April 14, 2020

Sent via Email
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Dear Prime Minister Justin Trudeau and Premier Doug Ford:

We write to you today on behalf of frontline physicians in Canada. Concerned Ontario Doctors (COD) represents approximately 10,000 frontline physicians in family medicine and all specialties throughout the province of Ontario. COD advocates on healthcare issues of provincial and national importance to frontline physicians and our patients.

For the past several months, frontline physicians in Canada have been sounding the alarm about the threat of the COVID-19 pandemic to Canadians and imploring the Governments of Ontario and Canada to take prompt and decisive action. Thus far, the measures enacted by both the provincial and federal governments have been slow, reactive, non-transparent and often contradictory. Much valuable time has been lost but there are still concrete measures our governments can immediately undertake to save lives. Canada must learn from other countries which have successfully navigated COVID-19, including Taiwan, South Korea and Singapore.

Since no one is immune to the novel coronavirus, SARS-CoV-2 (which causes COVID-19), experts predicted that with no interventions approximately 30-70% of Canada's 37,500,000 citizens may become infected. There is currently no vaccine. Assuming a minimum infection rate of 30%, at minimum 11,250,000 Canadians would acquire COVID-19. We know that at least 10% of those Canadians infected (1,125,000) will require hospitalization for assistive breathing measures and at least 5% of infected Canadians (562,500) will require intensive care with mechanical ventilation. Even prior to the COVID-19 pandemic, Ontario and Canada have been mired in a historic healthcare crisis due to years of deep frontline cuts and heavy rationing of essential care. Amongst the wealthiest countries in the world, Canada consistently ranks last or second last for accessibility to care. More than five million Canadians do not have a family doctor and multi-year specialist waitlists were the norm in Ontario even prior to this pandemic. Our healthcare system also has fewer hospital beds, intensive care unit (ICU) beds and physicians per capita when compared to other Organisation for Economic Co-operation and Development (OECD) countries. OECD is a group of 34 member nations that discuss and develop economic and social policy.

COVID-19 has led to widespread devastation and suffering around the world. Italy, United States of America (USA) and Spain report the highest number of known deaths from COVID-19 globally. Comparatively, our healthcare systems in Canada are not equipped with the healthcare frontline and infrastructure capacity of other OECD nations. Canada has fewer hospital beds per capita (OECD 5.4 hospital beds per 1000 people, Italy 3.2, Spain 3.0, USA 2.9, Canada 2.5, Ontario 2.3, Brampton 0.9), fewer ICU beds per capita (OECD 3.60 per 1000 people, USA 3.42, Spain 2.69, Italy 2.62, Canada 1.95, Ontario 1.30, Brampton 0.04) and fewer physicians per capita (OECD 3.4 per 1000 people, Italy 4.1, Spain 3.9, USA 2.7, Canada 2.4, Ontario 2.2). Prior to building capacity in our overburdened healthcare system through the cancellation of elective surgeries and ambulatory clinics, the majority of hospitals in Ontario were operating well over 100% capacity and the majority of Ontario ICUs were operating at more than 90% capacity. As of April 1, 2020, Ontario was operating at 80% of its ICU capacity. With the expansion of ICU capacity over the past week, there has been a temporary increase in the availability of ventilators in unconventional ICU spaces; however, the frontline physicians, nurses and respiratory therapists in Ontario and Canada with the medical training required to manage and treat patients in an acute intensive care setting remain finite.

Social distancing slows the spread of COVID-19 transmission within the community in hopes of not overwhelming our already overburdened healthcare system beyond its resource capacity. However, social distancing alone is not sufficient in Canada's war against COVID-19. Thus far, each province has been independently enacting its own measures to varying degrees to combat COVID-19. Canada must learn from the failures and successes of other jurisdictions globally, enact policies based on science and act as a sovereign nation to protect the health and safety of all Canadians. Canada must have a robust, collective approach with federal leadership to ensure national success in our country's war against COVID-19 by prioritizing and acting upon the following:

1. **Personal Protective Equipment (PPE):** Failure of the Government of Canada to follow its own playbook created in 2006 for health sector pandemic preparedness and failure of the Government of Ontario to maintain its PPE stockpile are endangering the lives of frontline doctors, nurses, healthcare workers and our patients. All Canadian medical suppliers of PPE have been indefinitely out of stock since January 2020. Many frontline family doctors and specialists are practicing within community clinics across Canada with little to no PPE. The PPE in Ontario hospitals is either rationed, locked up, or sorely inadequate; frontline physicians and nurses who have brought in their own have been reprimanded by hospital administrators. Some Ontario physicians and nurses who have publicly raised concerns about their hospital or medical institutions' lack of PPE, have faced threats of termination or loss of privileges from hospital administrators.

PPE is critical for the protection of frontline doctors, nurses, healthcare workers and essential frontline custodial staff. It is unclear to frontline Canadian physicians why the Governments of Canada and Ontario ignored all warnings from frontline physicians. The first Canadian case of COVID-19 was in Ontario on January 25, 2020. The Government of Canada did not start the federal PPE procurement process until March 11, 2020, well after shipping 16 tonnes of PPE to China on February 4, 2020, and several months after physicians had started sounding alarms. As of April 13, 2020, there were 813 known frontline healthcare workers in Ontario alone who had tested positive for COVID-19, representing approximately 11% of all known Ontario cases. There has already been one frontline hospital death from COVID-19 in Ontario. Given the heavy rationing of COVID-19 testing in Ontario due to a shortage of viral swabs, we know the number of COVID-19 infected healthcare workers is immensely higher. A large portion of frontline healthcare workers in Ontario who have been suspected of having COVID-19 are not being tested and have been told to simply self-isolate for 14 days, thereby placing undue strain on a healthcare system that was at its breaking point before the pandemic began.

With international supply chains fractured, and our provincial and national PPE stockpiles grossly insufficient in the face of growing PPE demand, it is critical for Ontario and Canada to have immediate PPE domestic production. Recently some Canadian companies have started domestic production of some basic PPE; however, there is currently no domestic production of N95 respirators. Provincial and federal governments have provided no details or timelines regarding timing for retooling and commencement of domestic PPE manufacturing lines or, more importantly, when the urgently needed PPE will actually be on the frontlines and how it will be distributed.

Canada cannot fight a war against COVID-19 without the protection of its frontline doctors, nurses and healthcare workers. Protection of our healthcare frontlines ensures protection of their patients, families and communities. COD recommends:

- Urgent, robust and sustained robust domestic production of all personal protective equipment required by healthcare frontlines, N95 respirators, L3 medical grade surgical masks, face shields, goggles, hair caps, medical grade nitrile, latex and vinyl gloves, isolation gowns, hazmat suits and coveralls.
- Transparent public reporting from all provincial and federal governments regarding timelines for commencement of PPE manufacturing, timelines for PPE to be on frontlines and capacity of PPE production (with quantity and timelines).
- Equitable distribution of PPE to frontline doctors, nurses, healthcare workers (including custodial staff) in hospitals, physicians' community clinics, long-term care homes and nursing homes.

2. **Full Data Transparency:** There is a significant lack of transparency in data reporting from both the Governments of Ontario and Canada. Over the past several months, there has consistently been an under-reporting of known cases, hospital admissions, ICU admissions and even deaths wherein known COVID-19 data from provincial agencies, such as Critical Care Services Ontario and local Public Health agencies, has not been fully captured in the data reported by governments provincially or nationally. Shortage of viral testing swabs and testing reagents have also resulted in significant rationing of COVID-19 tests in Ontario leading to grave under-reporting of COVID-19 cases. This poor-quality data has then been utilized by provincial and federal governments for modelling the incidence and mortality of COVID-19. Ontario and Canada are making crucial public health policy decisions with a blindfold.

   Canada cannot fight what it cannot see. COD recommends:
   - Transparent public reporting of all known and suspected COVID-19 cases, hospitalizations, ICU admissions and deaths in real-time with non-identifying demographics on provincial and federal government websites.
   - Transparent public reporting of all known and suspected COVID-19 cases, hospitalizations, ICU admissions and deaths amongst frontline physicians, nurses and healthcare workers in real-time with non-identifying demographics on provincial and federal government websites.

3. **Mass Testing:** Ontario has the lowest per capita testing in Canada and although the Government of Ontario has increased its laboratory capacity, COVID-19 testing remains heavily rationed in Ontario due to a long-standing shortage of viral swabs (which were imported from Italy). The key to Taiwan and South Korea's success against COVID-19 is mass testing of everyone, contact tracing via public health and a mandatory 14-day isolation of infected people.

   As of April 12, 2020, the Province of Ontario has 86 reported outbreaks of COVID-19 in long-term care homes and 16 reported outbreaks of COVID-19 in hospitals. Nearly half of all COVID-19 deaths in Ontario and Canada have been in long-term care homes. Asymptomatic frontline healthcare workers without adequate PPE are unknowingly acting as vectors for COVID-19 transmission. Many seniors at long-term care homes and nursing homes have dementia, mobility issues or are unable to vocalize their symptoms. Fever is often a late-onset clinical sign. It is alarming that following these institutional outbreaks, there have been no universal testing measures instituted. This has resulted in unchecked and rampant spread through institutions leading to significant fatality rates.

Many frontline physicians who have clinically exhibited symptoms of COVID-19, after caring for patients who tested positive for COVID-19, have been refused testing by the province and were instead advised to self-isolate for 14 days. The province has also refused testing for immediate family members living in the same household as patients who have tested positive for COVID-19. There have been many instances in Ontario where frontline physicians have clinically and/or radiologically suspected patients of having COVID-19, but the province has refused testing. In other instances, the province did not agree to test some patients until after their deaths, if at all, with some of these results not being processed as positive until nearly one week after a patient's death from COVID-19.

Extrapolating the data from the known number of COVID-19 ICU admissions in Ontario, the province is likely capturing only 10% of COVID-19 positive cases. Without robust testing, Canada's response to COVID-19 will continue to be reactive.

There is rapid community transmission of COVID-19 in Ontario and Canada attributed to asymptomatic transmission. Other jurisdictions in the world are conducting 100,000 to 150,000 COVID-19 tests daily. In order to shift Canada's response from being reactive to proactive, the first step must be mass testing. Early detection of people carrying the virus is crucial to containing the virus. Health Canada's approval of rapid point-of-care testing on April 11, 2020 with handheld DNA analyzers is a step in the right direction; however, there has been no data publicly published regarding the sensitivity and specificity of this test to determine its diagnostic accuracy. COD recommends:

- Canada must quickly aim to achieve mass COVID-19 testing of everyone. A safe and efficient means for the public and healthcare workers is via drive-thru tests, as initially implemented by South Korea.
- Prioritization of testing for ALL physicians, nurses and frontline healthcare workers.
- Prioritization of testing for ALL staff, inpatients and residents in locations of COVID-19 outbreaks, including hospitals, long-term care homes, nursing homes, retirement homes, physicians' clinics, homeless shelters, group homes, women's shelters, correctional facilities, prisons and remote northern communities.
- Prioritization of rapid point-of-care testing kits for physicians' clinics, long-term care homes, nursing homes, retirement homes, homeless shelters, group homes, women's shelters, correctional facilities, prisons, remote northern communities and airports. Strict public health measures in all long-term care homes, nursing homes, retirement homes, women's shelters, homeless shelters, correctional facilities and prisons to restrict non-essential visitors and halt communal meal and socializing areas.

- Isolation and treatment of patients who are COVID-19 positive in independent patient facilities.
- Contact tracing by public health for all known COVID-19 positive patients with subsequent prioritized testing of contacts and a mandatory 14-day self-isolation.
- Increase testing capacity through domestic manufacturing of supplies essential for COVID-19 testing, including viral swabs, diagnostic testing kits and laboratory reagents.
- Increase testing capacity through utilization of academic laboratories and individual point-of-care diagnostic testing kits.

4. **Large-Scale Domestic Production:** The COVID-19 pandemic has exposed significant vulnerabilities in our supply chains and has left Canadians vulnerable to the political whim of other nations and supply chain warfare. Canada's fight against COVID-19 will likely be a marathon with multiple waves. Canada must create a means for rapid and sustained domestic production of all critical medical supplies and equipment required against COVID-19. The private business sector has been eager to assist in retooling to manufacture medical supplies and equipment required in Canada, but requires firm government commitments and assistance.

   Canada pandemic response must include made in Canada solutions. COD recommends urgent and sustained domestic production of:

   - All Personal Protective Equipment
   - COVID-19 Diagnostic Supplies, Diagnostic Kits and Serology Kits
   - Pharmaceuticals including Palliative Medications
   - Ventilators
   - Medical Equipment to Set-up Independent Patient Facilities

5. **Independent COVID-19 Patient Facilities:** South Korea was able to quickly flatten its curve with robust mass testing combined with independent patient facilities for COVID-19 patients. At least 10% of COVID-19 patients will require hospitalization.

   Independent patient facilities allow for virus containment which is crucial to reduce COVID-19 transmission. A few Canadian cities, including Vancouver and Burlington, have already created independent patient facilities. COD recommends:

   - All jurisdictions in Canada create independent patient facilities to treat COVID-19 patients requiring hospitalized care.

6. **Facial Cloth Masks for Everyone:** home-made cloth masks should be encouraged for everyone to decrease symptomatic and asymptomatic community transmission.

7. **Shut Down of all Domestic and International Passenger Flights:** It is unclear to frontline physicians why international flights to Canada were not shut down months ago. Simply banning symptomatic passengers from entering Canada or travelling within Canada via train is insufficient. There are no effective means to "screen" passengers at airports in Canada as there is currently no rapid point-of-care test available at airports in Canada, fever is often a late-onset sign and the majority of patients with COVID-19 are asymptomatic. Domestic and international flights remain operational in and to Canada with flights filled with Canadians, permanent residents, diplomats, temporary migrant/foreign workers and airline crews arriving daily to the Toronto, Vancouver, Montreal and Calgary Airports from COVID-19 hot-spots with only advice to self-isolate for 14 days. Self-isolation for 14 days is still voluntary for repatriated Canadians despite there being COVID-19 outbreaks on flights, trains and buses over the past several months.

   Canada will not be successful in flattening the curve and getting ahead of the SARS-CoV-2 if international airports and domestic transportation hubs remain entry points for new infections with subsequent community transmission. COD recommends:
   - Shut down of all domestic passenger flights in Canada.
   - Shut down of all international passenger flights to Canada.
   - Shut down of all inter-city and inter-provincial trains, buses and ferries in Canada.
   - Any Canadians awaiting repatriation must have a mandatory 14-day quarantine in a military facility or dedicated hotel under government supervision immediately upon arrival in Canada.

8. **Closure of all Non-Essential Services, Social Distancing & Ban All Public Gatherings:** for at least the next one month, it is crucial that all non-essential services be closed nationally. When Ontario had announced closure of non-essential services, the province simply classified many non-essential services as being "essential"; this must be urgently rectified to aggressively flatten the curve in the coming two weeks. It is also crucial for provinces to regularly reassess the status of our fight against COVID-19 to determine when such restrictions can be safely lifted.

   Successful mass diagnostic testing, contact tracing, mandatory 14-day isolation of infected individuals and serology testing will all be crucial in eventually allowing for social distancing measures to be eased and lifted. COD recommends:

- Closure of all non-essential services nationally with reassessment at 2-4 week intervals.
- No public gatherings nationally of larger than five people with reassessment at 2-4 week intervals.

9. **Pharmacological Treatment & Vaccine Development:** There are currently clinical trials underway in Canada exploring various pharmacological treatments for COVID-19. Dr. Anthony Fauci, an Infectious Disease expert and long-time Director of the United States' National Institute of Health and the Centers for Disease Control, has stated that vaccine development against Sars-CoV-2 (the coronavirus that causes COVID-19) will take at least 12-18 months. The Public Health Agency of Canada continues with vaccine research in collaboration with other nations. In the interim, Canada must approve and increase mass capacity for serology testing to identify immune Canadians. The treatment for COVID-19 is currently supportive. The fatality rate of COVID-19 in Canada is currently 1.2%. Aside from increasing healthcare capacity and resources, including ICU and ventilator capacity, Canada must also ensure adequate supply of all palliative care medications. Approximately 80% of the active ingredients used to produce finished medication in North America come from China. With the pandemic creating increasing strains on global supply chains, it is crucial for Canada to ensure domestic production of these active ingredients. COD recommends:
    - Procurement and domestic production of crucial palliative care medications.
    - Domestic production of active starting ingredients and essential pharmaceuticals in Canada.

10. **Serological Tests to Detect Immunity:** Detection of Canadians who have had COVID-19 infection with little or no symptoms and are now immune is crucial in order to ease social distancing measures. Germany already conducts approximately 100,000 COVID-19 tests daily and is now the first European country to begin large-scale coronavirus antibody testing in an effort to help researchers assess infection rates and monitor the spread of the COVID-19 more effectively. In determining infection rates, Ontario and Canada are currently using models based on incomplete data. Randomized tests can provide a more accurate real-time assessment. A national SARS-CoV-2 antibody testing program in Canada would determine how many Canadians are immune to the coronavirus, accurately quantify the large portion of asymptomatic cases and allow for the determination of an accurate mortality rate.

    The United States' Centers for Disease Control (CDC) is also carrying out antibody testing; one of the serology testing kits the CDC is utilizing is manufactured by a Canadian company in Ontario. The CDC is conducting serology tests on blood samples from three

population groups: people not diagnosed with the virus in coronavirus hotspots, people from different parts of the country, and healthcare workers. Finland, India and several other countries have also started national serology testing programs. Identification of Canadians who unknowingly had COVID-19 with mild or no symptoms through serology testing could then allow for these individuals to return to work and aid in our country's war against COVID-19.

The SARS-CoV-2 antibody tests are a crucial stepping stone to relaxing some of the harsher lockdown measures introduced throughout Canada and the world. It is unclear why despite these tests being manufactured by a Canadian company in Ontario, Health Canada has not yet approved its use by healthcare professionals. Just last week Health Canada stated that "These tests are also being accepted for review; however, the World Health Organization (WHO) does not currently recommend serological tests for clinical diagnosis, and Health Canada is following this advice," adding that Health Canada officials are giving the traditional PCR (polymerase chain reaction) testing kits priority under the interim order. It is unclear to frontline physicians in Canada why the Governments and Public Health Agencies in Canada, and Health Canada continue to blindly act upon WHO directives, instead of basing its policies on scientific evidence.

The crucial role of serological tests goes far beyond establishing a clinical diagnosis and a robust public health response to COVID-19 pandemic would employ both PCR testing and serological testing; each of these testing modalities serves a distinctly different purpose. COD recommends:

- Immediate Health Canada approval of laboratory and rapid point-of-care coronavirus serology testing to detect SARS-CoV-2 antibodies.
- Large scale serology testing nationally.

11. **Support of Canada's Frontline Physicians and Healthcare Workers:** Even prior to the COVID-19 pandemic, the burnout rate amongst Ontario physicians was already at 63% (with a 50% burnout rate for physicians in Canada). Physicians also already had the highest suicide rate of any profession with male physicians killing themselves at a rate 40% higher than males in general and female physicians killing themselves at a rate 130% higher than females in general. Amidst the COVID-19 pandemic, frontlines physicians and nurses are experiencing pre traumatic stress disorder: anxiety from awareness of what awaits with the path of devastation and human suffering COVID-19 has caused in other parts of the world. During and following the pandemic, Canadian physicians and nurses are at risk of experiencing high levels of compassion fatigue, anxiety, depression, addiction, PTSD, burnout and suicide. The greatest barrier for Canadian physicians to

receive the mental health care they desperately need is mandatory reporting to provincial and territorial regulatory and licensing bodies that do not recognize mental health and physical health as being equal; as a result, physicians in Canada suffer in silence fearing implications to their medical licenses and livelihoods.

The majority of Canadian physicians are small business owners. As an essential service, physicians have steep overhead expenses to provide essential patient care through virtual clinics to continue to manage acute and chronic patients and alleviate pressures on hospital emergency departments. Surgeons whose elective operating time have been cancelled, physicians providing home care, and office-based family physician and specialists have seen marked drops in income, but still have to meet steep overhead expenses, including clinic rent, nurse and secretarial staff salaries and other clinic operating costs. Their disability insurance would not cover them and they do not qualify for many of the federal financial assistance program already announced. Additionally, in Ontario, physicians' pay is being withheld by the Ontario government for essential virtual patient care already provided for at least four months due to the province's supposed inability to program a simple fee code. Ontario physicians are an essential service and are working tirelessly to care for their patients during the COVID-19 pandemic, but are not being paid by the Ontario government for months; this is placing undue stress and financial hardship on physicians and their staff with many clinics on the brink of closure. If these community physician clinics close, patients will be left with no choice but to seek medical care at already overburdened hospital emergency departments. In June 2003, Ontario had the highest number of SARS deaths outside of Asia; Canada has already surpassed that number nationally by 15-fold. Ontario agreed to the "SARS Income Stabilization Program" in 2003 and eventually paid approximately $190 million to physicians, nurses, and paramedics. The Government of Canada must support a similar program nationally in partnership with provinces now for COVID-19. Financial support for health professionals is needed and needed now to protect our healthcare system. In addition, there should be government-funded life insurance, at least for physicians, nurses, respiratory therapists and healthcare workers who succumb to COVID-19.

The majority of Ontario frontline physicians either have no PPE or are facing rationing of their PPE by hospital administrators. Many Ontario physicians have already faced reprimand from hospital administrators for wearing their own PPE (when the hospital failed to provide PPE) and for publicly speaking about the lack of PPE. Some physicians and nurses have been threatened with termination. It is crucial that frontline physicians and nurses are protected.

Canada's war against COVID-19 is only as strong as its healthcare frontlines. Canada must ensure the protection of frontline physicians, nurses and healthcare workers. COD Recommends:

- Federal funding for mental health supports for frontline physicians, nurses and healthcare workers.
- All jurisdictions in Canada treat mental health as physical health by following the lead of other jurisdictions globally to remove the mandatory reporting of mental illness to medical provincial and territorial licensing and regulatory bodies. Frontline physicians need to be supported, not punished, for seeking desperately needed mental health care.
- The Government of Ontario immediately stop withholding physicians' pay. The Ontario Ministry of Health must immediately pay all Ontario physicians' outstanding billings for virtual care. Ontario should follow the lead of other provinces and pay physicians' OHIP billings every two weeks during the duration of the pandemic.
- Nationally legislated whistleblower protection for all frontline physicians, nurses and healthcare workers to protect against unfair reprimand and termination when advocating in the best interest of their wellbeing, their profession and their patients.
- Hazard pay for frontline physicians, nurses, respiratory therapists and healthcare workers risking their lives to provide essential patient care during the COVID-19 pandemic.
- Government-funded life insurance for physicians, nurses, respiratory therapists, and healthcare workers who succumb to COVID-19.
- A national federal government COVID-19 Income Stabilization in partnership with provinces for frontline physicians, nurses and paramedics.

12. **Pandemic Triage Ethics:** Ontario has already drafted a pandemic triage policy which would serve to ration ventilators. There was no public consultation. It is absolutely crucial that Ontario and any other Canadian jurisdictions developing such policies consult with Canadians to ensure fair and equitable access to healthcare resources for marginalized groups, especially Canadians living with disabilities. COD recommends:
    - Consultation with Canadians from marginalized groups, especially Canadians living with disabilities.
    - Any government pandemic triage policies must be fair, equitable and without any form of systemic discrimination, including ageism, racism, sexism or ableism.

13. **Protection of Canadians' Civil Liberties:** The Canadian Charter of Rights and Freedoms enshrine the protection of basic human rights and fundamental freedoms for all Canadians. Canadians are privileged with rights, liberties and freedoms due to the ultimate sacrifice paid by our brave Canadian soldiers. Canadians have no greater task than to stand on guard for one another's liberties. All federal and provincial governments must ensure that all public health measures enacted to date are temporary and the need for existing measures is regularly reassessed. There are many powers at the federal government's disposal in the Quarantine Act which it has not yet utilized. It is prudent that our governments not over exert their powers upon civilians during a pandemic, especially when the numerous aforementioned non-intrusive public health measures contained in this letter have yet to be enacted. COD recommends:
    - Federal and provincial governments prioritize effective public health policies against COVID-19 that are least intrusive to Canadians' civil liberties.
    - Federal and provincial governments ensure that all public health measures enacted to date are temporary and the need for existing measures is regularly reassessed at 2-4 week intervals.

14. **Legislation to Protect Privacy & Health Data of all Canadians:** In December 2019, the massive LifeLabs privacy breach was the largest medical privacy preach in Canada's history and the third largest ever globally, victimizing approximately 15 million Canadians (nearly 90% of all Ontario residents). The lack of Ontario government safeguards and accountability has been distressing for patients. The ethical ramifications of this breach underscore the downside to digitally accessible health data, especially in light of Canada's outdated privacy legislation and inadequate government oversight of public and private corporations that manage health information. Canada's Office of the Privacy Commissioner (COPC) has been calling for reforms to Canada's privacy laws for years, but the Canadian government has failed to adequately regulate the activities of health information custodians, thereby enabling the careless handling of personal health information. The COPC has stated that: "We must reject the notion that rights-based laws impede economic growth or other important societal objectives. Fundamental rights are not an impediment to innovation or the delivery of government services in the digital age. In fact, a rights-based statute would serve to support responsible innovation by promoting trust in government and commercial activities."

    The recent LifeLabs breach and rampant ransomware attacks against Ontario hospitals (fuelled by the provincial government's healthcare system reforms without adequate cybersecurity) demonstrate the epidemic scope of privacy violations. Our governments' inaction, despite a pressing need, may result from financial conflict of interest inherent in government's relationships with the private sector.

It is troubling that on April 12, 2020, the Ontario government announced its plan to create the Pandemic Threat Response (PANTHR). This platform will allow researchers access to the health data, including physician, pharmacy, hospital, laboratory and long-term care patient data, of 14 million Ontarians. The province has stated it will anonymize the information shared with researchers and industry, but no other protection has been provided to Ontarians.

To prevent Ontarians and Canadians from becoming pawns in a billion-dollar industry that sells their health data to the highest global bidders, COD recommends:

- The Governments of Canada must immediately pass robust legislation to protect the health data and privacy of all Canadians. Technical rules in place to protect personal data, such as consent, access and transparency, are important mechanisms for the protection of privacy, but they do not define the right itself. Legislation should define privacy in its broadest and true sense, by describing it as freedom from unjustified surveillance. Legislation should recognize and protect Canadians' freedom to live without surveillance of state or commercial enterprises.

15. **Non-Partisan Government Leadership with Frontline Representation:** The Government of Canada has a "COVID-19 Cabinet Committee" made up entirely of government Cabinet Ministers and bureaucrats; similarly, the Government of Ontario has a "COVID-19 Command Table" made up entirely of its Cabinet Ministers and bureaucrats. The response to the COVID-19 pandemic must be non-partisan with representation and voices from all opposition parties at the table. There is also a deeply troubling void of voices from the healthcare frontlines both provincially and federally; governments are making critical decisions directly impacting the lives of frontline physicians, nurses, healthcare workers and our patients without knowledge of the frontline reality in real-time. This has consistently led to slow and reactive government policies endangering lives of healthcare frontlines and Canadians. We need voices of healthcare frontlines who are on the ground and who understand the complexity and nuances of what is actually happening. COD recommends:
    - Representation from all opposition political parties on the federal and provincial governments' COVID-19 Committees and Command Tables.
    - Representation from frontline physicians, nurses and paramedics on the federal and provincial governments' COVID-19 Committees and Command Tables.

Concerned Ontario Doctors urges the Governments of Ontario and Canada to heed the ongoing warnings of frontline physicians; be fully transparent with Canadians; proactively enact policies based on science, protect frontline physicians, nurses and healthcare workers; protect the privacy and liberties of Canadians; and act as a sovereign nation to protect the lives of all Canadians.

Sincerely,

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