

COVID Truth

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Revision: November 2, 2022

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Part A. Larger Agenda, Law-Breaking, System is Being Changed

Many Canadian lawyers and concerned citizens have signed the Free North Declaration: www.freenorthdeclaration.ca Please read the declaration. I have quoted a couple of statements in summary:

. . . In our country, civil liberties are under unprecedented attack. Governments, public health authorities, universities, public and private employers, municipalities, and businesses are trampling Canadians' rights and freedoms. Our free society is at risk. . . .

. . . Canada is supposed to be a free country governed by the rule of law. Restore it now or risk losing it for good.

Wealth transfer to the super-rich: "Over a roughly seven-month period starting in mid-March [2020] . . . **America's 614 billionaires grew their net worth by a collective \$931 billion.** ". . . more than half a year later, more than 11 million Americans remain unemployed and many shops and restaurants will never reopen." USA Today, "Jeff Bezos, Elon Musk among US billionaires getting richer during coronavirus pandemic," December 1, 2020: <https://www.usatoday.com/story/money/2020/12/01/american-billionaires-that-got-richer-during-covid/43205617/>

You can go back to normal when we have vaccinated the entire world:

Financial Times:

And what about that trade-off? You just mentioned, obviously, the economic pain. What do you think the right balance is between the trade-off of protecting people's lives and the economic hit? . . .

Bill Gates:

. . . But in my lifetime this will be the greatest economic hit. But **you don't have a choice. People act like you have a choice.** . . .

And so you don't get to say, ignore what's going on here. . . . But for the world at large, normalcy only returns when we've largely vaccinated the entire global population . . .

Financial Times: “Transcript: Bill Gates speaks to the FT about the global fight against coronavirus,” video included, April 9, 2020: <https://www.ft.com/content/13ddacc4-0ae4-4be1-95c5-1a32ab15956a>

The **Gates Foundation** is the main donor to the **World Health Organization (WHO)**. See <https://www.gatesfoundation.org/about/committed-grants?q=World%20Health%20Organization> and <https://www.who.int/images/default-source/infographics/budget/top-20.jpg>

Gates also funds the **United States CDC (Centers for Disease Control and Prevention)** via the CDC Foundation: <https://www.gatesfoundation.org/about/committed-grants?q=CDC> – see <https://www.cdc.gov/about/business/cdcfoun.htm> and <https://www.cdcfoundation.org/>.

Gates also funds **Imperial College London** — <https://www.gatesfoundation.org/about/committed-grants?q=Imperial%20College> — who produced this influential report in March 2020 stating their apocalyptic COVID death predictions: <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-Global-Impact-26-03-2020.pdf>

Power Grab Planned in Advance: The Gates Foundation, along with the **World Economic Forum**, also helped fund a pandemic exercise in October 2019 called **Event 201**: <https://www.centerforhealthsecurity.org/event201/about>:

The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates Foundation jointly propose these [recommendations](#).

<https://www.centerforhealthsecurity.org/event201/recommendations.html>
PDF version: <https://www.centerforhealthsecurity.org/event201/event201-resources/200117-PublicPrivatePandemicCalltoAction.pdf>

The title is: “Public-private cooperation for pandemic preparedness and response: A call to action.”

Read the seven points, including point 7 about the intent to “flood media,” “work with trusted authorities and trusted community leaders,” and suppress messages *they consider* false:

Governments and the private sector should assign a greater priority to developing methods to combat mis- and disinformation prior to the next pandemic response.

Governments will need to partner with traditional and social media companies to research and develop nimble approaches to countering misinformation. This will require developing the ability to **flood media** with fast, accurate, and consistent information. **Public health authorities should work with private employers and trusted community leaders such as faith leaders, to promulgate factual information to employees and citizens. Trusted, influential private-sector employers should create the capacity to readily and reliably augment public messaging, manage rumors and misinformation,** and amplify credible information to support emergency public communications. National public health agencies should work in close collaboration with WHO to create the capability to rapidly develop and release consistent health messages. For their part, **media companies should commit to ensuring that authoritative messages are prioritized and that false messages are suppressed including through the use of technology.**

The conclusion:

Accomplishing the above goals will **require collaboration among governments, international organizations and global business. . . . We call on leaders in global business, international organizations, and national governments to launch an ambitious effort to work together to build a world better prepared for a severe pandemic.**

This event is just one example of a pandemic exercise or drill.

World Economic Forum’s “Great Reset”: “world must act jointly and swiftly to revamp **all aspects of our societies and economies**” “silver lining of the pandemic . . . **radical changes to our lifestyles**” “rare but narrow window of **opportunity** to reflect, reimagine, and reset our world.” Article: “Now is the time for a ‘**great reset**’” by Klaus Schwab, Founder and Executive Chairman of the World Economic Forum, June 3, 2020:
www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset

Much information on their agenda can be found at the World Economic Forum’s website:
www.weforum.org.

Klaus Schwab’s books include *COVID-19: The Great Reset* (2020) and *The Fourth Industrial Revolution* (2017).

Principles and Laws Being Violated: Justice is Needed

No Accountability: Pharmaceutical Corporations are Protected from Liability:

“The government has confirmed that coronavirus vaccine manufacturers are protected from liability” <https://globalnews.ca/news/7521148/coronavirus-vaccine-safety-liability-government-anand-pfizer/>

Coercion via Passports and Mandates: Violation of Informed Consent Laws and Human Rights Principles: Informed consent laws and treaties are being broken by universities, colleges, governments, businesses, employers and other institutions. Vaccine passports and vaccine mandates break domestic laws and international treaties.

Early on, Ontario’s health minister signals the government’s intention of bringing in proof of vaccination: “important for people to have for travel . . . work . . . for going to theatres or cinemas or . . .” <https://globalnews.ca/news/7508640/ontario-to-issue-proof-of-coronavirus-vaccine/>

See the ***Ontario Health Care Consent Act***

(BC has a similar law)

www.ontario.ca/laws/statute/96h02

11 (1) The following are the elements required for consent to treatment:

- 1. The consent must relate to the treatment.**
- 2. The consent must be informed.**
- 3. The consent must be given voluntarily.**
- 4. The consent must not be obtained through misrepresentation or fraud. . . .**

The facts are clear enough to show that all those points have been violated: People have not been properly informed about the nature of the COVID vaccines and about the harm still being done and the extent of the harm already observed during the initial research. People have been coerced by the threat of employment loss and through barriers preventing access to restaurants, recreational facilities, travel, etc. and through the long, abusive process of isolation, contact tracing, lockdowns, mask-wearing and social-distancing.

Universal Declaration on Bioethics and Human Rights:

[http://portal.unesco.org/en/ev.php-](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)

[URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)

Article 6 – Consent

- 1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason**

without disadvantage or prejudice.

2. **Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice.** Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. **In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.**

The following international treaty is acknowledged by the Canadian government on their website:

International Covenant on Civil and Political Rights:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>

On the topic of coercing novel “vaccine” technology, which includes lying about it not being experimental:

Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

The above statement also relates to the abusive, degrading use of “lockdowns” (prison terminology), unwarranted and destructive isolation policies, masks (contrary to many scientific studies), and social distancing (based on nothing).

Other articles in the Covenant are also very relevant.

Read the **Canadian Charter of Rights and Freedoms:**

<https://laws-lois.justice.gc.ca/eng/const/page-12.html#h-40>

Point after point in the *Charter* has been attacked, affecting the sick and healthy alike:

Media and government messaging regarding the significance and details of COVID has been all-pervasive. Censorship and intimidation efforts have escalated.

Contrary beliefs and interpretation of events are not given public space, church services have been shut down to prevent communication, vaccine mandates are being imposed:

2(a) freedom of conscience and religion;

2 (b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication;

Protests, church services, funerals, weddings, daily activities, businesses:

2 (c) freedom of peaceful assembly ...

Restrictions on travel, detaining travellers for “quarantine,” including workplace screening questions about travel:

6 (1) Every citizen of Canada has the right to enter, remain in and leave Canada.

Rights to earn a living: This has also been undermined by the authoritarian concept of “essential workers” being imposed under the COVID narrative. Provincial checkpoints.

“Rights to move and gain livelihood”

6 (2) Every citizen of Canada and every person who has the status of a permanent resident of Canada has the right

- (a) **to move to and take up residence in any province;** and
- (b) **to pursue the gaining of a livelihood** in any province.

We should not be coerced into taking a vaccine using health status requirements and by lockdown policies and media narratives. Much harm is being done through COVID-19 vaccine adverse reactions. **Lives are also being endangered because people who refuse these injections have or will potentially be unable to access housing, transportation, and employment, or at least discouraged from accessing them even with the belief that they will be turned away:**

7 Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

We should not be coerced into giving up private medical information about our bodies, or subject to temperature checks, testing or other coerced (economically or otherwise) bodily invasions, or other screening about private medical information and other private aspects of our lives such as travel locations and events we attend—especially if we are not actually sick:

8 Everyone has the right to be secure against unreasonable search or seizure.

Constant screening, constant social distancing, isolation, quarantines even for healthy people. “Stay at home” orders:

9 Everyone has the right **not to be arbitrarily detained or imprisoned.**

Isolation, stay at home orders, “lockdowns,” destruction of business, constant single-message psychological abuse from fear-generating media:

12 Everyone has **the right not to be subjected to any cruel and unusual treatment or punishment.**

Courts were shut down for months in 2020:

See “Ontario courts shutting down in a bid to slow coronavirus,” March 16, 2020: <https://globalnews.ca/news/6683865/ontario-courts-coronavirus/>:

24 (1) **Anyone whose rights or freedoms, as guaranteed by this Charter, have been infringed or denied may apply to a court of competent jurisdiction to obtain such remedy** as the court considers appropriate and just in the circumstances.

Read the *Canadian Bill of Rights*, “An Act for the Recognition and Protection of Human Rights and Fundamental Freedoms,” a law passed in 1960: <https://laws.justice.gc.ca/eng/acts/C-12.3/FullText.html>

Canadian Criminal Code sections
laws-lois.justice.gc.ca/eng/acts/c-46/FullText.html

With respect to the coercion of vaccinations—from government, corporations, media, employers, and others, including the use of intimidation via their public messaging and policies (lockdowns, isolation, masking, contact tracing, etc.):

ASSAULT

265(1) A person commits an assault when

- (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;
- (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or

- (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

...

- Marginal note: Consent

(3) For the purposes of this section, **no consent is obtained** where the complainant submits or does not resist by reason of

- (a) **the application of force** to the complainant or to a person other than the complainant;
- (b) **threats or fear of the application of force** to the complainant or to a person other than the complainant;
- (c) **fraud**; or
- (d) **the exercise of authority**.

CRIMINAL NEGLIGENCE

with respect to the elderly and others--for dubious COVID rationalizations--who were denied access to suppressed treatments, hospital and/or basic daily care, or whose surgeries and treatments were postponed due to provably invalid claims about lack of resources:

219(1) Every one is criminally negligent who

(a) in doing anything, or

(b) **in omitting to do anything that it is his duty to do**, shows wanton or reckless disregard for the lives or safety of other persons.

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable ...

FRAUD

With respect to, for example, the effect of the lockdowns on small businesses along with the innumerable economic, and personal deprivations of many citizens caused by the isolation, stay-at-home and health rationing policies:

380 (1) Every one who, by deceit, falsehood or other fraudulent means, whether or not it is a false pretence within the meaning of this Act, **defrauds the public or any person**, whether ascertained or not, of any **property, money or valuable security or any service**,

- (a) is guilty of an indictable offence ...

TERRORISM

83.01

- (b) an act or omission, in or outside Canada,

o (i) that is committed

- (A) in whole or in part for a **political, religious or ideological purpose, objective or cause**, and
- (B) in whole or in part **with the intention of intimidating the public, or a segment of the public, with regard to its security**, including its economic security, or **compelling a person, a government or a domestic or an international organization to do or to refrain from doing any act**, whether the public or the person, government or organization is inside or outside Canada, and

o (ii) that intentionally

- (A) causes death or serious bodily harm to a person by the use of violence,
- (B) **endangers a person's life**,
- (C) **causes a serious risk to the health or safety of the public or any segment of the public**, [e.g., health rationing and treatment-denial policies for the elderly and others discussed in Part C]
- (D) causes substantial property damage, whether to public or private property, if causing such damage is likely to result in the conduct or harm referred to in any of clauses (A) to (C), or
- (E) **causes serious interference with or serious disruption of an essential service, facility or system, whether public or private** [e.g., [hospital access and health care](#)], other than as a result of advocacy, protest, dissent or stoppage of work that is not intended to result in the conduct or harm referred to in any of clauses (A) to (C),

and includes a conspiracy, attempt or threat to commit any such act or omission, or being an accessory after the fact or counselling in relation to any such act or omission, but, for greater certainty, does not include an act or omission that is committed during an armed conflict and that, at the time and in the place of its commission, is in accordance with customary international law or conventional international law applicable to the conflict, or the activities undertaken by military forces of a state in the exercise of their official duties, to the extent that those activities are governed by other rules of international law. ...

FALSE INFORMATION and HARRASSING COMMUNICATIONS

with respect to the constant worldwide media barrage of propaganda, fear and censorship of dissenting experts and citizens from all over the world

- **372(1) Everyone commits an offence who, with intent to injure or alarm a person, conveys information that they know is false, or causes such information to be conveyed by letter or any means of telecommunication.**

• Marginal note: Harassing communications

- (3) Everyone commits an offence who, without lawful excuse and with **intent to harass**

a person, repeatedly communicates, or causes repeated communications to be made, with them by a means of telecommunication

GENOCIDE

Public statements in the media on human population made by foundation owners and representatives such as Bill Gates provide evidence of intent (https://www.ted.com/talks/bill_gates_innovating_to_zero). This is the wider perspective relating to COVID lockdowns (causing business shut-downs and increased levels in domestic abuse, substance abuse, suicides and other evils), isolation and health-rationing policies, COVID triage policies against seniors (see part C), also relating to other destabilizing, anti-family policies introduced in recent years such as euthanasia, undermining the *Charter of Rights and Freedoms* and other laws meant to protect human beings from abuse:

318 (1) Every person who advocates or promotes genocide is guilty of an indictable offence and liable to imprisonment for a term of not more than five years.

(2) In this section, genocide means any of the following acts committed with **intent to destroy in whole or in part any identifiable group**, namely,

- (a) killing members of the group; or
- (b) **deliberately inflicting on the group conditions of life calculated to bring about its physical destruction**

TORTURE

Isolation and other emotionally abusive policies used to coerce mass vaccination and other authoritarian policies.

- 1(1) Every official, or every person acting at the instigation of or with the consent or acquiescence of an official, who inflicts torture on any other person is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

...

torture means any **act or omission** by which **severe pain or suffering**, whether **physical or mental** [could include the effects of COVID **health rationing policies**, isolation, quarantine and constant propaganda], is **intentionally inflicted** on a person

- (a) for a purpose including
 - (i) obtaining from the person or from a third person **information** or a statement, [such as “COVID tests” or COVID screening questions required by employers, or contact tracing information]
 - (ii) punishing the person for an act that the person or a third person has committed or is suspected of having committed, and
 - (iii) **intimidating or coercing the person or a third person** [to be vaccinated for example so that life can go back to “normalcy” as Bill Gates puts it, or to force them to stay home in order to condition them to “4th Industrial Revolution” [Klaus Schwab’s book] remote learning and communications technologies], or

- (b) for any reason based on discrimination of any kind, but does not include any act or omission arising only from, inherent in or incidental to lawful sanctions. ...

KIDNAPPING AND FORCIBLE CONFINEMENT

Relating to lockdowns, stay-at-home orders, isolation of healthy people, curfews (in Quebec) in order to impose vaccination and other authoritarian policies. The use of quarantine and detention centers against the healthy is a crime against humanity:

Kidnapping

- **279(1)** Every person commits an offence who kidnaps a person with intent
 - (a) to cause the person to be **confined or imprisoned against the person's will**;
 - (b) to cause the person to be unlawfully sent or transported out of Canada against the person's will; or
 - (c) to hold the person for ransom or **to service against the person's will**. [to condition them to use "4th Industrial Revolution" remote learning and communications technologies to shop from home, etc.]

...

Forcible confinement

(2) Every one who, without lawful authority, **confines**, imprisons or forcibly seizes another person [the use of lockdowns, isolation, quarantine and detention centers against the healthy are crimes against humanity] is guilty of

- (a) an indictable offence and liable to imprisonment for a term not exceeding ten years; or
- (b) an offence punishable on summary conviction

INVASION OF PRIVACY Section of the Criminal Code

Relating to Contact Tracing and cellular phone devices – many are just being coerced by denial of services or are not aware of the need for consent:

184 (1) Every person who, **by means of any electro-magnetic, acoustic, mechanical or other device, knowingly intercepts a private communication** is guilty of

- (a) an indictable offence and liable to imprisonment for a term of not more than five years; or
- (b) an offence punishable on summary conviction

...

184.5 (1) Every person who **intercepts, by means of any electro-magnetic, acoustic, mechanical or other device, maliciously or for gain, a radio-based telephone communication**, if the originator of the communication or the person intended by the originator of the communication to receive it is in Canada, is guilty of

- (a) an indictable offence and liable to imprisonment for a term of not more than five years; or
- (b) an offence punishable on summary conviction.

BODILY HARM

Regarding the COVID vaccination program and its adverse reactions as documented even at official government websites internationally

“Bodily Harm and Acts and Omissions Causing Danger to the Person”

...

Administering noxious thing

- **245** (1) Every person who administers or causes to be administered to any other person or causes any other person to take poison or any other destructive or noxious thing is guilty ...

Part B. Contradictions, Testing, Cases, Deaths

COVID testing is very problematic but is used to count “cases” for alarming media reports

Dr. Barbara Yaffe, Ontario Associate Chief Medical Officer: “**false positives almost half the time**” “Testing will not ... achieve anything other than take resources” Press conference, July 30, 2020. See 36:30 in the following video: <https://youtu.be/bFMt9vedB1w>.

Corman-Drosten Review Report BY An International Consortium of Scientists in Life Sciences (ICSLS) Review report Corman-Drosten et al. Eurosurveillance 2020: November 27, 2020: “**External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.**” “. . . This paper will show **numerous serious flaws** in the [Corman-Drosten paper](#), the significance of which has led to **worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19**. We are confronted with stringent lockdowns which have destroyed many people’s lives and livelihoods, limited access to education and these imposed restrictions by governments around the world are a direct attack on people’s basic rights and their personal freedoms, resulting in collateral damage for entire economies on a global scale. . . .” “. . . In light of our re-examination of the test protocol to identify SARS-CoV-2 described in the Corman-Drosten paper we have identified concerning errors and inherent fallacies which render the SARS-CoV-2 PCR test useless. . . .”
cormandrostenreview.com/report

Daily Mail: August 30, 2020: “Experts: US COVID-19 positivity rate high due to ‘too sensitive’ tests” [web.archive.org/web/20210816164320/https://www.msn.com/en-us/health/medical/experts-us-covid-19-positivity-rate-high-due-to-too-sensitive-tests/ar-BB18wE8B](https://www.msn.com/en-us/health/medical/experts-us-covid-19-positivity-rate-high-due-to-too-sensitive-tests/ar-BB18wE8B)

New York Times: August 29, 2020: “Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be.” “The usual diagnostic tests may simply be **too sensitive** and too slow to contain the spread of the virus.” www.nytimes.com/2020/08/29/health/coronavirus-testing.html Readable version: <https://web.archive.org/web/20201101004148/www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

Note the US CDC (Centers for Disease Control and Prevention) July 21, 2021 announcement on how COVID PCR testing is to be phased out: www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html .

Other Problems with COVID Policies

Dr. Roger Hodkinson, Royal College-certified pathologist, CEO of a COVID testing company, to Edmonton committee, November 13, 2020: “**absolutely nothing that can be done to contain this virus**” “**positive test results do not . . . mean a clinical infection**” “**all testing should stop**” “scale of the response . . . ridiculous . . .All kinds of suicides, business closures, funerals, weddings etc.” “Dr. Roger Hodkinson, MA, MB, FRCPC, FCAP, CEO and medical director of Western Medical Assessments, spoke at the Edmonton City Council Community and Public Services Committee meeting on Nov. 13 about the city’s move to extend its face-covering bylaw.” www.brighteon.com/42ace589-01fc-4a2b-9654-20b0bf0bc315

CDC (US Centers for Disease Control and Prevention) statements on the seriousness of the illness and on children:

CDC: “. . . Most people who have gotten COVID-19 have **not gotten very sick. Only a small group of people who get it have had more serious problems.** . . . ” Archived link as of July 29, 2021: web.archive.org/web/20210729104317/https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html (Quote was accessed May 25, 2021 at the original link: www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html but now it redirects to a page with different content.)

CDC: “. . . **most children with COVID-19 have mild symptoms** or they may have **no symptoms at all . . .** ” www.cdc.gov/coronavirus/2019-ncov/faq.html#Children (click the arrow next to “What is the risk of my child becoming sick with COVID-19?”)

Death Numbers

The World Health Organization (WHO) biased the COVID death counts in favor of COVID by publishing their death certificate guidelines on determining cause of death on April 20, 2020: “International Guidelines for Certification and Classification (Coding) of COVID-19 as Cause of Death” <https://web.archive.org/web/20220220200155/https://www.who.int/classifications/icd/Guidelines>

[Cause of Death COVID-19-20200420-EN.pdf](#) (Document at the original link was last accessed on May 25, 2021 but has been removed:
www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19-20200420-EN.pdf).

People with comorbidities have been counted as COVID-19 deaths:

City of Toronto Public Health @TOPublicHealth on Twitter: “Individuals who have died **with** COVID-19, but **not as a result** of COVID-19 are **included in the case counts for COVID-19 deaths . . .**” twitter.com/TOPublicHealth/status/1275888390060285967

Perspective: **Statistics Canada: “The average age of Canadians who died of COVID-19 in 2020 is 83.8 years. By comparison, the average age at death in Canada in 2019 was 76.5 years.”** www150.statcan.gc.ca/n1/pub/91f0015m/91f0015m2021002-eng.htm

Perspective: **Canadian COVID-19 deaths by age “as of August 3, 2020” (prior to vaccination campaign)**

- **0-19: 1 death (0.0%)**
- 20-29: 9 (0.1%)
- 30-39: 15 (0.2%)
- 40-49: 49 (0.6%)
- 50-59: 208 (2.3%)
- 60-69: 635 (7.1%)
- 70-79: 1,616 (18.2%)
- **80+: 6,364 (71.5%)**

Data archived for August 4, 2020, go to Figure 4 and select “deceased”:

<https://web.archive.org/web/20200804062231/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

Current data, e.g., June 5, 2022 –after vaccination campaign began– go to Figure 7 and select “deceased”: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

Perspective: **The Top Leading Causes of Death in Canada for 2018:**

1. **Cancer 79,536 (218/day)**
2. Heart disease 53,134 (146/day)
3. Cerebrovascular diseases 13,480 (37/day)
4. Accidents 13,290 (36/day)
5. Chronic lower respiratory diseases 12,998 (36/day)
6. **Flu and pneumonia 8,511 (23/day)**
7. Diabetes 6,794 (19/day)
8. Alzheimer’s disease 6,429 (18/day)
9. Suicide 3,811 (10/day)
10. Kidney diseases 3,615 (10/day)

2018 figures on archived version of this page:

web.archive.org/web/20200930075852/https://www.finder.com/ca/what-are-the-top-10-causes-of-death-in-canada

Perspective: **The Top Leading Causes of Death in Canada for 2019 (current page):**

www.finder.com/ca/what-are-the-top-10-causes-of-death-in-canada

1. **Cancer 80,152 (220/day)**
2. Heart disease 52,541 (144/day)
3. Accidents 13,746 (38/day)
4. Cerebrovascular diseases 13,660 (37/day)
5. Chronic lower respiratory diseases 12,823 (35/day)
6. Diabetes 6,912 (19/day)
7. **Flu and pneumonia 6,893 (19/day)**
8. Alzheimer's disease 6,166 (17/day)
9. Suicide 4,012 (11/day)
10. Kidney diseases 3,767 (10/day)

Cashless Policies Based on What!? The use of cash was discouraged by many businesses for fear of contagion. What does the CDC say about viral spread from objects and surfaces?

CDC – May 22, 2020: “Based on data from lab studies on COVID-19 and what we know about similar respiratory diseases, **it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes, **but this isn't thought to be the main way the virus spreads.**”

www.cdc.gov/media/releases/2020/s0522-cdc-updates-covidtransmission.html

CDC website: “. . . Although the virus can survive for a short period on some surfaces, **it is unlikely to be spread from domestic or international mail, products or packaging.** However, it may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but **this is not thought to be the main way the virus spreads.**”

web.archive.org/web/20201218232713/https://www.cdc.gov/coronavirus/2019-ncov/faq.html

which is December 18, 2020 version of this page: www.cdc.gov/coronavirus/2019-ncov/faq.html

Hand Sanitizer

Q: “Can I use hand sanitizer on pets?” A: “**Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. . . . If your pet gets hand sanitizer on their skin or fur, rinse or wipe down your pet with water immediately.** If your pet ingests hand sanitizer (such as by chewing the bottle) or is **showing signs of illness after use**, contact your veterinarian or pet poison control immediately.”

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Pets-and-Animals>

Masks

The following information is about the harm caused by masks along with a long list of scientific studies concluding that they do not prevent viral spread in a public health context, thus making them a form of abuse:

“There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.”

See “Masks Don’t Work – A review of science relevant to COVID-19 social policy” by Denis G. Rancourt, PhD, April 11, 2020:
denisrancourt.ca/entries.php?id=8&name=2020_04_11_masks_dont_work_a_review_of_science_relevant_to_covid_19_social_policy

Also see “Face masks, lies, damn lies, and public health officials: “A growing body of evidence”” by the same author, August 3, 2020:
denisrancourt.ca/entries.php?id=11&name=2020_08_03_face_masks_lies_damn_lies_and_public_health_officials_quota_growing_body_of_evidencequot

Part C. Seniors, Euthanasia, Death Panel Policies, Denial of Healthcare

Death and Long-Term Care Home Policies

The following references document published treatment-denial policies along with reporting of their actual use. These health-rationing policies to not treat the elderly and frail (the term “death panels” is appropriate) were introduced using the COVID “emergency” as a justification. They signaled government and corporate intent to prejudice each patient’s situation and withhold treatments (even hospital admission). The results were neglect and additional, unnecessary deaths. These documents and news reports should be used in prosecutions.

Ontario government: Long term care home patients would be refused hospital admission: “triage protocol’ for doctors” “ethically fraught decisions over how to ration critical care beds” “long-term-care patients ... no longer...transferred to hospitals”
<https://www.thestar.com/news/canada/2020/03/29/ontario-developing-last-resort-guidelines-on-which-patients-to-prioritize-if-hospitals-are-overwhelmed-by-critical-covid-19-cases.html>

Canadian government: non-COVID-19 patients would be transferred from hospitals to long term care homes and COVID-19 LTC patients would not be transferred to hospitals: “LTC facilities ...admission of non-COVID-19 hospital patients” “If COVID-19 does develop ... cared for within the facility” “palliative care and/or pain management”
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-pandemic-guidance-health-care-sector.html>

Canadian Medical Association: “committees” “physicians receive legal protection” from “civil or criminal liability or professional discipline” “priority to younger patients”

<https://policybase.cma.ca/en/viewer?file=%2Fdocuments%2FPolicypdf%2FPD20-03.pdf>.

Original CMA policy link has been removed. Document archived here:

<https://web.archive.org/web/20220120092523/https://policybase.cma.ca/en/viewer?file=%2Fdocuments%2FPolicyPDF%2FPD20-03.pdf>

These policies were carried out – **in addition to strict isolation policies in LTC homes**. And many reports have details describing the consequences (while framing the policies as part of a well-intentioned emergency response).

Globe and Mail report documents how these policies were carried out and the results:

“thousands of seniors discharged to nursing and retirement homes as Ontario, Quebec and other provinces rushed to clear beds” “some hospitals, physicians” and LTC admins “discouraging families from sending infected nursing-home residents to the hospital” “most of ... residents who have succumbed to COVID-19... died inside the virus-stricken, understaffed facilities, while many ... beds opened for [covid] patients sat empty”

<https://www.theglobeandmail.com/canada/article-how-shoring-up-hospitals-for-covid-19-contributed-to-canadas-long/>

Financial Accountability Office documents the use of these policies (and cancellation of surgeries) and the amazing increase in empty hospital beds: Before COVID, Ontario had “**906** acute care beds, **357** critical care beds” unoccupied. Measures included “**cancelling elective surgeries**” and “**moving existing hospital patients to alternative places of care**” By April 23, 2020, there were “**9,345** unoccupied acute care and **2,191** unoccupied critical care beds” <https://fao-on.org/en/Blog/Publications/health-2020>

The increase in surplus hospital beds indicates no lack of resources and no real emergency contrary to the justifications required by the original emergency law used by the Ontario government in 2020.

CTV News documents the half empty hospitals resulting from COVID policies across Canada:

“lights ... turned off in some ... corridors” “**not even staffing it with nurses**” “**more than 11 thousand unoccupied beds in hospitals across Canada**” “**surgeries-almost 53 thousand-have been cancelled**” April 29, 2020: <https://www.ctvnews.ca/health/coronavirus/all-of-our-rooms-are-empty-hospital-ers-vacant-during-pandemic-1.4918208>

Ontario COVID death policies

An overall picture of many and various COVID death policies (many international in scope) introduced in Ontario relating to the elderly—including some temporary policies, for example, about electronic death certificates and rushing families to choose a funeral home—is presented in the following article by journalist Rosemary Frei: [off-guardian.org/2020/05/26/were-conditions-for-high-death-rates-at-care-homes-created-on-purpose](https://www.theguardian.com/2020/05/26/were-conditions-for-high-death-rates-at-care-homes-created-on-purpose).

Analysis regarding death rates

For an analysis regarding mortality rates for certain jurisdictions such as Ontario, see the

research done by Denis G. Rancourt, PhD of the Ontario Civil Liberties Association (ocla.ca). His articles on COVID are here: <https://denisrancourt.ca/categories.php?id=1&name=covid>. Three of his articles relevant to mortality rates are:

- [2020-06-02 ::: All-cause mortality during COVID-19 – No plague and a likely signature of mass homicide by government response](#)
- [2021-08-06 ::: Analysis of all-cause mortality by week in Canada 2010-2021, by province, age and sex: There was no COVID-19 pandemic, and there is strong evidence of response-caused deaths in the most elderly and in young males](#)
- [2021-10-25 ::: Nature of the COVID-era public health disaster in the USA, from all-cause mortality and socio-geo-economic and climatic data](#)

PART D. COVID-19 Cell-programming Vaccines and Injuries

The product monographs for the COVID-19 vaccines can be found at <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html> First I'm going to include what I found in the earliest version of the Pfizer product document:

Analysis of December 9, 2020 version of Pfizer-Biontech mRNA vaccine product monograph (pdf.hres.ca/dpd_pm/00059112.PDF) (Also note another early version, revised May 19, 2021: pdf.hres.ca/dpd_pm/00060921.PDF)

This document includes some severe reactions in the initial studies and describes the nature of what this novel technology does. This information should have been supplied to every member of the public!

a)“nucleoside-modified messenger RNA ... in lipid nanoparticles, ... enable delivery of the RNA into host cells” [<https://en.wikipedia.org/wiki/Nucleoside>, https://en.wikipedia.org/wiki/Messenger_RNA, https://en.wikipedia.org/wiki/Solid_lipid_nanoparticle, <https://en.wikipedia.org/wiki/RNA>]

Full description from “10.1 Mechanism of Action”:

The nucleoside-modified messenger RNA in Pfizer-BioNTech COVID-19 Vaccine is formulated in lipid nanoparticles, which enable delivery of the RNA into host cells to allow expression of the SARS-CoV-2 S antigen. The vaccine elicits both neutralizing antibody and cellular immune responses to the spike (S) antigen, which may contribute to protection against COVID-19 disease.

b) Ingredients include: ALC-0159 = 2-[([polyethylene glycol](https://en.wikipedia.org/wiki/Polyethylene_glycol))-2000]-N,N-ditetradecylacetamide, etc. [see https://en.wikipedia.org/wiki/Polyethylene_glycol#Health_effects]

Full list of ingredients (page 23)

Medicinal ingredient: mRNA

Non-medicinal ingredients:

- ALC-0315 = ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)
<https://en.wikipedia.org/wiki/ALC-0315>
... is a synthetic lipid. A colorless oily material, it has attracted attention as a component of the SARS-CoV-2 vaccine, BNT162b2, from BioNTech and Pfizer. Specifically, it is **one of four components that form lipid nanoparticles (LNPs), which encapsulate and protect the otherwise fragile mRNA that is the active ingredient in these drugs**. These nanoparticles promote the uptake of therapeutically effective nucleic acids such as oligonucleotides or mRNA both in vitro and in vivo.
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
See <https://en.wikipedia.org/wiki/ALC-0159>
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
See <https://en.wikipedia.org/wiki/Distearoylphosphatidylcholine>
- cholesterol
- dibasic sodium phosphate dihydrate
- monobasic potassium phosphate
- potassium chloride
- sodium chloride
- sucrose
- water for injection

c) “may not fully protect all those who receive it” “should be postponed in individuals suffering from [acute severe febrile illness](#)” “should not receive ... if: ▪you are allergic to any of the ingredients ... ▪have any symptoms that could be due to COVID-19” “talk to your healthcare professional ... about any health conditions ... including ... ▪have had any problems following previous [shot] ... such as an allergic reaction or breathing problems ▪have a weakened immune system ... ▪have a bleeding problem, bruise easily or use a blood thinning medication ▪are pregnant, think you may be pregnant or plan to become pregnant ▪are breast-feeding”
[\[https://study.com/academy/lesson/acute-febrile-illness-symptoms-treatment.html\]](https://study.com/academy/lesson/acute-febrile-illness-symptoms-treatment.html)

d) See Table 5 for example: 2nd dose / 56+yrs (7 days): Redness, **Swelling**, Pain at Injection Site, **Fever $\geq 38.0^{\circ}\text{C}$ 10.9% (181 people), $>38.9^{\circ}\text{C}$ 0.3% (5 people)**. **Fatigue 50.5% (838 people), Severe 2.8% (46)**. **Headache 39% (647), Severe: 0.5% (8)**. **Chills 22.7% (377), Severe: 1.0% (16)**. **Vomiting 0.7% (11), Severe: 0.1% (2)**. **Diarrhea 8.3% (138), Severe: 0.1% (2)**. **New/worsened muscle pain 28.7% (476), Severe: 1.0% (16)**. **New/worsened joint pain: 18.9% (313), Severe: 0.4% (6)**. Unsolicited “serious adverse events” (30 days) (56+ yrs) **0.8% (64)**.

Current product monographs for COVID-19 vaccines used in Canada:

Go to Health Canada's Drug Product Database: <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html>

Click on "COVID-19 Drugs and Vaccines" <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments.html>

Click on "Vaccines" to see the "Approved COVID-19 Vaccines" page: <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html>

The status for each of these is "Approved by Health Canada."

Each page points to more detailed information. Many of the promotional claims in these documents are dubious but they are more informative than the media concerning the actual ingredients of the "vaccines" and their novel nature, and also reflect some of the adverse events experienced during trials:

1. **Moderna Spikevax COVID-19 vaccines** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/moderna.html> **Type mRNA:** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/type-mrna.html>

Moderna Spikevax vaccine regulatory information: <https://covid-vaccine.canada.ca/covid-19-vaccine-moderna/product-details>

Click on All resources and select "Product Monograph"

<https://covid-vaccine.canada.ca/info/pdf/covid-19-vaccine-moderna-pm-en.pdf>

(Dated July 14, 2022)

According to Section 13:

Proper name: **Elasomeran (mRNA vaccine)**

Chemical name: **mRNA-1273 LS (Large Scale) Lipid Nanoparticle (LNP)**

Product Characteristics:

SPIKEVAX is an mRNA-lipid complex [lipid nanoparticle (LNP)] dispersion that contains elasomeran (mRNA CX-024414) that encodes for the pre-fusion stabilized Spike glycoprotein of 2019-novel Coronavirus (SARS-CoV-2) and four lipids which act as protectants and carriers of the mRNA.

Page 41:

Medicinal ingredients: Elasomeran (mRNA)

Non-medicinal ingredients:

- acetic acid
- cholesterol
- DSPC (1,2-distearoyl-sn-glycero-3-phosphocholine)

- See <https://en.wikipedia.org/wiki/Distearoylphosphatidylcholine>
- PEG2000-DMG (1,2-dimyristoyl-rac-glycerol,methoxy-polyethyleneglycol)
 - See https://en.wikipedia.org/wiki/DMG-PEG_2000
- lipid SM-102
 - see <https://en.wikipedia.org/wiki/SM-102>
- sodium acetate trihydrate
- sucrose
- trometamol
- trometamol hydrochloride
- water for injection

Section 10.1 “Mechanism of Action” which contains a description of how the “vaccine” is supposed to work—including statements whose veracity should be questioned:

SPIKEVAX encodes for the pre-fusion stabilized Spike (S) protein of SARS-CoV-2. After intramuscular injection, cells take up the lipid nanoparticle, effectively delivering the mRNA sequence into cells for expression of the SARS-CoV-2 S antigen. The delivered mRNA does not enter the cellular nucleus or interact with the genome, is nonreplicating, and is expressed transiently [*questionable*]. The protein undergoes post-translational modification and trafficking resulting in properly folded, fully functional Spike protein that is inserted into the cellular membrane of the expressing cell(s). The Spike protein is membrane bound, mimicking the presentation of natural infection. The vaccine induces both neutralizing antibody and cellular immune responses (T-cell and B-cell) to the spike (S) antigen, which may contribute to protection against COVID-19 disease.

Adverse reactions are described on, for example, pages 8, 9, 10-29, 42, 43. Adverse events reporting is mentioned on page 44.

Moderna Spikevax Bivalent COVID-19 vaccine regulatory information: <https://covid-vaccine.canada.ca/spikevax-bivalent/product-details>

Click on All Resources and select “Product Monograph”

<https://covid-vaccine.canada.ca/info/pdf/spikevax-bivalent-en.pdf>

(September 1, 2022)

According to Section 13:

Proper name: **Elasomeran / imelasomeran (mRNA vaccine)**

Chemical name: **mRNA-1273 LS (Large Scale) Lipid Nanoparticle (LNP) and mRNA-1273.529 LS LNP**

Product Characteristics:

SPIKEVAX Bivalent is an mRNA-lipid complex [lipid nanoparticle (LNP)] dispersion that contains elasomeran (mRNA CX-024414) that encodes for the pre-fusion stabilized Spike glycoprotein of 2019-novel Coronavirus (SARS-CoV-2)

and imelasomeran (mRNA CX-031302) that encodes for the pre-fusion stabilized Spike glycoprotein of the SARS-CoV-2 omicron variant (K983P and V984P), and four lipids which act as protectants and carriers of the mRNA.

2. **Pfizer-BioNTech Comirnaty COVID-19 vaccine** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/pfizer-biontech.html> **Type mRNA:** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/type-mrna.html>

Click on “Pfizer-BioNTech Comirnaty vaccine regulatory information” <https://covid-vaccine.canada.ca/comirnaty/product-details>

Click on All Resources and select “Product Monograph”

<https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-covid-19-vaccine-pm1-en.pdf>

This document (last revised September 9, 2022) includes much of the same information referenced above (see the description of the old document for the ingredients, for example) but there is other information, including new names.

See Section 13:

Proper name: COVID-19 Vaccine, mRNA

International nonproprietary name: **Tozinameran**

Product Characteristics:

COMIRNATY (COVID-19 Vaccine, mRNA) is highly purified single-stranded, 5'-capped messenger RNA (mRNA) produced using a *cell-free* in vitro transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2 (original strain).

This newer document contains much more information about **adverse reactions**. See, for example, **pages 30, 39, 42, 46, 53, 80, 82**.

3. **AstraZeneca Vaxzevria COVID-19 vaccine** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/astrazeneca.html> **Type: Viral vector-based:** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/type-viral-vector.html>

Click on “AstraZeneca Vaxzevria® vaccine regulatory information” <https://covid-vaccine.canada.ca/vaxzevria/product-details>

Click on All Resources and select “Product Monograph”

<https://covid-vaccine.canada.ca/info/pdf/astrazeneca-covid-19-vaccine-pm-en.pdf>

(Last revised: May 5, 2022)

According to Section 10:

VAXZEVRIA is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector encoding the S glycoprotein of SARS-CoV-2. The SARS-CoV-2 S immunogen in the vaccine is expressed in the trimeric pre-fusion conformation; the coding sequence has not been modified in order to stabilise the expressed S-protein in the pre-fusion conformation. Following administration, the S glycoprotein of SARS-CoV-2 is expressed locally stimulating neutralising antibody and cellular immune responses, which may contribute to protection against COVID-19.

According to Section 13:

Proper name: **COVID-19 Vaccine (ChAdOx1-S [recombinant])**

See <https://en.wikipedia.org/wiki/Recombinant>

Product Characteristics:

VAXZEVRIA is a clear to slightly opaque, colourless to slightly brown, sterile, particle free, pH 6.6, preservative-free, solution for intramuscular injection.

One dose (0.5 ml) of VAXZEVRIA contains:

COVID-19 Vaccine (ChAdOx1-S* recombinant) 5 x 10¹⁰ viral particles
***Recombinant, replication-deficient chimpanzee adenovirus vector encoding the unmodified SARS-CoV-2 Spike (S) glycoprotein (GP) produced in genetically modified human embryonic kidney (HEK) 293 cells by recombinant DNA technology.**

Notice the claim that there are actual “viral particles” which is totally different from the mRNA vaccines above.

Notice the reference to **genetically modified human** cells (from a human **embryo** as with some of the older vaccines), which is ethically questionable. According to page 18, “VAXZEVRIA contains genetically modified organisms (GMOs).”

The ingredients are listed on page 27:

Medicinal ingredients: **ChAdOx1-S [recombinant]**

https://en.wikipedia.org/wiki/Oxford%E2%80%93AstraZeneca_COVID-19_vaccine

Non-medicinal ingredients:

- Ethanol,
- Disodium edetate dihydrate (EDTA),
See https://en.wikipedia.org/wiki/Ethylenediaminetetraacetic_acid
- L-Histidine,
<https://en.wikipedia.org/wiki/Histidine>
- L-Histidine hydrochloride monohydrate,
- Magnesium chloride hexahydrate,

- Polysorbate 80
https://en.wikipedia.org/wiki/Polysorbate_80
- Sodium chloride,
- Sucrose,
- Water for injection

Adverse reactions, warnings and toxicology are discussed on pages 9, 10-17, 25, 28, 30. In addition to clotting, compared to the mRNA “vaccines,” some of the adverse reactions are more like those reported for H1N1 influenza vaccines.

The word “rare” (not a well-defined word) is freely used throughout these product documents and government web pages in characterizing adverse reactions.

This vaccine (3) is not an mRNA vaccine like the Moderna and Pfizer vaccines (1 and 2) and was not used as much as those. The rest of the non-mRNA vaccines (4, 5 and 6) have an even smaller footprint. This is indicated from a chart on this page which shows much smaller numbers for 3, 4 and 5:

<https://health-infobase.canada.ca/covid-19/vaccine-safety/> (September 26, 2022)

“Figure 2: Number of adverse event reports received for all people by vaccine name and dose number up to and including August 19, 2022”

On the same web page, referring to 3, 4, 5 and 6:

Health Canada authorized the AstraZeneca Vaxzevria COVID-19 vaccine on November 19, 2021, the Janssen JCOVDEN COVID-19 vaccine on November 23, 2021, and Novavax Nuvaxovid COVID-19 vaccine on February 17, 2022. While the Medicago Covifenz COVID-19 vaccine was approved for use in Canada on February 24, 2022, it has not yet been distributed.

I don’t know what the distinction is, but the AstraZeneca vaccine was first approved in Canada on February 26, 2021 (<https://www.cbc.ca/news/politics/astrazeneca-approved-1.5929050>).

In contrast, according to <https://www.canada.ca/en/health-canada/news/2020/12/health-canada-authorizes-first-covid-19-vaccine0.html>, Health Canada authorized the use of the Pfizer-BioNtech COVID-19 vaccine “under Health Canada’s [Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19](#)” on December 9, 2020. And the Moderna vaccine was approved for use in Canada on December 23, 2020 (<https://www.cbc.ca/news/politics/canada-approves-moderna-vaccine-1.5852848>).

4. **Janssen Jcovden (Johnson & Johnson) COVID-19 vaccine**
<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/janssen.html> **Type: Viral vector-based:**

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/type-viral-vector.html>

Click on “Janssen Jcovden® (Johnson & Johnson) vaccine regulatory information”

<https://covid-vaccine.canada.ca/jcovden/product-details>

Click on “All resources” and “Product Monograph”

<https://covid-vaccine.canada.ca/info/pdf/janssen-covid-19-vaccine-pm-en.pdf>

5. **Novavax Nuvaxovid COVID-19 vaccine** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/novavax.html> **Type: protein-based vaccine:** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/protein-subunit.html>
Click on Novavax Nuvaxovid vaccine regulatory information “vaccine regulatory information” <https://covid-vaccine.canada.ca/nuvaxovid/product-details>
Click on “All resources” and “Product monograph”
<https://covid-vaccine.canada.ca/info/pdf/nuvaxovid-pm-en.pdf>
6. **Medicago Covifenz COVID-19 vaccine** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/medicago.html> **Type: plant based virus-like particle:** <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/plant-based.html>
Click on “Medicago Covifenz vaccine regulatory information” <https://covid-vaccine.canada.ca/covifenz/product-details>
Click on “All resources” and “Product monograph”
<https://covid-vaccine.canada.ca/info/pdf/covifenz-pm-en.pdf>

Concerns About COVID-19 Vaccines

Many doctors and scientists have made statements critical of COVID-19 policies and vaccines.

Example of serious concerns regarding the Pfizer COVID-19 vaccine from former Pfizer VP:

www.scribd.com/document/487083552/Wodarg-Yeadon-EMA-Petition-Pfizer-Trial-FINAL-01DEC2020-en-Unsigned-With-Exhibits#from_embed.

UK: “Any person with a history of a **significant allergic reaction to a vaccine, medicine or food**” should not take it. “**Resuscitation facilities** should be available”

<https://www.theguardian.com/world/2020/dec/09/pfizer-covid-vaccine-nhs-extreme-allergy-sufferers-regulators-reaction>

“**never been approved before**” “**no reliable track record of safety**”

<https://web.archive.org/web/20211011103124/https://www.msn.com/en-us/news/us/doctors-and-nurses-want-more-data-before-championing-vaccines-to-end-the-pandemic/ar-BB1becTK>

“**first-ever** messenger RNA ... vaccines” “know virtually nothing about their **long-term effects**” “invade your cells and **hijack your cells’ protein-making machinery**” “**runs a certain program**” “unknown risks” <https://www.jpost.com/health-science/could-an-mrna-vaccine-be-dangerous-in-the-long-term-649253>

No Accountability: Pharma is Protected from Liability

“The government has confirmed that coronavirus vaccine **manufacturers are protected from liability**” <https://globalnews.ca/news/7521148/coronavirus-vaccine-safety-liability-government-anand-pfizer/>

Coercion via Passports and Mandates: Violation of Informed Consent Laws and Human Rights Principles

Informed consent laws and treaties have been broken by universities, colleges, governments, businesses, employers, and other institutions. Vaccine passports and vaccine mandates break domestic laws and international treaties.

Early on, Ontario’s health minister signals the government’s intention of bringing in proof of vaccination: “important for people to have for travel ... work ... for going to theatres or cinemas or ... ” <https://globalnews.ca/news/7508640/ontario-to-issue-proof-of-coronavirus-vaccine/>

Ontario Health Care Consent Act (and BC, for example, has a similar law) www.ontario.ca/laws/statute/96h02

11 (1) The following are the elements required for consent to treatment:

- 1. The consent must relate to the treatment.**
- 2. The consent must be informed.**
- 3. The consent must be given voluntarily.**
- 4. The consent must not be obtained through misrepresentation or fraud. ...**

Universal Declaration on Bioethics and Human Rights: http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Article 6 – Consent

- 1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. **In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.**

International Covenant on Civil and Political Rights:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>

Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Injuries

Everybody should be aware of the report published by Public Health Ontario “[Adverse Events Following Immunization \(AEFIs\) for COVID-19 in Ontario](#)” – a recent update is for “December 13, 2020 to October 23, 2022.” Heart issues are among many of the adverse events included in this report:

There have been international reports, including from the United States and Israel, of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) following vaccination with COVID-19 mRNA vaccines.

An earlier report published by Public Health Ontario “[Myocarditis and Pericarditis Following Vaccination with COVID-19 mRNA Vaccines in Ontario: December 13, 2020 to November 21, 2021](#)” includes the following results for Ontario—showing the majority are under age 40:

- 423 total cases
- 125 of these were after dose 1 and 298 of these were after dose 2
- Ages 12-17: 77 cases, 18-24: 133, 25-29: 49, 30-39: 63, Ages 40+: 100
- Pfizer-BioNTech Comirnaty COVID-19 vaccine: 244, Moderna Spikevax: 179

The more recent October 23, 2022 AEFIs report lists **810 cases of myocarditis/pericarditis** in Ontario. This report also includes **many other adverse events** for Ontario (see below).

From this Ontario report and from the following adverse events reporting systems, we know that there are many other types of adverse reactions reported for COVID-19 vaccines, including deaths:

- US: vaers.hhs.gov/data.html
- See also these **summaries for the US site**: www.openvaers.com/covid-data
- Europe: www.adrreports.eu/en/index.html
- Canada (COVID vaccines specifically) health-infobase.canada.ca/covid-19/vaccine-safety/

OFFICIAL: PROVINCE OF ONTARIO

Public Health Ontario Surveillance Report: Adverse Events Following Immunization (AEFIs) for COVID-19 in Ontario: December 13, 2020 to October 23, 2022

<https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-ae-fi-report.pdf> (this links to whatever is the latest version)

**In my opinion, the report indicates what is happening, but due to active denial and suppression at a high level, there is little chance of the numbers being close to reality.*

From Table A1: “Number of AEFI reports by adverse event and vaccine product: Ontario, December 13, 2020 to October 23, 2022” for “All vaccine products combined”

- **Other severe or unusual events: 6,133**
- Allergic skin reactions: 4,961
- Pain/redness/swelling at the injection site: 3,867
- Rash: 2,310
- [Anaesthesia/paraesthesia](#): 1,795
- [Adenopathy/lymphadenopathy](#) [swelling of glands / lymph nodes]: 1,211
- [Arthritis/arthralgia](#): 1,052
- **Severe vomiting/diarrhea: 993**
- Fever in conjunction with another reportable event: 990
- [Myocarditis](#) [inflammation of the heart]/[pericarditis](#): **810**
- Event managed as [anaphylaxis](#) [life-threatening allergic reaction]: **510**
- [Coagulation disorder](#) (including [thrombotic](#) events) [blood clots]: 422
- **Syncope (fainting) with injury: 336**
- [Bell's Palsy](#) [facial paralysis]: **329**
- [Cellulitis](#) [potentially serious bacterial skin infection]: 278
- **Acute cardiovascular injury: 227**
- **Convulsions/seizure: 163**
- [thrombocytopenia](#) [low blood platelet count]: **87**
- [Nodule](#): 86
- **Paralysis: 48**
- [Anosmia](#), [ageusia](#) [loss of sense of smell/taste]: 45
- [Guillain-Barré syndrome](#) (GBS) [“rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system”]: **43**

- **Acute liver injury: 38**
- TTS [[thrombosis](#) with [thrombocytopenia](#) syndrome] /VITT [vaccine-induced immune thrombotic thrombocytopenia]: 28
- [Oculorespiratory syndrome](#) (ORS): 27
- **Acute kidney injury: 27**
- [Myelitis/transverse myelitis](#) [inflammation of the spinal cord]: 22
- [Subacute thyroiditis](#): 20
- Single organ [cutaneous vasculitis](#) [inflamed blood vessels in the skin]: 19
- [Chilblain](#)-like lesions: 18
- **Acute pancreatitis: 16**
- [Erythema multiforme](#) [target-like skin lesions on the hands]: 15
- [Rhabdomyolysis](#) [“serious medical condition . . . damaged muscle tissue releases its proteins and electrolytes into the blood”]: 15
- [Encephalopathy/encephalitis](#) [brain disease / inflammation]: 12
- **multisystem inflammatory syndrome in children/adults** [“different body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs” – note how the CDC says this is “associated with COVID-19” (<https://www.cdc.gov/mis/index.html>)]: 11
- [Infected abscess](#): 8
- [Parotitis](#) [inflammation of the salivary glands]: 7
- **Acute respiratory distress syndrome: 4**
- [Sterile abscess](#): 4
- [Meningitis](#) [“acute or chronic inflammation of the protective membranes covering the brain and spinal cord”]: 3
- [Acute disseminated encephalomyelitis](#) (ADEM) [“sudden, widespread attack of inflammation in the brain and spinal cord”]: 1
- [Kawasaki Disease](#) [“blood vessels become inflamed throughout the body”]: 1

Vaccine Injuries and Censorship

See “Event 201” in Part A for an explanation of pervasive media and institutional censorship.

One example of a Facebook group that was deleted recently (as of October, 2022) which included many personal accounts of COVID vaccine injuries and deaths was “Died Suddenly News,” using the following url, for example, <https://www.facebook.com/groups/674474173691016>. These types of Facebook groups have been created since the COVID vaccine program began. Group administrators have used tactics such as euphemism to avoid censorship. Groups have been restarted with the same name.

Search Engines: “sudden death” and “died suddenly”

Look up search phrases such as “news sudden death,” “news died suddenly” and “sudden adult death syndrome” in search engines, for example, Duckduckgo: <https://duckduckgo.com/?q=news+sudden+death&atb=v327-1&ia=web> or Google: <https://www.google.ca/search?q=died+suddenly>. Depending on the search engine, search results include troubling news reports along with mainstream efforts to counter legitimate questions and discussion.