# BASIC COVID FACTS EVERY CANADIAN SHOULD KNOW (BUT MOST DON'T)

*Last updated on March 01, 2021*

---

*DISCLAIMER:*

- *I agreed with lockdown measures taken in March 2020, when a lot was unknown, but science and data over the last 12 months has clearly shown our approach needs to change.*
- *I wear a mask, wash my hands and try not to touch my face. I limit my social interactions. I follow these rules even though some don't make sense.*
- *This is NOT a "COVID hoax" or "anti-vaxxer" or "anti-masker" post (i.e. those subjects are not discussed in this article)*
- *For simplicity, the term 'COVID' is used interchangeably for both the SARS-CoV-2 (the virus) and COVID-19 (the disease)*
- *The intent of this post is to not to offend. It is to stimulate healthy discussion. I humbly request you to keep an open mind.*

---

**"Where all think alike, no one thinks very much"**

*Walter Lippmann, 2-time Pulitzer Prize winner*

**SHAREABLE FORMATS OF THIS DOCUMENT**

**Access and Download Live Online PDF Link:** https://bit.ly/3bk2PI2

*The PDF document has all references hyperlinked and will be updated periodically*

Share on Facebook: https://bit.ly/30hm3aS

Upvote On Reddit: https://bit.ly/3qmCHRk

## TABLE OF CONTENTS


**PART 1: THE FACTS ..... 3**

COVID MORTALITY ..... 3

VITAMIN D3 ..... 7

BETTER COVID TREATMENTS ..... 8

NATURAL IMMUNITY ..... 9

MISCLASSIFICATION OF DEATHS ..... 10

FLAWED PCR TESTS ..... 12

**LOCKDOWN HARMS** ..... 14

DEVASTATED ECONOMY ..... 23

PANDEMIC PLAYBOOK ABANDONED ..... 28

HOSPITAL OVERCAPACITY ..... 31

LONG COVID ..... 33

**PART 2: THE FEAR NARRATIVE ..... 34**

GOVERNMENT RESPONSE ..... 34

PUBLIC SUPPORT ..... 40

VARIANTS ..... 41

SCAPEGOATING TRAVEL ..... 44

ZERO COVID ..... 45

WE MUST ASK QUESTIONS ..... 47

**PART 3: MOVING FORWARD ..... 55**

RIGHT TO CHOOSE ..... 55

FOCUSED PROTECTION ..... 57

SUMMARY OF RECOMMENDATIONS ..... 59

ACTION LINKS ..... 61

QUESTION YOUR MPs & MPPs ..... 63

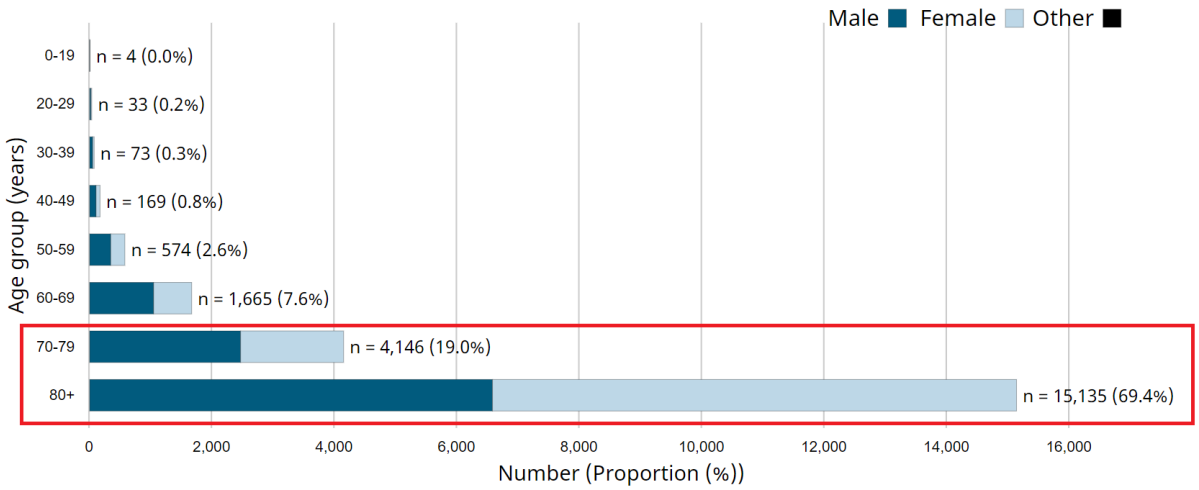
# PART 1: THE FACTS

## COVID MORTALITY

This is data from government public health websites.

### AGE RELATED DATA

Figure 5. Age and gender [3] distribution of COVID-19 cases deceased in Canada as of February 26, 2021, 7 pm EST (n=21,799 [1])




**SOURCE: Canadian Health Info Database – COVID-19 Epidemiological Summary**

*https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html*

88.4% of Canadian COVID deaths are in the 70+ age group

1.3% of Canadian COVID deaths are in the 0-49 age group

(279 total deaths)

81.1% of USA COVID Deaths are in the 65+ Age Group

Average age of COVID-related death

- Alberta: 82 years
- British Columbia: 85 years (median age)
- United Kingdom: 82 years

## LONG TERM CARE HOMES

69% of Canadian COVID deaths are in long term care homes

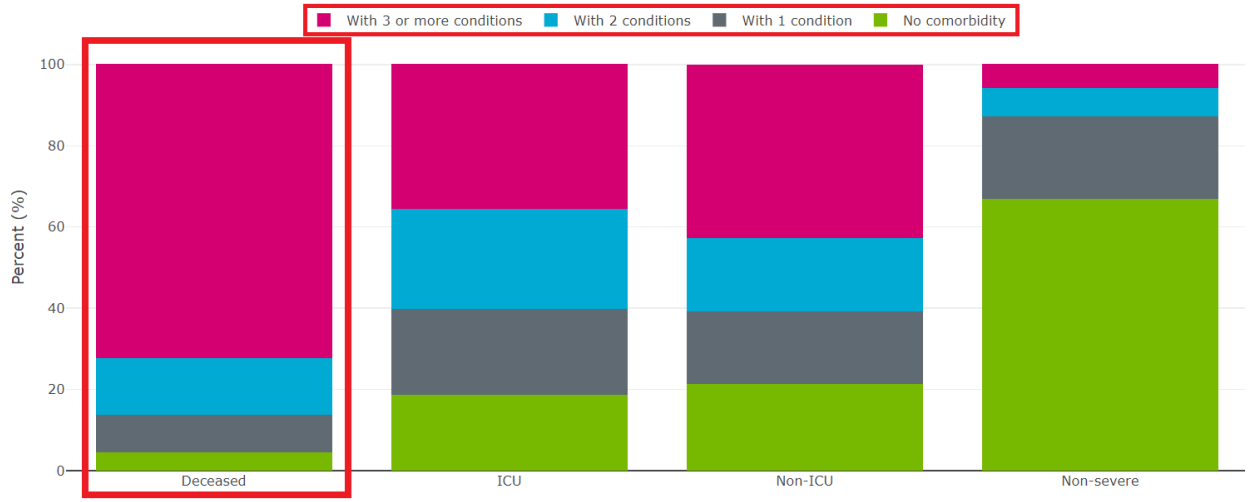
Outside of long-term care homes: 6356 Canadian COVID deaths

35% of USA COVID Deaths are in Long Term Care Homes

## CO-MORBIDITY DATA

*Note 1: Comorbidity information is not released by Ontario, Quebec or BC*

*Note 2: Comorbidities included: Diabetes, Hypertension, COPD, Cancer, Dementia, Stroke, Liver Cirrhosis, Cardiovascular diseases, Chronic Kidney disease, and Immuno-deficiency.*




**SOURCE: Public Health Alberta**

*https://www.alberta.ca/stats/covid-19-alberta-statistics.htm*

95.6% of Alberta COVID Deaths had 1 or more co-morbidities

Here is the breakdown:

- 3 or more comorbidities: 72.6%
- 2 comorbidities: 14.0%
- 1 comorbidity: 9.0%
- No comorbidity: 4.4% (likely to be in older)

94% of the US COVID deaths had 1 or more comorbidities

Each USA COVID death had an average of 3.8 other co-morbidities.

StatsCan Comorbidity Data (from the first wave till July 31, 2020)

- 90% of all COVID-involved deaths had at least 1 comorbidity.
- All COVID deaths under the age of 45 had at least 1 other disease/condition certified on the medical certificate of death.

## INFECTION FATALITY RATES (IFR)

*Infection Fatality Rate (IFR) vs. Case Fatality Rate (CFR)*

*IFR: takes recorded cases and undetected infections into account. It compares deaths to total estimated infections in the population. To estimate undetected infections, modelling is used, along with serology from the population. (blood samples to detect anti-bodies). This is important because COVID results in a high number of unreported asymptomatic cases.*

*CFR: assumes only recorded cases are infected and no unrecorded infections or asymptomatic cases exist. CFR compares deaths only to detected cases. This highly inflates mortality and makes the disease seem deadlier than it is.*

Center Of Disease and Control USA - IFR Best Estimate

0-19 years: 0.003% (survivability 99.997%)

20-49 years: 0.02% (survivability 99.98%)

50-69 years: 0.5% (survivability 99.5%)

70+ years: 5.4% (survivability 94.6%)

World Health Organization Report

A comprehensive peer-reviewed study published by the WHO looked at serology (blood samples) across 14 countries. Based on COVID anti-bodies present in the samples, a realistic assessment was made of the true number of cases/infections across the population.

**Infection fatality rate (IFR), as a median across all age groups is 0.23%**

- *Original estimates of 0.9% were incorrect (discussed later)*
- *NOTE: Median IFR for the flu is 0.1%*

**Under age 70, median infection fatality rate is 0.05%.**

- This is the same daily risk as driving 14 miles per day in Canada. Do we stop driving our cars based on this risk?

**WHAT DOES ALL THIS MEAN?**

We must acknowledge these stats are all people, and each number represents a human loss. We are all empathetic to this.

**Now, the data clearly states the obvious:**

1) A large majority of COVID deaths have occurred in long term care.

2) COVID is a threat to persons with co-morbidities and/or persons aged 65 or above. It is not a LONE killer by itself.

*Note any disease is dangerous to the above population set, not just COVID.*

3) Healthy person below the age of 65 – greater than 99.9% COVID survivability

Yes, COVID is real. It is a threat, but only for certain age groups. For the younger healthy population, it is no worse than the flu.

This is all good news, because we now know who COVID affects and who we desperately need to protect.

There's also other Good News…

## VITAMIN D3

Vitamin D acts a key function for strengthening our immune system and is primarily acquired through sunlight exposure. There is a strong correlation between a Vitamin D deficiency and a severe case of COVID infection. Historically, this is true with other diseases as well.

Vitamin D3 was deficient in 80% of hospitalized COVID patients in Spain.

A comprehensive study of Vitamin D deficiency in correlation to COVID severity was conducted in India over a span of 6 weeks. Out of 154 patients, 63 severe cases needed ICU. Out of these, 61 patients (97%) had a Vitamin D deficiency. Overall, India has shown to have a lower strain of COVID, possibly because Vitamin D deficiency hits a much lower percentage of the population (due to more sunlight).

A peer-reviewed UK study of 8297 COVID diagnosed participants found having habitual Vitamin D supplements can lower risk of COVID infection by 34%.

220 Doctors have written an open letter urging governments arounds the world to increase Vitamin D use for combatting COVID-19.
The UK government has promoted Vitamin D to the entire population and is giving out free Vitamin D handouts to persons most at risk for COVID.
4000 IU daily is recommended to create a strong immune response to COVID.

Canadians are at a high risk of being Vitamin D3 deficient in the winter months, due to lack of sunlight and remaining indoors. The most recent 2011 Statistics Canada survey indicated at least 40% of Canadians are below safe Vitamin D thresholds in the winter.

*NOTE: The healthy cut-off threshold is quite low (50 nanomoles/litre). Common consensus is the healthy cut-off should be 75 nm/l. This will result in even more Vitamin D deficient Canadians.*

Using Vitamin D3, we can potentially lower hospitalizations, severe cases, deaths and long-term COVID effects in Canada, and globally.Why has there been no disclaimer from the Canadian government on promoting Vitamin D3 or the lack thereof? See here for extensive Vitamin D Info.

## BETTER COVID TREATMENTS

Doctors have improved the mortality rates of severe COVID cases, using better ICU procedures and better drug treatments. A person hospitalized in March 2020 was 3 times more likely to die than someone hospitalized in August 2020.

A missing strategy in Canada and many Western countries is early at-home treatment, ideally on the first day of symptoms via a multi-drug approach. Many countries are using this as outpatient treatment, instead of a 'wait and see' approach. There are numerous peer-reviewed studies on the effectiveness of this and other medications

- Ivermectin Info: supported and well researched by the FLCCC, a group of doctors with over 200 years of collective experience in critical care.
- HCQ Info - shown to reduce hospitalization and death by at least 64%.
- Zinc Info

Many Indian states are mailing COVID home-care kits out to patients at home with mild symptoms.

With hospitals overloaded, why are we not using every proactive measure to fight against COVID? Why are we using a 'wait and see' approach and only reacting when an infected person gets sick enough to require hospitalization?

## NATURAL IMMUNITY

At least 17%, and up to 50% of the population is estimated to be immune to COVID danger. This is based on SARS-CoV-2 reactive T-cells using seroprevalence in people with no known exposure to the virus.

Peer reviewed research has found 44% of unexposed persons had T-cell immunity to SARS-CoV-2. This is not the first SARS virus humanity has seen, so many of us have innate immunity. Many infections will be asymptomatic, and many will only experience mild symptoms.

Undetected asymptomatic cases leads to another important point:

- How many infected people have gone completely undetected?
- Has a large percentage of our population already been infected and recovered?

There has been concern about asymptomatic carriers spreading infections in the community, but comprehensive data has illustrated that this is rare. (Household transmissions is the most common mode of transfer)

*NOTE: Everything so far in this article has illustrated we have other solutions to manage our lives with COVID, besides a vaccine.*

Ok now for the Bad News…

## MISCLASSIFICATION OF DEATHS

There are some glaring issues in the way some COVID deaths are being recorded.

A COVID death can simply mean someone died with COVID but may not have died because of COVID. An important distinction. This has been confirmed by Public Health Ontario and Public Health Toronto.

In the UK, any death within 28 days of a positive COVID test is listed as a COVID death. Until recently, it was ANY death at any time after a positive COVID test.

Here are a few examples which are labeled COVID deaths:

- Terminally with cancer and dies due to it but happened to get COVID just before dying.
- Tested positive for COVID but dies later in a traffic accident or suicide.
- Dies in a traffic accident, gunshot wound or suicide but tests COVID positive in the autopsy
- Tests false positive for COVID and dies later of other causes (more on false positives later)

*It is important to recognize the above deaths would have occurred anyway, regardless of the presence of COVID.*

Understandably, to be on the conservative side, health officials have marked the above as COVID deaths to make sure every case is caught. But this can lead to an inflation of the mortality rates, making it hard to untangle correlation from causation. Overestimation of COVID death counts can make the disease seem deadlier than it is.

This is good news. It means COVID fatality rates are much lower than recorded. It means deaths primarily due to heart diseases, respiratory diseases, cancer and pneumonia are being recategorized as COVID-19 deaths. (Could this misclassification explain the large amount of COVID deaths in the United States?)

**DISCLAIMER: In the interest of being as objective as possible, this article has been written with the assumption every COVID death was indeed because of COVID and has been labeled correctly.**

*The reason it is still mentioned is to realize numbers without context can be unnecessarily scary and cautious interpretation of data is always required.*

*This section can only be confirmed once government authorities in the Canada and the United States release the leading causes of death data for 2020. A comparison of this to 2019 will help decipher any inconsistencies.*

## FLAWED PCR TESTS

PCR tests, in their current form, are faulty and ineffective. In Dec 2020, the World Health Organization confirmed what was known for months; high cycle threshold PCR tests result in a high amount of false positives and testing labs around the world need to reduce their threshold values. In November 2020, a Portuguese court determined PCR tests to be inadmissible as evidence, due to the high cycle threshold values giving unreliable results.

It is important for everyone to understand what a Polymerase Chain Reaction test does. A PCR test is looking for RNA, which is a small particle of any cell (just like DNA). In this case, we are looking for a Coronavirus RNA.

The amount of RNA in a saliva/nasal swab is very small, so PCR tests amplify the sample to help detect it. Each cycle doubles the material. One becomes two. In the next cycle, two is amplified to four, and so on. In Canada, and most of the world, specimens are amplified to a minimum value of at least 33 cycle thresholds (Ct), and almost always above 35 Cts.

This creates over 17 billion copies of the material, enough to be able to detect any viral particle.

However, a Canadian National Microbiology study stated specimens with Ct values greater than 24 were found to be viral culture negative. What does this mean?

It means if RNA is found at a Ct value of 35, the virus cannot be cultured. **It cannot be grown. Because it is dead.** The RNA is simply a remnant of a past COVID infection. A FALSE POSITIVE CASE. This case does not reflect an active

infection nor is it contagious. This person was infected weeks or months ago OR may simply be carrying a remnant of the virus without being infected.

This has been known irrefutable scientific fact for months: PCR tests are not reliable and will overly inflate COVID case numbers and deaths, unless we reduce Ct values. Why are we creating worldwide mitigation policies based on the results of these tests.?

PCR tests were never meant to be the sole source of diagnosis. A positive PCR test result for someone with no symptoms is not a case. However, used in the right context, PCR tests can be a useful diagnostic tool to determine source of illness and early stages of infection.

Lastly, and most importantly, using number of cases for policy making does not reflect the bigger picture. Constant regurgitating of daily case numbers is irrelevant. We are we so focused on "number of cases"? The test results are not reliable, and infections pose little or no harm to most of the younger healthy population. The important data is "number of hospitalizations and deaths", especially in the older demographic.

Even more astonishing is the fact that the number of daily tests varies vastly per day, provincially and federally. How can we compare daily case numbers when the benchmark of testing changes everyday?

The inconsistencies in PCR testing, along with the misclassification of COVID deaths is a cause for concern in how COVID mortality and ensuing mitigation policies are being implemented.

## LOCKDOWN HARMS

If you can take just one thing away from this article, it is this section. If you believe a lockdown puts life and health ahead of the economy, you have been gravely misled. Lockdowns destroy and kill more lives than they save.

David Nabarro, WHO special envoy for COVID-19, has stated *"We have to learn to coexist with the virus in a way that doesn't require constant closing down of economies….We appeal to all world leaders: stop using lockdown as your primary control method. Lockdowns have one consequence you must never ever belittle, and that is making poor people an awful lot poorer."*

One of the most comprehensive cost-benefit analyses of a lockdown was performed by Dr. Ari Joffe, a Canadian infectious disease expert, who initially supported lockdowns but is now a strong opponent. His research concluded lockdowns result in **10 statistical lives lost for every 1 COVID life saved**. Put simply, to save the COVID lives of a few today, we have sacrificed the lives of others and lowered the life quality and expectancy of nearly the entire population. Access the news article and must-read report here:
Article: https://bit.ly/3sZ5UDt
Research Report: http://alturl.com/ipbc3

These lockdown deaths are due to restricted medical care such as

- Delay of elective surgeries
- Interrupted Health Services for undiagnosed heart and cancer patients
- Lack or prevention of accessible treatment for current patients dealing with tuberculosis, malaria, HIV and children vaccination campaigns

The following repercussions of a lockdown also have a negative impact on life expectancy and illness.

- Poverty & Financial Stress
- Food Insecurity accompanying Malnutrition/Starvation
- Relationship Strains, including Divorce
- Domestic Abuse
- Deteriorating Mental Health
- Social Isolation (top 3 predictor for heart disease)
- Suicides
- Drug Abuse, Alcoholism and Opioid Crisis'
- Children: School Closures, Childhood Trauma, Social Development and Eating Disorders

The Global Economic forecast estimated pandemic-induced poverty worldwide in 2020 will increase by a minimum of 119 million people, due to the supply chain disruptions and unemployment caused by lockdowns.

This will result in a global hunger pandemic for 82-132 million people.

The Toronto Daily Bread Food Bank has reported a 200% increase in clients accessing the food banks. Visits in August 2020 were up by 50%, when compared to a year earlier.

A January 2021 United Nations report stated 4 times as many jobs were lost in 2020 due to COVID-19 induced lockdowns, when compared to the 2009 financial crisis.

The Director of the Princess Margaret Centre in Toronto predicts a "tsunami of cancer" in the future, due to limited screenings during the first wave of the lockdown. Late diagnoses, in many cases, will lead to much worse outcomes.

Here is what was noted by Ontario Health for 3 major cancer screenings:

- 97% decrease in mammograms (Ontario Breast Screening Program)
- 88% decrease in Pap tests (Ontario Cervical Screening Program)
- 73% decrease in fecal tests (ColonCancerCheck Program)

During the Feb-June 2020 time period (first lockdown), Canada experienced 353900 postponed surgeries, procedures and consultations due to lockdowns, resulting in increased suffering and deaths. (no data was released on deaths)

During the same time period, the Ontario surgical backlog had an average weekly increase of 11413 surgeries resulting in a total of 150000 backlogged surgeries. This is estimated to take 84 weeks to clear, almost 1.5 years. How many can survive a backlog this long?

*NOTE: To be fair, a small part of the backlog is due to additional COVID sanitization measures, which is unavoidable.*

The UK has experienced an 83% increase in Alzheimer's/dementia deaths, due to the isolation of lockdowns. People are dying alone without seeing family in the final days and months of their lives.

Based on a Statistics Canada survey with 4600 participants – using information from the first lockdown:

- 19% of respondents increased their alcohol
- 35% of respondents increased their junk food consumption

In a peer-reviewed UK study for people in addiction recovery prior to the pandemic: 39% have relapsed. This represents a total of 1 million UK citizens.

Ontario experienced a 38% increase in drug overdose deaths during the 15 weeks of the first lockdown wave. Alberta & B.C. have seen similar rises.

During the first lockdown, there was a 60% increase in domestic violence emergency calls in the European WHO states. Online enquiries for violence prevention support hotlines increased as much as 500%.

The Canadian Mental Health Association concluded a study with 3027 Canadians. Here are some highlights:

- **10% experienced recent thoughts of suicide (up from 2.5% pre-COVID)**
- 40% have had their mental health decline
- 27% are worried about putting food on the table
- 18% report fearing physical and mental abuse while trapped at home

A Canadian Psychiatric Research report projected between 418-2114 excess suicides in Canada in 2020 (depending on 1.6% to 10.7% increase in unemployment)

**Children have been affected immensely.**

The Canadian Centre for Child Protection  has stated online sexual exploitation of Canadian children is up 88%.

Children's Hospital of Eastern Ontario has reported a 200% increase in infant head trauma and bone injuries, due to maltreatment concerns. Based on reports from their countrywide colleagues, it appears places which have had more significant lockdown restrictions are seeing this pattern of injuries.

In 2020, children's surgeries in Ontario lowered by 60%, when compared to 2019.

Sick Kids Hospital in Toronto has seen an unprecedented crisis in children's eating disorders. The United States is seeing similar trends.

Children need to return and stay in school. Over a 100 Ontario doctors have written an open letter to the government regarding this. Children have an incredibly low risk to COVID, in terms of lethality and in terms of transmission. For their age group, COVID is less dangerous than the flu.

Lastly, lockdowns are causing our general health and immunity to be being lowered. **We are locked down at home, with increasing mental health issues, stress, lack of sunlight and lack of exercise.** We have lowered our bodies' response to any sort of infection, including COVID.

Why has there been no discussion of this collateral damage from a lockdown? The first principle of medical and health care practice is to do no harm. Lockdowns automatically void that. The basic principle of public health is to look at ALL concerns, not just a singular focus on COVID. Is COVID the only thing which matters anymore? We have only looked at short term gratification, while disregarding long term destruction.

Lockdowns create a fantasy that we can control this virus, when in reality this seems impossible. Learning to live with it, while minimizing harms, is really the only way forward.

The damage from a lockdown is far too expansive to cover in this article, but here is a resource of vetted peer-reviewed studies of the global lockdown effects: https://collateralglobal.org/

An extremely important point must be noted. Lockdowns are a choice and a political decision. **All the damages listed above are caused by lockdowns, not by the COVID pandemic.** Lockdown benefits must be weighed against the drawbacks, but a formal analysis was never done by our political leaders.

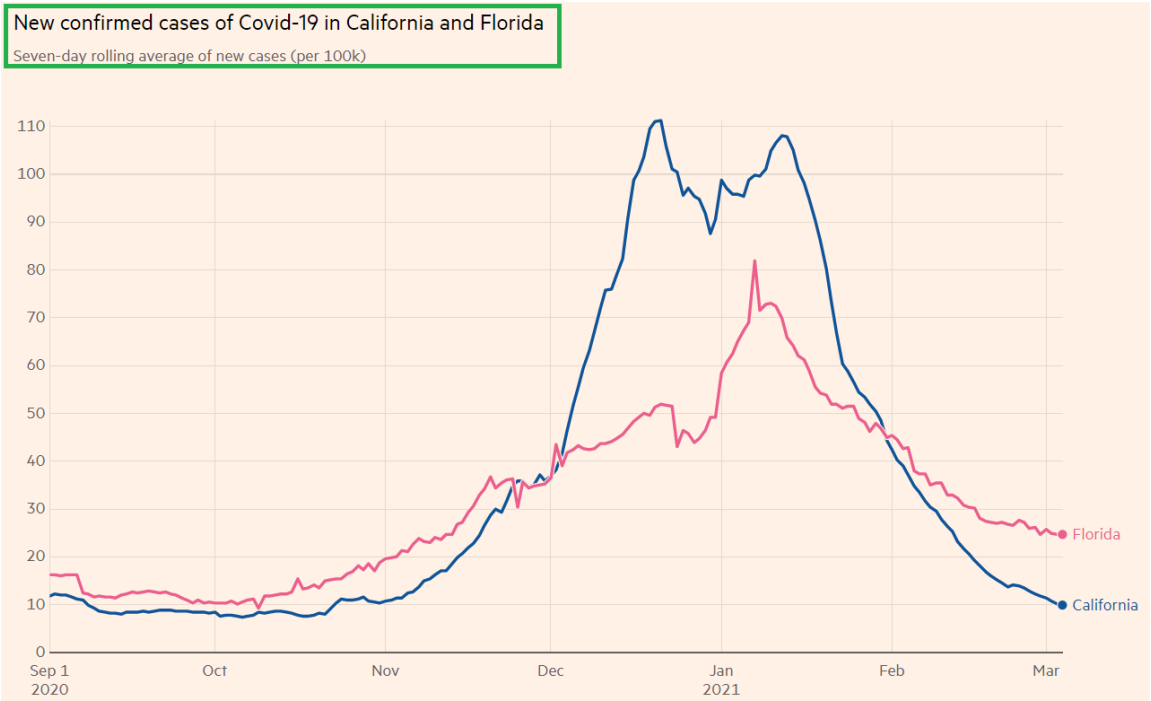
The true selfishness in this pandemic has not been by the supposed "rule breakers" who are causing the virus spread. It is exhibited by those promoting lockdowns while ignoring the harms. Lockdowns have caused more damage than COVID ever could have. The cure has become worse than the virus.

**Do lockdowns even work?**

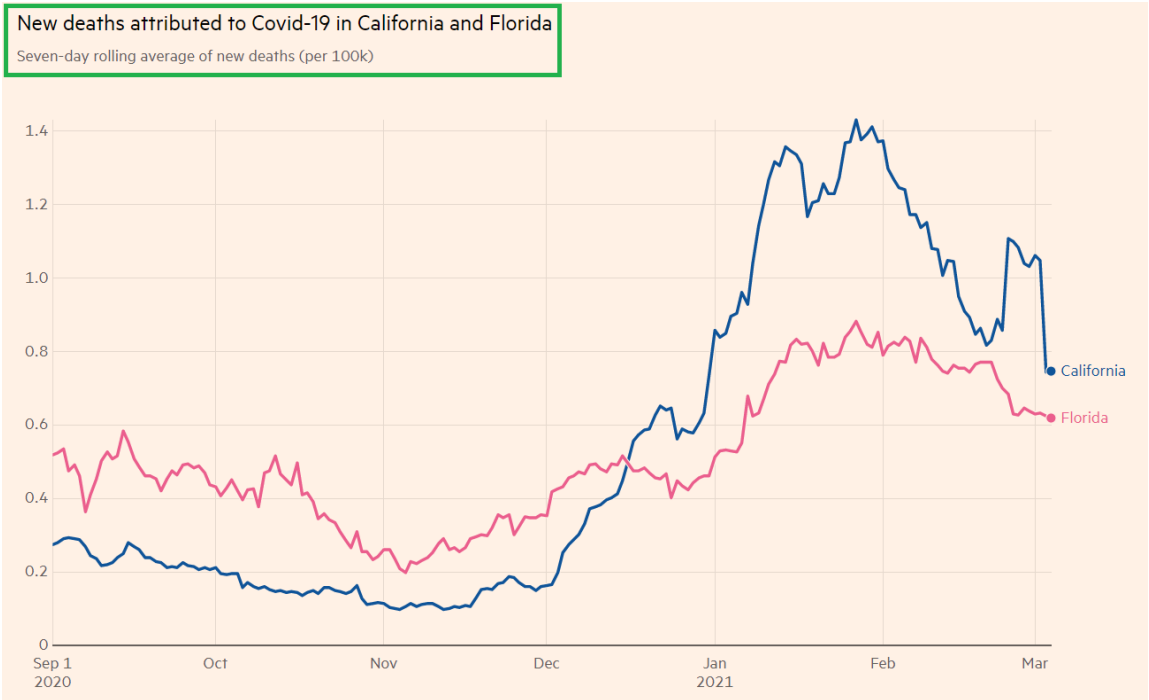
A peer-reviewed Stanford study analysed the effectiveness of NPIs (non-pharmaceutical inventions) in 10 countries. It compared Sweden and Korea, which used *less-restrictive NPIs* vs 8 other countries that used *more-restrictive NPIs* (i.e. lockdowns using mandatory stay-at-home orders and business closures).

RESULT: More-restrictive NPIs (lockdowns) resulted in no significant beneficial effect on case growth in any country. Similar results can be achieved with less restrictive measures. There is also emerging evidence that seasons play a big role in viral cases (similar to the flu). Warmer weather lowers cases.

Another realistic comparison can be made between Florida and California. Florida did not lockdown or have mask mandates, but the latter did. Yet, Florida has seen similar cases, hospitalizations, and a lower amount of deaths per capita, despite having more seniors. Both have seen similar trends in cases and deaths dropping.




**Source: Financial Times – Cases in Florida vs California**
ft.com/covid19




**Source: Financial Times – Deaths in Florida vs California**
ft.com/covid19

## Lockdowns Are Abusing Human Rights & Freedoms

> *There is nothing that must simply be suffered because attempting to counteract it would only induce worse harms.*
>
> - David Cayley

A blanket lockdown on the entire population, using emergency powers, is government overreach. It is an abuse of every Canadian's rights, freedoms and civil liberties. Canadians do not need every aspect of their life micromanaged like they are children. The government's role is to inform everyone of the realistic risk, reduce fear, increase confidence, and set guidelines without impinging on their rights and choices.

Dr. Tam, Canada's chief public health officer, made a statement in April 2020, regarding lockdowns, but it has not aged well: ***"At the same time, we need to be mindful of the potential side-effects … including impinging on the rights and freedoms of individuals without good cause and societal disruption in general."***

The World Medical Association Declaration of Geneva signed by many countries after World War II, guides medical ethics globally and states: *"I will not use my medical knowledge to violate human rights and civil liberties, even under threat; I make these promises solemnly, freely, and upon my honour."* This is being violated by public health officials in Canada and across the world.

The UN Universal Declaration of Human Rights

- forbids any government from treating some people as worth less than others.
- forbids government from sacrificing some people for the benefit of others and knowingly impose harms on them, to serve an alleged greater good.
- forbids government from imposing a hierarchy of rights on their citizens.
- Are you essential or non-essential? Each category now has different rights and freedoms and different levels of individual autonomy. Some have the right to earn a living while others do not. Some have the right to choose how to balance the risks and priorities in their lives while others do not. How can any business or job which feeds a family not be considered essential?
- Civil liberty is now unequal across the country. A citizen's freedom in Montreal is not the same as in Toronto or Vancouver.
- Lockdowns have been applied at the expense of those least able to protect themselves.

  *(Credit: Shelley Wister)*

To impose limits on the rights and freedoms of Canadians, the Charter of Rights & Freedoms states the government must "demonstrably justify" those limits as "reasonable". It is obligated to provide Parliament and the public with all scientific evidence, including views of those who disagree with the government's assumptions. This was not done.

Apart from negatively impacting public health and constitutional rights, lockdowns have also battered the economy.

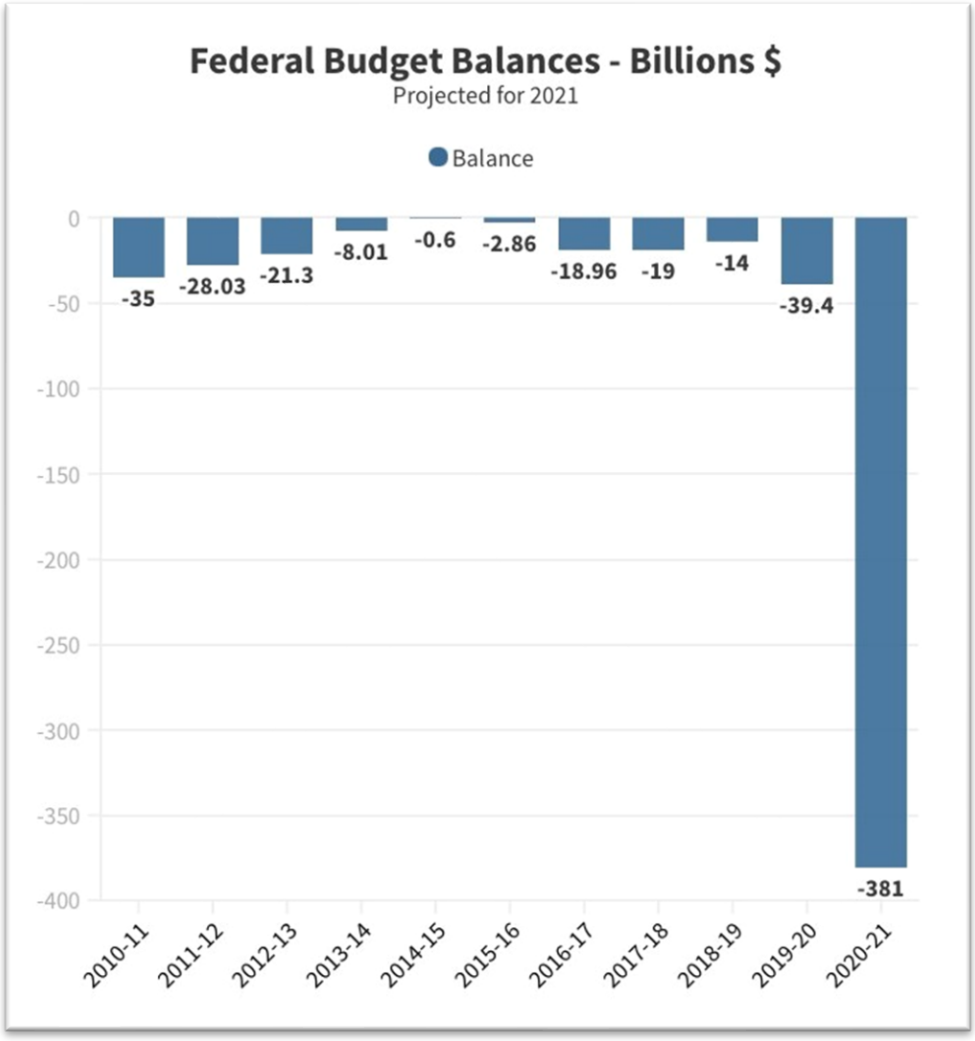
## DEVASTATED ECONOMY

Socio-economic factors are the greatest indicator for the general health of the population, mentally, physically and in terms of life expectancy. Look at any third-world country. Look at the impoverished demographic of any population set.

**Canadian Federal Deficit:**

2019: $39.4 Billion

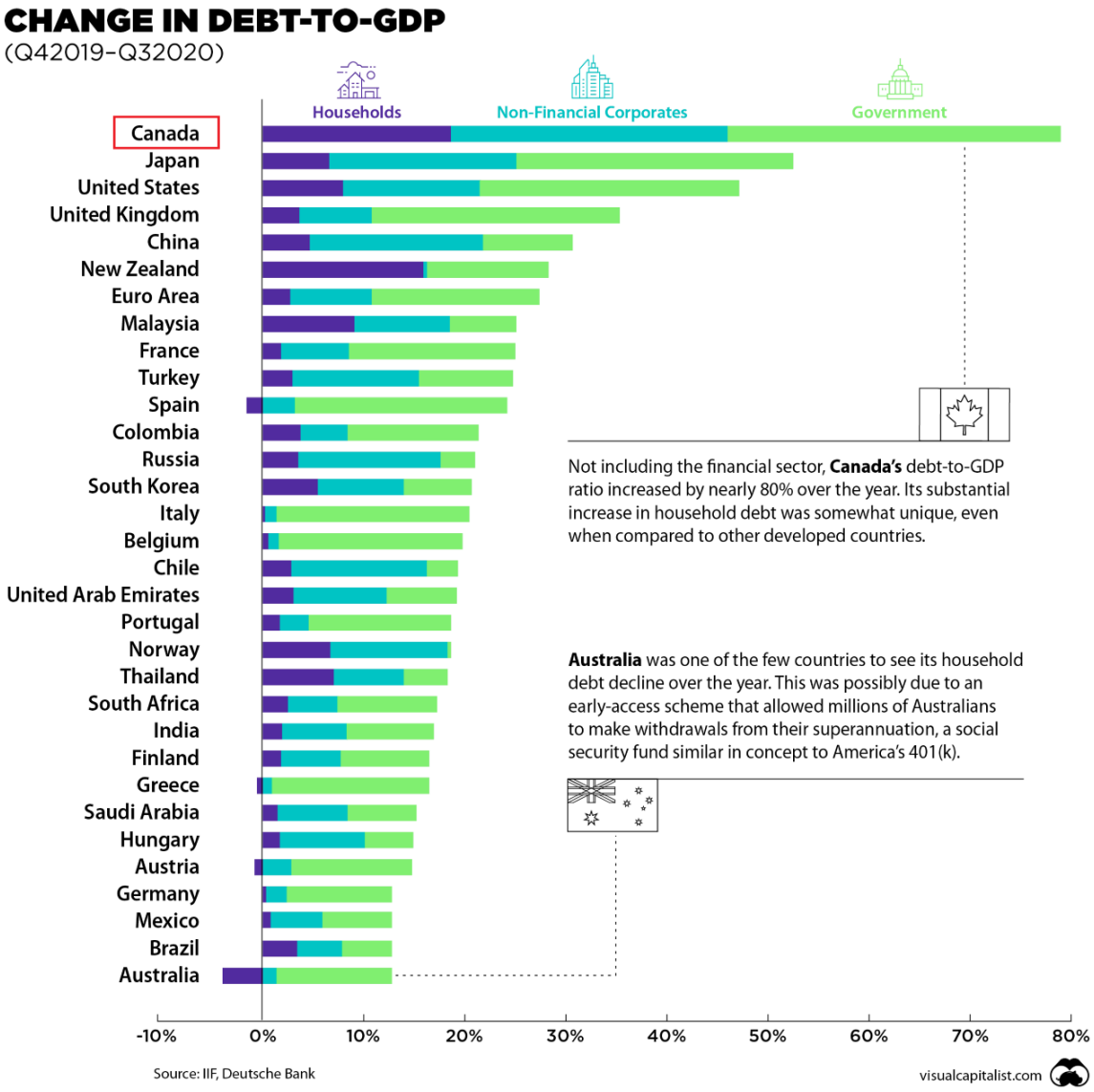
Projected for March 2021: $381.6 to $398.7 Billion




**SOURCE: RBC Economics – Fiscal Tables**
http://www.rbc.com/economics/economic-reports/pdf/canadian-fiscal/prov_fiscal.pdf

**This is an increase in deficit of 1000%. Imagine your $40,000 student loan becoming $400,000.** By far, this is the highest deficit in Canadian history.

Every country has spent money as part of pandemic relief, but Canada has outpaced all others. Canada had the highest increase for Debt-to-GDP ratio in the world, a rise of 80%. We have spent the most amount of money in proportion to what our economy generates.




**Source: IIF, Deutsche Bank**
https://www.visualcapitalist.com/debt-to-gdp-continues-to-rise-around-world/

Our last federal budget was released in March 2019, a gap of 2 years. This is the longest gap in recorded history. A pandemic does complicate budget releases, but every other G7 country released a budget in 2020. Every Canadian province and territory also released a budget in 2020.

We have no idea where all the money has gone. The auditor general has been denied the resources to even keep track of it. Not only are we spending at historical rates; we are doing it with no oversight.

Our Minister of Finance resigned during Summer 2020. A day after the Fall Economic statement was released on Nov 30, 2020, our Deputy Minister of Finance also resigned.

Our current Minister of Finance, Chrystia Freeland, has no background in this field. Watch her in Parliament: https://fb.watch/23ypw_Ru1_/

The following industries have been devastated:

- Aviation
- Tourism
- Arts & Entertainment
- Hospitality
- Restaurants
- Fitness
- Retail

Even if you do not think these are important in day-to-day life, they are a key cog in the Canadian economy and the source of employment for millions of Canadians. The effects will ripple through all economic sectors.

In January 2021, Canada lost 213000 jobs and the unemployment rate rose to 9.4%. This is the worst unemployment rate in the G7. Moreover, the number is deceiving. It is artificially held low by government subsidies and by ridiculous requirements to be considered “unemployed”.

The true unemployment number could be as high as 30%, if not more. This number reflects a staggering 10-15 million Canadians unemployed.
Ontario lost 335000 jobs in 2020, the highest annual loss in history. Ontario's unemployment rate is at 9.6%, the highest since 1993.

A July 2020 Canadian Federation Of Independent Business (CFIB) reports 218000 small-to-medium Canadian businesses are at risk of closing permanently. **This represents 1 out of every 5 Canadian small businesses.** This was before a second lockdown was announced, and is clearly much worse now. These small businesses employ almost 3 million Canadians.

A February 2021 CFIB report states 70% of Canadian small businesses have taken on average debt of $170,000 due to lockdowns. **In Ontario, this is worse, with average business debt at $208,000.**

A Canadian Chamber of Commerce report states 51.3% of ALL Canadian businesses may not be able to continue to operate at current revenue levels, with smaller businesses facing even higher unknowns.

On the other hand, large corporations and big box stores are thriving. The price of a lockdown is not equally borne across the Canadian population, hitting the poorer demographic the hardest.

We are all in the same storm, but not the same boat.

As Pierre Poilievre (MP Carleton) said, *"We have to stop being a credit card economy and start becoming a paycheque economy"*

## Was it justified to close Ontario Small Businesses?

Ontario COVID-19 Science Advisory Table:

- In October 2020, restaurants, bars, fitness centres and clubs were the source of 0.7% of all known COVID transmissions in Ontario.
- 58% of COVID cases were of unknown origin. Given the scrutiny experienced by small businesses (and travel), it is highly unlikely they were part of this.
- The primary known source, close contact, adds up to 45% of Ontario COVID transmissions. This means living in the same home, or being within 2 metres of someone in a workspace, same room or area.

Restaurants met the strict protocols of the government and set up diligent contract tracing. Now, they get targeted as the "source" of COVID infections because they are one of the few industries required to provide contact tracing.

Has Walmart and Costco taken the contact information of every customer who enters the premises? No tracing = no cases = let them stay open.

In what logical world does it make sense to close all small businesses and cramp everyone together into the big box stores? Where is the scientific evidence? Watch this question being (non)answered in Parliament: http://alturl.com/ekkdy

The Canadian Federation of Independent Business put forward a retail plan in November 2020 to the provincial government, asking small businesses be allowed operate with safety measures of only 3 people in store at a time. This common-sense measure was ignored.

Our politicians are blindly flailing at theories to control this virus. How can a politician rob someone of their entire livelihood based on a hunch?

## PANDEMIC PLAYBOOK ABANDONED

The Canadian government has thrown out well-constructed emergency pandemic response plans (federal and provincial). Instead, they have become an improvising government who responded with short-sighted and reactionary decision making.

These pandemic plans stress than there should be

- minimal restrictions to day-to-day movement
- continuation of other essential healthcare services
- self-assessment of individual risk should be encouraged
- ethical scenarios which encroach individual freedoms must be considered very carefully
- science-based evidence must be presented to the public
- promote return to normal community function as soon as possible

Going into further details with hospital capacity, these detailed pandemic plans account for excess hospital overcapacity of up to 170% in ICUs and 117% of ventilator supported beds. No Canadian hospital has come close to this point.

Even more surprising, these plans were for a *worse* pandemic scenario than COVID-19 and still called for *less* restrictive measures. Using lessons learned from the 2009 swine flu, it was found aggressive measures such as restriction of movement were considered impractical, if not impossible.

In October 2019, the World Health Organization published a guideline for any future influenza pandemic. It states:

- social distancing measures (closures of workplace, avoiding crowding and closing public areas) can be highly disruptive, and the cost of these measures must be weighed against their potential impact
- measures not recommended in any circumstances: contact tracing, quarantine of exposed individuals, border closure
- border closures may be considered only by small island nations in severe pandemics, but must be weighed against potentially serious economic consequences
- travel-related measures are unlikely to be successful and are likely to have prohibitive economic consequences

David Redman, former Alberta emergency planner and retired military officer, brought this issue to light. He explains why the pandemic response plans are important. This pandemic is not just a public health emergency. It is a public emergency, period, because all aspects of society are affected. **The COVID pandemic is also a mental health, social, economical, constitutional, and educational crisis,** all of which are out of the realm of infection disease experts and virologists.

The modern disease expert knows a lot about the disease in question but not a lot about general public health, health economics, health policy or public policy, which are much more about priority setting and hence resource allocation between competing priorities.

For this reason, public health officials should not be in charge of handling this pandemic, and they should never be. To use an airline analogy, making unelected public health officials take charge of public policy is like asking a pilot to manage an airline.

Public policy needs a multidisciplinary approach, with input from a myriad of experts from all the aspects of society, before implementing a decision. Instead, the government simply focused on one item: public health regarding COVID and nothing else, with lockdowns as the answer and with no end goal mentioned.

Interviews with David Redman:
http://alturl.com/4sifd
https://youtu.be/cKGr5Ks-euM

Link to Canadian Federal & Provincial Pandemic Preparedness Plans:
http://alturl.com/axs2m

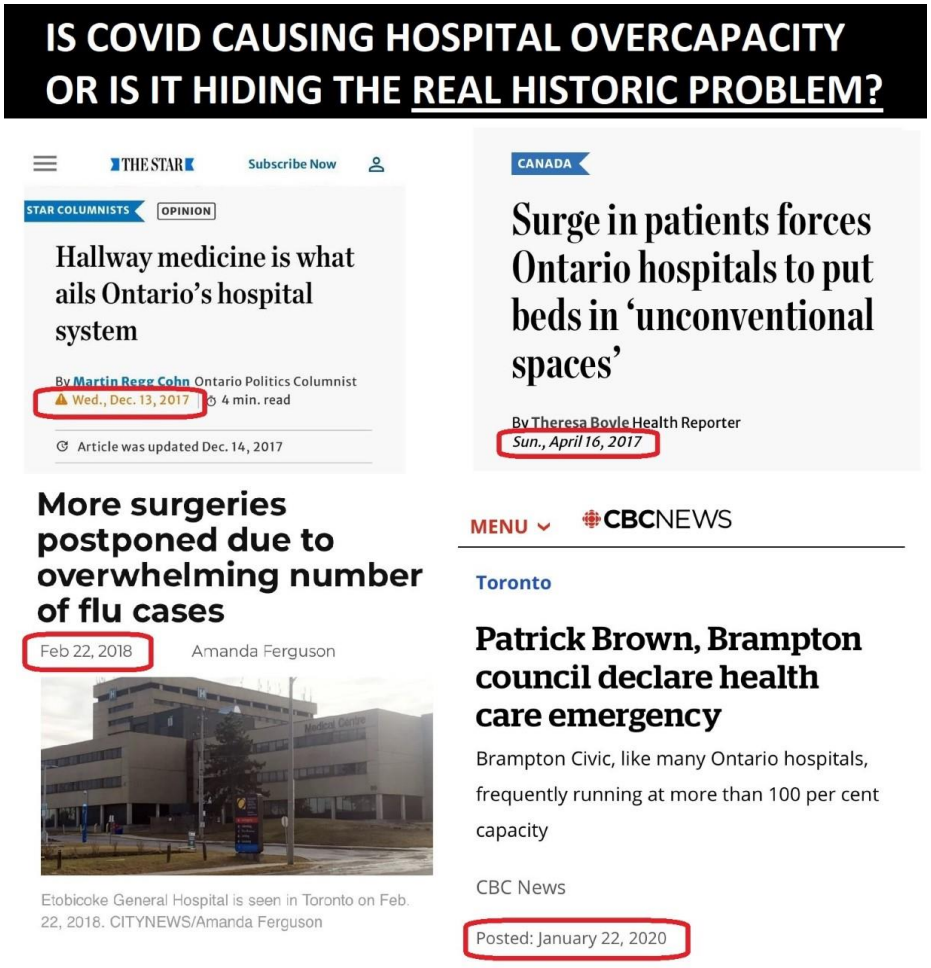
Link to WHO 2019 Global Influenza Programme for Non-Pharmaceutical Measures: https://bit.ly/2PG8Nut

## HOSPITAL OVERCAPACITY

The initial goal of lockdowns was to flatten the curve, but we were at the peak before the curve even started to steepen.

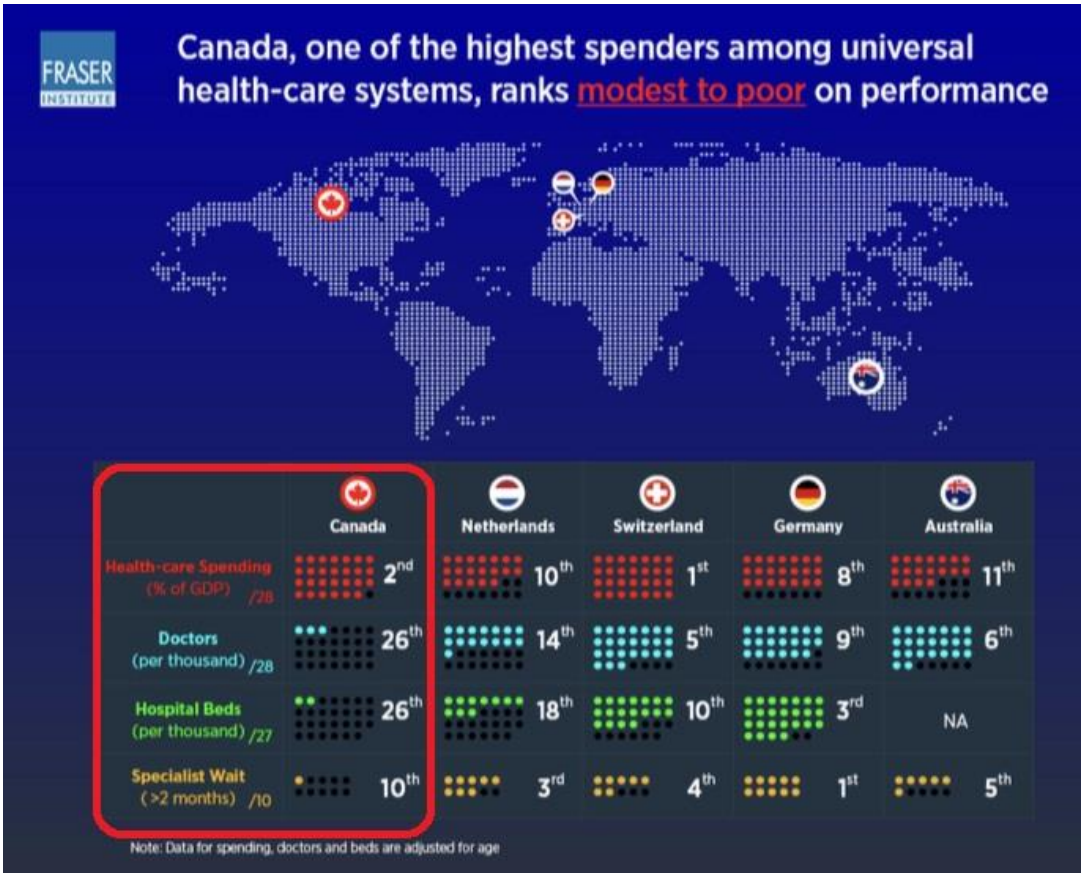
Hospital space and staff shortages are a historical Canadian problem. Every flu season in the last few years has had hospitals running at over capacity. COVID is simply an alibi to distract everyone from the past failings and unpreparedness of the government.

Astonishing, but a simple online search will prove it. Here is a link to a collection of almost 100 Canadian news articles from the past decade, illustrating hospital overcapacity throughout the country: https://bit.ly/305X6PM



**Canada, despite being the 2nd highest spender in health care**, sits far behind for services provided. In a 2019 Fraser Institute study, out of 28 developed countries, here is how Canada ranked:

- Doctors: 26th (2.8 doctors per 1000 people)
- Hospital Beds: 26th (2 beds per 1000 people)




**SOURCE: Fraser Institute – Comparing Performance of Universal Health Care Countries**
https://www.fraserinstitute.org/sites/default/files/comparing-health-care-countries-2019-execsummary_0.pdf

We were completely unprepared for additional medical concerns, let alone a pandemic. Why has the government not addressed the hospital capacity issue prior to the second wave, despite having 6-8 months to plan for it?
This is the most IMPORTANT factor in avoiding a lockdown. Why is the public paying the price for government inadequacy? **The hospitals which were supposed to protect us are now needing us to protect them.**

## LONG COVID

Long term effects of COVID; persistent symptoms such as fatigue, headaches, respiratory, brain and heart issues can continue for weeks and months for some COVID cases.

King's College London and the UK National Health Service have compiled the largest data set on this topic, using information from 4182 confirmed COVID cases. Here is the breakdown of how many experienced long COVID, by duration of symptoms. The study states these numbers were comparable to Sweden and USA.

- 4 weeks: 13.3% (1 out of 7 cases)
- 8 weeks: 4.5% (1 out of 20 cases)
- 12 weeks 2.6% (1 out of 50 cases)

**Beyond 3 weeks, fatigue was the most common symptom.**

The susceptibility to long COVID is increased by the following factors, but can occur in low proportions in healthy individuals as well:

- Severity of COVID infection (number of COVID symptoms experienced in the first week)
- Increased age
- Obesity
- Asthma

Post viral syndrome is not unique to COVID. It is a known after-effect of severe influenza cases and has been referenced in many past studies. Nevertheless, long COVID is a concern and it needs to be assessed alongside the wider negative impacts of a lockdown.

# PART 2: THE FEAR NARRATIVE

## GOVERNMENT RESPONSE

The panic started with a wildly incorrect and catastrophic model of COVID deaths by Dr. Neil Ferguson, from the Imperial College in the U.K. In March 2020, he projected COVID had infection fatality rate of 0.9% and unmitigated, COVID-19 would kill 326,000 in Canada in 2020. Similar projections were made for other countries.

Dr. Ferguson's faulty projections, without being reviewed, led to a swift global lockdown and mass hysteria. Initial plans of using moderate measures to slowly achieve herd immunity while protecting the vulnerable – were abandoned.

Dr. Tam's - Canada's chief public health officer – statement from January 2020, was long forgotten: ***"As I have always said, the epidemic of fear could be more difficult to control than the epidemic itself."***

To add more fuel to the fire, on March 11 2020, Dr. Anthony Fauci, chief medical advisor in the US, incorrectly stated COVID would be 10 times deadlier than the flu. He used Case Fatality Ratio (CFR) as a benchmark, instead of Infection Fatality Ratio (IFR), thus inflating COVID-19 mortality.

Using the extremely restrictive Wuhan lockdown as inspiration (which was based on no previous science), Dr. Ferguson said with a "75% reduction in interpersonal contact rates", projected deaths would fall to under 46,000 in Canada. Coming to the end of 2020, we were at approximately 15000 COVID related deaths in Canada. While this is still a tragic number, it is nowhere close to what was predicted, which was in error by orders of magnitude.

*It must be noted the Dr. Ferguson flouted lockdown rules multiple times to meet with his married mistress and ended up resigning over the ensuing scandal. The government is following the science of someone who does not follow it himself.*

Dr. Ferguson has a history of incorrect modeling and is known for melodramatic doomsday projections.

- predicted 40000 COVID deaths in Sweden by May 2020, with no lockdown. By then, Sweden actual deaths were under 3000.
- 2002: predicted 150000 deaths from Mad Cow Disease by 2080. Actual toll so far: 2704.
- 2005: predicted 150 million people would be killed by the bird flu. Between 2003-2009, actual toll was 282.
- 2009: predicted swine flu could lead to 65000 U.K. deaths. Actual toll: 457 people.

About 6 weeks after his initial projection, Dr. Ferguson admitted his COVID modeling was based on a 13-year old computer code intended for a "feared influenza pandemic". It was filled with amateur errors.

**We shut down the world based on this? No one looked for a second opinion?** This reckless advice set a dangerous precedent for lockdown policies and the abuse of human and constitutional rights.

If the government realized and changed their approach now, it would mean admitting they were wrong. Likely, they have not realized this and simply succumbed to coronavirus tunnel vision in their own echo chamber.

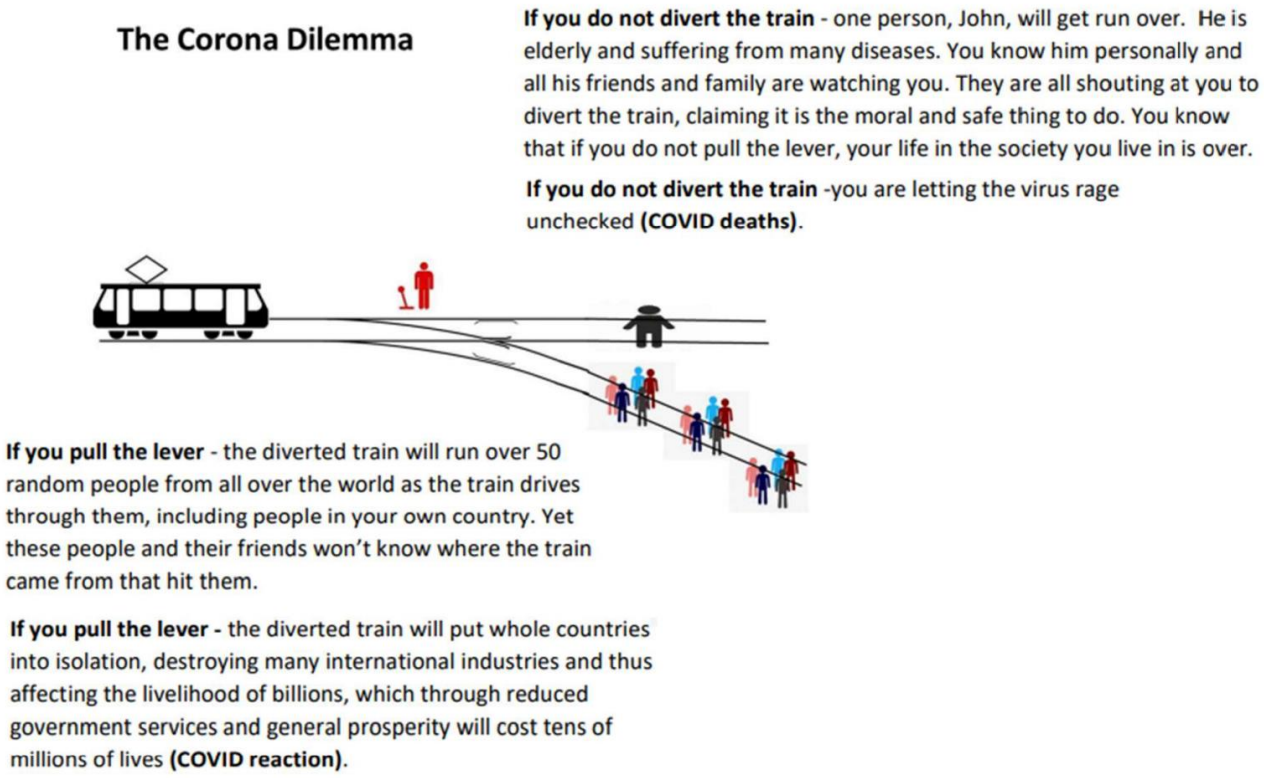
How can they reverse course without getting politically skewered for going all in on what is now by far the largest public spending campaign ever, the most significant restriction on free society ever and the greatest peacetime damage ever inflicted on a generation, socially and economically, in modern history when it turns out it didn't make much of a difference? *(credit: Josh Kocher)* Did the government make the single greatest miscalculation of risk in human history?

Instead of considering this, politicians have used the new "science" of demagogy.

> ***Demagogy***
>
> *political activity or practices which seek support by appealing to the desires, prejudices and emotions of ordinary people rather than by using rational argument.*

The government has implemented measures which make us feel safe instead of what is actually safe. With only COVID in the spotlight, actions are based on "optics". Every COVID infection accuses politicians that they should be doing more. As long as COVID related deaths are down, why bother with the collateral damage from a lockdown? Politicians do not have to wipe that blood off their hands. Ignorance is bliss.

Should we save 1 COVID life today, even though it will cost 10 lives down the road? This is the Corona Dilemma or Trolley Problem.




**SOURCE: COVID-19 – Rethinking the Lockdown Groupthink**
https://www.preprints.org/manuscript/202010.0330/v2

The Canadian government's approach has been completely risk-averse, with a thorough display of no courage, innovation, or rationale in handling the matter. This is complete lack of leadership. They are abstaining from any difficult choices and letting fear make decisions.

Referring to the 2009 influenza pandemic, a WHO report stated a culture of fear meant worst-case thinking replaced balanced risk assessment on the part of influenza experts.

COVID is real and it is a threat, but it needs to be looked at without the magnifying lens of fear.

Our leaders have used worst-case WHAT IF scenarios for policy applications. We have replaced facts about 'what is actually happening' with fear of 'what might happen'.

**Fear is limitless and immeasurable.** People can become fearful of anything if they are constantly bombarded with information. Fear sells in the media. Fear justifies government actions. Fear makes people comply with rules. Fear currently is being abused. Fear added another casualty to the pandemic, the loss of rational thinking.

## The Blame Game

To show further lack of leadership, the government has put blame on the virus or on others for any setback in the fight against COVID. Politicians have embraced the role of heroes from this deadly war against the virus, with the notion it can be beaten. Instead of taking responsibility for any failure, they start looking for scapegoats such as small businesses, travelers and the invisible "rule-breakers".

It should be made abundantly clear COVID did not cause the following:

- The excessive amount of deaths in long term care homes
- Hospital overcapacity
- The immense damage from lockdowns

These were all within the control of the government. It was government action (or inaction) which caused the above, NOT COVID.

## Politicians Are in A Position of Privilege

Politicians are making decisions while being completely protected from the consequences of their actions. Their salary stays the same and their large pensions fully protected. The government sector feels no effect of their pandemic policies.

39% of Federal Employees were on full paid leave last year, due to lockdowns, which ended up costing taxpayers $819 million.

A Canadian MP who only holds 6 years in office gets a lifelong pension. Even a war veteran does not get this benefit. Imagine being guaranteed a secure retirement, regardless of your performance in office?

How can you trust someone making decisions which affect others but not themselves? It is a conflict of interest. Note the New Zealand PM and her ministers took a 6-month 20% pay cut in April 2020.

Roman Baber, an Ontario MPP, filed a motion in February 2021 for all Ontario MPPs to reduce their salaries to CERB levels until lockdowns are removed. This was to show solidarity with the suffering population and to understand the effects of lockdown policies. In a shocking response, Ontario politicians laughed off the idea of taking a pay cut. Not only was this denied, but a motion was put forward to only reduce Roman Baber's salary to CERB levels.

**Given 50% of Ontario's spending is on employee wages (again, shocking), even a 10% pay cut would result in $7 Billion annual savings.**

## PUBLIC SUPPORT

Canadians, by nature, are polite and compliant, which in the right context, are great qualities. Unfortunately, in this scenario, where critical thinking and an inquisitive mind are required, it is a weakness.

Public support for lockdowns is being driven by mass hysteria; from the fear mongering and sensationalizing of news by irresponsible journalism and incompetent politicians. The media and politicians must be careful with the legitimacy of data when giving out bad news. If it is incorrect, it is very hard to undo the damage. In the world of social media and headline experts, many lack the cognitive patience to dig deeper.

The government has instilled so much fear into people, they have stopped responding to any kind of hope or good news. We have entered a dangerous cycle of extremely negative, risk-averse, and worst-case scenario thinking. Many think getting COVID is a death sentence. Any lessening of restrictions is considered fatal. Fear is paralyzing our lives.

Furthermore, there are many working from home on a full or partially reduced salary, or on governmental support. They have little to lose with a lockdown, so it is easy to support it. Lockdowns are simply an annoying inconvenience. Again, a position of privilege.

They are unaware of immense collateral damage of a lockdown and our country's disastrous economic situation. Ignorance, once again, is bliss.

## VARIANTS

The panic with variants followed a very familiar storyline to the original pandemic hysteria created by Dr. Neil Ferguson's projections.

The first claim that the B.1.1.7 UK variant was more deadly is from a Dec 21, 2021 meeting of an influential UK committee called New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG). They cited 3 modeling papers were not published yet, so there was no way to check their work.
(1. A Technical Briefing by Public Health England, 2. London School of Hygiene and Tropical Medicine Report, 3. A manuscript by a group of UK scientists)

**The infamous Dr. "Doomsday" Neil Ferguson was a co-author of the first and third papers.** There were many flaws in the modelling papers and the reports they cited, such as the studies being conducted in unrealistic environments (mice, petri-dishes, engineered variants and decoy receptors).

Without seeing the evidence - which would be released over the span of the next 10 days - public health officials, government and the press took NERVTAG claims of variant deadliness as solid science. Calls for harsher lockdowns echoed around the world. Canada imposed further travel restrictions on inbound travelers.

Let's get the facts straight about variants. There are over 4000 COVID variants worldwide. Viruses *generally* mutate to become more contagious but weaker. This is common feature for viruses. They want to survive off the host, multiply and keep spreading. If they killed the host instead, it would defeat the purpose of infecting them. As an example, the flu has weakened immensely from the very deadly 1918 Spanish influenza. It still mutates and this is why we take an annual flu vaccine for the dominant strain of the year.

More real-world data has emerged on variants. Feb 01, 2021: King's College in London conducted a study of 1.76 million people who submitted over 65 million health reports between September 28-December 27, 2020. This was done using the UK government implemented ZOE COVID Symptom Study App. After adjusting the data to account for age and sex, as well as local temperature and humidity, analysis showed there were no significant differences in the type, number or duration of symptoms between areas with a high prevalence of B.1.1.7 compared with those with a lower prevalence. This did not change as the new variant spread. There was also no difference in the proportion of reported hospitalisations and reinfections.

Jan 29, 2021: Another study also used the ZOE COVID Symptom Study app. It checked longitudinal symptom and test reports of 36,920 users who tested positive for COVID-19 between 28 September-27 December 2020. The study examined the association between the regional proportion of B.1.1.7 (UK variant) and reported symptoms, disease course, rates of reinfection, and transmissibility. It found no evidence for changes in reported symptoms, disease severity and disease duration associated with B.1.1.7.

21 Jan 2021: A European Centre Of Disease & Control Risk Assessment had the following conclusions: *There is currently no indication infections with variants of concern (UK, South African and Brazil) are associated with more severe cases than pre-existing strains. However, the estimated increased transmissibility can result in a higher number of infections, which can increase the volume of severe cases.*

There is also emerging evidence most vaccines are effective against variants, and severe cases can be avoided.

There is no conclusive proof variants of concern are more deadly. It is nearly impossible to prove such a thing because the scenario cannot be played out in one population group simultaneously, between the original virus and the new variants. Moreover, you cannot account for the undetected infections of the new variants in the community.

So, what exactly is the cause for concern here? An increase in transmissibility? This was already a very contagious virus. It's hard to imagine broader mitigation measures to counteract more transmissibility.

Here is the bigger question. **What is the end game with variants?** Shut down forever, while the virus keeps mutating continuously?

Variants are a natural occurrence during the course of this pandemic. The variant is still dangerous to the same population set; the older demographic, long term care homes and persons with co-morbidities. The government should focus on protecting them and stop spreading unnecessary fear about variants. Instead, they have focused on attacking and blaming the travel industry.

## SCAPEGOATING TRAVEL

It is acknowledged travel was the means with which the virus came into the country and across the world. This was BEFORE we knew much about COVID and BEFORE mitigation measures were implemented. Since then, the aviation industry has adapted to life with COVID and created strong safeguards. Travel, even before panic ensued in Jan 2021, had only accounted for 1.4% of ALL Canadian COVID cases.

From a COVID perspective, an airplane is the safest indoor public environment you can be in due to superior air circulation and excellent airline health practices. A U.S. Department of Defense Study illustrated that being masked on an airplane, only 0.003 per cent of particles make their way to another passenger's breathing zone. As a result, sitting next to a passenger is equivalent to being 6-7 feet from them in a normal public setting.

Rapid testing studies of over 50000 inbound Canadian travelers have shown - at most - 1.15% of passengers have tested positive; all detected within 7 days.

Despite this, the government maintained the archaic 14-day quarantine, until the emergence of variants. In a panic, they hastily implemented testing before and after travel into Canada. The government acted too late on these proactive measures, despite the travel industry pleading for months. Now, instead of taking responsibility, they blame the arrival of variants on travel. Similar to small businesses, more fear and blame is being centered around travel, when it deserved none.

For more details on the above, read my article: Toronto Star: The Government Needs To Stop Distracting Us With the Irrational Fear Of Travel

## ZERO COVID

When did we go from 'flattening the curve' to potentially pursuing 'zero COVID'? Countries such as Australia and New Zealand have seemingly achieved it, although on a temporary basis. This has set a dangerous and unrealistic precedent, one which many countries are trying to emulate. Here is why this is a mistake:

1. They started their stringent lockdowns very early. Australia's total COVID cases peaked at 735. It is too late for Canada.

2. They are small island nations with no open land border bringing vital supplies. Canada has 15000-30000 commercial truckers entering everyday with an exemption from quarantine.

3. New Zealand has 5 million people. It is relatively easier to contain COVID transmission in a smaller population which is sparsely dispersed.

4. Seasonality is shown to have a huge effect. Warmer weather lowers viral spread and cases. New Zealand and Australia achieved 0 cases just as the Southern Hemisphere reached summertime.

5. Zero recorded COVID cases does not account for undetected cases in the community. Australia and New Zealand constantly keep locking down every couple of weeks when new cases emerge, so they have not truly achieved Zero COVID.

6. Lockdowns have brought devastation on the people, mentally, physically, constitutionally and economically. Apart from the lockdown examples

mentioned earlier in this article, Australians have depleted their pensions to avoid economic damage. Even if Zero COVID was truly achievable, it would come at a massive cost. The cure is worse than the virus.

7. What is the exit strategy? Shut down forever from the rest of the world? The harsh truth is COVID is here now and we cannot stop it. Risk and harm cannot be completely eliminated. COVID will affect some people; this is unavoidable. It cannot be the sole reason behind making broad policies.

How about we realize trying to control this virus is impossible and we must learn to live with it, while minimizing harms.

## WE MUST ASK QUESTIONS

We must stop having blind faith in what our leaders and public health officials tell us. When the rules do not make sense, we must ask questions. When the reply is "Shut up and listen to the experts"; that is not an answer. The implication here is that knowledge can replace judgement. A well-educated mind does not always mean a well-formed mind.

Something is very wrong when there is massive blowback to any questioning of the narrative. Something is very wrong when fear has become a virtue and courage a vice.

> *"When totalitarianism takes hold, it's a sign people have disengaged from analytical thought. If factual evidence is presented to disprove (the leader's) vision or present a viable alternative, it's always twisted into an attempt by an enemy to mislead public"*
>
> Hannah Arendt, 1951

There are several reasons on why we should always question everything:

### #1: Science demands questions

Free discourse is vital because it helps prevent bad ideas from blossoming and spreading. Healthy debate is important and effective leadership encourages opposing views, instead of the reinforcement of personal echo chambers. Have our politicians only surrounding themselves with experts propping up their initial impressions, ideologies, and aspirations?

We cannot simply accept the first viewpoint presented to us. Science requires many different points of view, rigorously tested, before arriving to a conclusion. **Science demands opposing opinions. Propaganda, on the other hand, silences it.**

### #2: Our experts are simply experts in one field

*This is an excerpt from an earlier topic of Canada abandoning its Pandemic playbook. It needs to be stressed again.*

Public policy needs a multidisciplinary approach, with input from a myriad of experts from all the aspects of society, before implementing a decision.

The modern disease expert knows a lot about the disease in question but not a lot about general public health, health economics, health policy or public policy, which are much more about priority setting and hence resource allocation between competing priorities.

For this reason, public health officials should not be in charge of handling this pandemic, and they should never be. To use an airline analogy, making unelected public health officials take charge of public policy is like asking a pilot to manage an airline.

### #3: Experts are human. They have and can continue to make mistakes.

Dr. Neil Ferguson, who started the global panic, had extremely inaccurate COVID mortality predictions.

Dr. Tam, Canada's chief public health officer and Dr. Fauci, USA's chief medical have both initially rejected mask wearing in early 2020 and shortly after flipped their stance to support it.

In February 2020, Patty Hajdu, Canadian Health Minister, said closing the border was "not effective at all" at controlling the spread of disease and long term. It can

create a greater risk to public health. About a month later, Canada closed all borders and implemented a 14-day quarantine.

On January 12, Ontario modelling projected 20000 daily provincial cases by mid-February. Premier Doug Ford stated "you'll fall off your chair after you see the projections". Keep in mind this was AFTER Ontario had already instituted a province-wide lockdown. Here is what actually happened: On February 8, daily provincial cases totalled 1265.

In late Feb 2021, Dr Tam projected 20000 daily cases in Canada by March 2020, due to the presence of variants. No one in public health could explain the rocket ship modelling, especially since cases were falling in Canada.

Despite over-the-top projections about COVID patients overtaking hospitals, Alberta ICU admissions in 2020 were lower than 2019 levels. In 2020, there were 22,409 patients put into ICU care, much lower than 24,010 ICU patients in 2019.

Even if the public health experts are right, are the politicians listening to them? Ontario Premier Doug Ford overrode top doctor advice on who should be tested. He asked all people, regardless of symptoms, to present themselves for COVID tests, thus overwhelming the health care system.

Peel Region health officials asked children - who may have been exposed to the virus - to be placed in 14-day solitary confinement in their room. Parents would be charged $5000 for non-compliance. Have officials lost all perspective? Fortunately, they redacted this cruel rule very shortly after.

### #4: Many actions are contradicting science and evidence

David Redman, retired Alberta emergency response planner, has brought to light Canada has abandoned extensive Pandemic Response Plans. These were created for a virus worse than the flu.

Ontario closed all small businesses and cramped everyone together into the big box stores such as Walmart & Costco. There was no data to support small business closures, including ski hills. Ontario was the only place in North America to close ski hills. Where is the scientific evidence to support such illogical measures?

There was no data to support the blame on air travel. Similarly, there was no data to support 3-day hotel quarantine vs quarantining at home, for inbound arrivals.

Public health officials and politicians flouted their own guidelines of not travelling. Perhaps it is time to realize the travel guidelines themselves are foolish, not the people breaking them.

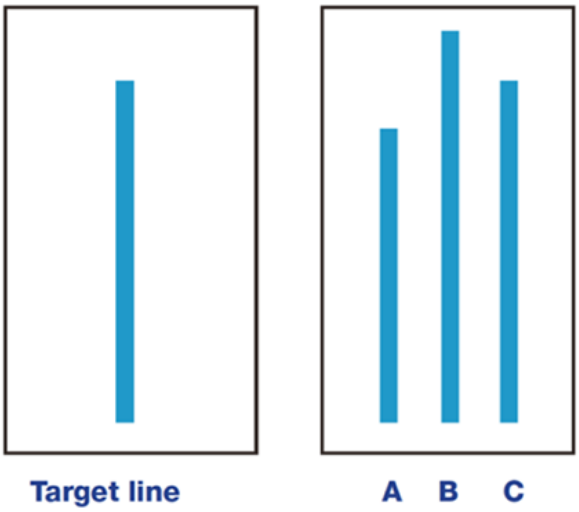
Every country, province and state are following different approaches. How do you know which one is correct? A realistic comparison can be made between Florida and California. Florida did not lockdown or have mask mandates, but the latter did. Yet, Florida has seen similar cases, hospitalizations, and a lower amount of deaths per capita, despite having more seniors. Both have seen similar trends in cases and deaths dropping.

### #5: Conformity & Groupthink

Can this entire year be summarized by an inherent weakness in humans? The need to conform to groupthink. Have Canada simply imitated its COVID response to the incorrect actions of other countries?

The 1951 Asch Conformity Experiment tested this theory by measuring the number of times a participant conformed to majority view.

A naïve participant was placed in room with 7 confederates/stooges. Each person was asked to look at 2 diagrams and say aloud which line (A, B or C) was closest to the target line. It is obvious the correct answer is C, but all the stooges had planned to state the same incorrect answer (A or B). The naïve participant was unaware. The 7 stooges were asked first, followed last by the naïve participant.




The result: 75% of participants conformed to the wrong answer at least once, and 25% of participants never conformed.

In the control group, with no pressure to conform to confederates (i.e. the stooges did not pre-plan any wrong answer), less than 1% of participants gave the wrong answer.

Why did the participants conform so readily? Interviewed after the experiment, most of them said they did not really believe their conforming answers were correct, but **had gone along with the group for fear of being ridiculed or thought "peculiar".**

A few of them said they really did believe the group's answers were correct.

Apparently, people conform for one of two main reasons:

1. They want to fit in with the group.
2. They believe the group is better informed than they are.

Can this explain the conformity, the lack of critical thinking or the censorship culture which is preventing many from speaking out?

### #6: Our leaders and public health officials are immune from the consequences of their decisions

They get to keep their large salaries and pensions, which is paid by taxpayers. They do not have to suffer with the rest of the population. Should we blindly trust the sincerity of their actions?

### #7: Health Experts, Politicians, Lawyers and Police Officers Are Speaking out

We have created a society of fear that anyone who speaks out is ostracized, even experts. Yet, many medical professionals and politicians are speaking out with nothing to gain and a lot to lose. They have no ulterior motive. They must be heard. Following are several examples:

55000 Virologists, Immunologists, Infectious Disease Experts and Medical Practitioners condemning lockdowns and calling for Focused Protection: Great Barrington Declaration

World Doctors Alliance, a group of UK doctors: Letter to Citizens and Governments of the World:

Canadian Health Alliance, a group of Canadian doctors created a video with factual data about COVID. This is a must-watch.

Frontline COVID-19 Critical Care Alliance: Doctors with over 200 years of combined experience in Critical Care and Emergency Medicine, with long-standing shared interests in developing effective treatments for critical illnesses creating a treatment protocol against COVID-19.

Belgian Open Letter initially signed by 400 Belgian doctors (now has 750 doctors and 2635 medical trained health professionals)

Australian Doctors Association: Open Letter To the Government Of Victoria (Australian Province)

Concerned Ontario Doctors: Open letter to Justin Trudeau

20 Canadian Doctors: Open Letter To Canadian Government

Journalist Peter Drew Letter to the New Zealand Prime Minister

Belinda Karahalios, MPP asking question in Ontario Parliament on why Ontario has abused its emergency powers: https://bit.ly/3mZi0sO

Randy Hillier, MPP asking question in Ontario Parliament: https://bit.ly/3o83fFi

Pierre Poilievre, MP asking question in Canadian Parliament : https://bit.ly/3pvdtjz
Roman Baber, MPP Ontario: Open Letter to Ontario Premier: Doug Ford

The Former Ontario Chief Medical Officer (CMO), Dr. Richard Shabbas, who helped train the current CMO Dr. David Williams, has also sided with Roman Baber on his stance against lockdowns.

In March 2021, David Sweet, MP has voiced out against lockdowns

End the Lockdowns Caucus: A non-partisan group of current and former elected representatives from municipal, provincial and federal levels of government across Canada.

Canadian Frontline Nurses speaking up against the draconian measures that are currently in place, in effort to uphold our oath to do no harm.

Ontario police officers have written an open letter and filed a lawsuit against the government asking why they are forced to abandon their oath to the Charter Of Rights & Freedoms. This is in response to unconstitutional lockdown rules being implemented, while asking police officers to enforce them.

If all this does not raise a red flag in all of us to ask questions, we are doomed.

# PART 3: MOVING FORWARD

## RIGHT TO CHOOSE

The government's role is to inform everyone of the realistic risk, reduce fear and increase confidence, without impinging on their rights and choices. If someone wants to stay at home, they can choose that. If someone is comfortable going out and taking their own risk, they should be able to choose that. We are not children who need our life micro-managed in assessing risk.

Politics, economics, the very functioning of human life from our earliest years is about trade-offs. Life is more than the ability to just breathe. We have lost all common-sense critical thinking around this reality, and we are doing so at our collective long-term peril. *(credit: Greg Hill)*

If the government always looked at worst-case scenarios and completely tried to eliminate risk, here is what would have happened a long time ago.

- Alcohol would be banned (3 million deaths per year globally)
- Tobacco would be banned (21918 deaths/day globally)
- Highly processed and fried foods would be banned
- Peanuts would be banned
- Exercise would be mandatory
- Abstinence would be promoted to prevent sexually transmitted diseases (500000 deaths per year globally)
- Driving would be banned (3699 deaths/day globally)
- We would instill a lockdown during every flu season to conserve hospital capacity. 290000-650000 people die globally of the influenza every year. In 2019, nearly 6900 Canadians died of the flu.

Doing the above would save millions of lives globally, but we accept those risks despite high fatality numbers, to stimulate the economy. We leave the decisions to drive cars, consume alcohol, eat fried foods and smoke in the hands of the people and let them use self-assessment of risk. (Yes, the risks mentioned above are not contagious, so it is a different form of threat, but they are still statistically preventable deaths).

Yet, there are further overcontrolling measures such as vaccine passports, anal swabs, hotel quarantines and isolating children alone in their rooms. Is this virus so dangerous that our rights are constantly being violated? We are dehumanizing ourselves by wholeheartedly agreeing to these actions.

## The Choice on Vaccines

This post will not delve into the data or science behind vaccines, nor will it advocate for or against vaccines. But it will discuss the issue of choice. There is a great push towards getting vaccinated and that it is the only solution. Even if vaccines were 100% effective, the following are legitimate concerns that deserve to be heard, without judgement or shame.

- **No liability for pharmaceutical manufacturers from vaccine side-effects**
- New vaccine technology – mRNA in a rushed environment
- Many different types of vaccine brands available
- No long-term effect data
- COVID poses minimal risk to the younger healthy population and in many cases is a treatable disease, without the need for vaccination
- If you have already been infected with COVID and recovered, you have natural immunity. You do not need a vaccine.
- You do not get back your constitutional rights even after getting vaccinated.

## FOCUSED PROTECTION

I hope it is clear: the problem is not number of cases or transmissions. Our focus should be on limiting number of hospitalizations and deaths.

In other words, shift our energy from "how do we limit COVID SPREAD?" to "how do we limit COVID DAMAGE?"

A healthy person who gets infected with COVID with little or no symptoms is not a concern.

We know is who is dying; persons over the age of 70 and/or persons with co-morbidities. And for the MOST part, this is occurring in long term homes.

68.4% of hospitalized COVID patients in Canada have been in the 60+ age group

88.4% of Canadian COVID deaths are in the 70+ age group

Focused Protection means isolating the vulnerable above and stopping infection spread to them. This will help reduce the majority of deaths and hospitalizations. This concept is not new. Focused Protection is and has always been standard health practice.

There are many others who have unavoidable contact with the vulnerable (for example, living with them or working in the same environment). They need to be protected too.
Theoretically, even if this means isolating 50% of the population, it is better than shutting down the entire country.

Isolating the vulnerable portion of population will not be an easy task, but it is achievable. Sports leagues have successfully created bubbles. In many places around the world, the isolated and the sick have been provided daily necessities dropped off at their doorstep, at government cost. David Redman, former Alberta emergency response planner talks about how this has achieved in the past, with the use of volunteers.

With Focused Protection, we can spend a fraction of what we have and yield effective results, without the ensuing destruction of lockdowns. Why are we spending obscene amounts of our tax dollars, when we can use a fraction of it and be more effective? Don't force people to sit at home and live off miniscule government payments, when most of them can very well go out and make a living with minimal danger to their life.

**This is not about choosing between Saving Lives Vs. The Economy.** Health policy has been mistakenly sold as such. The truth is that a Focused Protection approach will result in least amount of lives lost and protect the economy. It is the best-case scenario. Trying to control this virus is impossible and learning to live with it while minimizing harms is the only way forward.

## SUMMARY OF RECOMMENDATIONS

We should continue recommending precautions to limit COVID spread. These are mitigation measures which may yield results without collateral damage:

- masks (the evidence is not clear; they may be effective in specific settings)
- wash hands
- avoid touching your face
- reasonably limit social interactions.

## SUMMARY OF ACTIONS

1. Offer Focused Protection for the vulnerable and those who have contact with them, until they are vaccinated.

2. Let everyone else live normally, if they CHOOSE to do so (of course, with cautionary measures)

3. Promote a healthy lifestyle, nutritious diet and increase Vitamin D intake for everyone. Include at-home treatment. This alone may reduce the number of hospitalizations, severe cases, deaths and long COVID.

We have had almost a year to prepare and learn more. COVID is a harmful virus but not the killer virus it was projected to be. The measures we have taken are disproportionate to the threat which COVID brings. Why are we letting COVID paralyze our lives when we should be using our knowledge to fight against it?

The only way out of this pandemic is through herd immunity, either naturally or through a vaccine. A vaccine will not be available till Fall 2021 for most people (another governmental failure). Moreover, there are many who will choose not to take a vaccine.

Once the vulnerable population (who chooses to) is vaccinated, everything should open immediately. Preliminary studies have shown vaccinations around the world have successfully reduced transmissions. Emerging evidence also shows most vaccines are effective against variants, and severe cases can be avoided. Why is our government still so insistent and risk-averse by threatening continuous restrictive measures despite progress?

We must use everything we know to make decisions using science, data and logic, as opposed to fear and emotion. We need hope, positivity and confidence. Enough damage has been done. Don't let political agendas get in the way of real help. Don't let the cure be worse than the virus.

I welcome all feedback (negative and positive), corrections and additions. The intent of this post is not to offend but to create a healthy discussion. I only want the best for this world.

Please share this post if you agree

Share on Facebook: https://bit.ly/30hm3aS

Upvote On Reddit: https://bit.ly/3qmCHRk

**Access and Download Live Online PDF Link:** https://bit.ly/3bk2PI2
*The PDF document has all references hyperlinked and will be updated periodically.*

Thanks to a lot of brave individuals who helped compile the content in this article.  A special thanks to Greg Hill for his wisdom, keen editing eye and mastery of the English language.

Samad Kadri
samad_kadri@hotmail.com

## ACTION LINKS

Please see the Action Links and MPP Questions below to help create change.

All politicians need to take a pay cut. Sign the following petition: https://www.truenorthinitiative.com/politicians_need_to_cut_their_salaries

Liberty Coalition Canada

End The Lockdown Caucus -a group of current and former elected representatives have come together to form the End the Lockdowns National Caucus. Sign on to show your support, and contact your elected reps asking them to join.

No to Quarantine Hotels - A petition against the unconstitutional detainment of Canadian travelers on return to Canada.

MPP Baber Petition -A petition to the Legislative Assembly of Ontario to lift the lockdown.

No More Lockdowns Petition -A petition that the Government of Ontario immediately end all current lockdowns and refrain from forcing any part of Ontario back into lockdown.

End Arbitrary Lockdowns Petition -A petition from The Canadian Constitution Federation urging all Premiers to repeal arbitrary lockdown orders which are treading on our civil liberties and destroying small

businesses. There is also an opportunity to tell your story of lockdown harms.

Justice Centre for Constitutional Freedoms - Canadian legal organization and federally registered charity which defends citizens' fundamental freedoms under the Canadian Charter of Rights and Freedoms, through pro bono legal representation and through educating Canadians about the free society.

## QUESTION YOUR MPs & MPPs

We must stop having blind faith in our leaders. When the rules do not make sense, people must question them. This is the basis of science and democracy. Your silence implies agreement. If you do not agree with certain things, you must speak up.

Easy Tool to find and email your Canadian MPs and MPPs

ARPA Easy Mail - A tremendous tool which fully automates sending a personalized email to MPs, MPPs and other leaders. Simply copy paste from below.

---

*QUESTION:* Why is a cost-benefit-result analysis not mentioned in any government policy? Have we not been presented a detailed report on the negative consequences of a lockdown? Lastly, why has an end goal or exit strategy not been announced?

*QUESTION:* Why do thousands of small businesses have to suffer when there is no proof they are responsible for COVID transmissions? Why can't we keep them partly open with limited capacity?

*QUESTION:* What is considered essential? Who decides this? Why is the LCBO (alcohol store) open but gyms are not? To every person who is about to lose their job or business, is that not essential?

*QUESTION:* Why are these policies being made behind closed doors? The Ontario government has abused its arbitrary emergency powers to make policies without the input of all members of Parliament. When did we give up democracy?

*QUESTION:* Why have we abandoned our Pandemic Response Plans?

*QUESTION:* Why have those affected financially not been given a choice? If someone must worry about putting food on the table and a roof over their head, they should have the right to go out and make a living. Let them decide for themselves whether they are willing to risk contracting COVID (a disease with a lethality rate of under 0.05% for the younger healthy working population).

*QUESTION:* Why are high cycle threshold PCR tests still being used as a source for creating broad policies, despite their known inaccuracy and unsuitability?

*QUESTION:* Why are long term care facilities still experiencing COVID related deaths and not being protected better?

*QUESTION:* Why has the government not put out a simple disclaimer to increase our Vitamin D3 intake, especially during the winter months? Why are at-home treatments and rapid testing not been implemented as a precautionary measure?

*QUESTION:* Why has the government not volunteered to take a pay cut, given most of the population is suffering economically? Don't CEOs take a pay cut when their company is in financial trouble?

*QUESTION:* With a negative test before departure for Canada and a negative test after arrival, why is every international traveler subject to an archaic 14-day quarantine? There is enough proof the fear around travel is irrational.

*QUESTION:* If someone got infected with COVID and has recovered, they have built natural immunity. Why do they need to be vaccinated?