1. What percentage of Canadians have purportedly died as a result of COVID-19? The number of Canadians purported to have died due to COVID-19 constitute just under 0.024% of Canada’s population. This is less than 1/40 of one (1) percent of Canada’s entire population.

2. What percentage of the deaths attributed to COVID-19 occurred in individuals under age 60? Of all deaths attributed to COVID-19 in Canada, less than 5% have occurred in individuals under age 60 [1] and most of these individuals had other chronic health conditions. There have been no deaths in children in Canada.

3. What percentage of deaths attributed to COVID-19 occurred in an extended care facility? At least 82% of deaths attributed to COVID-19 in Canada occurred in extended care facilities.[2] This means that less than 18% of deaths occurred outside of an extended care facility.

4. The number of deaths attributed to COVID-19 is similar to a moderate to severe influenza season. True. According to Infection Prevention Control Canada, approximately 8,000 Canadians die annually from influenza and pneumonia.[3] In 2018, the mortality of influenza & pneumonia was calculated at 230/Million or 8,687 deaths.[4] As of July 2020, the mortality rate attributed to COVID-19 was 236/Million or 8,901 deaths,[5] a difference of only 214 deaths.

5. 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. True. Toronto Public Health has acknowledged that individuals who test positive for COVID-19, even though they die from other causes, are included in the case counts for COVID-19 deaths. Ontario Public Health admits to inflating the number of COVID-19 deaths by 50%. [6] These measures inflate the number of deaths attributed to COVID-19 and makes this data unreliable as a measurement of the risk of dying from COVID-19.[7]

6. The total all-cause deaths in the first six months of 2020 is substantially greater than all-cause deaths during the same period in the previous decade. False. Given the intentional efforts to inflate the number of deaths that are attributed to COVID-19, a more reliable way to measure the impact of COVID-19 is to examine the total all-cause deaths in the first six months of 2020 and compare this total to all-cause deaths during comparable periods in the previous decade. To date, no evidence has been provided that show all-cause deaths in 2020 exceed any previous year.

7. It has been proven that the SARS-CoV-2 virus is the cause of the illness known as COVID-19. False. To date, the SARS-CoV-2 virus, purported to cause COVID-19 has not been isolated, purified, and proven to cause COVID-19. As a result, a causational relationship between a particular coronavirus and COVID-19 has not been scientifically established. The claim of a “novel” coronavirus is speculative and not scientifically proven to exist.

8. What percentage of those who contract COVID-19 have mild or no symptoms? More than 95% of individuals who test positive for COVID-19 have mild or no symptoms and recover with no medical treatment.

9. Cloth masks prevent viral transmission and infection. False. An extensive review of the scientific literature found that face masks have “no detectable benefit” in reducing the risk of person-to-person transmission of a viral respiratory disease.[6] A July 2020 report by the Centre for Evidence Based Medicine states that research on mask effectiveness since 2010 “showed that masks alone have no significant effect in interrupting the spread of influenza-like illness or influenza in the general population.”[9] Surgical mask diameter filtration 2-10 microns, purported SARS-CoV-2 virus 0.12 microns.

10. Cloth masks are effective in filtering particles. False. According to the only randomized controlled trial (RCT) conducted on cloth masks, the study found that particle penetration of cloth masks was almost 97% meaning there is virtually no filtering effect with cloth masks.[10] In April 2020, the World Health Organization admitted that – “At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence.”

11. Cloth masks increase the risk of respiratory infection. True. According to the only randomized controlled trial (RCT) conducted on cloth masks, the use of cloth masks actually increases the risk of respiratory infection. Researchers found the risk of infection with influenza-like illness was 13 times higher in hospital workers using cloth masks compared to medical/surgical masks, and over three times higher when compared to not wearing a mask at all.[11] The WHO confirmed that masks carry uncertainties and critical risk including increased risk of self-contamination.

12. The testing for SARS-CoV-2 is accurate and reliable. False. The use of PCR testing has been subject to considerable criticism due to the rate of “false positives” it produces. The creator of the PCR testing indicated that it should not be used for diagnosis due to high potential for error. One study purports false positives as high as 50 – 80%. [12] To complicate matters further, the virus purported to be SARS-CoV-2 has never been isolated, purified, and confirmed to cause COVID-19. Therefore, the testing for COVID-19 is based upon speculation and assumption rather than a scientifically verified virus.