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## 1. Nature of COVID-19

1. <https://www.timescolonist.com/covid-19/are-you-ill-stay-home-stay-away-from-others-1.24097088>

**Are you ill? Stay home, stay away from others    March 13, 2020    Time Colonist    Bonnie Henry**

COVID-19 is a coronavirus, as with the common cold, and for everyone who is healthy, even the elderly, it is nothing more than a *“mild-form of the flu”* as admitted to by Bonnie Henry.

## 2. Media Manipulation of facts

2. The Government sponsored Canadian national and local media, have worked cooperatively to both promote the Governments’ false narratives, and withhold information and facts from the public, by refusing to ask the damning questions to compel the Government Ministers to answer, and asking only vague and non-specific questions, to preserve their accredited status with the Legislatures and Parliament.
3. In many cases, the Government press releases are seriously scripted, with accredited media sources required to provide their questions in advance for screening, and/or the Government actually providing questions to the media for reverse questioning to promote the Government narrative.
4. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30461-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30461-X/fulltext)

World Report    The Lancet    February 29, 2020

The World Health Organization, WHO, confirms that they are working with social media platforms such as Facebook, Twitter, and Google, to direct all internet inquiries to a government sponsored site, and to ignore independent sites that oppose the government narrative. Media manipulation and denial of free speech to prevent people from discovering opposing medical and statistical information that exposes the government position as being incorrect.

### **Tab 1**

## 3. Orders – Without factual basis

5.    March 16, 2020    Notice to Owners, Occupiers, and Operators of places at which large numbers of people gather. Bonnie Henry  
  
List of facts to support first Order. All facts existed in every previous year for all flu and coronaviruses. No facts exclusive to COVID-19 presented.
6.    March 18, 2020    Emergency Order of Public Health Minister Mike Farnworth

Claims that there is a pandemic, but no facts are relied upon to support this finding, nor any reference to facts from Bonnie Henry or anyone else. It was an arbitrary finding based on no supporting facts.

## Tab 2

### 4. Models – Completely falsified beyond professional error

7. B.C., Canada and other countries around the world, initially relied upon by the model predictions by Prof. Ferguson of the English Imperial College, who has now resigned in disgrace. All countries, and B.C., knew of his falsified predictions in the past and relied upon them anyway, without any independent verification of the accuracy of the facts being inputted or the results being predicted.
8. <https://unherd.com/2020/06/karl-friston-up-to-80-not-even-susceptible-to-covid-19/>  
Karl Friston: up to 80% not even susceptible to Covid-19     June 4, 2020     World renowned neuroscientist  
  
<https://www.nationalreview.com/corner/professor-lockdown-modeler-resigns-in-disgrace/>  
  
<https://www.worldometers.info/coronavirus/country/sweden/>  
  
<https://hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over>
9. All of these articles confirm that Prof. Ferguson of the English Imperial College, had a history of false predictions back to 2002, and his predictions for COVID-19 were also wrong. Ferguson predicted:
  - a. 2002, 150 000 dead by 2080 from mad cow disease. 177 died
  - b. 2005, 150 000 000 dead from bird flu. 282 died
  - c. 2009, 65 000 swine flu deaths. 457 died
  - d. 2020, 100 000 Swedish deaths by June, 2020 if using herd immunity. Only 6 000 deaths.
  - e. Resigned in disgrace, models were claimed as the most incorrect made.

All modes relied upon to date, have been grossly incorrect or falsified.

## Tab 3

### 5. PCR Tests – The Weak Link – All stats are unreliable

- a. **What is the PCR Test**

10. PCR is shorthand for a simple procedure in molecular biology called the polymerase chain reaction test. It is a technique used to amplify or multiply a segment or part of DNA or RNA, in this case the RNA of SARS-CoV-2, the virus that is presumed to cause the illness Covid-19.

<https://discover.hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over>

#### **How Likely is the Second Wave?**

*"The authors explain that what the PCR test actually measures is "simply the presence of partial RNA sequences present in the intact virus," which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick."*

### **Tab 4**

11. The swab is collected from the patient and rinsed in a solution that is then put through the "amplification process". It is this amplification (or multiplication) process that allows the lab to produce enough viral RNA particles to be able to count them and determine if the patient has the SARS-CoV-2 virus or not. The process can be so successful at amplification that it can produce millions of copies of the specific RNA sequence from a very small number of viruses, sometimes even from one virus particle.

#### **b. Is SARS-CoV-2 PCR testing scientific?**

12. To develop this test, the genetic sequence of the infectious agent needs to be identified. And if we are to assume this genetic sequence is the cause of illness, it needs to be collected from patients who are displaying symptoms. This has been the traditional process of identifying disease-causing agents.
13. In the case of SARS-CoV-2, the "genetic sequence" to create the PCR test was provided (online) to labs by Chinese scientists. It was NOT isolated from swabs obtained from sick patients. In other words, we don't know what genetic code is really being tested for.

14. <https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v3>

#### **Diagnosing COVID-19 infection: the danger of over reliance on positive test results**

*"...data on PCR-based tests for similar viruses show that PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios."*

### **Tab 5**

15. <https://discover.hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over>

**Former Chief Science Officer for Pfizer says “Second Wave” faked on False-Positive COVID Tests”, “Pandemic is Over”**

*“...more than half of the positives are likely to be false, potentially all of them.”*

**Tab 6**

16. <https://www.fda.gov/media/134922/download>

[https://articles.mercola.com/sites/articles/archive/2020/11/13/covid-19-testing.aspx?ui=6176f25c838dcfd180526ced3e1bd539c93770ca077a27636e1b27901b552918&cid\\_source=dnl&cid\\_medium=email&cid\\_content=art1HL&cid=20201113Z1&mid=DM706762&rid=1010200919](https://articles.mercola.com/sites/articles/archive/2020/11/13/covid-19-testing.aspx?ui=6176f25c838dcfd180526ced3e1bd539c93770ca077a27636e1b27901b552918&cid_source=dnl&cid_medium=email&cid_content=art1HL&cid=20201113Z1&mid=DM706762&rid=1010200919)

US CDC on PCR: may not indicate presence of infectious virus or that COVID is the causative agent for symptoms.

This test cannot rule out diseases caused by other bacterial or viral pathogens.

Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.

**Tab 7**

17. [https://cormandrostenreview.com/report/?fbclid=IwAR08dtvN9BEbMxYLJwB6aEjEQ9xp9PUG8bA95PLQ\\_RCeI6OTQiBY4S2MIHk](https://cormandrostenreview.com/report/?fbclid=IwAR08dtvN9BEbMxYLJwB6aEjEQ9xp9PUG8bA95PLQ_RCeI6OTQiBY4S2MIHk)

*“External peer review of the RT PCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.” (my emphasis)*

**Tab 8**

18. [https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/?fbclid=IwAR3G6Fuq8C8XW7szL43scbKOYFx78irq52A6ZQCRdZmPMWiHTqD\\_2jv4Zo](https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/?fbclid=IwAR3G6Fuq8C8XW7szL43scbKOYFx78irq52A6ZQCRdZmPMWiHTqD_2jv4Zo)

**COVID-19 PCR Tests are Scientifically Meaningless Torsten Engelbrecht and Konstantin Demeter**

One of the most comprehensive scientific analysis of why the PCR test, used by the B.C. Government to test for COVID-19, Kary Mullis, inventor of test and Nobel Prize Winner for so doing, admits PCR is “...not a diagnostic tool to detect viruses.”

Test procedure is done by way of gene sequences that are believed to be part of COVID-19, based. Scientists and study authors admit that the electron microscopic pictures they rely upon do not show a purified virus. The virus has never been isolated.

PCR is only 30-50% accuracy rate as admitted by President of Chinese Academy of Medical Sciences Feb. 2020

### Tab 9

19. <https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Firl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30>

**Portuguese Court of Appeal Judgment Nov. 11, 2020 para. 17-19**

The Portuguese Court of Appeal recently ruled, based on much of the materials provided herein, that the PCR test is so flawed and unreliable that, after hearing all the evidence, it could not be relied upon in court by the Government to hold people in custody or quarantine, after a positive test for COVID-19.

### Tab 10

20. <https://www.focusonvictoria.ca/issue-analysis/43/>

**With the COVID-19 test, positivity doesn't mean infectious Alan Cassells Oct. 21, 2020**

PCR is an amplification (cycle) method only. The higher the CT (cycles) used, the greater number of false positives.

BC senior molecular biologist admits 90% of positive tests, are NOT infectious.

Tests should not be using over 30 cycles...anything more is unreliable.

BC admits to using 35-40 cycles.

The annual death toll from COVID is less than the flu.

### Tab 11

21. [https://articles.mercola.com/sites/articles/archive/2020/11/13/covid-19-testing.aspx?ui=6176f25c838dcfd180526ced3e1bd539c93770ca077a27636e1b27901b552918&cid\\_source=dnl&cid\\_medium=email&cid\\_content=art1HL&cid=20201113Z1&mid=DM706762&rid=1010200919](https://articles.mercola.com/sites/articles/archive/2020/11/13/covid-19-testing.aspx?ui=6176f25c838dcfd180526ced3e1bd539c93770ca077a27636e1b27901b552918&cid_source=dnl&cid_medium=email&cid_content=art1HL&cid=20201113Z1&mid=DM706762&rid=1010200919)

**PCR Tests Cannot Detect Infection**

*"PCR tests cannot distinguish between inactive viruses and "live" or reproductive ones. What that means is that PCR tests cannot detect infection. Period. It cannot tell you whether you're currently ill, whether you'll develop symptoms in the near future, or whether you're contagious."*

### Tab 12

22. <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

The WHO admits that, *“where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology”*, ie: if there is a positive test result and no symptoms, the results are not accurate and there should be a retest and not marked down as a positive test.

### **Tab 13**

23. <https://www.marktaliano.net/pcr-lab-visit-whistleblowers-kevin-mckernan-bobby-malhotra-explain-why-covid-tests-are-garbage-daily-clout/>

Two scientists, a 25 year expert on PCR, and a member of the Austrian COVID Tas Force, admit that PCR can pick up one of four (4) coronaviruses, and report a person as testing positive for COVID-19 when he is not.

### **Tab 14**

24. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

Published in Clinical Infectious Diseases, at 35 cycles, as used in BC, the false positive rate is 97% using PCR.

BC uses over double this. These tests increase exponentially in amplification, ie: 1, 2, 4, 8, 16, 32, 64, 128, etc.

### **Tab 15**

25. <https://www.greenmedinfo.com/blog/astonishing-covid-19-testing-fraud-revealed>

...several interviews with experts who have openly criticized the use of PCR testing to diagnose infections such as COVID-19.

The inventor of the PCR test, the late Kary Mullis (he has spoken about the test for other infections, such as HIV, but died in August 2019, a few months before the COVID-19 pandemic broke out)

Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser of the drug company Pfizer

Professor Carl Heneghan, director of the Oxford University Center for Evidence-Based Medicine  
Emeritus professor of immunology Beda M. Stadler, former head of the Bern Institute of Immunology

Clare Craig, a consultant pathologist

Stephen A. Bustin, professor of molecular medicine and a world-renowned expert on the PCR test

### **Tab 16**

26. <https://www.nature.com/articles/s41467-020-19802-w>

Study evaluated 9 865 404 residents of Wuhan, China who had PCR tests, May 14 and June 1, 2020.

No viable virus in PCR positive cases was found. 300 tested positive, no symptoms. Another 107 tested positive a second time, yet when virus cultures were done on all 407 people, no live virus was found.

### **Tab 17**

27. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

For 100% test rate accuracy, no more than 17 cycles can be used. April, 2020, European Journal of Clinical Microbiology & Infectious Diseases

### **Tab 18**

28. [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_InterpretingTesting\\_Results\\_NAT\\_PCR.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_InterpretingTesting_Results_NAT_PCR.pdf)

BC CDC admits a minimum 30% false reports.

### **Tab 19**

29. <https://www.creative-diagnostics.com/pdf/CD019RT.pdf>

A positive PCR test does not rule out bacterial infection or co-infection with other viruses, and COVID may not be the definite cause of disease.

### **Tab 20**

30. <https://www.creative-diagnostics.com/pdf/CD019RT.pdf>

[https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/?fbclid=IwAR3G6Fuq8C8XW7szL43scbKOYFx78irg52A6ZQCRdZmPMWiHTqD\\_2jv4Zo](https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/?fbclid=IwAR3G6Fuq8C8XW7szL43scbKOYFx78irg52A6ZQCRdZmPMWiHTqD_2jv4Zo)

Instruction manuals for PCR testing equipment expressly state that they are not to be used for diagnostic purposes.

### **Tab 21**

31. <https://globalnews.ca/video/7315444/woman-keeps-testing-positive-for-covid-19-shows-no-symptoms>  
<https://theinfectiousmyth.com/book/CoronavirusPanic.pdf>



Flaws in the Coronavirus Pandemic Theory David Crowe 20200620

Outlining cases of people going from infected to uninfected in days due to unreliable PCR tests. PCR does not measure quantity of viruses. Positive test results do not mean the person is infected or infectious.

Medical papers on COVID-19 are propaganda, and reasons for same.

## Tab 22

32. <https://www.rt.com/op-ed/499816-positive-covid-virus-contagious/>  
Scientist admits up to 90% of positive COVID cases, and all stats relying on PCR are flawed at source.

## Tab 23

33. <https://mobile.twitter.com/dockaurG/status/1328691616002043912>  
Viral load tests are a scam. Review of studies that show estimates of free viruses in the blood, were incorrect by 50 000x or more.  
PCR cannot count the number of viruses present to determine if a person truly is infectious.

## Tab 24

34. <https://www.reuters.com/article/uk-factcheck-pcr-idUSKBN24420X>  
PCR tests do not indicate the virus is fully intact and infectious. After being isolated (which has not yet been done), the scientist is required to virus culture the specimen to see if it will infect other cells. This is never done.

## Tab 25

## 6. [Social Distancing](#)

35. [https://www.youtube.com/watch?v=Nbl\\_fJAVxMk](https://www.youtube.com/watch?v=Nbl_fJAVxMk) 18:40 – 18:60  
Bonnie Henry acknowledges that “...there is no real science...” behind the 50 person limit for social distancing. Henry admits she is relying upon arbitrary figures, not science.

## Tab 26

36. <https://twitter.com/newsmax/status/1270487181652635652?lang=en>  
WHO admits that asymptomatic people are not infectious and do not spread the disease.

## Tab 27

## 7. Death statistical calculations – Significantly misrepresented

37. <https://www.timescolonist.com/covid-19/are-you-ill-stay-home-stay-away-from-others-1.24097088>

*"...infection with COVID-19 results in a relatively mild illness, said Henry....The symptoms of COVID-19 can be very mild, much like a cold."*

### **Tab 28**

38. <https://www.healthline.com/health-news/50-percent-of-people-with-covid19-not-aware-have-virus#How-transmission-works>

<https://www.webmd.com/lung/qa/ive-heard-80-of-people-with-coronavirus-covid19-have-mild-symptoms-what-are-mild-symptoms#:~:text=A%20large%20majority%20of%20people,low%2Dgrade%20fever%20and%20cough.>

50-80% of all infectious cases, people have little or no symptoms. It is not serious for almost everyone.

### **Tab 29**

39. **The Case Against Masks Ten Reasons Why Mask Use Should be Limited Dr. Mikovitz 2020 p. 33**

Less than 1% of infected people are able to transmit the disease to others.

40. Bonnie Henry reports on the Case Fatality Rate (CFR). In reporting deaths, it is calculated by the numerator (top figure, deaths) – over the bottom figure cases reported. What is needed to be reported, is the numerator (top figure, deaths) – over the bottom figure (total number of infections). This is the Infection Fatality Rate (IFR).

41. Both rates always start high, and lower after time. Despite falsified figures showed below, the CFR was 5.9% in May, 2020. It is now only .22%.

42. In order to determine the IFR, scientists need a correct numerator (deaths) and denominator (total infections). The only way to test for the IFR is to accurately know the total infections.

43. <https://www.medrxiv.org/content/10.1101/2020.07.13.20153148v1>

Bonnie Henry study shows a minimum of eight (8) times the total infections reported. Other jurisdictions show 15-55x more infections than reported. This reduces the mortality rate significantly.

### **Tab 30**

44. [https://globalnews.ca/news/7635145/real-coronavirus-cases-columbia-university-modelling/?utm\\_source=HealthIQ&utm\\_medium=Email&utm\\_campaign=Feb14](https://globalnews.ca/news/7635145/real-coronavirus-cases-columbia-university-modelling/?utm_source=HealthIQ&utm_medium=Email&utm_campaign=Feb14)

Another Canadian study shows up to 10x more infected people than reported.

### **Tab 31**

45. <https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>  
COVID statistics for BC as of Feb. 16, 2021, using lowest estimated number of infections, 8x.

1 836 797 tests    74 283 cases    1 314 deaths    4% positive test rate (1-2%, with PCR errors)

**Case Fatality Rate (CFR)**    =     $1\,314 \div 74\,283 =$     **1.76%**

**Infection Fatality Rate (IFR)**    =     $1\,314 \div 594\,264 =$     **.22%**  
74 283 x 8 (total infections) = 594 264 total infections

46. **Covid-19 Statistics**

#### **Canadian Statistics**

Canada's population	37,855,621
Covid-19 "related" deaths in Canada	15,605
<b>% of Canadians who died "with" virus</b>	<b>0.041% (99.96% survival rate)</b>

#### **BC Statistics**

British Columbia's population	5,142,031
Covid-19 "related" deaths in B.C.	893
<b>% of British Columbians who died "with" virus</b>	<b>0.017% (99.98% survival rate)</b>

*Statistics as of December 31, 2020*

#### **BC Mortality Statistics per Annum**

#### **Total deaths:**

2020	41 103	<a href="https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2020.pdf">https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2020.pdf</a>
2019	38 379	<a href="https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2019.pdf">https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2019.pdf</a>

- 2018 38 273 <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2018.pdf>
- 2017 38 300 <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2017.pdf>
- 2016 36 470 <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/death-reports/deaths-by-lha-2016.pdf>

Year	Total population	Total deaths	Death rate / as % per capita	Change from previous year	Covid "related" Deaths	% of residents who died with Covid	Influenza and pneumonia Deaths	% of people who died from Influenza /Pneumonia
2016	4,859,250	36,470	0.75%		-	-	848	0.017 %
2017	4,924,233	38,300	0.778%	Up 0.028%	-	-	949	0.019%
2018	5,001,170	38,273	0.765 %	Down 0.013%	-	-	908	0.018%
2019	5,071,336	38,379	0.757%	Up 0.008%	-	-	781	0.015% **
2020	5,142,031	41,103	0.799%	Up 0.041% *	893	0.017%	525 persons to Oct 31, 2020	

- \*The increase in total deaths in BC from 2019 to 2020 was only 4 persons per 10,000 people.
- In 2016, 1.7/10 000 people died of influenza/pneumonia
- In 2017, 1.9/10 000 people died of influenza/ pneumonia
- In 2018, 1.8/10 000 died of influenza/pneumonia
- In 2019, 1.5/10 000 died of influenza/pneumonia.
- In 2020 (the first year of COVID-19), 1.7 people/10 000 died with or from a COVID 'related' death.

47. The number of "Covid-19 deaths" is in line with the previous annual deaths attributable to influenza and pneumonia.

48. <https://www.castanet.net/edition/news-story-314743-4-.htm#314743>

Over 80% of COVID deaths, are from people in senior's homes, not the general public. Most of these had pre-morbidity conditions.

49. <https://www.cbc.ca/news/canada/british-columbia/influenza-remarkably-absent-in-bc-covid-19-pandemic-1.5878835>

***Influenza as cause of death has suddenly decreased, if not disappeared.*** January 19, 2021

*"BCCDC reports they have tested 30,000 samples for influenza this year. Only a dozen of those tests came back positive and all were linked to people who'd received a vaccine, which doesn't count as community spread." "It's really quite exceptional how low the influenza activity is". Dr.*

Danuta Skowronski, the lead for influenza and emerging respiratory virus monitoring at the BCCDC.

## Tab 32

50. <https://globalnews.ca/news/7139797/covid-19-deaths-vancouver-long-term-care-home/>  
**3 new Covid-19 deaths at Vancouver long-term care home**

At least 71% of deaths from COVID are in private care homes, not the public.

71% of 1 314 deaths = 932

382 deaths in the public, out of 74 283 = .514% CFR in the public

382 deaths in the public, out of 594 264 infections = .064% IFR in the public

### BC “COVID Deaths” Compared to Other Causes of Mortality

51. It is also of value to compare the number of “COVID Deaths” in BC to deaths by other causes.

Cause	2016	2017	2018	2019	2020
Cancer	10,245	10,531	10,382	10,649	8,805 to Oct 31, 2020
Chronic lung disease	1,815	1,835	1,746	1,779	1,310 to Oct 31, 2020
Influenza and pneumonia	848	949	908	781	525 to Oct 31, 2020
Covid	--	--	--	--	893 to Dec 31, 2020
Suicide	482	476	409	451	165 to Oct 31, 2020
Diabetes	1,219	1,229	1,106	1,128	1,005 to Oct 31, 2020

\*\*2020 stats are only available until end of October. Will update when they become available.

52. COVID-19 death rate, when compared with other causes of death AND the high false positive rate of PCR testing, does not reasonably support causing us to destroy our economy, our families, our children, our freedoms. If the PCR test in B.C. has an error rate of 50%, then there are only 447 deaths, in over one year out of hundreds of thousands of positive results.
53. We have always managed to survive influenza and pneumonia that have a similar death rate to even these “enhanced” COVID-19 death statistics without such draconian lockdown and destruction of our society and economy.
54. <https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns>  
**“We are infectious disease experts. It’s time to life the COVID-19 lockdowns”.**

The chance of dying from a person under 65 years of age from COVID-19, is the equivalent to dying from a motor vehicle accident.

## Tab 33

55. <https://www.cdc.gov/nchs/nvss/covid-19.htm>

The WHO, in their instructions to countries on how to report COVID deaths, admits that the code U07-1 includes cases with or without laboratory confirmation. Many earlier cases were done on phone or informally and most were misdiagnosed as COVID when they were the flu.

56. <https://www.telegraph.co.uk/politics/2020/08/09/daily-covid-death-count-could-scrapped/>

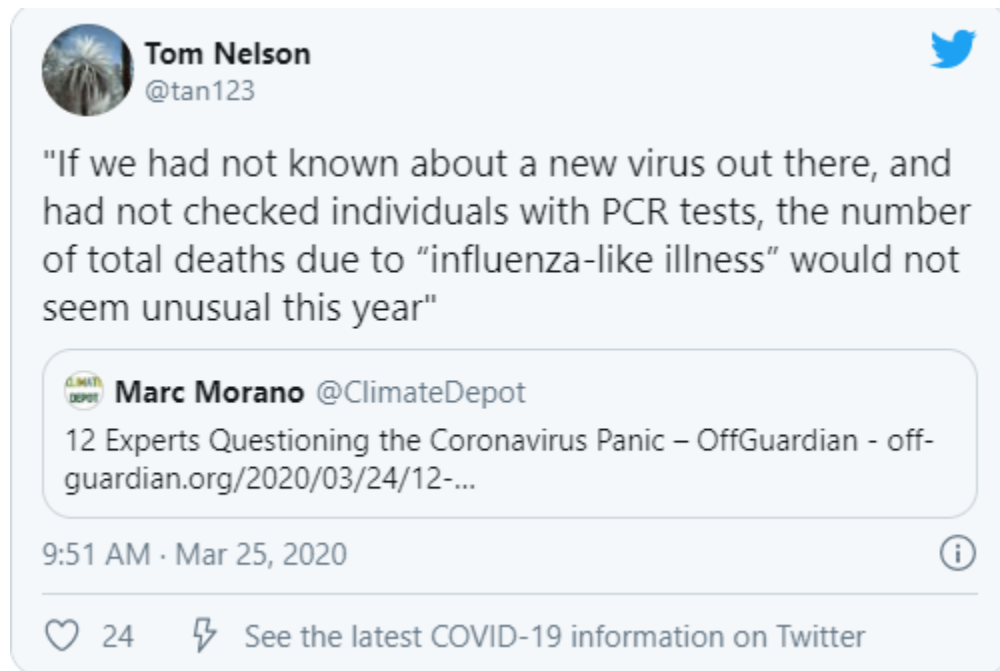
The U.K. also was found guilty of falsifying the true death count by counting all deaths of people with COVID-19, as dying because of COVID-19.

### Tab 34

57. <https://www.globalresearch.ca/video-covid-19-fake-data-in-italy-politician-slams-false-numbers-vittorio-sgarbi/5712274>  
<https://www.nationalreview.com/corner/the-catastrophe-in-italy/>

Every country including Canada, was influenced by the alleged high death toll in Italy. The Italian MP Vittorio Sgarbi stated in Parliament, that 96.3% of all Italian deaths, were due to other existing conditions.

### Tab 35



## 8. Masks – They do not prevent viral transmission – political pressure

58. <https://www.healthline.com/health-news/heres-how-far-and-how-fast-a-sneeze-carries-contagious-germs#New-technology-to-study-infectious-diseases>

University of Bristol researcher's study: a sneeze can expel 100 000 contagious germs at up to 100 MPH.

### **Tab 36**

#### 59. **FACT:**

- i. Using a mask to prevent a viral transmission is akin to using a chain link fence to stop a mosquito. The best N-95 mask will not even prevent viral transmission of viruses.



- ii. When one breathes out or coughs/sneezes, millions of viruses are exhaled. There are only three (3) possibilities:
1. All the viruses are contained by the mask;
  2. Only some of the viruses are contained by the mask, and the rest are exhaled into the air;
  3. None of the viruses are contained in the mask and they all go into the air.
- iii. Due to the incredibly minute size of the viral particulates, the only way that #1 could work, would be if there was somehow a 100% complete, unbroken seal around the entire face mask area adjacent to the face of the wearer and the mask was of a type to stop all viruses at .125 microns. However, in so doing, this would seriously reduce air flow, especially for those in high oxygen required environments and place people's lives in danger.

- iv. If either #2 or #3 are correct, the majority if not all of the remaining trapped viruses have only one place to go – and that is being inhaled on subsequent breaths. The remaining millions of viruses will still be exhaled out of the mask into the air.
- v. If the masks do not contain the viruses at all, as in possibility #3 above, then why wear them? If they still permit the release of millions of viruses and only trap some, what effect is this when this is still sufficient to permit viral transmission?
- vi. Air flows through the path of least resistance. It will go through the holes in the sides and nose area of the mask first (and there always are such holes, the only factor is the size). The porosity of the masks is such that they cannot stop viruses by that method either. With millions of virion particles per cubic metre of air, it can be seen that thousands or millions will get through in a given period of time to infect someone. If any get through, you will get infected. Period. Masks are useless and dangerous.
- vii. There is no minimum standard of quality attached to the production, use and operation of masks to allegedly prevent viral transmission.

60. <https://legideon.org/index.php?page=view/article/1343/Africans-First-Used-Face-Masks-During-Colonial-Slavery>

Masks have a history of symbolism in relation to slavery – to ensure silence.

Compare to results today – because identity is difficult or impossible to discern with masks on (hence the reason for being a criminal offence to wear a mask during a crime), there is little if any communication or pleasantries between people anymore. There are simply no more greetings. It has eliminated trust.

They are used as a method of silencing voices and preventing people from speaking out. They DO have a powerful negative psychological impact. Anxiety, depression, and fear all increase by wearing and observing everyone else wearing masks.

### Tab 37

61. <https://www.canlii.org/en/on/onla/doc/2015/2015canlii62106/2015canlii62106.pdf>  
***Sault Area Hospital and Ontario Hospital Association and Ontario Nurses Association Re: Vaccine or Mask Policy 2015 Transcript, June 23, 2015, pp. 145-146 para. 178, 210***

B.C. Public Health Officer Bonnie Henry, gives evidence under oath, that masks do not prevent influenza viral transmission.

### Tab 38

62. <https://www.tricitynews.com/local-news/dr-henry-makes-masks-mandatory-in-all-indoor-retail-locations-3144935>  
**Dr. Henry makes mask mandatory in all indoor retail locations**

Bonnie Henry admits that she recommended mandatory mask use to Public Safety Minister Mike



Farnworth, **only** after being pressured by retail and business associations.

This is contrary to s. 66 of the *Public Health Act* of B.C. which imposes independent advice from Bonnie Henry.

### Tab 39

63. <https://rumble.com/vbdsmb-bonnie-henry-admits-no-evidence-masks-work-for-those-not-sick.html>

Bonnie Henry admits, .22 - .32 seconds, that mask wearing for healthy people, provides no protection at all.

### Tab 40

64. ***"42 peer-reviewed studies that show masks are neither safe nor effective"***

See attached list of 42 peer reviewed scientific studies confirming masks are neither safe nor effective.

65. **The Case Against Masks    Ten Reasons Why Mask Use Should be Limited    Dr. Mikovitz 2020 p. 20**

*"The more effective a mask is at blocking normal air flow, the greater the problem with decreased oxygen and increased carbon dioxide a person is likely to have. The less effective a mask is at blocking normal airflow, the less a case can be made for using it."*

The physics of mask use are clear: to stop more air from entering the body and thus more viruses, you need to cut off the amount of air (and thus oxygen) by using the mask. This is a health danger. The only way a mask can prevent viral transmission, is to completely block 100% of the air; long before then, you will be dead.

66. <https://www.sciencedirect.com/topics/psychology/facial-expression>

Facial expressions are a significant component of all communication, from infants to seniors. Masks prevent a significant amount of facial communications.

### Tab 41

67. <https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

Wearing a mask outside health care facilities, offers little if any protection from infection. To catch COVID-19, there must be a significant exposure defined as face to face contact within six feet for at least a few minutes (10-30 minutes), with a patient who is symptomatic.

Chance of catching COVID-19 from a passing interaction is almost nil.

## **Tab 42**

68. <https://i.redd.it/5xyh8158lwz41.jpg>

Warning on mask box: expressly states it does not provide protection against COVID-19.

## **Tab 43**

69. <https://www.usatoday.com/story/news/factcheck/2020/06/11/fact-check-n-95-filters-not-too-large-stop-covid-19-particles/5343537002/>

N-95 mask stops 95% of all viruses down to three (3) microns. COVID-19 coronavirus is .125 microns. It is physically impossible for the mask to stop these viruses.

## **Tab 44**

70. <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>

60-80% of N-95 wearers have reduced blood oxygenation up to 20% after a few hours of use, and suffered from headaches.

## **Tab 45**

71. <https://vaxxter.com/wpcontent/uploads/2020/07/Masks-Final.pdf>

Surgical and others masks, (cloth) have no ability to stop viral transmission at all.

## **Tab 46**

72. <https://bmjopen.bmj.com/content/5/4/e006577>

**A Cluster of Randomized Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers BMJ Journals Vol. 5 Issue 4**

First RCT controlled study of cloth masks:

97% penetration by particulates, and 44% for medical masks;

Increased risk of infection due to moisture retention, poor filtration and reuse;

Viruses could survive on surfaces of masks;

Self contamination is possible from repeated or improper use. Contaminated cloth can transfer virus to bare hands.

Should never be worn by health care workers.

### **Tab 47**

73. **The Case Against Masks    Ten Reasons Why Mask Use Should be Limited    Dr. Mikovitz    2020  
p. 14**

N-95 masks have a one way design, and do not prevent the release of viruses into the air from your body.

74. [https://www.youtube.com/watch?v=3MKzKAZKCNk&feature=emb\\_title](https://www.youtube.com/watch?v=3MKzKAZKCNk&feature=emb_title)  
<https://www.bitchute.com/video/ZthmFW1EPrZ0/>

Why masks don't work – Dr. Ted Noel

Video showing vaping test with mask use. Masks stop virtually no particles or smoke from leaving the body, showing that masks do not protect others if you have the virus.

### **Tab 48**

75. <https://principia-scientific.com/the-science-masks-are-neither-effective-nor-safe/>  
**The Science: Masks are Neither Effective Nor Safe    Dr. Colleen Huber    NMD    July 25, 2020**

2019 study of 2862 participants, confirmed that N-95 and surgical masks, “...resulted in no significant difference in the incidence of laboratory confirmed influenza.”

Medical masks have over 20% penetration and provide little or no protection against respiratory aerosols, ie: viruses.

### **Tab 49**

76. <http://ocla.ca/wp-content/uploads/2020/04/Rancourt-Masks-dont-work-review-science-re-COVID19-policy.pdf>  
**Masks Don't Work: A review of science relevant to COVID-19 social policy    Denis Rancourt    Phd  
Univ. of Ottawa**

From a physics perspective, masks do not and cannot prevent viral transmission, and how and why this is so.

No scientific randomized controlled trial study with a verified outcome, has shown any benefit from wearing a mask.

### **Tab 50**

77. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>  
Is a mask necessary in the operating theatre? Neil Orr

### Tab 51

78. [https://www.washingtonexaminer.com/news/mask-mouth-dentists-warn-prolonged-use-of-masks-leading-to-poor-oral-hygiene?fbclid=IwAR0WIO5SlezwFMmn7\\_mTcCVIHhTsRUu4gl7CQ-rDutqgzPv-fJlJhxl7RGU](https://www.washingtonexaminer.com/news/mask-mouth-dentists-warn-prolonged-use-of-masks-leading-to-poor-oral-hygiene?fbclid=IwAR0WIO5SlezwFMmn7_mTcCVIHhTsRUu4gl7CQ-rDutqgzPv-fJlJhxl7RGU)

Dentists are now seeing an increasing number of cases of “*mask mouth*”, gum disease and other dental problems, some of which are known to cause strokes.

### Tab 52

79. <https://www.cellphonetaskforce.org/wp-content/uploads/2020/08/Online-Meeting-about-5G-Satellites-August-11-2020.pdf>  
<https://ichbinanderermeinung.de/Dokument93.pdf>  
**International Appeal – Stop 5G and Earth and in Space: Coronavirus’s Hidden Threat**  
**Arthur Firstenberg**

Over 14 scientific studies (all listed) on the use of masks in operating rooms, including a six (6) month study in 1980, and researched by Dr. Orr, **confirmed that the use of masks in operating rooms resulted in either higher infection rates in patients, or the same.**

### Tab 53

80. Masks create a wonderful moist environment in which those bacteria can multiply. You not only re-breath what you exhaled, but a single bacterial cell can multiply exponentially. And they can multiply in 20 minutes. This means 1 bacterial cell can become 2, which can become 4, which can become 16, which can become 256, which can become 65, 536 bacterial cells in less than 2 hours.

**Masks are nothing more than a security blanket for superstitious people who do not fully understand how they (don’t) work, nor the politics behind what is happening today.**

81. <https://ichbinanderermeinung.de/Dokument93.pdf>

German Ministry Report on COVID19 Finding: COVID-19 was a “*false alarm*” and reasons for same

### Tab 54

## 9. Professionals Speaking Out

82. Tens of thousands and perhaps now even hundreds of thousands, of doctors, nurses, and many other professionals worldwide are taking action to combat the misinformation being propagated by governments and government-controlled media that continue to publish false propaganda regarding COVID.
83. Here are just a few of these professionals speaking out individually or in alliances, to fight censorship and ridicule from the ruling classes, the corporate media and the Big Tech Social Media.

### a. Groups

Great Barrington Declaration <https://gbdeclaration.org/>  
 World Freedom Alliance <https://worldfreedomalliance.org/>  
 World Doctors Alliance <https://worlddoctorsalliance.com/>  
 American Frontline Doctors <https://www.americafrontlinedoctors.com/>  
 Doctors for Information/Doctors for Truth <https://principia-scientific.com/proof-that-the-pandemic-was-planned-with-purpose/>  
 Docs 4 Open Debate <https://docs4opendebate.be/>  
 Global Frontline Nurses <https://www.bitchute.com/video/3e8VNLeb5O7t/>  
 Edmonton Alberta healthcare [speakout in anonymity https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/](https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/)  
 FLCCC Alliance <https://covid19criticalcare.com/>  
 Police on Guard for Thee, Cops on Guard for Thee <https://maddr.ca/authenticated/source/cogft>  
 Panda (pandemics, analytics and data) <https://www.pandata.org/panda-first-principles/>

### b. Individuals

Dr R Hodkinson <https://www.bitchute.com/video/u1GZJ14KbtLn/>  
 Dr Stephen Malthouse <https://www.globalresearch.ca/epidemiological-evidence-the-pandemic-is-over-no-second-wave-will-follow/5726760>  
 Prof. Denis Rancourt, University of Ottawa  
<https://www.bitchute.com/search/?query=denis%20rancourt&kind=video>  
 Dr. Mike Yeadon <https://alethonews.com/2020/11/22/dr-michael-yeaton-unlocked/>  
 Dr. Wodarg and Dr. Yeadon vaccination <https://evolvetoecology.org/2020/12/02/ex-pfizer-doctor-yeaton-and-lung-specialist-doctor-wodarg-file-for-suspension-of-all-sars-cov2-vaccine-studies/>  
 Dr. Kulvinder Kaur <https://www.bitchute.com/video/sl2MuiMCuDOy/>  
 Prof. Dolores Cahill <https://www.marktaliano.net/do-no-harm/>  
 Dr. Scott Atlas <https://www.youtube.com/watch?v=biC4nHPYtbA>  
 Politics meet Medicine <https://www.bitchute.com/video/p36A177U2MTh/>  
 Professor Sucharit Bhakdi <https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/>  
 Dr. James Lyons-Weiler <https://dryburgh.com/james-lyons-weiler-coronavirus-vaccine-safety-warning/>  
 Dr Judy Mikovits <https://www.bitchute.com/video/nTsyHSH8O3Vx/>

Dr Ben Tapper <https://www.youtube.com/watch?v=0hco6el4VRw>

Dr Dennis Modry <https://www.eastonspectator.com/2020/12/12/must-read-open-letter-from-a-doctor-to-jason-kenney/>

Dr José Natalio Redondo <https://dominantoday.com/dr/local/2020/11/30/doctor-explains-99-3-of-covid-19-patients-treated-with-ivermectin-recovered-in-five-days/>

Dr Richard Fleming <https://www.bitchute.com/video/6cpPDCgJiZZO/>

PH Vaccine Dr Larry Paleusky <https://www.youtube.com/watch?v=ZaV7m2S4KXA&feature=share>

Dr Carrie Madej <https://www.bitchute.com/video/MZ8h6B748w5m/>

Dr. Wakefield <https://www.bitchute.com/video/OGAE3Jc4wAnd/>

Dr Thomas Cowan [https://www.youtube.com/watch?v=m3LgrcDAIJs&feature=emb\\_title](https://www.youtube.com/watch?v=m3LgrcDAIJs&feature=emb_title)