



Justice Centre for Constitutional Freedoms

Covid in Canada: Nothing much to fear

**Ten reasons why Canada's Covid experience
does not justify violating *Charter* rights and freedoms**

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Covid in Canada: Nothing Much to Fear

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Executive Summary

The Chinese phrase “Paper Tiger” refers to something that looks threatening, but actually isn’t. As such, it’s a fair description of Canada’s experience with the virus that came to public notice in Wuhan in the People’s Republic of China in December 2019, and was first identified here in Canada, in January.

For, notwithstanding the public alarm ignited by health bureaucrats, fanned by elected officials and breathlessly reported as gospel truth by a strangely incurious news media, the numbers simply don’t support the message. The numbers don’t support the ruinously expensive governmental response either, that for a few months last year shut down the nation and launched Canada onto a debt-fuelled spending spiral. And they certainly don’t justify the continued public fear of the virus that has crippled the lives of so many Canadians.

How big is Covid in Canada? At the end of last year, Canadians were told that since 25th January 2020 when COVID-19 was first reported¹ in Canada, 572,982 cases had been confirmed. In her year-end report,² Chief Public Health Officer Dr. Theresa Tam added that of those, 15,472 had died. It sounded alarming and was no doubt meant to be so. But when the numbers are viewed in context, it shouldn’t be.

First, the word ‘case’ as used in Covid reporting only means a positive PCR test result – not a person requiring hospitalization. On the day Dr. Tam issued her report, there were 72,927 ‘cases,’ but for the previous week, fewer than 3,700 people had actually been in hospital on any given day. To have 3,700 people in hospital sounds like a lot, until one recognizes that there are more than 1,200 hospitals of all kinds in Canada with more than 73,000 beds.³

The use of the word ‘case’ then, encourages the public to assume– incorrectly–that tens of thousands of their neighbours must be in serious distress. Some would have been, but most aren’t and never were.

Second, Canada has a population of 38 million. So, while more than half a million ‘cases’ again sounds like a lot, it means that in reality only 1.5 percent of all Canadians were personally affected by the virus, the government response to which has dominated the lives of 100 percent of us for more than a year. The death toll in 2020 amounted to just 0.04% (0.0004) of the population, meaning that 99.96% of Canadians did not die of Covid.

¹ <https://www.canadianhealthcarenetwork.ca/covid-19-a-canadian-timeline>

² <https://www.canada.ca/en/public-health/news/2020/12/statement-from-the-chief-public-health-officer-of-canada-on-december-31-2020.html>

³ <https://www.statista.com/statistics/440923/total-number-of-hospital-establishments-in-canada-by-province/>

Third, while we regret all deaths, those who died with COVID-19 had certain things in common that mean Canadians who don't share them – which is most of us – have very little to fear from the virus.

People in Canada who died with Covid were mostly elderly. Almost all suffered from other life-threatening (co-morbid) conditions. Given those two realities alone, it's not surprising that the majority of them also lived in long-term care or some kind of seniors' residence.... Just the kind of place for a virus to spread rapidly. And indeed, that is where most of them did die. Dr. Tam would later acknowledge on national television that Canada had failed its most vulnerable – not once, but twice: Even though the health system was warned of the impending 'second wave,' insufficient steps were taken to avoid a repeat of the tragic surge in deaths among LTC residents.⁴

"I think the tragedy and the massive lesson learned for everyone in Canada is that we were at every level, not able to protect our seniors, particularly those in long-term care homes. Even worse is that in that second wave, as we warned of the resurgence, there was a repeat of the huge impact on that population."

As the vulnerability of the aged and the infirm was known at the very start of the outbreak, as well as the comparative invulnerability to Covid of the young, this is less 'a massive lesson' than a massive (and culpable) dereliction of duty. The outcome is beyond tragic.

In 2020, 99.96% of Canadians did not die of Covid. Of the 0.04% who died, most would have died of other causes during 2020. For young, healthy Canadians who by definition don't live in long-term care, there is a miniscule chance of getting sick with Covid. Any who do get sick can take comfort from knowing that the overall survival rate is 99.7 percent.⁵

In an effort to restore some measure of critical thinking to Canada's consideration of the virus, the Justice Centre for Constitutional Freedom here identifies ten good reasons not to fear COVID-19.

The first is that Covid simply isn't the unusually deadly killer that it's made out to be. The last is that the science isn't as settled as it's said to be. Of 38 million Canadians, very few are going to get sick with Covid. Almost all who get sick, will get well.

As a country we need to protect those of our elderly citizens who are genuinely vulnerable. We need our *Charter* freedoms restored to us, to get back to work, and to get back to living life and enjoying it.

⁴ <https://www.ctvnews.ca/health/coronavirus/we-failed-the-most-vulnerable-dr-tam-s-biggest-takeaway-after-a-year-of-covid-19-1.5345393>

⁵ <https://www.nbc26.com/news/coronavirus/cdc-estimates-covid-19-fatality-rate-including-asymptomatic-cases>

Introduction

The Coronavirus disease – COVID-19 – caused by the SARS-Cov-2 virus,⁶ was classified by the World Health Organization (WHO) as a pandemic on 11th March 2020.⁷ On March 15, Canada’s Chief Public Health Officer Dr. Theresa Tam called it⁸ “a serious public health threat,” stating, “Today, I am asking everyone to take strong action to help us delay the spread of COVID-19.” Also on March 15, the Government of Ontario led the way in declaring a provincial state of emergency. Other provinces followed over the next few days, declaring either a provincial state of emergency or a provincial health emergency, or both.⁹

Since that time, Canadians have lived through more than a year of intense stress and anxiety. Stress, anxiety and the hasty action taken by Canada’s provincial governments, may have been excusable responses to Covid in March of 2020. At that time, no due diligence had been performed on the initial modelling provided by Dr. Neil Ferguson of Imperial College, London.

But thirteen months later, it is time to base public policy on facts, not unfounded fears and discredited theories.

Sadly, with only a few exceptions, the news media were surprisingly uncurious about the official narrative. Instead, they presented a sports-score fascination with government claims about ‘cases’ and deaths, which gave the appearance of a crisis. Yet, if one measures Covid’s actual health consequences for Canadians, one must conclude the risks did not (and do not) justify the destructive, ruinously expensive violations of our *Charter* rights and freedoms.

Risk is a part of life: We must learn how to deal with it, in a way that does not destroy the economy, people’s lives, and Canadians’ physical and mental health.

In this paper, we consider:

- The initial dire warnings made by experts in early 2020.
- The actual health consequences of Covid, in relation to what we were told.
- The argument that the actual results of Covid were indeed less horrific than expected, but only due to non-pharmaceutical interventions (lockdowns).
- The reasons why healthy Canadians should not fear Covid.

⁶ [who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

⁸ CBC News <https://www.youtube.com/watch?v=VG83vVr3Oqc>.

⁹ <https://nationalpost.com/news/provincial-states-of-emergencies-were-issued-a-month-ago-most-are-coming-up-for-renewal>.

Section 1 – March 2020: “The sky is falling”

The World Health Organization’s declaration that Covid was a pandemic^{10 11} was followed shortly afterwards by a doomsday warning from the influential Dr. Neil Ferguson, of Great Britain’s Imperial College, London.

In a landmark paper published mid-March, Ferguson had written:

The global impact of COVID-19 has been profound, and the public health threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic.¹²

Ferguson’s paper warned that millions would be killed around the globe, as happened with the Spanish Flu of 1918-20, and called for extreme measures – “epidemic suppression is the only viable strategy at the current time.”¹³ He was taken extremely seriously: *The Guardian* newspaper reported that on a popular British late-night show, he was described as being “more influential than any politician.”¹⁴ As the authoritative Montreal Economic Institute (MEI) later described it,¹⁵ “The only option, according to Ferguson, would be radical physical distancing of the entire population, potentially for 18 months, until a vaccine was available.”

More moderate approaches than ‘radical physical distancing’ were also proposed, however.

Mere days before Dr. Tam called for strong action, she had told the Parliamentary Health Committee (March 11, 2020) almost the exact opposite:

“I think we have to be reasonable in our public measures and just balance out the risks and benefits. In terms of the impacts, they are not simply health impacts, but psychological and other health impacts, as well as non-health impacts, those being societal and economic as well.”

By June of 2020, experts had uncovered serious flaws in the original Imperial College paper.

¹⁰ “We have therefore made the assessment that #COVID19 can be characterized as a pandemic”-@DrTedros #coronavirus.

¹¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

¹² <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>.

¹³ Suppression: “...a combination of social distancing of the entire population, home isolation of cases and household quarantine of their family members. This may need to be supplemented by school and university closures, though it should be recognised that such closures may have negative impacts on health systems due to increased absenteeism. The major challenge of suppression is that this type of intensive intervention package – or something equivalently effective at reducing transmission – will need to be maintained until a vaccine becomes available (potentially 18 months or more) – given that we predict that transmission will quickly rebound if interventions are relaxed.”

<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

¹⁴ The Andrew Marr show. <https://www.theguardian.com/commentisfree/2020/apr/10/modelling-pandemic-politicians-decisions-science>

¹⁵ https://www.iedm.org/wp-content/uploads/2020/06/note032020_en.pdf

For example, Professor Ferguson testified that month to the House of Lords Select Committee on Science and Technology. Writing in the London *'Spectator,'* Ross Clark¹⁶ describes Ferguson's less-than-explanatory answers¹⁷ during that encounter.

It became clear from this and other examinations of Professor Ferguson's work, that he had a long record of making terrifying but wildly inaccurate predictions about earlier epidemics, among them BSE (Mad Cow Disease) and bird flu, and a long history of overpredicting deaths by a wide margin.¹⁸

This concern has now been further validated by the data from, and experience of, countries that never locked down in 2020, and yet did not suffer the calamities predicted by Dr. Ferguson.

Nevertheless, it is hard to overestimate the impact of Dr. Ferguson's words at the time when the most important decisions were being made, about how best to protect Canadians. The more moderate approach proposed by Dr. Tam on March 11, and echoed by business people and various organizations that are concerned about societal well-being, the economy and the unjustifiable infringement of Canadians' *Charter* freedoms, were either simply not heard, or outright ignored.

As the lockdown movement gathered momentum, Canadian policy-makers ignored significant WHO advice. In February for example, the WHO had stated that elderly, infirm people were peculiarly vulnerable to Covid,¹⁹ but young people had much less to fear.²⁰ Dr. Tam, who has worked closely with the WHO on several emergency committees, brought that up to the same Parliamentary Health Committee to which she had recommended 'reasonable public measures.'²¹

¹⁶ Ross Clark is a leader writer and columnist who, besides three decades with *The Spectator*, has written for the *Daily Telegraph*, *Daily Mail* and several other newspapers.

¹⁷ <https://parliamentlive.tv/event/index/c36d74b3-2fe2-4309-8554-f50fe966f7a3?in=10:40:31&out=10:43:03>

¹⁸ "For example, in 2001, he and his team at Imperial College produced prediction modelling on the UK's [foot and mouth](#) outbreak. Their work suggested animals in neighbouring farms should be culled, even if there was no evidence of infection. Government policy soon took on board the modelling, leading to the subsequent culling of more than six million cattle, sheep, and pigs – a cost to the UK economy that totalled some £10 billion. Michael Thrusfield, professor of veterinary epidemiology at Edinburgh University, later claimed the model was "severely flawed" and the event a "serious error." In 2002, Professor Ferguson predicted between 50 and 50,000 people would likely die as a result of exposure to mad cow disease (BSE) in beef. He said the number could rise to 150,000 should there be an outbreak among sheep – there have since only been 177 deaths from BSE." *Daily Express*, May 6, 2020.

<https://www.express.co.uk/news/uk/1278465/neil-ferguson-coronavirus-imperial-college-london-epidemiology-sage-spt>

¹⁹ <https://www.who.int/westernpacific/emergencies/covid-19/information/high-risk-groups#:~:text=COVID%2D19%20is%20often,their%20immune%20system.%E2%80%8B>

²⁰ "Who is most at risk? We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children and other vulnerable groups. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children." Page 5

https://www.unicef.org/media/66216/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf

²¹ <https://openparliament.ca/committees/health/43-1/1/dr-theresa-tam-9/?singlepage=1;>

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen.](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen)

²¹ *Ibid.*

Later in the year, Dr. Tam reinforced it in her annual report on Public Health in Canada:

“The risk of serious COVID-19 health impacts increases with age. Among all age groups, adults over 60 years of age experience the largest proportion of serious COVID-19 outcomes, accounting for 70% of all hospitalizations, 60% of intensive care unit admissions and 97% of deaths by the end of August. In contrast, children and youth aged 19 years or younger account for only 9% of all cases, 1% of hospitalizations and 0.01% deaths”²²

Her words did not penetrate through the barrage of sensationalist media reporting of more extreme warnings. Driven by the sheer gravity of Dr. Ferguson’s predictions and the insatiable appetite of the media for sensation, a spirit of fear descended upon the country.

There were massive interventions in the economy:

- Governments ordered businesses they deemed non-essential to be closed, and rendered many others financially non-viable through public health orders.
- Millions of Canadians were put out of work.
- Millions more were ordered to work at home.
- Entire industries – airlines, hotels, restaurants, tourism and everything to do with hospitality – were forced into hibernation.

Some businesses will never come out of it. For example, according to Restaurants Canada, more than 10,000 restaurants have closed since March 2020,²³ with the loss of 800,000 jobs in that sector alone. The group has warned that unless conditions improve soon, half will close permanently.

Meanwhile, daily briefings by provincial health officers reported on Covid hospitalizations and deaths, while rarely mentioning relevant context like the total hospital and ICU capacity, and the total number of annual deaths (or total monthly or weekly deaths). Media report on Covid deaths as though nobody ever dies of anything else, when in fact the number of Covid deaths is a small fraction of the number of deaths from cancer, heart disease, stroke and other major killers. Perhaps surprisingly, news-gathering agencies showed little interest in asking for, or reporting on, proper context of what the chief medical officers presented.

²² <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html#a2>

²³ <https://www.restaurantscanada.org/industry-news/restaurants-canada-launches-picture-life-without-restaurants-campaign-calling-on-consumers-to-support-their-local-restaurants/>

For example, the ‘cases’ reported on by media are merely a positive PCR test result; ‘cases’ do not refer to sick people per se.²⁴ Prior to March of 2020, a ‘case’ of cancer, heart disease or flu referred to someone who was actually sick with cancer, heart disease or the flu. Yet media continue to report daily on alarming numbers of ‘cases’ without clarifying that the vast majority of these people feel totally well, and only a very small fraction of them require medical care. This twisting of the word ‘case’ allows the public to assume, incorrectly, that tens of thousands of their neighbours must be in serious distress.

For example, on 30th March 2021, Health Canada reported 46,395 ‘cases’ nationally, which of course sounds terrible. However, fewer than 1,800 of them were in hospital and an even smaller number – 622 – in intensive care.²⁵ That is a rather different picture, with less than 4% of ‘cases’ requiring hospitalization and only 1.3% of ‘cases’ requiring intensive care. We do not care to speculate upon their motives, but the media effectively spreads misinformation about Covid by dramatizing ‘case’ numbers without providing relevant context for Covid death statistics. For example, media fail to place slightly more than 15,000 Covid-related deaths in 2020 within the larger picture of 300,000-plus annual Canadian deaths from all sources. Media fail to mention or explain the fact that Covid’s impact on life expectancy is negligible.

Since March of 2020, Canadians have not been encouraged to consider the appropriate context of Covid statistics, or the relevant nuances regarding life expectancy. Instead, their prime minister used the language of wartime mobilization. He referred to the pandemic as a ‘fight’ that Canada had to win, that Covid must be defeated – flattening the curve was not enough any more – and told Canadians that they must ‘answer the call of duty.’²⁶ Ironically, the prime minister made these statements on All Fools Day. It was, however, no joke, as:

- Provincial premiers imposed draconian restrictions on daily life.
- Quebec imposed an 8:00pm curfew.
- The Atlantic provinces declared themselves a ‘bubble’ and placed RCMP units on the Trans-Canada Highway to restrict access by other Canadians.
- Reports of an outrageously high rate of COVID-related deaths in long-term care homes scandalized the nation. The situation was so alarming that the army was called in. The Canadian Forces May report on its Long Term Care homes intervention in March and April described appalling conditions:²⁷

²⁴ “An infection is – very often doesn’t result in a case in the sense that – actually it turns out 30 to 40% of the people who get infected show no symptoms whatsoever. And, they are very unlikely to show up to the doctor and become a case, if you will. And, you know, a lot of people get mild symptoms. Jay Bhattacharya, interview with the Library of Economics and Liberty, 21st December 2020. <https://www.econtalk.org/jay-bhattacharya-on-the-pandemic/#audio-highlights>

²⁵ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a1>

²⁶ <https://www.macleans.ca/news/canada/trudeau-coronavirus-update-april-1-full-transcript/>

²⁷ <https://toronto.ctvnews.ca/gut-wrenching-military-report-sheds-light-on-grim-conditions-in-ontario-nursing-homes-1.4954710?cache=%2Funemployed-learn-from-this-24-year-old-who-went-to-coffee-with-110-people-1.2382162>

Later, Dr. Tam would admit on national television that Canada had failed its most vulnerable.²⁸

“I think the tragedy and the massive lesson learned for everyone in Canada is that we were at every level, not able to protect our seniors, particularly those in long-term care homes. Even worse is that in that second wave, as we warned of the resurgence, there was a repeat of the huge impact on that population.”

All of this was amplified by a sensation-seeking mainstream media, that emphasized ‘cases’ and the numbers of those dying *with* (but not necessarily *of*) the virus. In addition, Canadians were provided with a continuing diet of speculative stories, as various academics, politicians and chief medical officers proffered various ‘models’ which have now proven to be inaccurate in the extreme.

Those who predicted the worst were given wide publicity however, as Dr. Ferguson was given wide publicity before them.

In Ontario for example, the CEO of Public Health Ontario, Dr. Peter Donnelly, said that without public health measures, up to 100,000 might die.²⁹

In April of 2020, Alberta’s Premier Jason Kenney and Chief Medical Officer Dr. Deena Hinshaw claimed that even with lockdown measures in place, as many as 32,000³⁰ Albertans could die of Covid. This Alberta Health Services ‘model’ suggested that the number of Covid deaths could exceed the 27,000 annual deaths in Alberta from all causes combined.

Happily, these gloomy predictions have not come anywhere close to reality. However, in spring of 2020, when the federal and provincial governments of Canada were forming their Covid response, this was what public health experts were saying. And elected officials had ears only for that perspective.

Any suggestion that politicians had to balance priorities – health and the economy, public safety and normal living, the harms caused by Covid and the foreseeable harms caused by overreacting to it – was set aside as heartlessness. Meanwhile, Sweden and various American states which pursued what might be considered ‘reasonable public measures’ were mocked and derided.

The situation was made to appear immensely threatening. But a year later, we know that it really wasn’t or indeed, anything close.

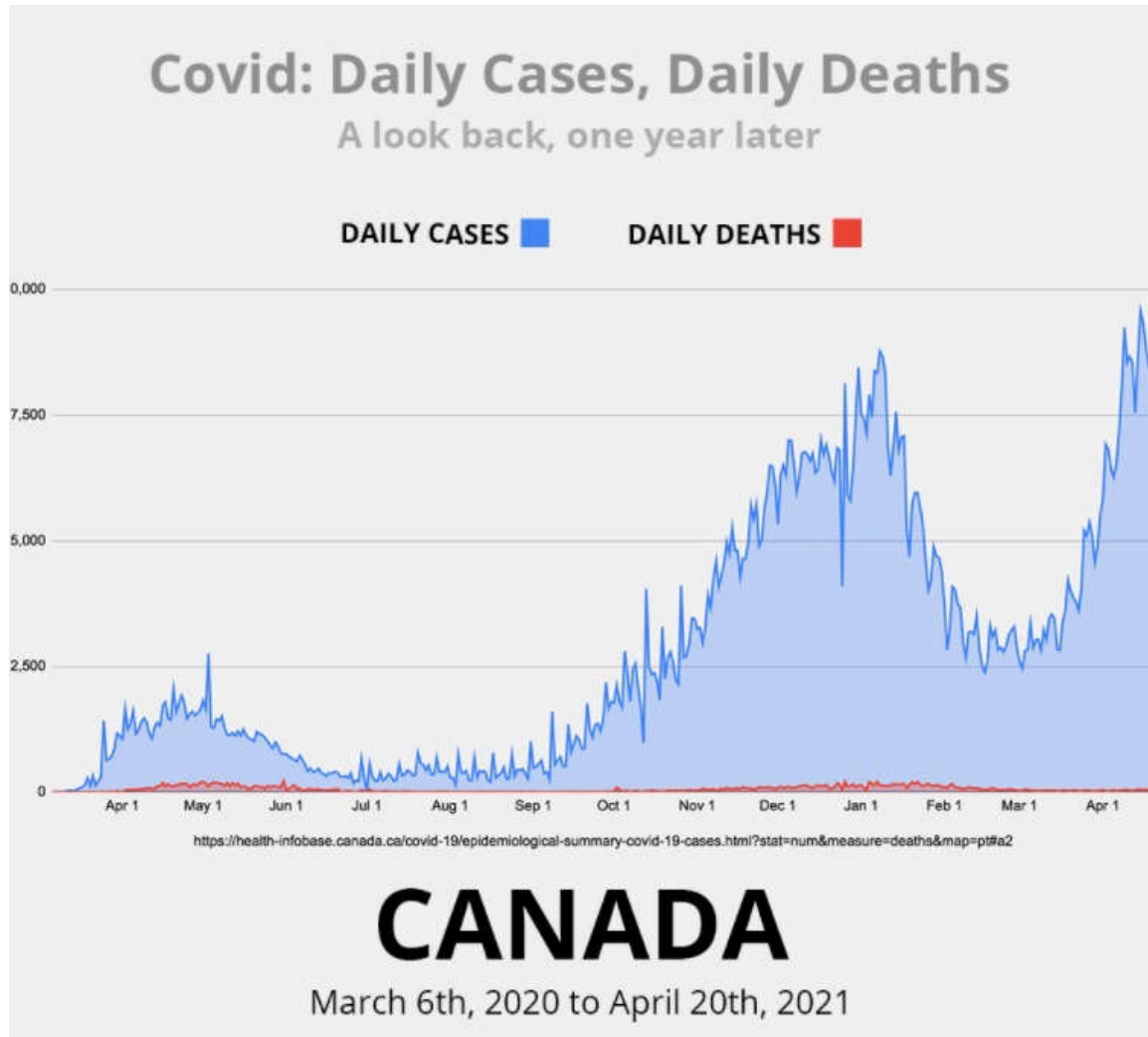
²⁸ <https://www.ctvnews.ca/health/coronavirus/we-failed-the-most-vulnerable-dr-tam-s-biggest-takeaway-after-a-year-of-covid-19-1.5345393>

²⁹ <https://toronto.ctvnews.ca/ontario-forecasts-up-to-15-000-covid-19-deaths-with-health-measures-in-place-1.4880757>

³⁰ <https://nationalpost.com/news/triple-threat-jason-kenney-reveals-grim-covid-19-scenario-for-alberta-in-televised-speech>

Section 2 – April 2021 – Looking at the facts

Thirteen months after being told that “the sky is falling,” let us review Canada’s Covid experience by what’s conclusive: the numbers.³¹



The numbers below refer to the calendar year, 2020. (Canada registered its first Covid-related death on 8th March.) They are taken or calculated from the year-end statement issued by Canada’s Chief Public Health Officer, Dr. Theresa Tam on 31st December 2020:³²

Population of Canada: 38,008,005 (2020 year-end estimate³³)

³¹ For provincial graphs, go to: <https://www.jccf.ca/covid-graphs/>

³² <https://www.canada.ca/en/public-health/news/2020/12/statement-from-the-chief-public-health-officer-of-canada-on-december-31-2020.html>

³³ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901>

Number of 'cases' – i.e. people with 'positive' results from PCR³⁴ testing: 572,982
Percentage of total population thus testing 'positive' on PCR test: 1.5%

Number of Canadians who died in 2020:³⁵ 309,912³⁶
Number of Canadians deaths linked to Covid: 15,472 (5% of all deaths)
Percentage of all ages that tested positive with PCR test who died: 2.7%
Percentage of total Canadian population who died with COVID: 0.04%, that is four in 10,000.

The percentage of total Canadian deaths directly attributable to cancer, heart disease and respiratory diseases continues to exceed 50%.³⁷ That makes Covid deaths, at 0.04% (0.0004) of Canada's total population, a very small death toll indeed to have generated the concern that led to such widespread lockdowns, and the incurring of hundreds of billions of dollars in new federal and provincial debt.

Compared to influenza

Covid is a contagious respiratory illness that shares many of the features and symptoms of influenza. The U.S. Center for Disease Control describes it thus:

"Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with influenza viruses. COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer."³⁸

Nevertheless, while acknowledging these important differences, influenza and Covid invite comparison. Here are some of Canada's more recent past experiences with influenza.

³⁴ Although PCR tests are known to generate false positive when used on healthy, asymptomatic people, these calculations assume the test is 100% accurate.

³⁵ This 309,000 number published by Statistics Canada as 2020 deaths is 'provisional' and is actually for 53 weeks, the 53rd 'week' consisting of 6 days. Typically, Statistics Canada does not publish final numbers for a 365(6) day year, for some months after the start of the next year.

³⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/210416/dq210416c-eng.htm>

NB: These are Statistics Canada provisional numbers, issued 16 April 2021, using mortality information provided to Statistics Canada by provincial health authorities. This Statistics Canada analysis counts by week: The 309,912 number is therefore for the period of time from Dec 29, 2019, to the week ending Jan 2, 2021, ie 53 weeks, or 371 days including the 2020 Leap Year. Typically, Statistics Canada releases figures for a 365/6 day year, months into the year following.

³⁷ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>

³⁸ [https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#:~:text=Influenza%20\(Flu\)%20and%20COVID%2D19%20are%20both%20contagious%20respiratory,by%20infection%20with%20influenza%20viruses.](https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#:~:text=Influenza%20(Flu)%20and%20COVID%2D19%20are%20both%20contagious%20respiratory,by%20infection%20with%20influenza%20viruses.)

1957 (Asian flu)

Population of Canada: 16,610,000 (1957)³⁹

Number of deaths recorded for influenza/pneumonia⁴⁰ 7,000⁴¹

Percentage of total population died of flu/pneumonia: 0.04%

1968 (Hong Kong flu)

Population of Canada: 20,701,000 (1968)⁴²

Number of deaths recorded for influenza/pneumonia 4,000⁴³

Percentage of total population died of flu/pneumonia: 0.019%

2017-18, the most recent bad influenza season

Population of Canada: 36,708,803 (2017)⁴⁴

Number of deaths recorded for influenza/pneumonia 8,511⁴⁵

Percentage of total population died of flu/pneumonia: 0.02%

In short, Covid's impact on Canada in 2020 was similar to that of the Asian Flu in 1957, sparing 99.96% of the population. In contrast, the 1968 Hong Kong flu and the more recent 2018 annual flu spared 99.98% of Canada's population.

Furthermore, if influenza were measured with the same intensity as Covid, it might be a closer comparison yet. Influenza occurs every winter and thousands of people get it, but only the most extreme cases are counted as part of annual flu statistics. Most people, when feeling terrible, conclude 'I've got the flu' and call in sick. Prior to 2020, no government agency has ever monitored flu 'cases' with the same granular intensity that Covid 'cases' are now tracked and recorded, including large 'case' numbers of people who are not sick. Prior to 2020, the media never described a healthy person as being or representing a 'case' of something.

Thus, the 8,000 Canadians who were reported by Statistics Canada to have died of influenza/pneumonia during the winter of 2017-2018, are markers for a much larger number of unreported cases of influenza during that season.

Covid arrived in the winter of 2019-20, died down in the summer, and accelerated again in the winter of 2020-21, thus following a similar trajectory to influenza.

³⁹ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3610028001>

⁴⁰ Flu and pneumonia are reported together because typically, fatal influenza leads to the filling of the lungs and death from pneumonia.

⁴¹ <https://www.thecanadianencyclopedia.ca/en/article/influenza>

⁴² <https://www150.statcan.gc.ca/n1/pub/98-187-x/4151287-eng.htm>

⁴³ <https://www.thecanadianencyclopedia.ca/en/article/influenza>

⁴⁴ <https://www150.statcan.gc.ca/n1/pub/12-581-x/2018000/pop-eng.htm>

⁴⁵ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>

Population breakdown

As of this writing, Statistics Canada has yet to release a table of Covid deaths to 31st December 2020, broken down by 10-year age categories. However, the data which Canada’s federal and provincial governments have released shows remarkable consistency with normal death rates in every age bracket: deaths are concentrated among older people who have co-morbid conditions. Canadians dying *with* Covid are reported as dying *of* Covid, in complete disregard of the complex medical reality of elderly patients who are already very weak and sick with multiple serious health conditions.

The table below is based on case data issued by Statistics Canada on 4th March 2021, for a time period commencing 8 March 2020.

Number of deaths	COVID-19 All ages, est.	COVID-19 70 years and under	COVID-19 Above 70 years.
Atlantic Provinces	81	15	66
Quebec	9,902	741	9,161
Ontario & Nunavut	6,975	807	6,168
Prairies & NWT	3,143	467	2,676
BC & Yukon	1,319	121	1,198
All of Canada	21,420	2,151	19,269
All of Canada	100.0%	10.0%	90.0%

Total Canadian cases reported, March 8, 2020 to March 4, 2021: 839,926

Table 1: Canada, COVID deaths, by age and geographic area.

Drawn from Statistics Canada

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310077401>

How many of Canada’s COVID dead already had a life-threatening illness?

A lot – 90 per cent. On 16th November 2020, Statistics Canada reported:⁴⁶

“Of the over 9,500 COVID-involved deaths between March and July, the majority (90%) had at least one other cause, condition or complication reported on the certificate. Dementia or Alzheimer’s were listed on the death certificate of 42% of the women and one-third of the men (33%) in COVID-involved deaths. These results can be explained by the age profile of Canadians whose deaths involved COVID-19 over this period (54% were 85 years or older), as well as by their over-

⁴⁶ <https://www150.statcan.gc.ca/n1/en/pub/45-28-0001/2020001/article/00087-eng.pdf?st=g1jmJcqV>

representation in long-term health care facilities. According to the Public Health Agency of Canada, about 1 in 4 Canadians aged 85 or older live with dementia or Alzheimer's. Moreover, more than half of seniors aged 80 or older who reside in long-term health care facilities live with dementia. During the first wave of the pandemic and up to the end of May, long-term care facilities and retirement homes accounted for more than 80% of all COVID-19 deaths in the country."

Where do old and elderly people die with Covid?

The last line in the Statistics Canada statement above is especially significant. According to the [National Institute on Aging](#) (NIA) at Ryerson University, by 5 January 2021, long-term care (LTC) and retirement homes reported 10% of the Canadian totals of COVID-19 cases but 74% of total deaths during the first wave and 61% in the second wave, for an overall average of 67%.⁴⁷

In any case, the elderly have frail bodily systems, including frail immune systems, so these statistics should come as no surprise.⁴⁸ The NIA notes that, "The percentage of residents infected with COVID-19 who died from the disease decreased in the second wave. This may be due to differences in the age and health status of those infected, or to the availability of better treatments in the second wave."⁴⁹⁵⁰

Section 3 – This super-deadly virus was tamed by lockdowns, right?

'The virus would have killed way more people, but lockdowns saved lives.' So runs the lockdown political defence that is propagated daily by politicians, chief medical officers and media.⁵¹

But did they? In order for those whose political and professional reputations are invested in the success of lockdowns to successfully make this claim, they would have to demonstrate that their policies did more good than harm; that a greater number of lives were saved by lockdowns than the number of lives lost because of lockdowns.

Possibly, lockdowns may have saved some lives. But, many other lives were lost or ruined because of lockdowns. After a year during which the effects of lockdowns have been exhaustively studied, there is a growing consensus that lockdowns have not worked effectively and instead, have inflicted fatalities of their own.

⁴⁷<https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/605ccc07515dd669a9c81ae5/1616694280553/im-pact-covid-19-long-term-care-canada-first-6-months-report-en.pdf>

⁴⁸ A relevant point, with respect to where vaccinations and restrictions (if any) should be targeted, as per The Great Barrington Declaration.

⁴⁹ *Ibid.*

⁵⁰ Of course, it may also be due to fewer elderly people at risk, since so many had already died.

⁵¹ The classic fallacy trap: just because B follows A, does not mean that A caused B.

For example, a recent study conducted by researchers at Stanford University analyzed lockdown policies in ten countries. Eight had used lockdowns, two had not. The researchers concluded that locking people down made no difference:

“There is no evidence that more restrictive non-pharmaceutical interventions (NPIs, also meaning ‘lockdowns’) contributed substantially to bending the curve of new cases in England, France, Germany, Iran, Italy, the Netherlands, Spain or the United States in early 2020. By comparing the effectiveness of [lockdowns] on case growth rates in countries that implemented more restrictive measures with those that implemented less-restrictive measures, the evidence points away from indicating that more restrictive NPIs provided additional meaningful benefit above and beyond less restrictive NPIs.”

“The possibility of large decreases in daily growth due to more restrictive NPIs is incompatible with the accumulated data.”⁵²

A survey of U.S. states tells the same story.

The mortality rates experienced by countries and U.S. states that either did not lock down aggressively or did not lock down at all, suggests Canada has gained nothing from having put millions of its citizens out of work by closing supposedly “non-essential” services, and isolated millions more through stay-at-home orders and curfews.

For example, California deployed successive lockdowns. Florida did so once,⁵³ then reopened and stayed open. Figures released 22 March 2021 show that California and Florida mortality rates were about the same: California’s mortality rate was 146 per 100,000 while Florida recorded 152.⁵⁴

Utah, Nebraska, Iowa, Wyoming, Arkansas and South Dakota refused to go along with any kind of stay-at-home order. For deaths per 100,000, these states were in mid-to bottom of the chart. Some, notably Utah and Nebraska, maintained very low unemployment rates while lockdown states like New York and California saw soaring rates – 15.9% and 13.3% respectively in the summer of 2020.⁵⁵ New York and California thereby gained the worst of both worlds: high death rates from Covid, coupled with high unemployment and other lockdown harms.

⁵² <https://onlinelibrary.wiley.com/doi/full/10.1111/eci.13484>

⁵³ https://news.yahoo.com/rep-matt-gaetz-gov-desantis-102015135.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAjRC8OKgJjw5-rPcWFrLjnEgGTyc7oPGht6Z7jxCFTaKez4Wp0RJAwwYjLYiNz-oRh7uvvcvqO9rrqdmaVe4FF97jAPtTTnjZEQWIPKw4uhmmibLAI0MesQZ5Y2PyfQJ5reK7yb-UcDbqI GAWQmw_vtSfWq_yH2Jr3j75fdV1Wdmi

⁵⁴ <https://www.statista.com/statistics/1109011/coronavirus-covid19-death-rates-us-by-state/>

⁵⁵ <https://www.americanexperiment.org/states-that-stayed-open-fared-much-better-than-states-that-shut-down/>

It is particularly useful to compare the experience of two very similar states, North and South Dakota. Both have similar demographics, climate and industry; both have Republican governors. But, confronted by the same dilemma at the same time, North Dakota imposed lockdowns while South Dakota did not. As of 31 March 2021, South Dakota had reported 13,311 cases per 100,000 of population, while locked down North Dakota had 13,532. In other words, two radically different approaches did not produce two radically different outcomes: North Dakota's tight restrictions made no difference.

In New York and New Jersey, both of which followed extremely restrictive policies, mortality rates reached 254 and 272 per 100,000 respectively.

And Canada? Around 61 deaths per 100,000, like no-lockdown Utah. But Canada had a 13.7% jobless rate in June last year and experienced a 5.1% GDP contraction,⁵⁶ in contrast to Utah's 4.5% unemployment rate and no GDP loss.⁵⁷

Sweden, by the way, which famously decided against lockdowns at the start, was reported by Johns Hopkins University as having a Covid mortality rate of 130 per 100,000:⁵⁸ Double Canada's, but half of New York's.

Conclusion: While numbers don't tell the whole story – New York is densely populated while Utah is not, for example – there is nevertheless no clear link between vigorous lockdowns and reduced Covid deaths. In fact, the weight of evidence suggests that lockdowns do not save lives.

In the past, disease control has meant quarantining the sick, while allowing the healthy to carry on with life and look after their physical, mental, social, spiritual and economic well-being.

But in 2020, Canada and other many other countries embarked on a brand-new experiment to quarantine the healthy, and this not to protect the sick but ostensibly to protect the medical system. Never in human history has any country, state, civilization or society attempted to vanquish a virus by locking down the healthy population indefinitely, for months (years?) on end.

More and more medical professionals are publicly expressing doubts about this grand new political experiment. The Great Barrington Declaration,⁵⁹ which advocates for focused protection of the vulnerable rather than society-wide lockdowns, has been publicly endorsed by 13,985 medical and public health scientists and by 42,520 medical practitioners.

⁵⁶ <https://www.ctvnews.ca/business/preliminary-gdp-data-suggests-2020-was-worst-year-on-record-1.5287489#:~:text=OTTAWA%20%2D%2D%20Canada's%20economy%20appears,5.1%20per%20cent%20in%202020.>

⁵⁷ <https://carsey.unh.edu/COVID-19-Economic-Impact-By-State>

⁵⁸ <https://coronavirus.jhu.edu/data/mortality>

⁵⁹ <https://gbdeclaration.org/>

In Ontario, one of the province's former chief medical officers (CMO), Dr. Richard Schabas, sent an open letter to Premier Doug Ford in January 2021, saying:

"Lockdown was never part of our planned pandemic response, nor is it supported by strong science."⁶⁰

Dr. Schabas had been Ontario CMO for ten years, and was personally involved with the 2003 SARS crisis, as chief of staff at York Central Hospital. Dr. Schabas wrote in support of North York MPP Roman Baber, who had been expelled from the Ontario Conservative caucus after writing to Ford that, "The lockdown isn't working. It's causing an avalanche of suicides, overdoses, bankruptcies, divorces and takes an immense toll on children."⁶¹ Dr. Schabas noted that Mr. Baber had been correct in his criticisms and in his call for an end to the Ontario lockdowns.

In passing, we note that while Dr. Schabas was speaking specifically about Ontario when he stated that lockdown was never part of the province's planned response, it would have been true for all provinces. None appear to have followed the pandemic plans they prepared following the SARS and H1N1 outbreaks.

Further, not everybody agreed that the health system was in danger. In Alberta a highly qualified cardiovascular surgeon, Dr. Dennis Modry, questioned Premier Kenney's rationale for continued lockdowns in a December open letter:

"We are nowhere close to overwhelming our healthcare system. As of December 9, 2020 there were 654 COVID-19 patients in 8,500 beds, or 7.7 per cent of capacity. There were only 112 patients in 272 ICU beds, or 41.2 per cent of operational capacity, however, you have stated publicly that the ICU capacity can be increased to 1,081 beds. This implies that, at present, only 10.4 % of potential ICU beds are filled."⁶²

Dr. Modry called lockdowns 'more lethal than Covid.'⁶³

Section 4 - Summary of the facts

So for Canada, what does all this mean?

Covid is not an apocalypse, and we must stop treating it as one.

Approximately 1.5 per cent of all Canadians gave a positive reading in a PCR test. Of those, a very small percentage – 2.7% – actually died. More than 90 per cent of those

⁶⁰ <https://torontosun.com/news/provincial/former-ontario-chief-medical-officer-sides-with-roman-baber-on-lockdowns>

⁶¹ <https://www.nugget.ca/news/lockdown-isnt-working-ford-caucus-member-speaks-out>

⁶² <https://ecareview.com/open-letter-to-premier-jason-kenney/>

⁶³ <https://ecareview.com/open-letter-to-premier-jason-kenney/>

who died were over the age of 70 and of all of those who died, the vast majority – at least 70% – were living in long-term care at the time of their death.

The actual percentage of all Canadians who died with Covid was 0.04% (0.0004⁶⁴) of a 38 million population: a little more than 15,000 people, most of whom were already vulnerable to all viruses by reason of age and medical situation, and concentrated in long-term care facilities where the virus could – and did – spread easily.

In attempting to reduce a complex experience to numbers, one risks being accused of a lack of human compassion. As we have often remarked over the past year, all deaths are tragic. Nevertheless, government is the art of balancing competing priorities. It is the duty of our elected leaders to make wise judgments based upon facts and reason, not unfounded fear, and then to do what works, not to continue relentlessly in doing what does not work. Sadly, governments at all levels got ‘the balance,’ tragically wrong.

Reason requires knowing the facts and an appreciation of risk.
The facts are as presented.
As for risks...

Section 5 – Conclusion: Ten reasons not to be afraid of COVID 19

Risk is a part of life. Calculating our exposure to risk is something we do all the time.

There are 160,000 vehicle accidents on Canada’s roads every year,⁶⁵ and around 2,000 people die in them. In addition to these 2,000 annual deaths, a far larger number of Canadians will suffer non-lethal harms ranging from mere emotional distress through to brain damage, life-long back pain, quadriplegia and other serious consequences. These 2,000 motor vehicle deaths are distributed amongst all age brackets, and more than four fifths of victims are under the age of 65.

Yet, individually, millions of Canadians still make the daily decision to drive, or to be a passenger in a motor vehicle.⁶⁶

⁶⁴ Four in ten thousand.

⁶⁵ For example,

<https://www.gov.nl.ca/releases/2020/dgsnl/1118n01/#:~:text=In%20Canada%2C%20there%20are%20approximately,of%20these%20accidents%20are%20preventable.>

⁶⁶ As the former British Conservative party Sir Iain Duncan Smith remarked on British talk radio last year, “The average age now globally of anyone that dies of coronavirus is 82 and the strong reality is that coronavirus itself needs to attack people with co-morbidities and that’s where the weakness lies. And so we know who is most under threat from this. Of all those who have died globally, well under four per cent have no known co-morbidities and even that doesn’t allow for things like obesity etcetera, which would come in to those four per cent. So a very, very small number of people die as a result of this and we focus on the infections but when we look at the death rate, as Professor Gupta of Oxford it’s says, now absolutely certain that of those infected with coronavirus less than one in one thousand will die and it’s probably lower than that. She’s quite good on this and she’s been very clear, we need to get the balance right. And I agree. So too, here we are telling everybody to get on

As a country, we must treat Covid with the same careful assessment of risk that we as individuals apply to our driving habits. Here are ten reasons why we should not be afraid to do so.

1. Covid simply isn't the unusually deadly killer that it's made it out to be.

In 2020, more than 309,000 Canadians died. Adjusted for population growth, this number is consistent with previous years.⁶⁷ Of these 309,000 deaths, approximately five per cent were linked to Covid.

By comparison, the percentage of the total Canadian population that dies of cancer, heart disease and respiratory diseases continue to exceed 50%. That makes Covid deaths a very small death toll to have generated the concern that led to such widespread lockdowns and the incurring of hundreds of billions of dollars in new federal and provincial debt. Meanwhile influenza, the other virus that preys upon elderly, infirm people, virtually disappeared during 2020, for which no public-health explanation has been forthcoming.

It should also be noted that any decrease in the average age of death in 2020 would reflect the alarming surge in non-Covid deaths recorded in western Canada, especially among younger men. Statistics Canada has yet to offer a final analysis for the year, but on 10th March stated that "the direct impacts of COVID-19 cannot fully account for the excess deaths observed in Canada in 2020." It strongly hinted that opioid abuse was the likely explanation.

2. Covid has only a negligible impact on life expectancy.

The average age of death for all Canadians (2018) was 81.95 years.⁶⁸ Statistics Canada has yet to publish the average age of death of Canadians for the year who died with Covid. However, available death-by-age data from countries, states and provinces around the world consistently show the majority of Covid-related deaths occurring amongst people who have surpassed average life expectancy.

3. The Covid survival rate is 99.85 per cent.

their bikes but if you're under 40, you're more likely to die on a bike than you do of having Covid. My point isn't that you don't do nothing, it's about getting the balance of what you do, right." *GB News talk radio, July 20, 2020.*

<https://twitter.com/talkradio/status/1288873057323450369>

⁶⁷ <https://www150.statcan.gc.ca/n1/daily-quotidien/210310/dq210310c-eng.htm>

NB: These are Statistics Canada provisional numbers, issued 10 March 2021. Mortality information is provided to Statistics Canada by provincial health authorities. Statistics Canada offers this figure as complete to mid-December 2020.

⁶⁸https://www.google.com/search?q=Statistics+Canada+average+age+of+death+Canada&rlz=1C5CHFA_enCA710CA710&oq=Statistics+Canada+average+age+of+death+Canada&aqs=chrome..69i57.25215j0j7&sourceid=chrome&ie=UTF-8

A meta-analysis⁶⁹ by Dr. John Ioannidis of seroprevalence studies published with a supporting scientific paper (74 estimates from 61 studies and 51 different localities around the world), shows the median infection survival rate from COVID-19 infection is 99.85%.

For COVID-19 patients under the age of 70, the meta-analysis finds an infection survival rate of 99.95%. A separate meta-analysis⁷⁰ by scientists independent of Dr. Ioannidis' group, reaches qualitatively similar conclusions.

4. If you're young and healthy, you have little to worry about.

Of the 22,475 Canadians who had died with COVID-19 between 8 March 2020 and 19 March 2021, only 304 – 1.4% – were under the age of 50. In contrast, 88.2% of the deceased were over the age of 70; 69% (15,501) were over the age of 80 years (which for men is beyond the actuarial life expectancy). For context, these 304 under-50 Covid deaths are a fraction of the 1,600 car accident deaths amongst Canadians under the age of 65.

The truth about Covid lethality is distorted by media fixating on PCR test results. These tests diagnose whether the SARS-CoV-2 virus is present, but not whether the test subject is infectious.⁷¹ As of March 19, 2021, two thirds of reported 'cases' (testing positive on a PCR test) were in people under the age of 49 years.

5. The media's 'cases' do not refer to sick people

Dr. Tam states that there were 572,982 'cases' during 2020, but this does not refer to people who were actually sick with Covid.

Rather, these 'cases' refer to people who tested positive on a PCR test, the accuracy of which has been seriously questioned by medical doctors and infectious disease specialists. Of the small number of Canadians who did show symptoms, most experienced it as a mild or severe flu, and relatively few required hospitalization.

6. The number of severely symptomatic cases is very low

By 19 March 2021, the total number of positive PCR test results ('cases') had grown to 916,844. Statistics Canada offered detailed information on 71 per

⁶⁹ John P.A. Ioannidis, The Infection Fatality Rate of COVID-19 Inferred from Seroprevalence Data, Bulletin of the World Health Organization BLT 20.265892.

⁷⁰ Andrew T. Levin, et al., Assessing the Age Specificity of Infection Fatality Rate for COVID-19: Meta-Analysis & Public Policy Implications (Aug. 14, 2020) MEDRXIV, <http://bit.ly/3gpI0V>.

⁷¹ PCR test inventor Kary Mullis shares the limits of PCR, in this clip. <https://cognitive-liberty.online/tag/kary-mullis-factcheck/>

cent of these. Only slightly more than seven per cent required hospitalization, and approximately 1.4% of the 916,844 were admitted to ICU. As one would expect, nearly two thirds of ICU admissions were above the age of 60.

7. Asymptomatic spread isn't happening much

Lockdown restrictions are based for the most part in the belief that the virus can be passed from people showing no symptoms – asymptomatic carriers – to uninfected individuals. A review of research papers to June 2020, suggests that about 20% of people diagnosed with Covid are asymptomatic.⁷²

A similar world-wide review of 54 studies showed that within households – which unlike restaurants and other public places seldom ask family members to distance themselves from each other – people diagnosed with Covid and showing symptoms of it passed on the disease to household members in 18% of instances. Asymptomatic patients passed on Covid to other members of the household in only 0.7% of instances.⁷³

This finding was supported by yet another study in Wuhan, that showed asymptomatic patients are very much less likely to infect other people than symptomatic patients.⁷⁴ Ten million residents of the city were surveyed. These ten million people were all tested for the presence of the virus, but only 300 cases were found, and all were asymptomatic. Thereafter, their contacts were traced, a total of 1,174 being found. None tested positive for the virus.⁷⁵ In Wuhan evidently, asymptomatic spread is not an issue.

How infectious, then, are people displaying the symptoms?

Somewhat. Rather as one can catch many things by close contact with an infected person, so symptomatic Covid sufferers are very likely to infect others, especially when they're in their most infectious phase, shortly after starting to display symptoms. Even so, a further literature review found even symptomatic patients are infectious for only the first eight days after symptom onset. Beyond the ninth day there is no evidence of a live virus.⁷⁶

⁷² 1 Buitrago-Garcia D, Egli-Gany D, Counotte MJ, Hossmann S, Imeri H, Ipekci AM, Salanti G, Low N. Occurrence and transmission potential of asymptomatic and presymptomatic SARS-CoV-2 infections: A living systematic review and meta-analysis. *PLoS Med.* 2020 Sep 22;17(9):e1003346. doi:10.1371/journal.pmed.1003346. PMID: 32960881; PMCID: PMC7508369

⁷³ 3 (Madewell ZJ, Yang Y, Longini IM, Halloran ME, Dean NE. Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis. *JAMA Netw Open.* 2020;3(12):e2031756. doi:10.1001/jamanetworkopen.2020.31756)

⁷⁴ Buitrago-Garcia D, Egli-Gany D, Counotte MJ, Hossmann S, Imeri H, Ipekci AM, Salanti G, Low N. Occurrence and transmission potential of asymptomatic and presymptomatic SARS-CoV-2 infections: A living systematic review and meta-analysis. *PLoS Med.* 2020 Sep 22;17(9):e1003346. doi: 10.1371/journal.pmed.1003346. PMID: 32960881; PMCID: PMC7508369.

⁷⁵ (Cao, S., Gan, Y., Wang, C. et al. Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. *Nat Commun* 11, 5917 (2020). <https://doi.org/10.1038/s41467-020-19802-w>)

⁷⁶ Cevik M, Tate M, Lloyd O et al. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. *The Lancet Microbe.* Nov. 19, 2020. DOI:[https://doi.org/10.1016/S2666-5247\(20\)30172-5](https://doi.org/10.1016/S2666-5247(20)30172-5)

In short, asymptomatic individuals are not dangerous spreaders. Further, if asymptomatic individuals aren't spreading Covid in the relaxed circumstances of their living rooms, it is unlikely that they will do so in less intimate settings – for example church services, restaurant dining, or in gyms.

The inference is obvious: Most if not all societal lockdown policies (including capacity limits placed on businesses and houses of worship) should be replaced with only focused protection for the truly vulnerable.

8. Infection Fatality Rates confirm there is little danger

The Infection Fatality Rate (IFR) is the total number of deaths divided by the total number of people that carry the infection. This, whether they display clinical symptoms or not. In the U.S., the Centre for Disease Control has determined the Infection Fatality Rate of Covid-19 for various age groups, based on the likely number of deaths per million infections.⁷⁷ In its Current Best Estimate, the CDC proposes for different age-groups:

0-17: 20 deaths per million infections (or 0.002%)

18-49: 500 deaths per million (or 0.05%)

50-64: 6,500 deaths per million (or 0.65%)

65 and over: 90,000 (or 9%)

In other words, older people are significantly more vulnerable to COVID-19 than younger people. Even when younger people do pick it up, their chances of survival are still excellent.⁷⁸

9. Casual contact not enough to transmit Covid

The New England Journal of Medicine reported that significant exposure to Covid was defined as “face-to-face contact within 6 feet of a person with COVID-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes).”⁷⁹ Those who fear catching Covid from a casual encounter in a public place, do so without good reason.⁸⁰

As the Anxiety and Depression Association of America comments, “Thus, wearing a mask when walking outside alone is not necessary. It’s the equivalent of wearing a helmet when walking around your neighborhood. Although it provides a layer of protection from reckless motorists and

⁷⁷ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

⁷⁸ “This year, in the United States, more children have died from the seasonal flu than from covid by a factor of two or three.” Dr. Jay Bhattacharya.

⁷⁹ https://www.nejm.org/doi/full/10.1056/NEJMp2006372?fbclid=IwAR3e3YY1COF9EsWYArX_XZzZLQglrjQu5D4fDXNxiy68Rb9KODhc-pb1wBE

⁸⁰ *Ibid.*

bicyclists, unless you have a severe falling issue, it is unnecessary from a statistical standpoint.”⁸¹

10. The “science” isn’t that settled

“When you don’t have the data and you don’t have the actual evidence, then you’ve got to make a judgment call.”

This was Dr. Anthony Fauci’s response to a question asked by CNN’s John Berman on March 10, 2021, about the Biden administration’s promise to make its decisions based on science: “What’s the science behind not saying it’s safe for people who have been vaccinated – received two doses – to travel?”

The Bottom Line on Covid in Canada in 2021:

- Of 38 million Canadians, very few are going to get sick.
- Almost all who get sick will get over it, the survival rate being 99.7%
- Roughly 99.96% of Canadians won’t die from Covid, even without vaccines. Depending on the success of vaccinations, this 99.96% could become an even higher number.

Authorship

This paper was researched and written by the Justice Centre’s staff lawyers, paralegals and research staff, with input from medical doctors.

⁸¹ <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/flatten-fear-facts-what-appropriate-level-covid>