

Hello Premier Ford,

This letter is regarding your recent announcement of enforcing a stage 2 lockdown in cities across Ontario. Based on the data available on Health Canada, Public Health Ontario & other sources these measures are not appropriate and are inflammatory given the current analysis of the viral impact.

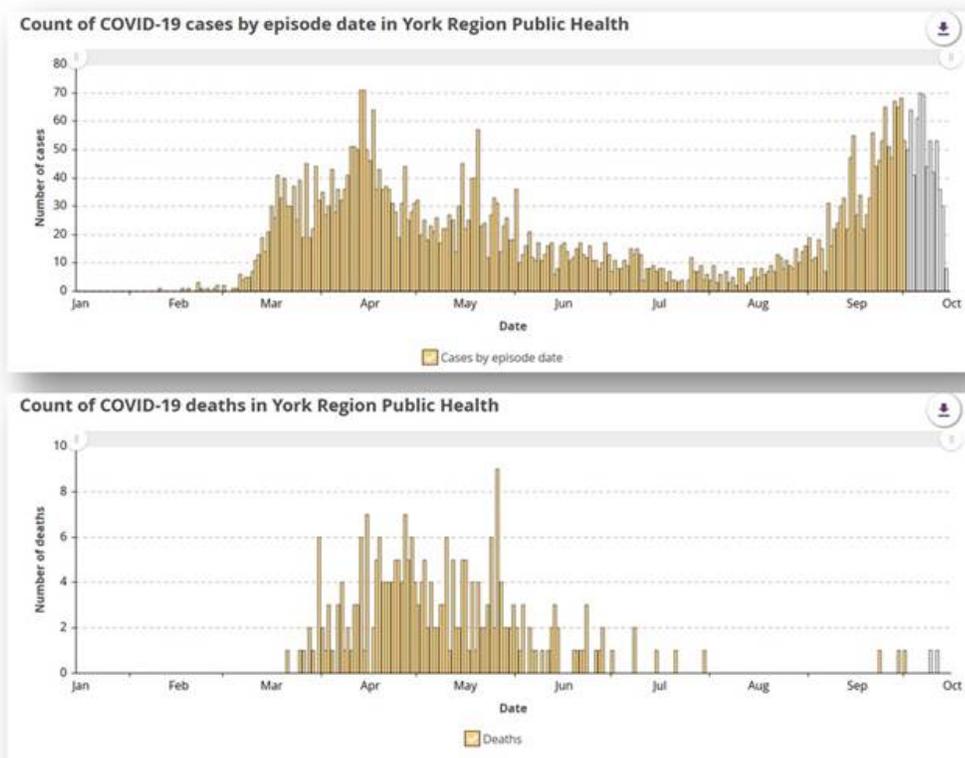
In fact, just this week the WHO has come out encouraging governments to NOT use lockdown measures as management tools. (source: <https://www.washingtonexaminer.com/news/who-official-urges-world-leaders-to-stop-using-lockdowns-as-primary-virus-control-method>).

Your actions are most definitely having a large-scale negative impact on the community: Your actions are responsible for bankrupting small businesses, destroying families & potentially putting our children & other vulnerable citizens at severe risk.

Please reconsider your actions based on the below cited data and know that the undersigned do not agree with your actions.

For your reference:

1. Flu Watch Reports: Are we really having a lucky year with no Influenza spread or are these influenza cases being misdiagnosed as COVID due to their similar symptoms?
 - A. Weeks 35-38: "During weeks 35 to 38, the percentage of tests positive for influenza (0.05%) remained well below average compared to the past six seasons."
 - B. Weeks 39-40: "no influenza detections and no influenza activity was reported across Canada in weeks 39 to 40."
 - C. Weeks 15-19: At the peak of the pandemic (mid Apr) – "the percentage of tests positive for influenza (0.13%) remained at the lowest level recorded for the past nine seasons."
(source: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2019-2020/weeks-15-19-april-5-may-9-2020.html>)
2. York Region – Cases Vs Deaths Why are we comparing current statistics with April and creating unnecessary panic?
(Source: <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool>):
 - A. The comparison shows that due to an exorbitant increase in COVID testing between April and now – a higher number of cases does not mean a higher fatality rate (refer image from York region as an example).



3. Hospitals were not and are not overwhelmed. Why have we not acknowledged that hospital resource utilization never went beyond 10%? In Ontario during the peak of cases in mid-April (April 14th – 23rd) the data shows:

- i. Acute Care beds unused : 91% (9,345 beds)
- ii. Critical Care beds unused : 90% (2,141 beds)
- iii. Critical Care with Ventilators unused : 92% (2,238 beds)

(Source: Financial Accountability Office of Ontario – Figure 1-1 <https://www.fao-ont.org/en/Blog/Publications/health-2020>)

4. Lethality – Death Rates – Data shows the survival rate for COVID is higher than 94%. Why are we still in a state of emergency and fear?

- A. **Virus Survival Rate as on October 12th** = Total Recovered / (Total Recovered + Deaths) = 154,258 / (154,258 + 9,627) = **94%**
- B. Adding to it all undiagnosed virus recoveries, this 94% survival will only go up, likely more towards 99% for the Canadian population.
(Source: Health Canada – Govt of Canada <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>)

5. Why are we not exposing the data on the co-morbidities of Canadian COVID fatalities?

Health Canada has not yet published this data (a source has not been found). Yet, the true loss of life due to COVID is one of the most important parameters to look at. To that effect consider the following:

- C. **The average age of a COVID patient who died is 80.6 years.** It shows who is most vulnerable in our society.
- D. Dr. Teresa Tam mentioned that about half of Canadians live with a chronic illness that means **at least 50% of COVID deaths were of people who were battling chronic illness.** (Source: Health Canada:

<https://www.canada.ca/en/public-health/services/video/health-canadians-2019.html>). To that effect consider the 2 reports that are published on this:

- A. **Italian analysis shows 99.2% of the folks who died were already dealing with at 1 to 3 life threatening issues and could have died of complications** – not COVID related pneumonia (Source: Report Mar 17 -https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_17_marzo-v2.pdf).
- B. New York City analysis shows that inversely **only 0.7% of patient who died didn't have any diagnosed pre-existing co-morbidities** (Source: Report May 12 - <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-daily-data-summary-deaths-05132020-1.pdf>).

6. Collateral Damage - Lockdown, isolation and masking are having devastating effects on our population – why are we using these?

In the absence of any current Canadian reporting on these damages, we have projections that were collated in April.

- A. A 'Great Depression' like recession / loss, Canada's GDP stands to lose roughly USD \$275 billion / year.
- B. Illustrating below, are the projected social, moral & health fallouts due to this shutdown / quarantine that we now see coming to pass:
 - i. **Suicide Rate** ↑: A **recession heightens the suicide rate**; Modelling the rate of increase in suicide during the Great Depression in the US on Canada's population depicts an extra 8,177 deaths of despair / year. (Source: WebMD - <https://www.webmd.com/depression/news/20110414/suicides-go-up-when-economy-goes-down#1>)
 - ii. **Medical Diagnosis** ↓: Hospitals currently are only performing emergency operations. Assuming a 20% ↑ of the top 5 fatal diseases, we talking about ~33,590 preventable deaths (Stats Can - <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>).
 - iii. **Divorce Rate** ↑: Economic impact of higher than usual divorce rates; assuming an 3% increase to 2019 divorce rate would lead to ~80,400 people split up (Source: Statista - <https://www.statista.com/statistics/443290/divorced-people-in-canada/>)
 - iv. **Child Abuse** ↑: A 2003 Report showcases a total of 217,319 child investigations conducted (Source: Stats Can - https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/cm-vee/csca-ecve/pdf/childabuse_final_e.pdf).
 - a. Child - Sexual Abuse: 15,227 (Table 3-6 – 2003 Report), Child – Physical Harm: 103,298 (Table 4-1a - 2003 Report),
 - b. Child - Emotional Harm: 102,951 (Table 4-2 - 2003 Report).
 - c. Bear in mind that this report depicts 17-year-old data, current # especially with the lockdown could be mind-numbingly high!
 - d. Terminal Patients Dying Alone: Mental, Emotional impact of family members dying alone in the hospitals – incalculable.
- C. Above traumas are similar in nature to PTSD:
 - i. Productivity Losses is estimated to be greater than \$21 billion / year (Source: Journal of Community Safety - <https://journalcswb.ca/index.php/cswb/article/view/6/30>).
 - ii. Avg. cost of PTSD treatment is USD \$8,300 = CAD \$11,594 / person (National Center for Biotech Info.). (Source: US soldiers via the VA program - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047000/>)
 - iii. Assuming the 217,319 individual cases like in 2003, this cost of PTSD treatment amounts to \$2.5 billion / year.

7. “Casedemic” – why are we focusing on “cases” that mean nothing and not deaths and hospitalization rates to inform our policies and our population?

Due to the increase in testing, obviously the number of cases has risen. But how lethal are they? How many people are ending up in the hospital? We know from the above, that cases are an incorrect measure of the severity, or lack thereof, of the situation. Why are our public officials using this as the primary measurement? The media only focuses on cases – it is rampant, and it is incredibly irresponsible of a government to incite fear with comments like our Premiere, stating the second wave will be a “Tsunami”, when the data does not bear this out.

Our sincere request is for you to be the leader that listens to science and common sense, a leader who does the right thing!

Sincerely,

First name, Last name

City

Signature

Date