

# — The Right to Question —

*by Ted Kuntz*

I’m writing in response to the commentary penned by Mr. Richard Caniell – “The Misinformation Plague.” We too find it profoundly worrisome, the degree to which well-intentioned people can be confused and misled by misrepresentation. Mr. Caniell can be forgiven for assuming that he is the sole purveyor of the truth and that those who question the COVID narrative are somehow misguided. After all, this is the narrative repeated incessantly by the mainstream media, politicians imposing unconstitutional measures, public health officials who claim exclusive access to the scientific evidence and pundits such as Caniell.

However, rather than provide compelling evidence to support the effectiveness and necessity of the measures imposed upon Canadians, Caniell resorts to minimizing, name calling, and the tiresome accusation of “conspiracy theory,” a form of *ad hominem* attack that shuts down an opposing view without having to answer it. Caniell fails to acknowledge the growing community of doctors, virologists, researchers, medical experts and constitutional experts who have serious concerns that we are on a path of historic destruction.

Caniell appears to be of the opinion that the COVID narrative shouldn’t be questioned, that we ought not to demand verifiable evidence of safety or effectiveness, and that there is only one goal – stopping the transmission of a virus. All questions and consideration of unintended consequences, including the loss of fundamental rights and freedoms, are dismissed as irrelevant or frivolous. This ignores the historic legacy of conscientious individuals who have put their own lives on the line to preserve our democratic rights and freedoms.

An examination of the response to COVID-19 reveals a high number of unprecedented measures. This systemic alteration of health policy, data collection protocols, and oversight undermines confidence in government and the medical industry and invites legitimate questions as to the real agenda behind the measures.

## COVID MORTALITY

COVID-19 is routinely described by public health officials, politicians, and the media as a “deadly” condition. As a result, the majority of the public have a distorted perspective of the level of risk posed to them by COVID-19. The fact is the risk of mortality to those under the age of 60 is extremely low and does not justify the significant restrictions placed on this large segment of the population. The greatest percentage of deaths occur in individuals over 80 years of age living in extended care facilities with co-morbidities, the same population at risk of respiratory conditions every winter. The failure of governments and media to accurately communicate the relative risk of COVID-19 causes unwarranted fear and panic.

The WHO issued directives to

physicians globally to designate all individuals who die and subsequently test positive for COVID-19 as a ‘COVID-19 death’ regardless of the presence of co-morbidities and other obvious causes of death. This practice, which is unprecedented in medicine, artificially inflates COVID-19 mortality data and makes this data unreliable as a measure of the true impact of COVID-19. Those responsible for the COVID-19 narrative rarely acknowledge that COVID-19 does not affect everyone equally. This means that factors other than the presence of a virus are involved in causing disease and mortality.

## PCR Testing

The PCR process currently used to diagnose COVID-19 was not designed, nor intended, to diagnose illness. The inappropriate use of this tool to designate ‘Covid cases’ undermines the credibility of any response based on these numbers. The undisputed fact is that PCR results can be easily manipulated to produce a ‘positive result’ simply by increasing the number of amplification cycles. There is no globally accepted standardized cycle threshold (CT), nor is the number of cycles disclosed with test results. This lack of standardization and transparency increases the potential for manipulation, or outright fraud.

The number of amplification cycles commonly used in Canada is 35 – 45 cycles. It is recognized that when the cycle threshold exceeds 35 cycles, the accuracy of the PCR process is less than 3%. Designating a positive PCR result as a “COVID-19 case”, irrespective of other diagnostic criteria, fraudulently inflates COVID-19 case numbers. Never before has the term “case” been applied so recklessly in medicine. These case numbers are then used to induce fearful compliance, justify masking, lockdowns, stay-at-home orders and other restrictive measures.

## Masking

Canadians are almost universally subjected to masking mandates in spite of the fact the scientific evidence does not support universal mask wearing. A policy review paper published in Emerging Infectious Diseases found no evidence to support universal mask wearing as a protective measure that reduces illness. They state: *“There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure.”* A meta-analysis and scientific review which focused on randomized controlled studies found that, compared to no mask, mask wearing in the general population did not reduce influenza or influenza-like illness.

Denis Rancourt, PhD, conducted a thorough review of the scientific literature related to the use of face coverings for the Ontario Civil Liberties Association. Dr. Rancourt concluded: *“No RCT (randomized clinical trial) study with verified*

*outcome shows a benefit for . . . community members . . . to wearing a mask. There is no such study. There are no exceptions.”*

In addition to a lack of effectiveness in reducing infection or transmission, there are known risks with prolonged cloth mask usage. A study published in the British Medical Journal found the risk of infection with influenza-like illness was 13X higher in hospital workers using cloth masks compared to medical/surgical masks, and over 3X higher when compared to not wearing a mask at all. ACDC analysis revealed that 85% of patients testing positive for COVID-19 wore face masks “often” or “always” in the two weeks preceding their positive test.

## Treatment of COVID-19

Current widespread lockdown measures, which include placing healthy people under quarantine, have never before been implemented in over 100 years of public health policy. The contention that people without symptoms (healthy people) can transmit COVID-19 is experientially and scientifically unsupported, yet is the justification for imposing the restrictive measures common today in the general population.

Other factors that contribute to disease such as poor nutrition, toxins in food, medicine and the environment, the effects of EMF radiation, age, and co-morbidities are ignored. Treatments such as HCQ and Ivermectin, drugs that have been used safely for decades, are now deemed unsafe while the injection of never before used synthetic pathogens and genetic technology, with unknown short and long-term impacts, is deemed to be safe. Country-by-country data shows that easy access to HCQ is strongly linked to lower COVID-19 mortality. Canadians, however, are denied access to these medical treatments.

The beneficial impact of Vitamin C, Vitamin D, zinc and Azithromycin in the prevention and treatment of COVID-19 is rarely acknowledged by Canadian health officials.

## COVID-19 Vaccine

The medical industry, public health and the mainstream media promote the false narrative that vaccines are the only viable approach to the management and prevention of COVID-19. Health Canada has failed to evaluate other potential COVID-19 treatment options in favour of a sole focus on the new experimental vaccines.

The vaccines being promoted to address COVID-19 have not been granted final approval. These vaccines have been given ‘interim approval’ or ‘emergency use authorization’ only during a declared state of emergency. Governments appear unwilling to remove the state of emergency or acknowledge other effective treatments as this would negate the legality of using unapproved drugs.

What is being promoted as a ‘vaccine’ does not function as a typical vaccine. What is being

offered to Canadians is the injection of synthetic pathogens and genetic technology. This product is technically a ‘medical device’. These medical devices contain mRNA/ DNA technology, never before used on a mass scale. The long-term impact of this technology is unknown. *Those receiving injection of this medical device are test subjects in what is essentially human experimentation.*

The Pfizer and Moderna medical devices have been declared ‘safe’ even though Phase III safety trials have not been completed. The results of these Phase III human trials will not be available until 2023. In the Phase I and II trials, people with high blood pressure, asthma, diabetes or a high BMI were excluded from the trial. In spite of this, this experimental vaccine is being given to this vulnerable population first.

These medical devices have been declared ‘effective’ even though device makers have not demonstrated that their product prevents either infection or transmission, nor whether the vaccine will result in a reduction in severe illness, hospitalization, or death.

Pregnant women are being encouraged to take this medical device even though no testing has been conducted to prove the device is safe for the woman and her fetus. The medical community has expressed significant concern with the potential of this medical device to impair fertility. There are also grave concerns expressed regarding DNA modification of the fetus as a result of injection of this experimental technology during pregnancy.

Politicians state that a COVID-19 ‘vaccine’ will not be mandatory. However, coercive measures are proposed that restrict access to services, government benefits, medical treatment, travel and employment for those who do not comply. This makes the vaccine effectively mandatory. This is in violation of a principle of international law established after WWII in the Nuremberg Code, which states that, “The voluntary consent of the human subject is absolutely essential... without the intervention of any element of force, fraud, deceit, duress... or other ulterior form of constraint or coercion.”

Health Canada does not conduct its own clinical trials to determine the safety and efficacy of a vaccine. Instead, Health Canada relies on the data provided by the vaccine manufacturers. Vaccine producers such as Pfizer, Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks, and false advertising. In 2009, Pfizer paid \$2.3 billion to resolve criminal and civil allegations in what was then the largest health care fraud settlement in history.

Declarations that life will not return to normal without a COVID-19 ‘vaccine’ are unconscionable

marketing and fear mongering strategies that have no basis whatsoever in medical treatment.

## COVID-19 Measures

Those who question the claims of government and insist that measures be evidence based are branded a “danger to society.” Information that challenges the COVID-19 narrative is aggressively censored by technology companies such as Facebook, Instagram, Twitter and YouTube regardless of merit, expertise or credentials. This censorship prevents open and honest debate, the hallmark of a democratic society. Censorship also undermines the scientific process, which relies on transparency of data sharing and open debate among scientists.

No government has publicly announced their pandemic intervention plan including their target outcomes, strategies, and timelines. The failure to declare the plan erodes confidence in government and prevents citizens from holding their governments accountable.

There is no evidence that imposed measures such as face coverings, physical distancing, and lockdowns are effective in reducing rates of COVID-19 infection. There is abundant evidence these measures are harmful to individual and community health. In spite of broad compliance with these restrictive measures, case counts continue to increase.

The catastrophic impact of COVID-19 measures on human health, the economy, and our way of life is not being calculated, nor reported to the public. There is no accountability, transparency or evidence to demonstrate that the benefits of current measures outweigh the risks. Worry, stress, distrust, fear, and depression – well-known results of isolation – negatively impact immune health. COVID-19 measures deny the population of community and normal social contact. Children are especially harmed as the measures deprive them of healthy development and education essential to achieving their full potential.

Governments are destroying the social fabric of society and telling us it is for our own good, causing a collapse of our economy and telling us they have no choice, and creating fear of one another and saying this is keeping us healthy. Declaring an indefinite state of emergency is unwarranted, unscientific, and illegal. COVID-19 measures ignore the most fundamental rights and freedoms guaranteed in the Canadian Charter of Rights and Freedoms, and international law.

In a free and democratic society, not only do we have the right to ask questions and demand answers, we have the responsibility. The consequences of these measures compels us to demand evidence, accountability, transparency, and an appropriate risk-benefit analysis. Blind faith in the pronouncement of authority figures, media pundits, and financially conflicted agencies is not only irresponsible, it is dangerous to the survivability of humanity.