

Dr. Jeanette Dietrich

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Mr. Hillier
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Dear Mr. Hillier:

As a physician who both lives and works in this region, I must express my dismay at your recent attendance at rallies protesting the use of public health measures in the fight against COVID-19. I have viewed the video on your website where you purport to, “Stick to the proof and not the propaganda, (Hillier, 2020)” yet it is filled with misinformation.

You imply that COVID-19, the disease caused by SARS-CoV2 is not much worse than the common cold by saying, “Why are so many people living in, with such concern, in such dread and taking such precautions for something, for a virus, a coronavirus, that is more like the common cold than it isn’t.” You state the infection fatality rate is “very similar to the flu.” (Hillier, 2020) You put a link to an article that explains how coronaviruses can be mild and cause the common cold but there are also deadly ones such as SARS and MERS. The article states “In December 2019, another virus joined these dangerous cousins. Scientists are calling it SARS-CoV2 (Hesman Saey, 2020).” Yet you label this article “Common Cold can be coronavirus” which in no way reflects its contents.

COVID-19 has a more serious spectrum of disease than both the common cold and the flu. According to IPAC Canada every year the flu causes approximately 1 billion infections and 290 000 to 650 000 deaths world-wide. In Canada approximately 3500 people die from flu every year. (Infection Prevention and Control Canada, n.d.) Based on the latest Johns Hopkins Coronavirus Case count as of December 17 there have been about 74.9 million cases globally and 1.66 million deaths and 13 919 deaths in Canada (Johns Hopkins University, 2020), far exceeding a typical year for death from the flu, and the year is not over.

You also fail to appreciate that there are unpleasant outcomes other than death. A study in US Veteran’s Affairs hospitals compared 5453 hospitalized patients with influenza to 3948 hospitalized patients with COVID-19. The mortality rate was approximately 5 times higher in COVID-19 patients compared to those with the flu. The risk for acute respiratory distress syndrome (which often leads to intubation) was 19 times higher for those with COVID-19. The risk for a variety of individual complications (heart inflammation, blood clots in the legs or other veins, blood clots in the lungs, brain bleeds, liver failure, bacteria in the blood stream and pressure ulcers) were each 2-3 times higher in COVID-19 patients. COVID-19 patients spent on average three times as

long in hospital as influenza patients (Cates, et al., 2020). Also, increasing reports are coming out regarding the presence of long-lasting symptoms from COVID-19. A survey of 143 Italian patients found that 2 months after hospitalization only 12.6% were symptom free (Langreth & Court, 2020). Among 965 survivors in South Korea, 91% had long-term symptoms after recovery from COVID-19 (Mack, 2020)

Mr. Hillier, you also state that, “The world’s top health experts and scientists have demonstrated beyond a doubt that the PCR test is false and faulty.” “Often, people if you’ve had a cold within the last 6 months your test with the PCR will come back positive. That is a known fact (Hillier, 2020).” You reference a YouTube video by Dr. Michael Yeadon (Yeadon, 2020) and an article quoting Dr. Carl Heneghan (Mahase, 2020). The comment about a positive PCR happening from a cold 6 months ago came from the interviewer making that statement in the YouTube video, not the scientist. It is correct that the PCR test will detect pieces of viral RNA which may not have infectious potential. The PCR test is specific to SARS-CoV2, the agent that causes COVID-19, not other viruses that cause the common cold and the CDC has stated that swabs may remain positive for up to 3 months after infection (Centers for Disease Control and Prevention, 2020), not 6 months.

Both the scientists you reference were discussing the situation in the UK in September when many asymptomatic people were being tested and case counts were rising but deaths were not. The concern was that as with any test, when you test people with a lower likelihood of disease a greater percentage of positives may be false positives. This is not an argument that PCR testing is false, it means that you need to understand the nuances of testing. Dr. Heneghan was arguing that contact tracing should be based on positive tests, but restrictive measures should be based on hospital admissions and symptomatic cases. In Ontario we have seen rising cases followed by rising hospitalizations, long-term care outbreaks, ICU admissions and deaths (Queen's Printer for Ontario, 2020). Clearly, we have an increasing COVID-19 outbreak, not just faulty tests. On November 17 you challenged Christine Elliott and stated the government was over-reacting to the 127 ICU patients on that date. Modelling has shown that once we surpass 150 ICU patients it becomes challenging to continue with regular hospital care such as heart or cancer surgeries. At 350 ICU patients then it becomes impossible (Katawazi, 2020). On December 17, after a month we now have 263 ICU patients (Queen's Printer for Ontario, 2020), yet you still argue against lockdowns and masks. You fail to understand that if we wait until hospitals are overwhelmed it is too late.

You end your video by stating, “We know the average age for people who have died with COVID-19, and I state that specifically with COVID-19, is over the age of 80, be, um, (sic) in most jurisdictions between 70 and 80% of all COVID-19 related deaths have happened in long-term care homes or nursing homes. COVID-19 to me on examination of all the proof and rejecting of the propaganda tells me we should lead normal lives with full freedoms and have our responsibilities to exercise our own judgement re-instated and defended (Hillier, 2020).” Unfortunately, this infection does not just stay in one segment of the population. It is rising in all age groups and has entered nursing homes again (Queen's Printer for Ontario, 2020). If you and your followers exercise your so-called “freedoms” it will drive infection rates which will lead to more hospitalizations, deaths, disability, and postponed surgeries. I would like to remind you that you are paid to represent all your constituents, including those who are vulnerable due to age, occupation, underlying conditions, or other factors. Instead of spending time fighting against public health measures to contain COVID-19, you could put your energy into something useful such as economic, social, and mental health supports to help the local population get through this difficult time.

While I recognize that it is legitimate to debate the relative risks and benefits of lockdowns, that debate must be based on valid representations of the effects of COVID-19. You are spreading

misinformation that minimizes the seriousness of COVID-19 to support your personal anti-lockdown and anti-mask beliefs. You misuse scientific references to give your stance an appearance of being scientific. I urge the public to ignore you and heed the advice of trained health care professionals. Continue to practice social distancing, wear masks, and keep everyone safe.

Sincerely,

Jeanette Dietrich, MD, CCFP

To date, the following physicians have signed this letter in support:

Doug Alkenbrack, MD

Mamdouh Andrawis, MD, CCFP, FCFP

Kristen Church, MD, CCFP

Sandra Cowan, MD

Peter Cunniffe, MD, CCFP, FCFP

Daniel Curran, MD, CCFP(EM)

Alan Drummond, MD, CCFP(EM), FCFP

Matt Dumas, MD, CCFP

Chandra Eberhard, MD, CCFP

Taylor Ferrier, MD, CCFP

Alain Gauthier, MD, CCFP(FPA), FCFP

Sabra Gibbens, MD, CCFP

Crystal Gonu, MD, CCFP

Joy Hataley, MD, CCFP(FPA), FCFP

Graeme Hendry, MD, CCFP, FCFP

Kalyan Hota, MD, CCFP

Steven Ingo, MD, MCFP

Peter Jechel, MD, CCFP(EM), FCFP

Anil Kuchinad, MD, CCFP

Robin Kennie, MD, CCFP, FCFP

Catherine Koester, MD, CCFP

Christine Last, MD, CCFP

Shawn Yow-Wah Liu, MD, CCFP

Ian Laing McFadzean, MD

Aaron McGregor, MD, CCFP

Craig Mitchell, MD, CCFP

Kim Morrison, MD, CCFP, FCFP

Johnathan Moulton, MD, CCFP

Sonal Patel, MD, CCFP

Stephanie Popiel, MC, CCFP, FCFP

John Raleigh, MD, CCFP(EM), FCFP

Cory Scott, MD, CCFP

Richard Peter Seaby, MD, CCFP

Mahysin Siyih, MD, CCFP

Boudewijn (Bob) Van Noppen, MD, CCFP

James Simpson, MD, CCFP

Leigh Wahay, MD, CCFP, FCFP

Jeffrey Sloan, MD, CCFP, FCFP

Meng Ying Xu, MD, CCFP

Elizabeth Touzel, MD, CCFP, FCFP

Thomas Touzel, MD, CCFP

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