture

have a timeline for this due to the ongoing pandemic.

We understand that many of you will be anxious to hear from AHS on your surgery. We ask for your ongoing patience. Please do not call 811 or your clinic. You will be called by AHS.

This decision will have an impact on those waiting for elective or non-urgent procedures, but it is a necessary step to ensure the health care system can sustain its pandemic response and be able to respond to emergencies.

Front line teams will be redeployed to other areas of the health care system to meet demand and ease pressure points.

I understand the tremendous impact these measures will have on all of us.

We will get through this together, but we need your help and support by following these orders and all other public health guidance.

I can not stress this enough. We all must take measures to improve sanitization and cleanliness.

Regardless of where you are, or what you are doing, we all have a responsibility to prevent the spread of this virus.

Even though it may seem simple, practicing good hygiene habits such as washing your hands with soap for 20 seconds and covering coughs ad sneezes will help to stop the spread of COVID-19.

Critically, if you don’t feel well, stay home and self-isolate.

I am also advising all Albertans to take all appropriate steps to socially distance themselves from others during their day-to-day lives.

All measures, however small they may seem, play an important part in reducing the risk for all Albertans.

Try to avoid overcrowding on elevators, for example.

Stay 2 metres away from others when possible.

In the weeks to come, we will all need to be mindful of each other and take these crucial steps to protect ourselves, our loved ones, and our communities.

The measures introduced today will be hard on all of us, but I believe we are ready, and able, to rise to the challenge before us.

Albertans’ health is and will always be our top priority.

Thank you.

- COVID-19 coronavirus info for Albertans

Multimedia

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Alberta has declared a public health emergency under the Public Health Act. Find out more.

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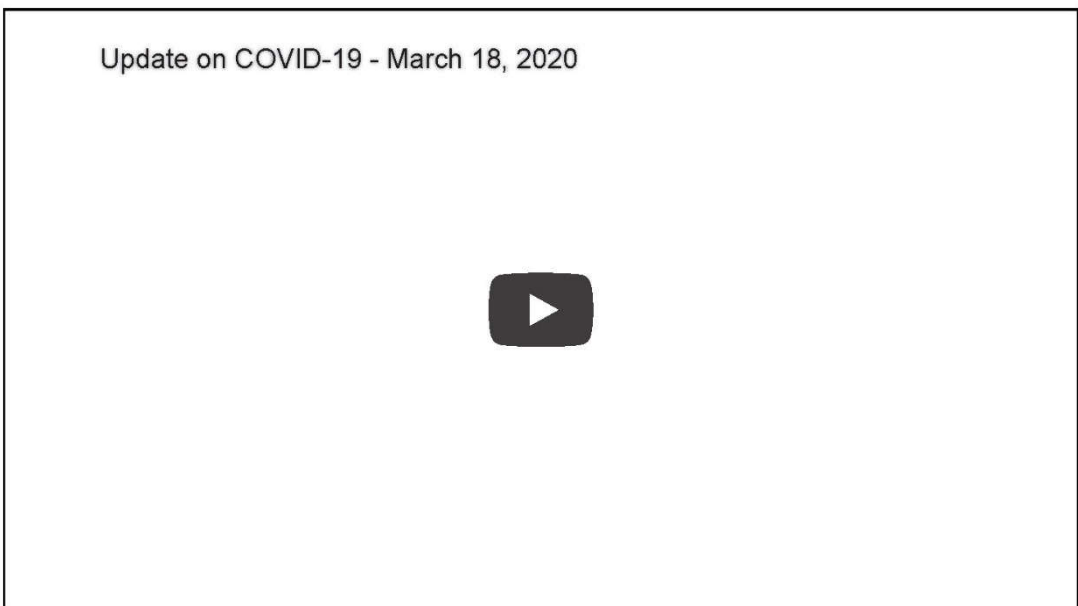
Mar 18, 2020

Chief medical officer of health COVID-19 update – March 18, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.



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This means that 119 cases have now been identified in our province.

We suspect that seven of these cases are community transmission.

Of those confirmed cases, six individuals are receiving treatment in hospital, with three in Intensive Care Units.

One previously diagnosed case was admitted to the ICU yesterday.

All others are recovering in isolation at home with support from public health officials.

As committed, aggregate data, showing cases by age range and zone, as well as by local geographic areas, is now available online at alberta.ca/COVID19.

As of this morning, the online self-assessment tool had been accessed more than 1.3 million times.

And to date, we have performed close to 15,000 tests. To put that into perspective, when accounting for population size, that is 35 times higher than the per capita number of tests in the US.

Multiple cases of COVID-19 have been reported from attendees at the Pacific Dental Conference held in Vancouver March 5 to 7.

As has been reported, we know that cases have been identified from that conference in other provinces across the country.

I am asking that all individuals who attended the Pacific Dental Conference self-isolate immediately and until 14 days have passed from the conclusion of the conference (March 22).

Individuals who attended the conference and currently have symptoms should continue to stay home, self-isolate and complete the self-assessment tool online at ahs dot ca forward slash covid to arrange for testing and further instructions.

Do not go to the hospital or your doctor for assessment.

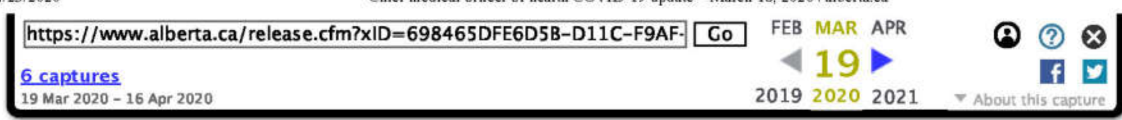
As a result of these confirmed cases, the Alberta Dental Association and College announced yesterday a mandatory suspension of all non-emergency dental treatment and services.

Emergency dental treatment will continue.

Yesterday, we also announced that all non-urgent scheduled and elective surgeries in Alberta are being postponed.

Alberta Health Services is continuing to contact Albertans scheduled for procedures and will reschedule as soon as possible.

Urgent and emergency surgery, as well as oncology and scheduled Cesearean procedures will continue.



This is not just about increasing bed capacity.

We need adequate numbers of frontline healthcare workers, as well as PPE, to handle the anticipated demand.

This is a precautionary measure to ensure we have the resources necessary to respond quickly the rate of hospitalization increases.

Later this afternoon, Alberta Health Services is moving to further restrict visitors to hospitals and care centres to protect patients and the most vulnerable.

All visitors will need to be completely symptom free and only one visitor will be allowed at a time.

Children will be restricted from visiting. Children do not necessarily show symptoms of COVID-19.

Exceptions for children will be reviewed and approved by unit manager or nursing staff on case-by-case basis.

If you have an illness that can be transmitted – with symptoms including fever, cough, loose stools, rash, or feeling unwell – you cannot visit a loved one in the hospital. You will not be allowed in.

If you are on self-isolation for COVID-19 or if you are being tested for COVID-19, you cannot visit a loved one in the hospital.

If you have tested positive for COVID-19 you cannot visit and will not be allowed to visit until you have recovered and receive clearance from medical officials.

If you are unable to visit, please use other methods to be in touch with your loved one, such as a phone call, video calling or use FaceTime.

We recognize that this may be difficult for families and loved ones but we must do all we can to minimize the risk of infection to our residents and staff.

As you heard early from the Premier, the effects of COVID-19 are wide spread and unprecedented.

COVID-19 has forced us to make some extremely difficult decisions.

We have had to weigh lives against livelihoods.

And in order to save lives, I have had to make recommendations that will take away livelihoods for many Albertans over the next several weeks to months.

I know that many Albertans are suffering as a result of these measures, and I ask that we all reach out to our neighbours and networks over the next while with compassion and support.

We need to support not just those who may be infected with COVID or self-isolating, but also those who have been impacted in other ways…through lost jobs or less income as a result of the measures we have needed to put

We need to face this together, and respond to this extraordinary crisis with extraordinary kindness.

While the measures we have taken are necessary, and required to contain COVID-19, it does not make them any easier.

I take these decisions very seriously, and the repercussions will be felt in all aspects of our lives and society.

The days and months ahead will be difficult for all of us.

We are all needed in this response, and the actions each of us take are important to pulling through together.

As an example, I want to share some good news stories with you.

In several of the most recent cases that have been reported to me, returning travellers had followed all advice, self-isolated and then called Health Link for testing.

When their positive result came back, they had few or no contacts who were at any risk, because of the decisions they made to stay home and away from others.

It is this kind of action that we all need to take, whether or not we have returned from travelling. Stay home when sick, stay home for 14 days after returning from outside the country, and support others to do the same.

We will get through this together.

Thank you, and I am happy to take questions.

Related information

- COVID-19 info for Albertans

Multimedia

- Watch the news conference

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Notifications

- COVID-19 was declared a public health emergency. New public health orders require mandatory self-isolation for returning international travellers and people with symptoms. Find out more.

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Mar 25, 2020

Chief medical officer of health COVID-19 update – March 25, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.

On this page:

- Case updates: Group Home/LTC Investigations
- Mandatory Isolation
- LTC order
- Advice to stay healthy
- Related information
- Multimedia

Check against delivery

Good afternoon, thank you all for coming.

As Premier indicated, since yesterday's update, we have confirmed 61 new cases of COVID-19.

This means that 419 cases have now been identified in our province.

We suspect up to 33 of the 419 cases may be community transmission, which is five more than yesterday.

Currently 20 individuals are hospitalized, of whom 8 are in the ICU.

These are significant case numbers, and they underscore the seriousness of the situation that we face.

Case updates: Group Home/LTC Investigations

Late last night, we learned of an outbreak of COVID-19 at an adult group home for people with developmental disabilities.

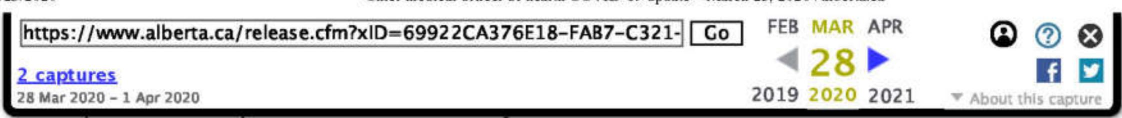
So far, one staff and 2 residents have tested positive.

We are also aware of 9 cases to date in staff and residents of long-term care or other continuing care facilities.

This includes the 4 previously reported, plus 2 additional cases at the McKenzie Towne facility in Calgary, as well as 1 case in Rosedale on the Park and 2 at Shepherd's Care Kensington Village in Edmonton zone.

I know that many Albertans are concerned about these cases, and about the spread of COVID-19.

Mandatory Isolation



Alberta's enforcement of Public Health Orders is in addition to the decision of the federal government to implement a mandatory 14-day quarantine, under the Quarantine Act, for travellers returning to Canada.

This step is serious, and it is necessary.

We must do everything possible to stop the spread of COVID-19, to support our health care workers, and to keep our family, friends, neighbours and vulnerable Albertans safe.

LTC order

As I have previously mentioned, people living in in long-term care and other continuing care facilities are most at risk of severe illness from this virus.

Over the past two days, despite the aggressive measures already in place, it's become clear that additional measures are needed.

It is up to all of us to do everything we can to prevent the spread of this virus and to keep vulnerable populations safe.

This is one reason for the enforcement of the public health orders.

In addition, we restricted access last week to these facilities to only essential visitors, all of whom must undergo health screening prior to entering.

The Ministry of Community and Social Services has communicated with the Alberta Council of Disability Services that this also applies to licensed facilities for persons with disabilities.

Today, I am ordering additional directions that all healthcare operators and service providers must follow.

Facilities under this order include all nursing homes, designated supportive living and long-term care facilities, seniors lodges and any facility in which residential addiction treatment services are offered under the *Mental Health Services Protection Act*.

These new guidelines are mandatory.

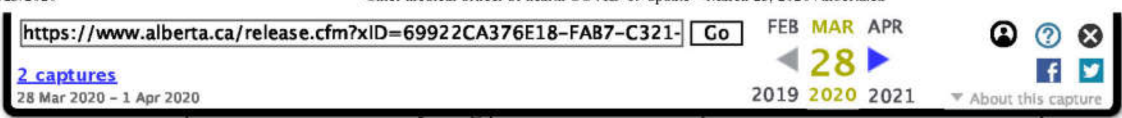
They will help keep those living and working in congregate settings as safe as possible.

This includes new expectations that every facility must follow enhanced cleaning, and additional directions around the use of shared spaces and common activities.

They also outline mandatory health screening protocols for all staff, residents and essential visitors entering a facility.

An updated operational standards document will be made available on the COVID-19 webpage shortly and will also be distributed to service providers and operators.

Advice to stay healthy



All of us have a role – and a responsibility – to stop the spread, and there are actions that all of us can take.

These extend to our homes, our families and our traditions.

For example, we need to limit sharing of open food, even between family members.

Don't share snacks, like a family popcorn bowl, open candy, nuts or other snacks like this.

Limit the availability of a communal fruit bowl.

Don't share cups, drinks or utensils, and have one person as the designated person to serve all others so that a serving utensil is handled by only one person.

This direction became abundantly clear following the Edmonton Bonspiel, where almost half of Alberta health care workers in attendance have tested positive for COVID.

We suspect the virus was spread at a buffet where serving spoons were handled by many people.

I know it might seem strange to limit these activities in your own home. However, this is important modeling that we, as parents, can share with our children and is another step that we can take to keep each other safe.

Wash your hands, disinfect surfaces often, include this in your daily household routine and make it part of the new normal for your children also.

I know many Albertans are now at home with kids, or working from home.

These are big changes for everyone and you may start to feel closed in.

Families may need to find creative ways to keep children occupied. One suggestion is to partner with a "cohort" family, where both families agree to isolate from everyone else and to focus on supporting each other.

By doing this, the two families would only be exposed to each other…limiting close contacts…children would have opportunities to play in a controlled environment…and parents would have opportunities to connect.

I must be clear, this only works if both families are completely committed…and as long as members in both families remain healthy, don't have any underlying medical conditions, aren't at high risk (like seniors), have not recently travelled outside of the country and are not showing any symptoms.

Another change we need to make is in our traditions.

There are several significant religious and cultural holidays approaching such as Easter or Ramadan.

Yesterday, I had the opportunity to talk to provincial faith leaders about how plans for these celebrations will need to change.

Now is not the time to plan any travel, even to other cities or provinces, or to attend large family gatherings or dinners.

We must maintain social-distancing practices – even when we are together with family.

Now is not the time to visit grandparents for Sunday dinner.

This is the time to stay home, and work together to limit the spread.

Please practice good hygiene and keep 2 metres between you and others.

Many families and groups of friends have been using shared video chat to stay in touch while at home.

This is a great way to connect. If you have been using any other ways to connect remotely with family or friends that you want to share with others, please share them with the AlbertaCares hashtag, so we can all learn from each other the creative ways we can stay socially connected while physically distant.

As I've said before, we will get through this together. Even if for now we have to stay far apart.

Thank you. I will now take questions.

Related information

- COVID-19 info for Albertans

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Notifications

COVID-19 is a public health emergency. Self-isolation is mandatory for returning international travellers and people with symptoms. Find out more.

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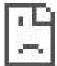
Mar 27, 2020

Chief medical officer of health COVID-19 update – March 27, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.



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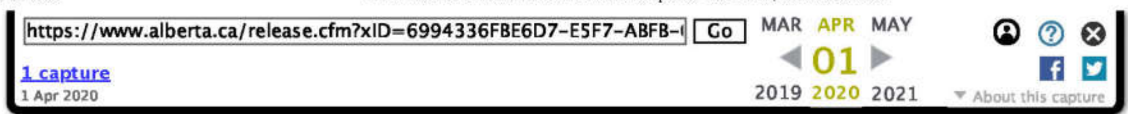


First, I want to report that we have confirmed 56 new cases of COVID-19.

This includes two new cases at the McKenzie Towne long-term care facility. This brings the total number of cases at this facility to 15.

There have now been 542 cases identified in our province.

We suspect up to 42 of these total cases may be community transmission, an increase of eight from yesterday.

Currently 23 individuals are being treated in hospital, including 10 of those in the ICU.

I am pleased to share that we can confirm 33 Albertans have recovered, an increase of six from yesterday.

These recoveries are included in the 542 total cases.

As you know, our approach since we learned of this virus has been to closely assess the situation in our province and respond accordingly to protect the health of Albertans.

This response already includes aggressive public health measures and a higher rate of testing than any other province in Canada.

These are important steps.

Yet, even with these measures in place, we are still observing increases in cases confirmed in every age group.

The number of cases of community transmission in the province is rising steadily.

Across Canada, over half of all new cases are now linked to spread in the community.

Stronger intervention measures are needed now to slow the spread of the virus.

Premier Kenney already shared effective today, all gatherings in the province must be limited to 15 people or fewer, and social distancing of two metres must be observed.

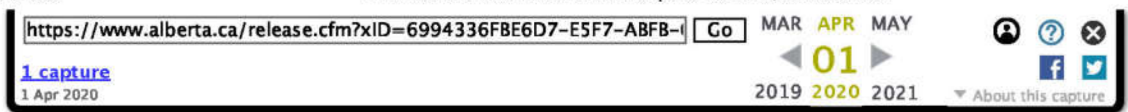
Additionally, Albertans are restricted from accessing “close contact” services.

A complete list of services affected is available on the alberta.ca website.

It’s important to remember, however, that even when a gathering is smaller than 15, Albertans must still follow all public health measures that we’ve put in place.

No matter where you are, or what you’re doing, practice social distancing by staying two metres apart at all times.

No matter the work site or gathering place, take steps to make sure anyone who is ill does not attend.



Effective immediately, AHS will be postponing any diagnostic imaging procedures that are considered non-urgent by the ordering physician.

To be clear, anyone needing an urgent or emergent outpatient CT and MRI scan will still receive one.

This will help us limit opportunities for the virus to spread.

As well, Alberta Precision Laboratories (APL) and DynaLIFE are asking physicians and community providers to immediately stop all non-essential and routine laboratory testing.

Any bloodwork that is critical to a patient's immediate care will continue to be tested, but we must free up more lab space for our aggressive COVID-19 testing.

This will help us relieve the strain on the laboratory system, and free up more resources for testing related to COVID-19.

To help ease the demand on our hardworking health care professionals, the College of Physicians and Surgeons of Alberta has developed a tool for Alberta physicians to self-report their ability to be redeployed for clinical services during the COVID-19 pandemic.

The aggressive measures we're taking today are not ones we take lightly, and I know they will impact the lives of many people.

These restrictions were chosen after detailed analysis of the spread within our province, and consideration of what other jurisdictions have done.

As we have done from the start, we are assessing the situation and responding accordingly.

I recognize that these measures are fundamentally reshaping peoples lives.

As I have said, we know these measures may need to be in place for many weeks, or even months.

This is a delicate balance and we are implementing the restrictions that appear right for the situation in Alberta at this time.

If the situation changes, we will take stronger measures.

Each of us must continue to do everything we can to flatten the curve and keep our friends and family healthy.

This weekend, please practice social distancing in every possible facet of your lives.

Stay home if you can. If you are healthy and want to get out for fresh air, stay at least two metres away from anyone else and keep away from crowded trails and parks.

I want to stress that those who fall ill with COVID symptoms or any other illness have not done anything wrong.

Those who are experiencing any symptoms – no matter how mild they may seem – should share this information with their employer.

If you are in need of emergency medical services, please tell the dispatcher if you are experiencing symptoms such as fever, cough, runny nose or difficulty breathing…

…so workers can help you while protecting themselves and preventing the spread.

Our health care workers are doing a tremendous job in an extraordinary time.

They will not deny you necessary care for any reason.

I want to stress that the future of this pandemic is in our hands.

We have a say in how COVID-19 will impact our province.

The measures we are putting in place today are significant, but they are small compared to the hundreds of decisions that each of us will make every day.

So please wash your hands. Stay home and away from others if sick.

We all have a role to play.

Your health is, and will always be, our top priority.

Thank you. I will now take questions.

Related information

- COVID-19 info for Albertans

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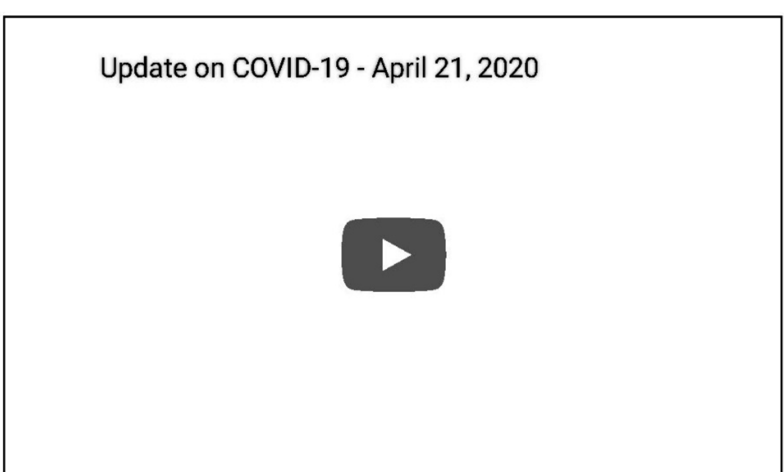
COVID-19 is a public health emergency. All Albertans with symptoms can be tested. Isolation is mandatory for symptomatic people and returning travellers. Find out more.

Apr 21, 2020

Chief medical officer of health COVID-19 update – April 21, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.



Check against delivery

Good afternoon everyone.

We have confirmed an additional 187 cases over the last 24 hours, bringing the total number of cases in Alberta to 3,095.

Of these, 1,273 people have recovered.

I am sad to report two additional deaths today, bringing our total to 61.

One of these deaths involved a resident from High Prairie's J.B. Wood continuing care centre.

I want to offer my sympathies to the family and friends of these two individuals.

As of today, there are 367 cases in continuing care facilities across Alberta from 29 active outbreaks.

We continue to closely monitor the outbreak I previously mentioned at Cargill, where 401 cases have now been confirmed; at JBS, where 77 cases have now been confirmed; as well as the outbreak at the Kearl work camp.

Employees at the Kearl work camp who are currently on site are being swabbed this week as an added measure for outbreak control. Similar testing is being offered to workers at Cargill and JBS.

We currently have 20 confirmed cases at the Kearl work camp, as previously reported. And as I mentioned earlier, we are working with other partners in provinces across the country to determine where there may be other cases.

As a precaution, with respect to the Kearl work camp, all workers who were at that location prior to April 16 when the outbreak was confirmed and control measures were put in place, must self-isolate for 14 days after they left the camp.

This is important because these workers may have been exposed without being aware and they could be incubating; and they must be watching for signs of illness and call 811 or go online to do the AHS self-assessment if they develop any of the following signs of illness: fever, cough, shortness of breath, runny nose or sore throat.

Starting today, we will be posting the location and facility name of active outbreaks in the province in continuing care, long-term care and acute care sites.

I know the word "outbreak" may seem alarming, especially when there are a number of them and when some of them show a large number of cases.

But it is important to remember that the outbreaks we are posting are any sites where we have seen two or more cases. This is usually an indication that transmission has occurred within that facility.

Even before this happens, public health is involved with facilities because all congregate care sites in the province are required to report to public health if they have even one resident or staff with a COVID symptom. A precautionary outbreak is declared if even one staff or resident is confirmed to have COVID.

Having this low threshold for reporting and outbreak measures ensures that public health is immediately involved to support the facility to protect residents and staff from spread of the virus.

An outbreak is declared over only when four weeks have passed with no new cases.

Right now, we have only listed outbreaks on our website in continuing care and acute care facilities. However, our goal is to expand to other settings in the weeks to come.

I will continue to update you on new outbreaks with unusual circumstances in these daily updates.

In the months since cases first emerged from Wuhan, we have experienced a large volume of information being thrown at us.

I appreciate many may feel overwhelmed and unsure of what's important to know and what information has changed.

One constant question that comes up to me is about the use of masks, and when and where they should be used. In order to better understand my advice on this, it is important to understand how the virus spreads.

We know the virus spreads by droplets that can be produced by coughing and sneezing, but also by talking, laughing and even singing. This is with a person who has COVID-19.

It is also spread by touching contaminated objects or surfaces and then touching your eyes, nose or mouth.

My advice is to stay at least two metres away from others and this is because of the spread by droplets.

Droplets do not stay in the air for long periods of time or long distances. This disease is not passed through airborne transmission, with some exceptions for specific procedures in medical settings that can generate aerosols.

In other settings, staying at least 2 metres away from others, cleaning and disinfecting frequently touched surfaces and regular hand washing are protective measures.

What we also know is that people who are infected can start to spread the virus to others in the day or two before their symptoms start.

This is where masks come in for the general public.

If those who are not able to maintain a two metre distance from others during their day consistently wear masks, this reduces the chance that someone who is infected, but not yet sick, would spread the virus to others.

I want to emphasize that mask wearing is in addition to, not a replacement for, all other guidance like regular hand washing, staying home when sick, and not touching your face.

Also, masks need to be worn properly in order to work – they should cover both the mouth and the nose, they should be put on and taken off with clean hands, and promptly disposed of or stored safely in a bag and then washed. Hands should immediately be washed after taking off a mask.

As we head towards the second month since Alberta's first case was announced, I am hearing a lot of discussion about wanting to start opening up, and getting back to more of a normal routine.

I sympathize with this desire – I too want to get back to normal as soon as possible.

The challenge we are facing is that in some ways we are a victim of our own success.

We have collectively pulled together to reduce the spread of this virus and to a large measure we have succeeded.

The temptation we need to resist is to think that because we haven't yet seen the spread that our model predicted, that means the problem has gone away. That is not true.

The virus is still with us, and we need to continue to take it very seriously, even as we start to think about reopening again.

We can think about this virus as a tidal wave that could have swept in and left a trail of destruction behind.

This didn't happen because we collectively formed a barrier by our actions to prevent the full force of this wave from striking us.

As we start to change our behaviour in planning to reopen segments of our society, we need to remember that the potential force of that tidal wave is still there.

We will need to keep following core elements of the public health measures for many months to come.

Even as we plan to open businesses, we need to seek a balance between minimizing virus spread and ensuring our society can function to support the best mental, physical and economic health of all of us.

This means that we all need to stay committed to avoiding large gatherings, washing hands regularly, cleaning and disinfecting high touch surfaces, staying home when sick, keeping two metres of distance between us, and wearing masks in public when we can't keep two metres of distance between ourselves and others.

We cannot take our success for granted and we need to continue being vigilant.

We must keep collectively forming that barrier by our actions if we want to be successful in reopening.

Every day, through the actions we've collectively taken, through the experiences and research of others, we'll continue to learn more about this virus and its impacts.

Learnings that will guide us in the future and improve our efforts to prevent the spread.

I am grateful to Albertans for the way that we have responded to this challenge, and protected each other. We need to build on our efforts, and guard against complacency. This will be a team effort for many months to come.

And finally, I'd like to reinforce that most of Alberta's family physicians continue to provide services during COVID-19, but that these services may be provided differently than in the past.

Patients should continue to consult with their family physician for non-urgent health concerns, including chronic conditions and any new health concerns unrelated to COVID-19.

I encourage patients to call their family physician's office first to determine how best to meet their needs, whether by telephone, virtual health appointment, or in-person if required.

If you have COVID-19 symptoms, the online self-assessment at AHS is your best resource.

If you think you are having a serious or life-threatening injury or illness, go straight to an emergency department or call 911.

If you have any COVID-19 symptoms and are having a medical emergency, please call 911 and inform them of your symptoms.

By telling 911 when you call, it ensures you will get the care you need without putting others at risk.

Thank you. I am happy to take questions.

Related information

- COVID-19 info for Albertans

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Apr 24, 2020

Chief medical officer of health COVID-19 update – April 24, 2020

Alberta's chief medical officer of health provides an update on COVID-19 and the ongoing work to protect public health.

Update on COVID-19 – April 24 at 3:30 pm

Check against delivery

Good afternoon everyone.

Today, we have confirmed 297 new cases over the last 24 hours, bringing the total number of COVID-19 cases to 4,017.

Of the new cases, three are in a First Nation community within the Calgary Zone.

The infected individuals are in isolation and the community is working with Indigenous Services Canada to prevent further spread in that community.

Alberta Health Services is also investigating two cases at the Mountain View Poultry chicken processing facility in Okotoks.

All supports are in place to prevent spread in that facility.

1,397 people in our province have now recovered from COVID-19.

I must also report there have been five additional deaths in the province. This brings the total number of lives lost to 72.

My sincere condolences go out to everyone grieving the loss of a loved one today.

Nothing can ease this pain, but please know we are doing everything we can to prevent further deaths from this illness.

Since yesterday, I have heard from many Albertans who are profoundly disappointed or even angry about my statement regarding summer events.

The message I am hearing is that Albertans have sacrificed so much already, how can I ask them to give up their summer when we don't know for sure what the situation will be like in one or two months?

I hear this loud and clear, and the question of how we came to the decision regarding summer events is a valid one.

So today I would like to provide more information on why I am convinced this measure is necessary.

First, I know the curve shown in our modelling work may have left the impression that the virus will go away over the summer.

That is not the case.

The virus that causes COVID-19 will be with us for many months to come, and the relatively low case numbers we are seeing in most of the province are the result of our collective efforts and sacrifices.

COVID-19 is still with us.

And it spreads rapidly through social interactions.

I want to give a example of how this happens.

We have had several instances in the province of social gatherings where one person passed the virus on to many others at a single event, before the individual knew they had COVID.

The bonspiel in Alberta is one example I have talked about before.

Of the 73 people who attended that event, 40 ended up with COVID-19.

We have had other social events where over 80% per cent of attendees were infected, and the common theme in all of these is that the source did not know they had COVID, or there was possibly an environmental source, such as high-touch surfaces.

The attendees were trying to be careful, with regular hand sanitization, and trying to follow distancing rules, but the gatherings were social in nature.

From these events, a single gathering resulted in between 13 and 40 additional cases, with subsequent spread to household contacts of those who attended.

In some cases, these household contacts were health care workers.

We are working to map out the ripple effects of spread started by these gatherings.

These gatherings happened early in our epidemic, before we fully understood the reality of transmission before the onset of symptoms, and I want to be clear I am not blaming the people involved for this spread.

What I want to underline is that the kinds of social gatherings we are used to, even in the summer, can result in significant spread of the virus from just one person who may not even know they are infected.

The results can be explosive, far-reaching and deadly.

These are extraordinary times, and I am asking a lot of all of us.

I hear every day of the things Albertans are giving up to fight COVID-19, and it does not seem fair to ask for more.

Unfortunately, this virus does not respect our feelings.

We have no easy options.

We only have each other, and our commitment to protect one another by continuing to make sacrifices.

I am keenly aware of the depth to which these measures are affecting everyone.

I do not take them lightly.

I ask you to do the same.

Many Albertans may not feel directly affected by COVID-19.

But there is a growing number of us who are.

I want to talk today about the importance of supporting these people.

For example, those affected by the outbreak in High River.

Not everyone who works at Cargill is a close contact of a confirmed case.

There is no reason to assume that everyone connected to that facility is infected.

These individuals are not in mandated isolation, unless they are a confirmed case or a close contact of a confirmed case, and should not be restricted from accessing businesses such as grocery stores or banks when necessary.

The people who are affected by this outbreak are experiencing many difficulties.

And they need support and compassion as we work to stop further spread.

The same is true of all those working at continuing care sites experiencing outbreaks, including health care workers and many others. This is also true of those who may have the illness or be close contacts of someone who has it.

In the interest of transparency, we will begin posting health care worker case numbers online next week.

To start, these statistics will only reflect information from AHS staff.

Recognizing there is a desire to have a clear picture of the broader healthcare worker population, AHS is working to ensure physician data and Covenant Health data can be included as soon as possible.

This data may give the impression health care workers are at greater risk of spreading the virus, but this is not the case.

As I have said before, health care workers take hygiene and sanitization practices seriously at all times, and even more so now.

Do not be afraid to reach out to them and offer support when it's needed.

We need to thank those who are staying home because they feel sick, whether or not they have yet been tested.

We need to make sure that, by our actions and attitudes, we encourage people who are sick to get tested.

So those people do not feel shame or fear that makes them hide their symptoms and risk further spread.

I have spoken often about our new normal.

I want to make sure that this new normal both maintains physical distance and encourages social connection, compassion and understanding.

The more we commit to this, the more effective we will be at stopping the spread together.

I hear you when you tell me what you have given up already.

I hear you when you worry for your children's well-being, and the health of your loved ones.

I know the sacrifices that are being made are taking a tremendous toll on all of us.

I want you to know I do not take these decisions lightly.

I feel the weight of your sacrifice with every step we take.

But I know they are necessary to save lives now, and provide a path forward to a time when they are no longer needed.

Thank you. I am happy to take your questions.

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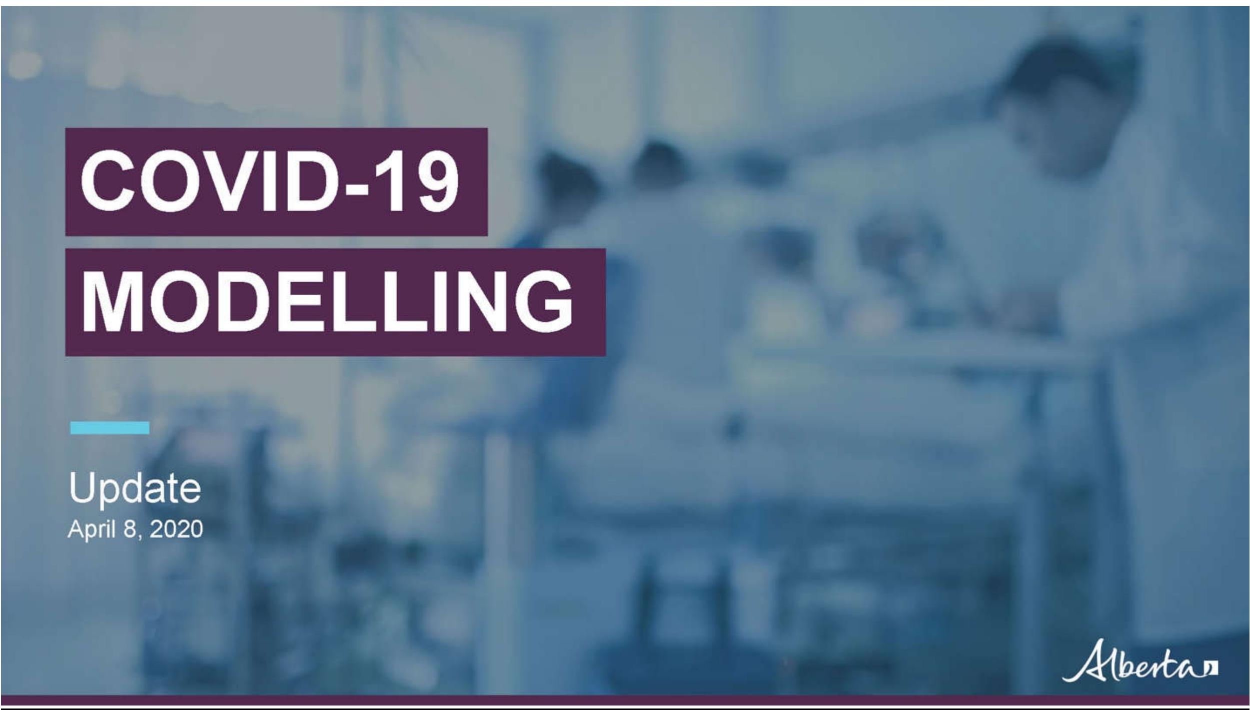
Appendix B: AHS' COVID-19 Models

April 8 Model



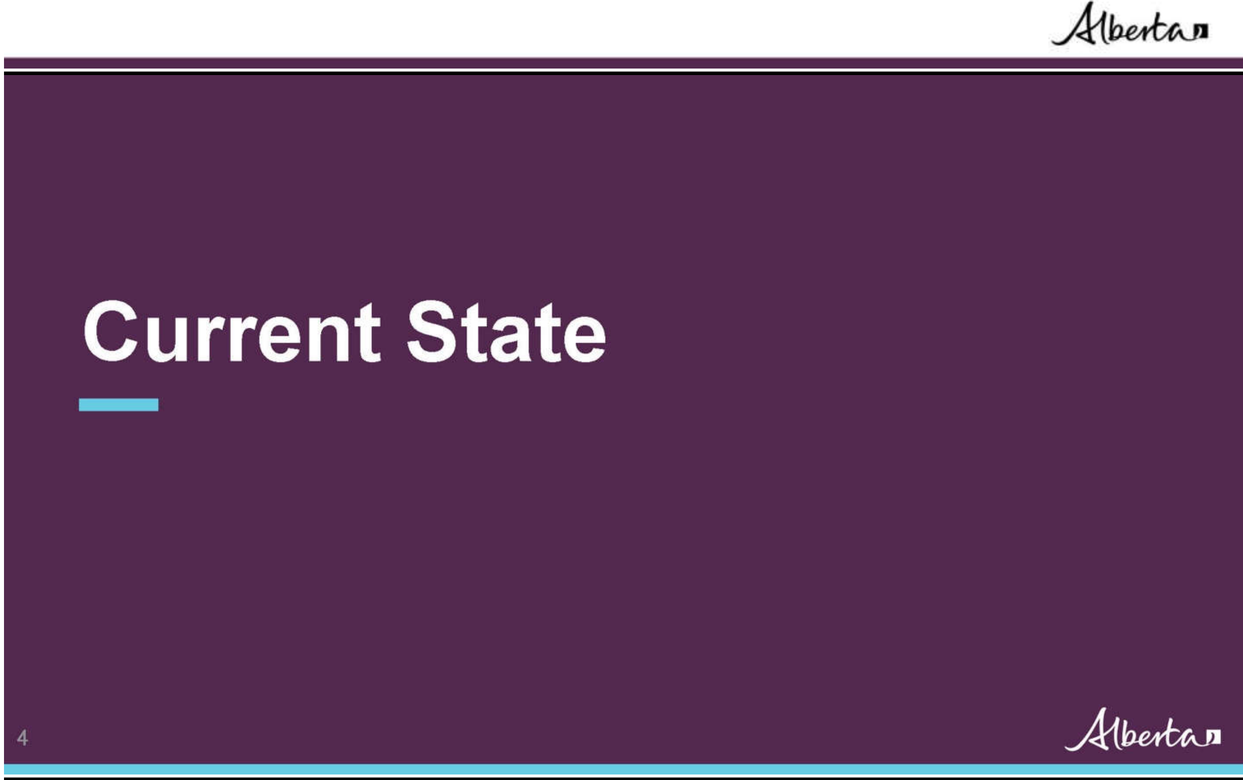
Introduction

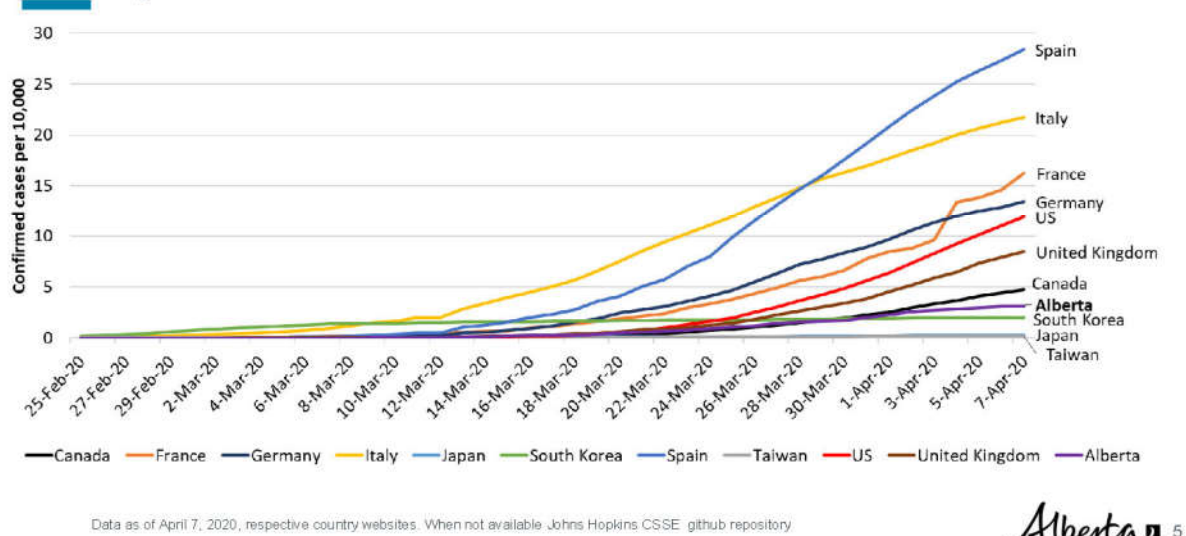
- COVID-19 continues to spread rapidly across the globe.
- To date, Alberta has fared better than most.
- Albertans need to know what they can expect over the next 6 to 8 weeks:
  - How is COVID-19 expected to spread in Alberta?
  - What actions should Albertans take?
  - What is the Alberta plan?

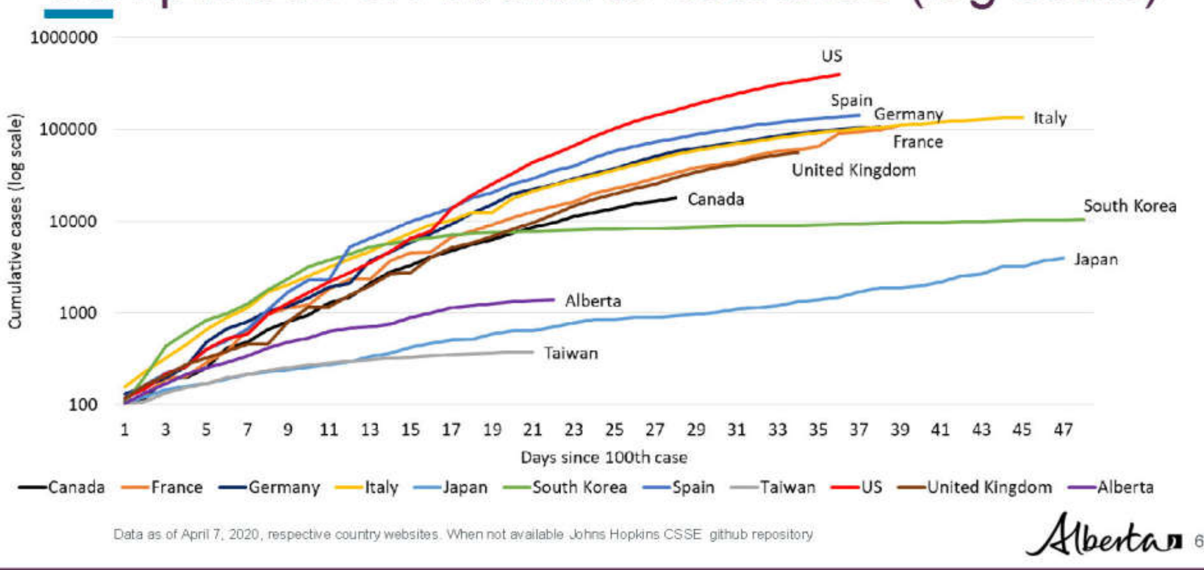
Alberta

Introduction

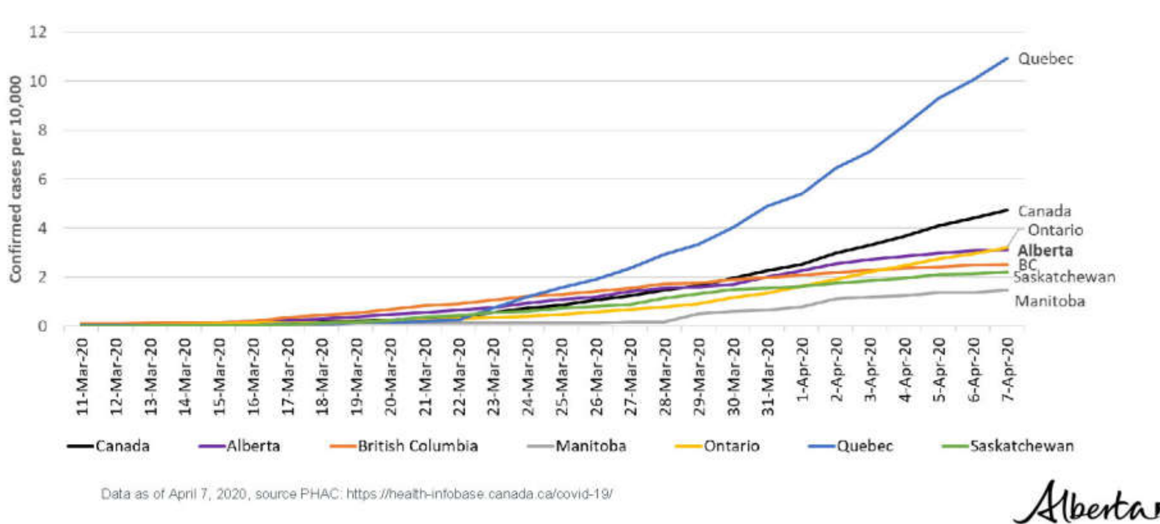
- Alberta continuously monitors the spread of COVID-19 – locally, across Canada and globally.
- Public health interventions that slow the spread have been developed based on what has worked elsewhere.
- Evidence gathered from other outbreaks informs the modelling of COVID scenarios in Alberta.
- The scenarios help the health system and Albertans plan for the potential impact of the pandemic and its peak.




Comparison of Alberta to countries
Confirmed cases per 10,000
Spain
Italy
France
Germany
US
United Kingdom
Canada
Alberta
South Korea
Japan
Taiwan
Canada France Germany Italy Japan South Korea Spain Taiwan US United Kingdom Alberta
Data as of April 7, 2020, respective country websites. When not available Johns Hopkins CSSE github repository
Alberta 5


Comparison of Alberta to countries (log scale)
Cumulative cases (log scale)
Days since 100th case
US
Spain
Germany
Italy
France
United Kingdom
Canada
South Korea
Japan
Alberta
Taiwan
Canada France Germany Italy Japan South Korea Spain Taiwan US United Kingdom Alberta
Data as of April 7, 2020, respective country websites. When not available Johns Hopkins CSSE github repository
Alberta 6

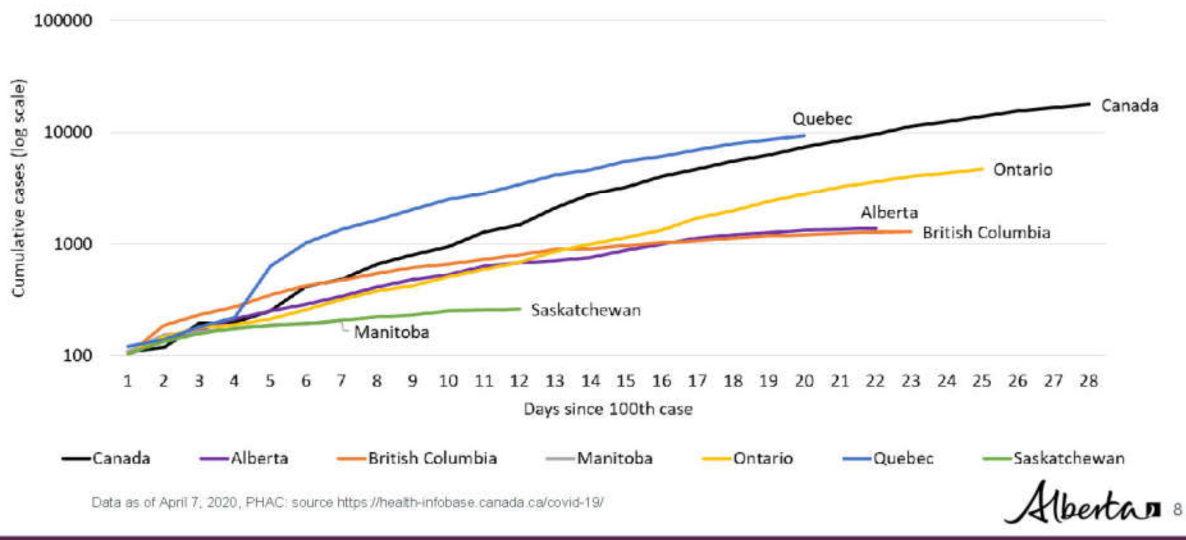
Comparison of Alberta to other provinces



Data as of April 7, 2020, source PHAC: https://health-infobase.canada.ca/covid-19/

Alberta 7

Comparison of Alberta to other provinces (log scale)



Data as of April 7, 2020, PHAC: source https://health-infobase.canada.ca/covid-19/

Alberta 8

Confirmed cases, hospitalization, ICU, and deaths for Canada's 6 largest provinces

	Confirmed cases		Hospitalization		ICU		Deaths	
	# Cases	Per 10,000	# Cases	Per 10,000	# Cases	Per 10,000	# Deaths	Per 10,000
AB	1348	3.05	90	0.2	31	0.07	24	0.05
QC	9340	11.00	902	1.06	286	0.34	121	0.14
ON	4726	3.24	614	0.45	216	0.15	132	0.09
BC	1291	2.58	290	0.57	72	0.14	39	0.08
SK	260	2.21	4	0.03	2	0.02	3	0.03
MB	217	1.58	11	0.08	7	0.05	2	0.01

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Data as of April 7, 2020, source PHAC Epi summary, health-infobase.canada.ca and provincial dashboards
* Reporting of ICU, hospitalizations and deaths has a lag in Ontario, which would understate severity

Alberta

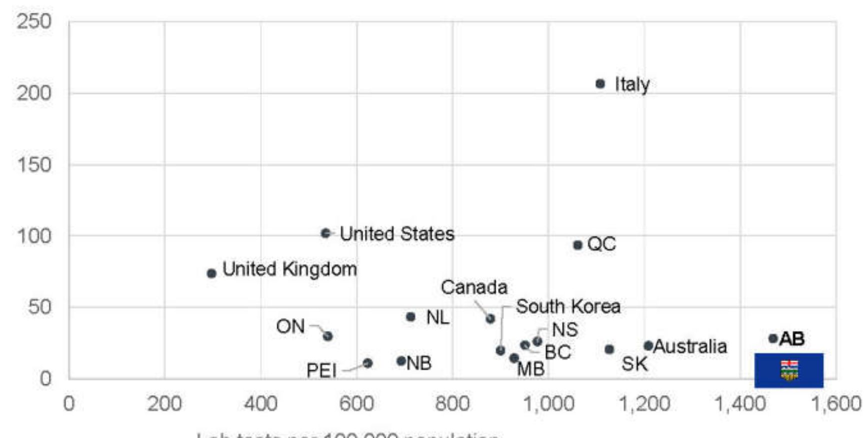
Cases and deaths by age group in Alberta

Age Group	Cases	Death	Case Fatality Ratio
19 and under	149	0	-
20-39	446	2	0.45%
40-59	446	1	0.22%
60-79	256	4	1.56%
80+	76	19	25.0%
Total	1,373	26	1.89%

Data as of April 6, 2020, source https://www.alberta.ca/covid-19-alberta-data

10

Comparison of testing rates across jurisdictions



Data as of April 6, 2020, source https://ourworldindata.org/covid-testing

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Modelling

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Alberta

Modelling

- Many jurisdictions use data from other countries, like China or Italy, to model the spread of COVID-19.
- Due to its extensive testing and surveillance program, Alberta case data is used to develop more accurate model scenarios.
- The modelling is updated as new data becomes available.
- Alberta has modelled two core scenarios – Probable and Elevated.

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Scenarios

Probable Scenario

- For every case, 1-2 more people are infected.
- This scenario is comparable to the more moderate growth seen in the UK and countries that have had some success in "containing" growth.
- Given our early and aggressive interventions and contact tracing to limit spread, this is expected to be the most likely scenario for Alberta.

Elevated Scenario

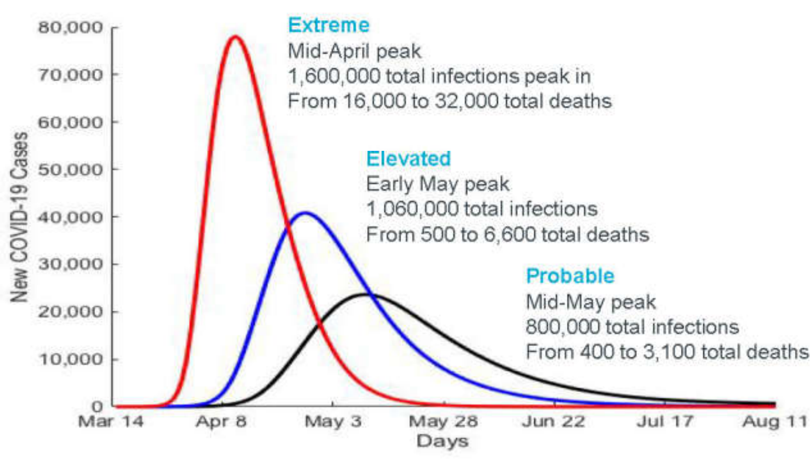
- For every case, 2 people are infected.
- This is comparable to the more rapid growth initially seen in Hubei.
- Planning for this scenario is prudent and responsible given the catastrophic impacts should the health system become overwhelmed.

Extreme Scenario

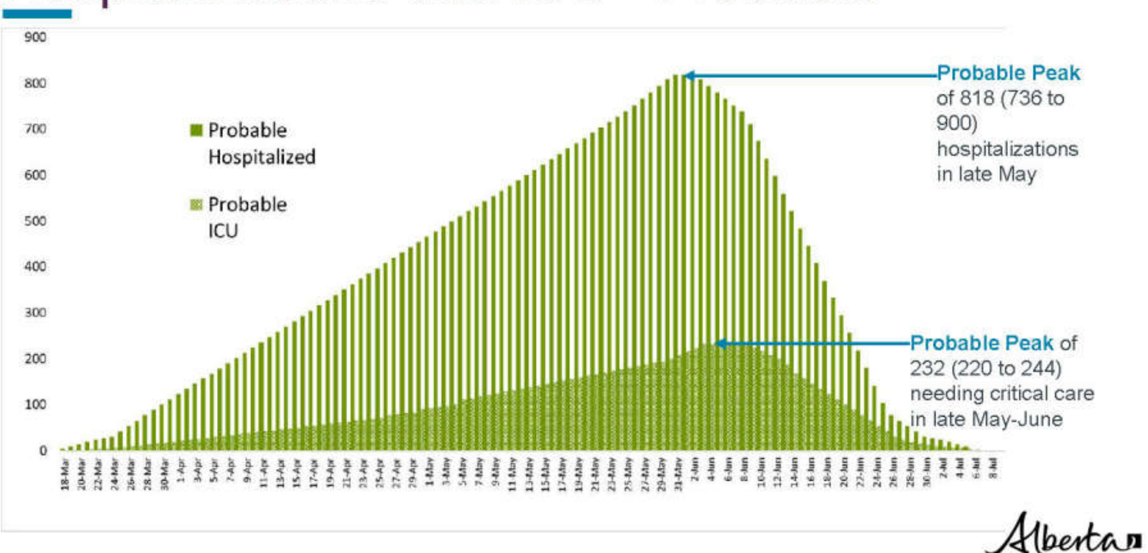
- For every case, 3 more people are infected.
- This scenario assumes limited and late interventions so that COVID-19 rapidly spreads through the population.
- This scenario shows what would have happened if Alberta did not undertake early and aggressive interventions and contact tracing to limit spread.

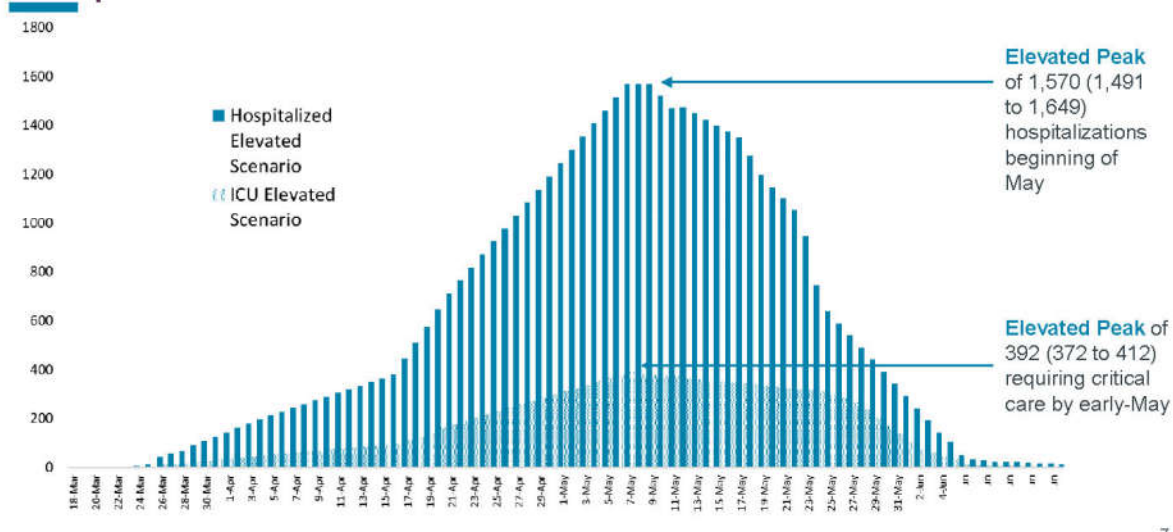
Alberta 14

Illustrative comparison of the scenarios



Hospitalizations and ICU - Probable





7

Health System Capacity

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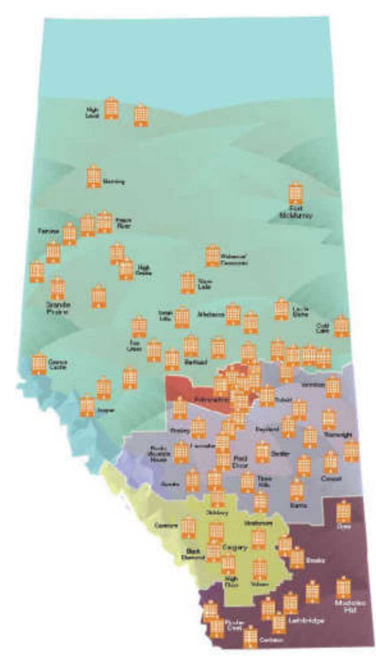
Alberta

Existing Capacity



	North	Edm.	Central	Cgy.	South	Total
Hospitals	33	12	30	13	12	100
Hospital Beds	929	3,020	1,098	2,791	645	8,483
ICU beds	12	150	12	97	24	295
Ventilators	33	205	27	213	31	509

Building Acute Care Capacity

- **AHS plans to have 2,250 COVID-19 designated acute care beds by the end of April:**
  - As of April 3, 2020, 1,935 are available for COVID patients; and
  - New COVID dedicated spaces are being brought online.
- **COVID-19 acute care capacity is being achieved by:**
  - Postponing scheduled surgeries, tests and procedures while ensuring urgent, emergent and oncology surgeries continue;
  - Transferring patients who no longer require acute care to a community setting;
  - Increasing occupancy while maintaining physical distance between patients; and
  - Opening overcapacity, and new and decommissioned spaces.

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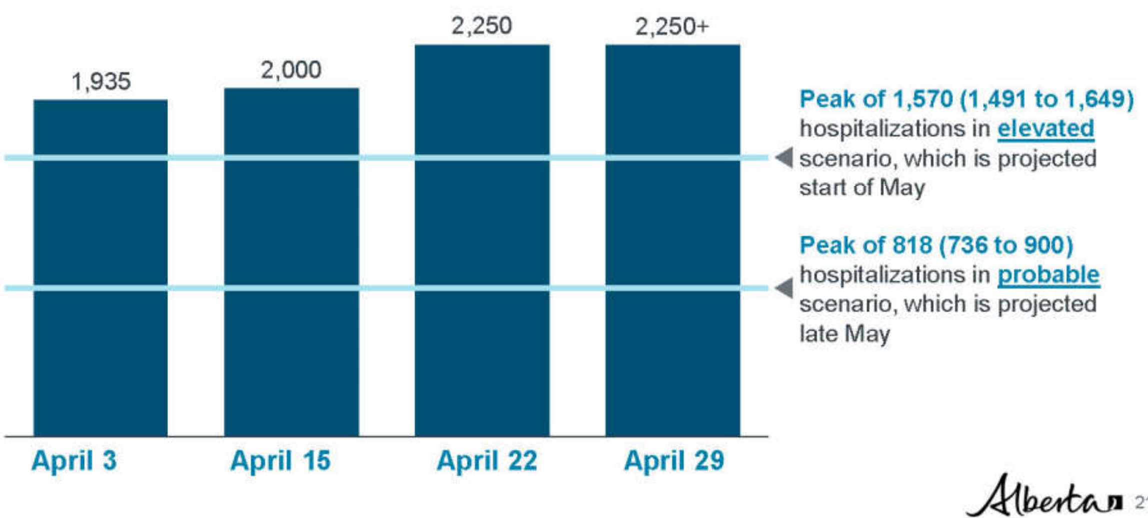
Building acute care capacity



Building ICU Capacity

- **AHS plans to be able to increase ICU capacity by 1081 beds for COVID-19 patients by the end of April, if necessary.**
- **ICU capacity will be increased by:**
  - Adding ICU beds to existing ICU rooms;
  - Converting operating rooms and recovery rooms to ICU capacity;
  - Converting procedure and treatment rooms to ICU capacity; and
  - New models of care (e.g. more aggressive use of step down care).

Building Ventilator Capacity

- **AHS plans to have 761 ventilators available by the end of April for COVID-19 patients, if necessary, to respond to severe a scenario.**
- **314 ventilators are currently dedicated to COVID-19 patients and the capacity will be increased by:**
  - Purchased ventilators on order (35 that have arrived and another 30 in May);
  - Ventilators from NAIT and SAIT Respiratory Therapy program (40), STARS (6) and AADL Respiratory Outreach Program (25);
  - Repurposed from Chartered Surgical Facilities (30);
  - Alternative devices capable of mechanical ventilation including transport, anaesthetic and pediatric devices (305); and
  - Ventilators from Public Health Agency of Canada (6).

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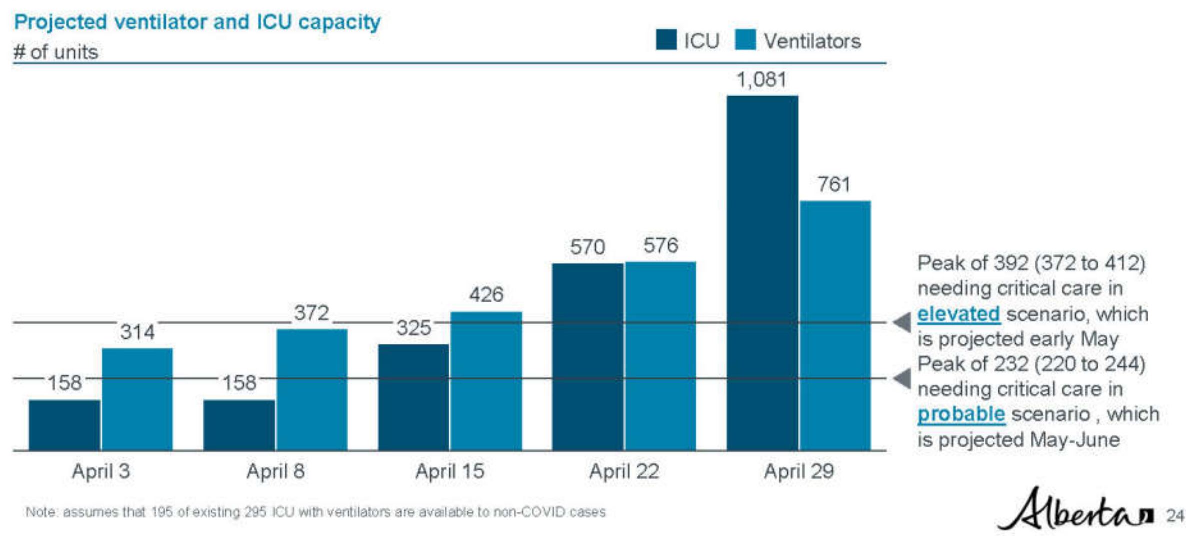
Building ICU & Ventilator Capacity



Alberta 24

Workforce

- **Preparing for COVID-19 is about more than beds and equipment – it is about health care providers.**
- **To ensure Alberta has the highly skilled staff to respond to the pandemic the following is being developed:**
  - Accelerated training for ICU nurses;
  - New models of care to expand the reach of existing ICU nurses;
  - Working with the faculties of nursing to complete senior practicums to enable the nurses to enter the workforce;
  - Contacting former RNs with ICU experience and other recently retired staff; and
  - Redeployment of anesthesiologists, other physicians, other nurses, respiratory therapists, other allied health professionals and other staff with appropriate skills to work in a critical care environment.

Alberta 25

Personal Protective Equipment (PPE)

	Forecast days of supplies inventory at end of April		Forecast days of supplies inventory at end of June	
Category of critical PPE	**Probable[1]**	**Elevated[2]**	**Probable[1]**	**Elevated[2]**
Face shields (single use)	12	5	-11	-13
Goggles	50	29	1	-5
Gowns/coveralls	39	19	19	7
Gloves	110	85	79	63
Procedural masks	76	51	26	15
N95 masks	32	7	-4	-12

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Increasing PPE Stocks

Demand levers

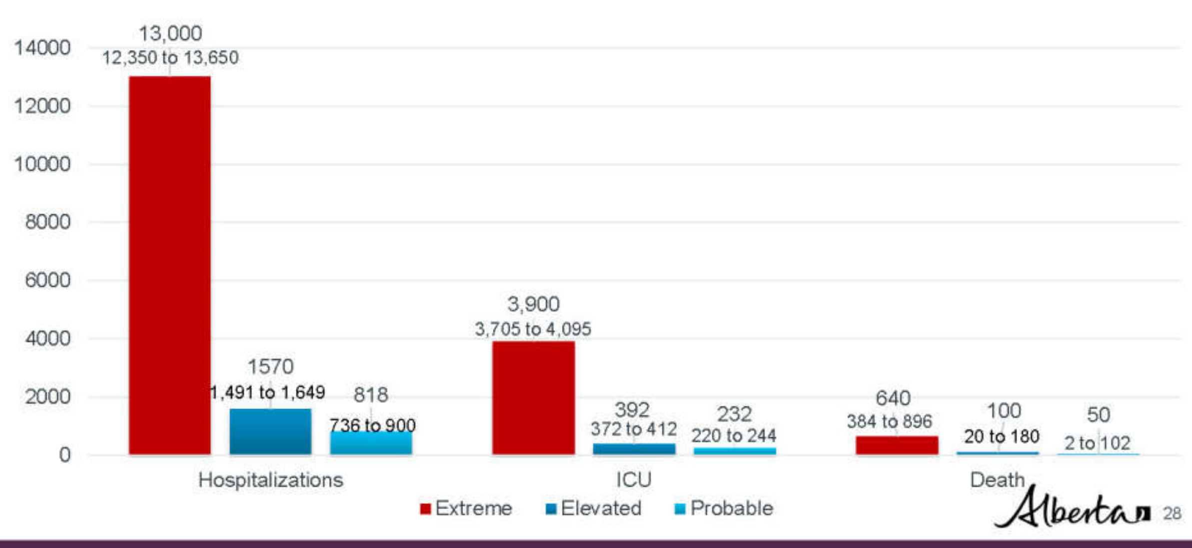
- Tracking PPE inventory and distribution across non-health sites
- Ensuring appropriate PPE according to recommended guidelines
- PPE reuse where safe and appropriate – e.g. sterilizing N95 masks for multiple use

Supply levers

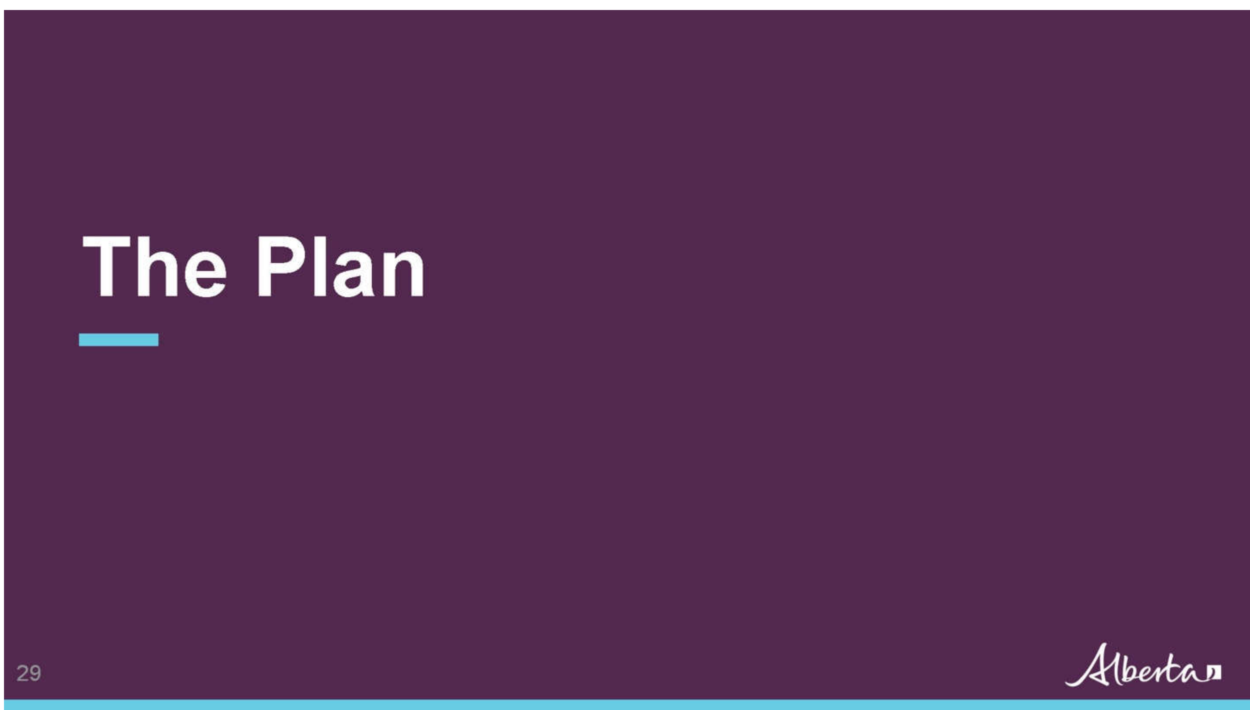
- Increasing number of domestic and global suppliers to meet PPE demands
- Creating and working with local companies to increase production of supplies (e.g. face shields, scrubs, gowns and hand sanitizer)
- Virtual trade show April 8, 2020

Alberta 27

Comparison of All Scenarios at the Peak



Alberta 28



Alberta's Plan – the next 6 to 8 weeks

- World class testing and surveillance
- Aggressive contact tracing and containment
- Public health Interventions based on evidence of what works
- Supporting Albertans in pushing the peak down
- Supporting fellow Canadians in a time of crisis

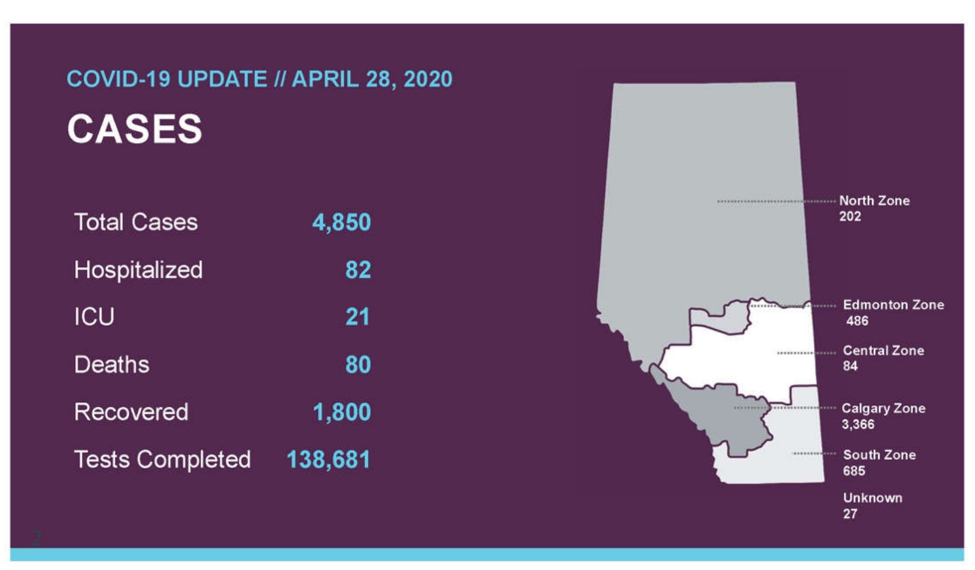
Alberta

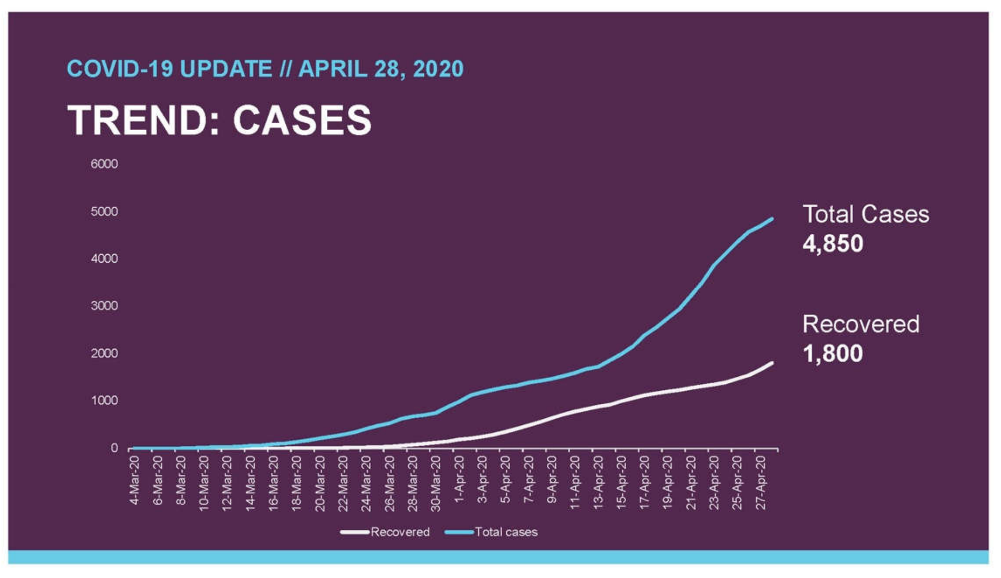
What's next?

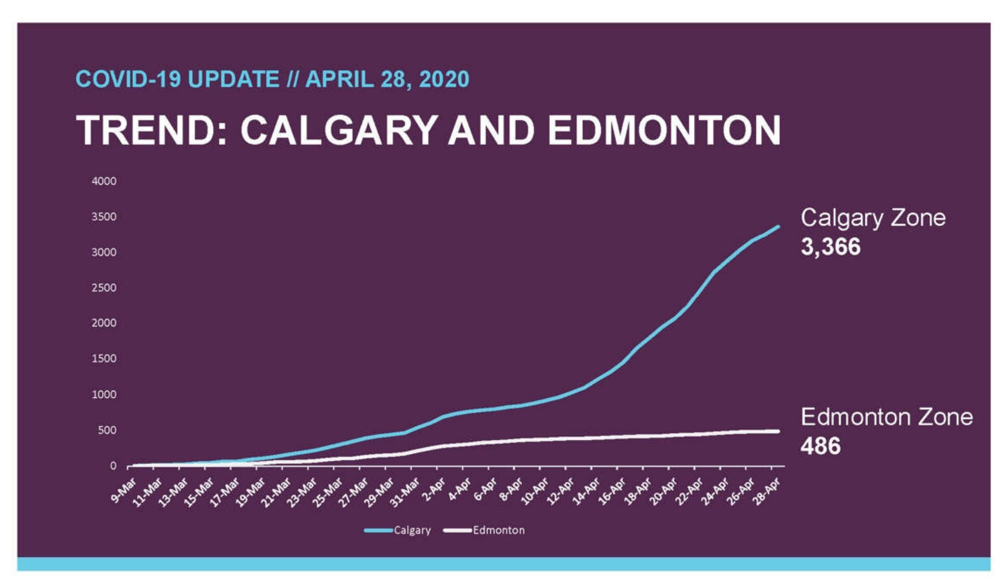
- Relaunch Strategy
  - Aggressive system of mass testing, including serological testing
  - Strong tracing and tracking of contacts leveraging technology
  - Strong border screening
  - Use of masks

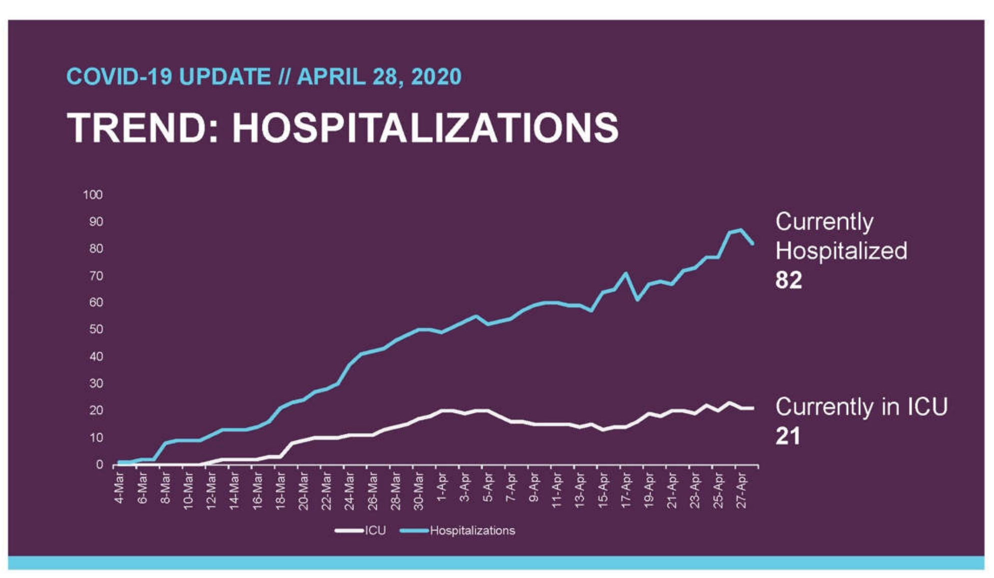
Alberta

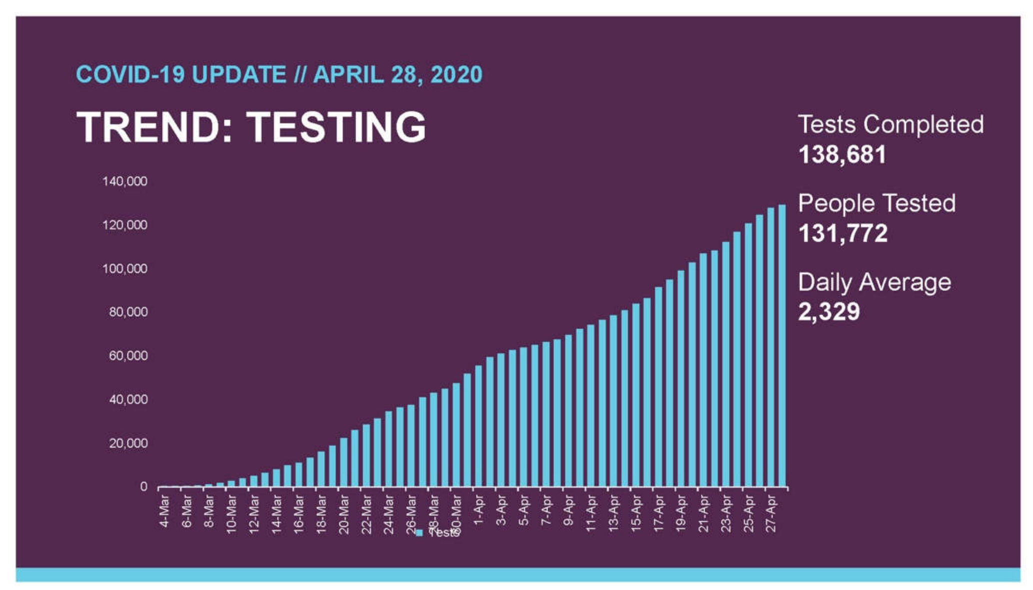
April 28 Updated Model

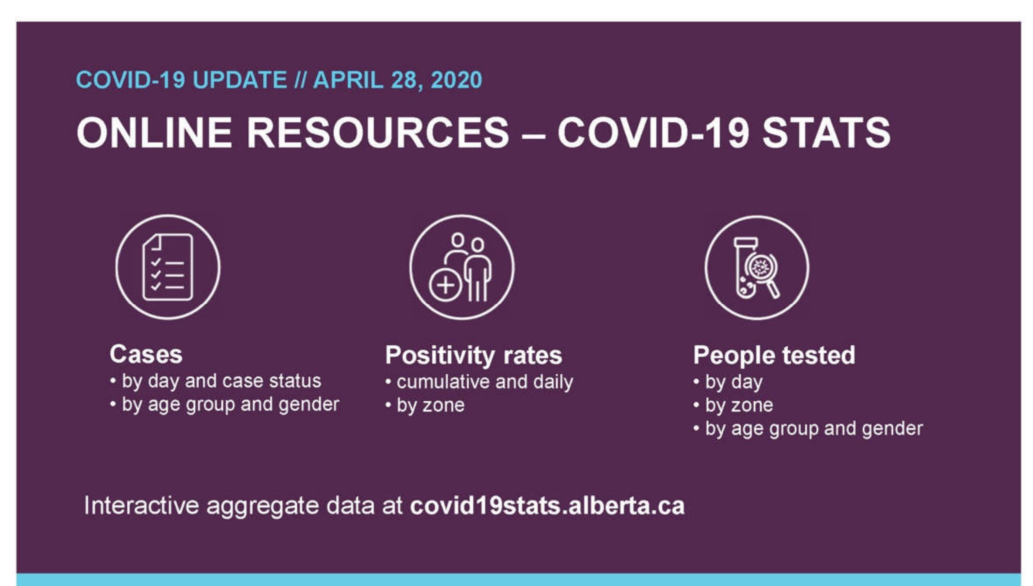

COVID-19 UPDATE // APRIL 28, 2020
CASES
Total Cases 4,850
Hospitalized 82
ICU 21
Deaths 80
Recovered 1,800
Tests Completed 138,681
North Zone 202
Edmonton Zone 486
Central Zone 84
Calgary Zone 3,366
South Zone 685
Unknown 27


COVID-19 UPDATE // APRIL 28, 2020
TREND: CASES
Total Cases 4,850
Recovered 1,800
Recovered
Total cases


COVID-19 UPDATE // APRIL 28, 2020
TREND: CALGARY AND EDMONTON
Calgary Zone
3,366
Edmonton Zone
486
Calgary
Edmonton


COVID-19 UPDATE // APRIL 28, 2020
TREND: HOSPITALIZATIONS
Currently Hospitalized
82
Currently in ICU
21
ICU
Hospitalizations


COVID-19 UPDATE // APRIL 28, 2020
TREND: TESTING
Tests Completed
138,681
People Tested
131,772
Daily Average
2,329
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
4-Mar
6-Mar
8-Mar
10-Mar
12-Mar
14-Mar
16-Mar
18-Mar
20-Mar
22-Mar
24-Mar
26-Mar
28-Mar
30-Mar
1-Apr
3-Apr
5-Apr
7-Apr
9-Apr
11-Apr
13-Apr
15-Apr
17-Apr
19-Apr
21-Apr
23-Apr
25-Apr
27-Apr
Tests


COVID-19 UPDATE // APRIL 28, 2020
ONLINE RESOURCES – COVID-19 STATS
Cases
• by day and case status
• by age group and gender
Positivity rates
• cumulative and daily
• by zone
People tested
• by day
• by zone
• by age group and gender
Interactive aggregate data at covid19stats.alberta.ca

COVID-19 UPDATE // APRIL 28, 2020

WHERE TO GO FOR MORE INFORMATION

Financial relief and government programs
310-4455
8 a.m. to 8 p.m.

Mental Health Help Line
1-877-303-2642

Addiction Help Line
1-866-332-2322

Supports for caregivers
1-877-453-5088
caregiversalberta.ca

COVID-19 UPDATE // APRIL 28, 2020

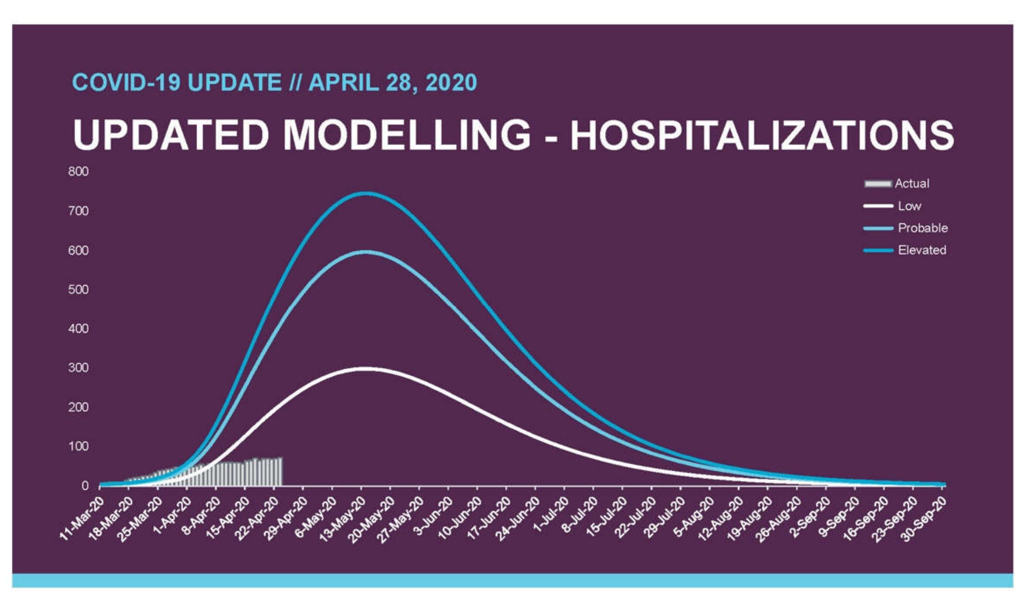
UPDATED MODELLING

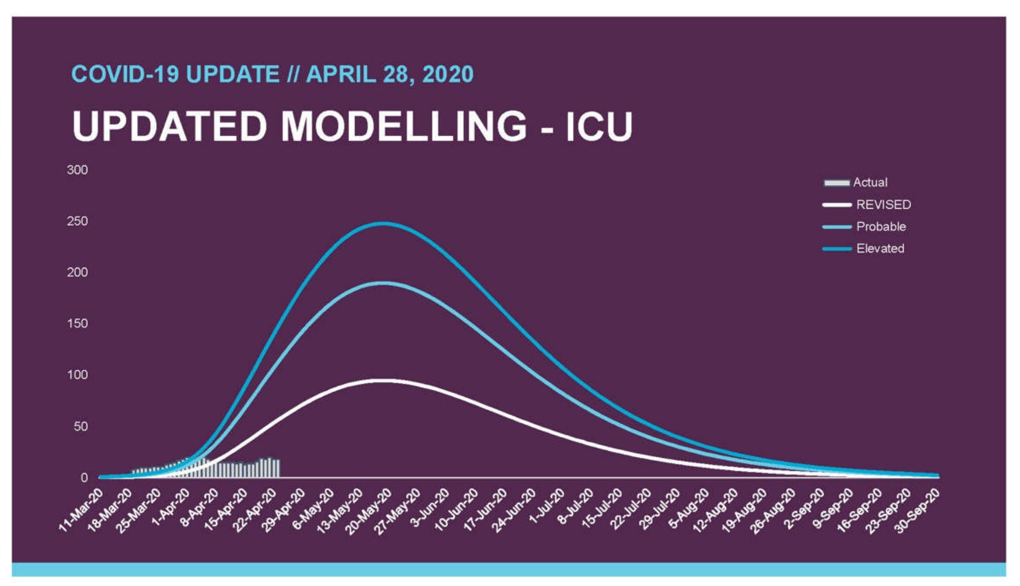
We are reducing the peak.

- Public health measures are working
- Albertans are doing their part to prevent the spread
- The health care system continues to be able to cope with COVID-19

Health measures we are watching include:

- Hospitalizations
- ICU capacity
- Rate of growth in COVID-19 cases


COVID-19 UPDATE // APRIL 28, 2020
UPDATED MODELLING - HOSPITALIZATIONS
800
700
600
500
400
300
200
100
0
Actual
Low
Probable
Elevated
11-Mar-20
18-Mar-20
25-Mar-20
1-Apr-20
8-Apr-20
15-Apr-20
22-Apr-20
29-Apr-20
6-May-20
13-May-20
20-May-20
27-May-20
3-Jun-20
10-Jun-20
17-Jun-20
24-Jun-20
1-Jul-20
8-Jul-20
15-Jul-20
22-Jul-20
29-Jul-20
5-Aug-20
12-Aug-20
19-Aug-20
26-Aug-20
2-Sep-20
9-Sep-20
16-Sep-20
23-Sep-20
30-Sep-20


COVID-19 UPDATE // APRIL 28, 2020
UPDATED MODELLING - ICU
300
250
200
150
100
50
0
Actual
REVISED
Probable
Elevated
11-Mar-20
18-Mar-20
25-Mar-20
1-Apr-20
8-Apr-20
15-Apr-20
22-Apr-20
29-Apr-20
6-May-20
13-May-20
20-May-20
27-May-20
3-Jun-20
10-Jun-20
17-Jun-20
24-Jun-20
1-Jul-20
8-Jul-20
15-Jul-20
22-Jul-20
29-Jul-20
5-Aug-20
12-Aug-20
19-Aug-20
26-Aug-20
2-Sep-20
9-Sep-20
16-Sep-20
23-Sep-20
30-Sep-20