

Position Update with respect to COVID-19 Management

By Dennis Wilson, PhD, MBA, 2021-04-18

Doug Ford and team have lied to all the people they represent.

2021-04-17 – Doug Ford stated: “Every public health measure we have left comes with a massive cost to people and their lives.”

This is a lie because an initiative based on Ivermectin “**has not**” been tried and is still available to the COVID management teams. Research absolutely shows that treatment with Ivermectin “**will not**” adversely affect the health or wellness of the population.

I suggest the following initiative:

1. A three-week prophylactic dose of medicines and supplements (Ivermectin, zinc, Vitamin D,...) for each individual in each and every household in the province. This can be logistically implemented and tracked through pharmacies.
2. A prophylactic dose of Ivermectin for each individual leaving Canada, administered and tracked through each border entry/exit point.
3. A prophylactic dose of Ivermectin for each individual arriving in Canada, administered and tracked through each border entry/exit point.

With respect to Ivermectin

Ivermectin is a medicine that has been approved for human consumption for over 40 years and it has been safely administered to 3.7 billion (BILLION) people. News reports questioning the safety of Ivermectin are highly misleading.

If you are not already aware of Ivermectin please inform yourself by viewing the following YouTube video:

IVERMECTIN - ACT NOW SAVE LIVES A CALL TO ALL REGULATORS
(<https://www.youtube.com/watch?v=yN49H6Uo2Qs&t=172s>)

The medical establishment in Canada holds the position that there are not enough studies in Canada to show that Ivermectin is effective in treating or controlling the corona virus. All studies, world-wide, have shown that Ivermectin is safe to use in trials. So, we have a world of studies that show there is no relevant downside to the treatment plan, and we have an undecided Canada along side a world of mounting studies that indicate there is a high potential of a significant upside to the treatment plan.

It should be clearly understood that the overriding objective of the COVID-19 Management teams is not to reduce cases; it is not to vaccinate the population; it is not to certify medication.

The overriding objective for the COVID-19 management teams is to develop and implement a battle plan to save and protect the population from the pandemic. In this regard, the Canadian COVID-19 management teams, at both the provincial and federal levels, have either failed or are failing miserably.

This is serious business. This is a time when bureaucrats need to be focused on saving lives; not butts.

There is good scientific research that shows the use of Ivermectin reduces the number of days to recovery, and that it reduces the mortality rate.

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19 (<https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf> , 2021-04-18)

“Exposure prophylaxis studies of ivermectin’s ability to prevent transmission of COVID-19

Data is also now available showing large and statistically significant decreases in the transmission of COVID-19 among human subjects based on data from three randomized controlled trials (RCT) and five observational controlled trials (OCT) with four of the eight (two of them RCT’s) published in peer-reviewed journals (Behera et al., 2020;Bernigaud et al., 2020;Carvalho et al., 2020b;Chala, 2020;Elgazzar et al., 2020;Hellwig and Maia, 2020;Shouman, 2020)”

“Further data supporting a role for ivermectin in decreasing transmission rates can be found from South American countries where, in retrospect, large “natural experiments” appear to have occurred. For instance, beginning as early as May, various regional health ministries and governmental authorities within Peru, Brazil, and Paraguay initiated “ivermectin distribution” campaigns to their citizen populations (Chamie, 2020). In one such example from Brazil, the cities of Itajai, Macapa, and Natal distributed massive amounts of ivermectin doses to their city’s population, where, in the case of Natal, 1 million doses were distributed.(7) The distribution campaign of Itajai began in mid-July, and in Natal they began on June 30th , and in Macapa, the capital city of Amapa and others nearby incorporated ivermectin into their treatment protocols in late May after they were particularly hard hit in April. The data in Table 1 below was obtained from the official Brazilian government site and the national press consortium and show large decreases in case counts in the three cities soon after distribution began compared to their neighboring cities without such campaigns. The decreases in case counts among the three Brazilian cities shown in Table 1 was also associated with reduced mortality rates as seen in Table 2 below.

(7 <https://trialsitenews.com/an-old-drug-tackles-new-tricks-ivermectin-treatment-in-three-brazilian-towns/>)”

Not pursuing this treatment may have incurred many more deaths and prolonged the number of days spent in hospitals. Not aggressively pursuing this treatment is counter to what should be the objectives of the management teams: the management of the attack/defence against the corona virus.

I believe we should demand the resignations of the top executives responsible for managing the battle against the COVID-19 Pandemic. We should demand their resignation for failing or failed performance and possible incompetence.

We should demand an accountability of our elected representatives with respect to their representation and leadership in dealing with the performance of the responsible pandemic management teams, and for the apparent lack of transparency in the reporting of COVID-19 statistics, specifically:

- the simple reporting of cases when the objective was to lower the number of COVID-19 related hospitalizations and the number of ICU beds occupied by COVID-19 patients. It is maintained that the simple reporting of cases has been purposefully deceptive with respect to the objective of reducing hospital stays and the occupation of ICU beds;
- that there has been a failure to clearly specify and report on the goal of the battle of against the corona virus. It is held that the objectives of the battle against the corona virus would be two fold:
 1. The complete eradication of the virus or the reduction of its presence in the population such that it no longer, in reasonable terms, presents a concern to the population;
 2. To attain herd immunity. It is my understanding that the end of a pandemic occurs when the population has attained herd immunity.

With respect to these objectives, the number of cases does provide an indication as to how well the virus is being managed, controlled, reduced or eliminated. What this information indicates to date is the complete failure of the pandemic management teams to meet this objective.

With respect to obtaining herd immunity, it is maintained that the management group has not clearly and specifically stated when the objective of herd immunity would be attained. Figuratively speaking, you cannot have a race without a finish line. Would it be a case where 50% of the population is immune? Would it be a case where 60% of the population is immune? Would it be a case where 70% of the population is immune? The objective in this regard has not been clearly specified. Note: Vaccination is only one method of attaining immunity. It is a function of the body to develop its own immunity after being exposed to the virus.

It is found that there is no reporting of the extent of natural immunity growing within the population. It may be argued that it is not possible to accurately and effectively ascertain the level of immunity within the population. As a counter to this position, it is claimed here that the COVID-19 management team is using models to predict the rate and growth of the infections, and that in like manner models can be expanded to—with the same level of accuracy—estimate the level of natural immunity within the population and to this should be added the vaccinations to date.

Again, the COVID-19 management teams have failed completely in this aspect of reporting and management.

It is said that one definition of insanity is to try the same thing over and over again and expect different results. As we are into the third round of lockdowns, the sanity of the COVID-19 management teams should be coming into question.

The management teams have made claims that they are using every measure available to them. This is a guarded lie, because no such (similar or otherwise) Ivermectin initiative has been incorporated into the action plans put forward by the COVID-19 Management Teams in Canada. It is a lie to claim everything has been tried when in fact everything has not been tried. It is the responsibility of the Pandemic

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management teams to pursue all avenues of treatment that may be effective in controlling or eliminating the virus. In this regard, it is again apparent that the management teams are failing.