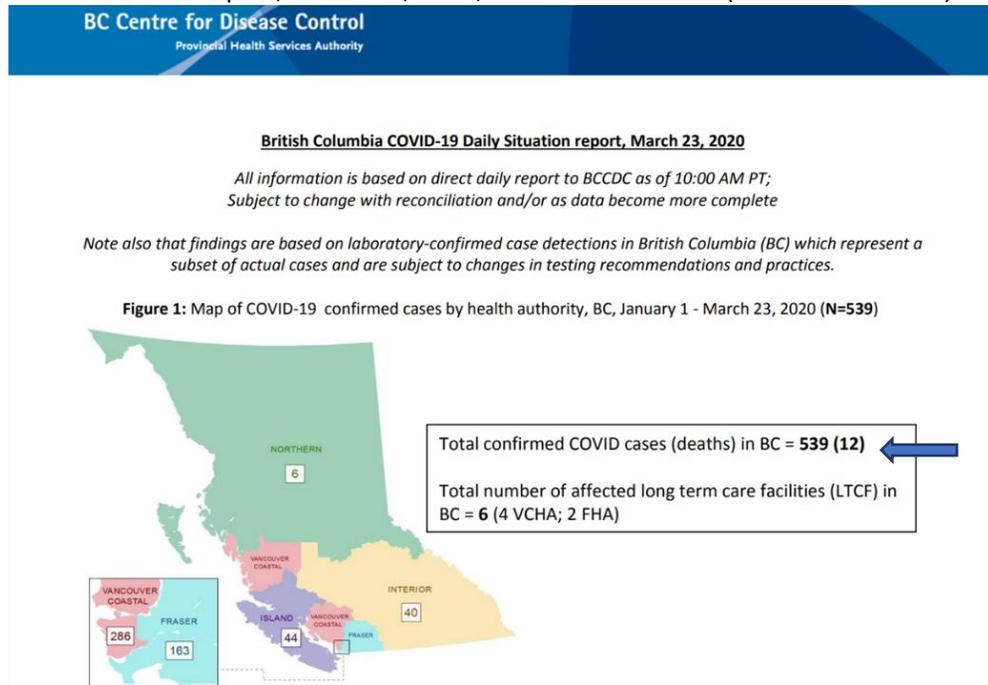


**Appendix A: Review of information prepared by the BC CDC published shortly after the declaration of a Public Health Emergency followed by the State of Emergency imposed by the Provincial Government of British Columbia Representatives (by W.W. Munroe, 2022-02-09; Refined 2022-04-21)**

March 18, 2020, BC Minister of Public Safety and Solicitor General, Mike Farnworth, declared a State of Emergency after Dr. Bonnie Henry, B.C.'s provincial health officer declared a Public Health Emergency on March 17, 2020. The first BC CDC Situation Report was presented to the public on March 23, 2020.

Figure 1 BC CDC Situation Report, March 23, 2020, 12 Covid-19 deaths (blue arrow added)



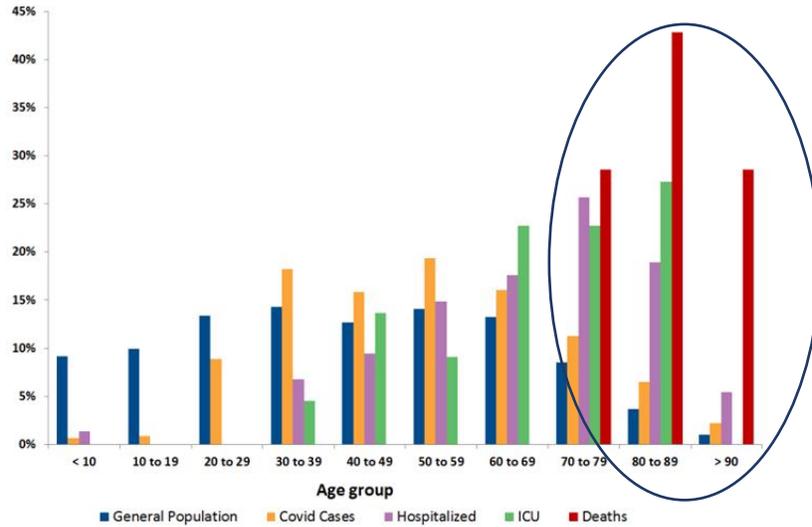
**Table 1.** Epidemiological profile reported by health authority of case, BC, January 1 - March 23, 2020 (N=539)

	Fraser	Interior	Vancouver Island	Northern	Vancouver Coastal	n (%) <sup>a</sup>
<b>Total number (N) of cases</b>	<b>163</b>	<b>40</b>	<b>44</b>	<b>6</b>	<b>286</b>	<b>539<sup>b</sup></b>
Median age, cases (years) <sup>c</sup>	52	47	45	65	54	53
Female sex, cases	80	20	25	4	136	265/486 (55)
<b>Hospitalized (ever)</b>	<b>36</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>38<sup>d</sup></b>	<b>83 (15)</b>
Median age, hospitalized <sup>c</sup>	73	53	66	-	67	70
<b>ICU (ever)</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>23 (4)</b>
Median age, ICU admission <sup>c</sup>	73	39	66	-	67	71
<b>Deaths</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11<sup>e</sup></b>	<b>13 (2)</b>
Median age, deaths <sup>c</sup>	83	-	-	-	87	87
<b>Recovered and off isolation<sup>f</sup></b>	<b>2</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>136</b>	<b>146 (27)</b>

<sup>a</sup> Denominator for % derivation is total number of cases (N), except sex for which denominator is as specified for those with known information on sex.  
<sup>b</sup> 92 confirmed cases are residents or staff associated with six affected long term care facilities.  
<sup>c</sup> Median age is calculated based on those with known information for all, hospitalized, ICU, and deceased cases (n=460, 74, 22, and 7, respectively).  
<sup>d</sup> As of March 22, a new reporting approach has been adopted by VCH which incorporates data collected directly and systematically from hospitals. This explains the increased tally of "ever hospitalized" without commensurate increase in "currently in hospital" compared to March 20, 2020. Numbers are as reported to BCCDC by VCH; we cannot vouch further but given the system is new, tallies may be subject to change.  
<sup>e</sup> All are LTCF deaths.  
<sup>f</sup> Includes both cases indicates as recovered (2 lab confirmed negative swabs 24 hours apart) and removed from isolation requirements once recovered and at 10 days after symptom onset.

Table 1 from the report states that the number of deaths was 13 or 2% of 'laboratory-confirmed case(s)' and the Median age of death was 87 years of age (2 blue arrows). 13 deaths will be used for this review.

**Figure 4:** Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population of BC, January 1-March 23, 2020



\*460 cases (79 missing age information); 83 hospitalizations (9 missing age information); 23 ICU admissions (1 missing age information) ; 13 deaths (6 missing age information).

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Figure 4 found at the end of the “SITUATION REPORT, March 23, 2020” visually highlights deaths in the older age groups compared to the “general population” (blue oval added by author).

At first glance this gives the impression of large figures of deaths 70 years of age and older compared to the ICUs, Hospitalization, Covid Cases, as well as the “general population”; however, the BC CDC authors (not named) of Figure 4 used percentages to represent “*deaths by age, compared to the general population of BC, January 1 – March 23, 2020*”.

There is no meaningful comparison between Deaths and “the General Population”, nor the other variables using % presented in Figure 4 - Case, Hospitalization or ICU. This is an old trick used particularly by some people specializing in public relations and media rather than by Statisticians. “Relative changes on small numbers can appear to be more significant than they are.” (dataschool.com).

The report does not provide the absolute number of deaths by age. Calculating the absolute number of deaths based on percentages seen in Figure 4 reveals the 3 oldest age groups had 4 deaths, 5 deaths and 4 deaths = 13 deaths and zero (0) deaths under 70.

Table 2: Covid-19 Deaths Compared To Total Population Per Age Group

COVID-19 DEATHS, BC, January 1 to March 23, 2020 COMPARED TO TOTAL POPULATION PER AGE GROUP, USED TO JUSTIFY REMOVAL OF RIGHTS AND FREEDOMS, Adapted from MARCH 23, 2020, BC CDC SITUATION REPORT										
Age	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
Population	4 78,218	520,409	591,41 5	673,114	638,030	717,700	692,151	448,44 4	191 ,990	4 6,649
Deaths	0	0	0	0	0	0	0	4	5	4

Death adapted from BC CDC, March 23, 2020 Situation Report by W.W. Munroe, January 12, 2022  
 2020 Population Calculated from Statistics Canada Censuses of P opulation, 1996 to 201 6 by W. W. Munroe

Table 2 shows zero deaths for the 0 to 69 age groups followed by 4, 5, and 4 deaths for the 3 age groups 70 years and older. How does the percentage chart (Figure 4) compare to an absolute chart?

Chart 2: BC CDC Covid-19 Deaths Compared to Total Population per Age Group

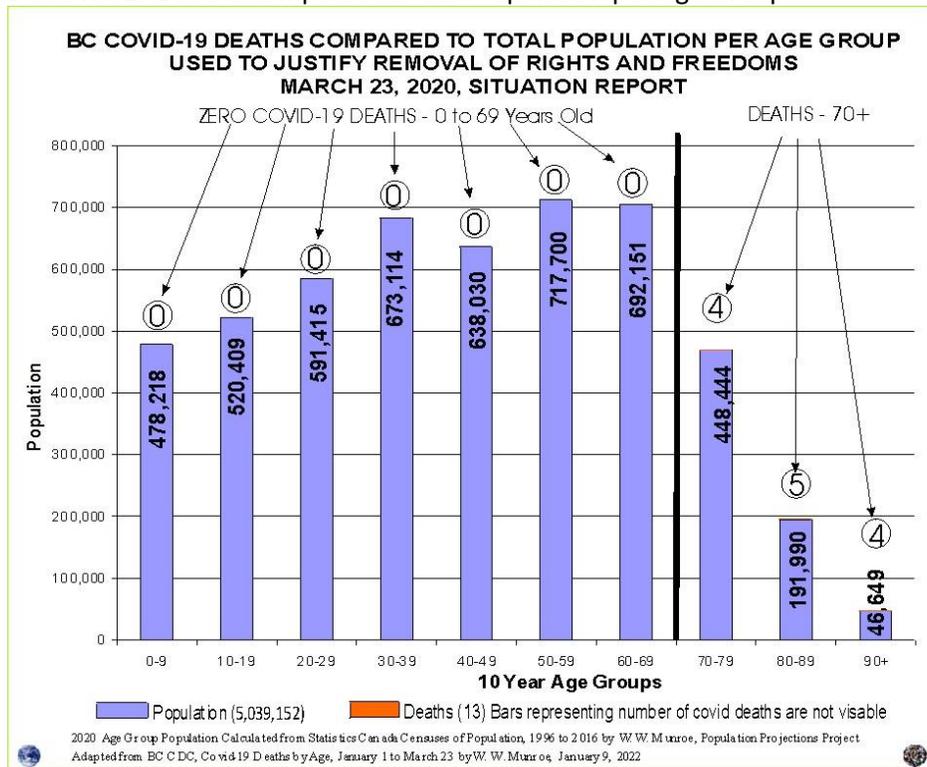


Chart 2 displays deaths and population by age groups. Using the range of 0 to 800,000 on the y-axis, the very thin orange line representing the number of deaths for each of the 3 oldest age groups, 4-5-4 respectively, is not visible on the last 3 bars. Again, there were zero deaths (0) under 70 years of age.

Table 3: Covid-19 Deaths by 10-Year Age Groups Compared to General (Estimated) Population

Age	2020	Deaths	100	1,000	10,000	100,000	1,000,000	% change
0-9	478,218	0						
10-19	520,409	0						
20-29	591,415	0			per			
30-39	673,114	0						
40-49	638,030	0						
50-59	717,700	0						
60-69	692,151	0						
70-79	448,444	4	0.0009	0.0089	0.0892	0.8920	8.9197	
80-89	191,990	5	0.0026	0.0260	0.2604	2.6043	26.0430	2.9
90+	46,649	4	0.0086	0.0857	0.8575	8.5747	85.7468	3.3
70+	687,083	13	0.0019	0.0189	0.1892	1.8921	18.9206	
Total	4,998,120	13	0.0003	0.0026	0.0260	0.2601	2.6010	

Death Counts Adapted from BC CDC, March 23, 2020 Situation Report by W. W. Munroe, January 11, 2022  
 Population Numbers Calculated from Statistics Canada, 1996 to 2016 Censuses by W. W. Munroe, January 11, 2022

Instead of using percentage, the absolute number of people per age group – the “general population” can be compared to the number of deaths per 10 year age groups. Using the 70-79 age group as an example, the estimated population of 448,444 people in that age group, compared properly with the 4 deaths is 0.0009 percent death rate. See Table 3.

A more meaningful measurement would be deaths per the number of people who were infected in BC in early 2020. This would provide a rate of infectious fatalities found to be 0.17% - similar to influenza - by Dr. Ioannidis et al, 2020, 04, 14, [www.medrxiv.org/content/10.1101/2020.04.14.20062463v2](http://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2).

Nonetheless, the difference between dying with life threatening ailments versus dying from life threatening ailments is also useful to know.

### **Deaths with life threatening ailments or deaths from the disease alone**

Since life threatening ailments increase with age, it is not difficult to accept that people in these older age groups are more likely to have life-threatening ailments.

USA CDC announced (August 23, 2020) that 94.6% of the people who died with covid-19, died with other life ending ailments. Only **5.4%** died from the disease alone - [www.researchgate.net](http://www.researchgate.net).

Office of National Statistics (UK) March to June 2020: 8.9% died from disease alone - [www.ons.gov.uk](http://www.ons.gov.uk)

### **Findings: answers to the 3 questions plus an additional question arising from examining the report**

Question 1) Were the deaths across most or all age groups – **No**. Deaths were concentrated in high mortality age groups. Median age of death = 87 years of age – **older than life expectancy** indicating covid was more of an irritant at the end of life and than life ending.

Question 2) Did people die with or from the disease – **Mostly With life threatening ailments**, according to common sense (high mortality years) and 87% + with life threatening ailments (UKONS ; USACDC)

Question 3) Were the 13 deaths compared to the general population by age group High, Medium or Low? Very **Low**. 13 Deaths for people 70+ is not significantly different for previous years (BC Vital Stats)

A fourth question comes up from this examination of the report: Is the representation of the information sound and clear. Or is it unclear and misleading:

- The report lacks integrity – the author(s) is (are) not named.
- The Figure 4 title “...deaths by age, compared to the general population...” exaggerated deaths.
- Also, the use of the term “laboratory-confirmed” is also misleading. The test uses the rt pcr that is no longer endorsed by the USA CDC due to the high percent of false positives (90%+). The BC CDC continues to claim the pcr test is the “Gold Standard” even though it can be unreliable.

As March moved into April and the cold season (sniffles & sneezes) was coming to an end, BC CDC (authors not named) highlighted an “important message”. Improve health? Diet? Vitamin D, C? Chicken soup? No. Instead, they claimed:

“This slowdown is due to public health action, not herd immunity - and what happens next will also be due to public health action. This is an important message.”

Without proving the lack of herd immunity, people in government positions tell taxpayers what their message is. Not only did they tell taxpayers what is important, they implied that they have the ability to see into the future. This is an example of the inherent risk and danger of monopoly people in government have over data and interpretation – producing findings mostly designed to support the current government.

### **Categorization: Which scenario is appropriate based on the answers**

Scenario 1. Full Restrictions? Not recommended – Not justified

Scenario 2. Partial Restrictions? Not recommended – Even though, focused care on the vulnerable (of whom most are in the 70+ age group) is warranted, people in positions of government authority have proven themselves to be heavy handed (heavy fines, beatings, arrests, jail, firings, discrediting - not capable of fair and reasonable conduct.

Scenario 3. No Restrictions? Recommended – focused care for the vulnerable. Care can be best addressed by care givers. Citizens can speak with their doctor. No quarantine for the healthy.

### **Summary**

States of Emergency are by definition time sensitive. Immediate action is needed. This is why BC and most other jurisdictions have emergency plans. States of Emergency in BC are limited to 14 days by the BC Emergency Act. They can be extended by 2 weeks upon review and again until the emergency plan is carried out and or the emergency has abated. This corresponds with the public announcement that 2 weeks were needed to flatten the curve to have room in ICUs. And to save Grandma.

These public announcements indicate that Public Health Advisor Bonnie Henry and Minister of Public Safety and Solicitor General, Mike Farnworth, were both aware that the deaths were age specific, older than life expectancy and miniscule. **Henry's and Farnworth's declarations of a public health emergency and a State of Emergency, respectively, were not warranted, were wrong, and harmful, and need to be acknowledged as such so this does not happen again.**

Officially, in BC, the State of Emergency ended after 62 weeks, or 465 days later on June 30, 2021; therefore, currently, there is no government imposed covid-19 health emergency.

Since there was NO EVIDENCE to justify Farnworth's State of Emergency. Perhaps the declaration was based on information from sources outside of BC?

### **Local versus external decision making**

The World Health Organization (WHO) declared a "pandemic" March 11, 2020. A. Fauci said SARS CoV 2 was 10 times worse than Influenza, N. Ferguson said it could be as bad as the Spanish Influenza.

Canada is a signatory to the WHO. Perhaps outside organizations influenced Henry and Farnworth and their tax funded teams to declare a State of Emergency here. The WHO endorsed China's restrictions as a model for other countries to follow.

Councillors, did you look at the data from China used by the WHO to endorse lockdowns? If not, I suggest you do. If you are not comfortable 'running the numbers', perhaps ask for assistance.

The data from China shows that school closures (February 22, 2020) happened at the tail end of the drop in the counts of cases and death. For an examination of whether natural immunity or government imposed restrictions stopped the disease read the article "[Should Children be Forced to Wear Masks and or Kept Apart? Was the WHO Justified in Endorsing China's Lockdown?](https://www.infomatics.com/WManalytics/Articles/2020/2020-08-16/Covid-19-over-or-under-blown-3.html)"  
[wminformatics.com/WManalytics/Articles/2020/2020-08-16/Covid-19-over-or-under-blown-3.html](https://www.infomatics.com/WManalytics/Articles/2020/2020-08-16/Covid-19-over-or-under-blown-3.html)

### **Conclusion**

The data presented in the "SITUATION REPORT, March 23, 2020" included examples of unsound misleading information. The report did not meet the criteria of "demonstrable evidence" necessary to justify the declaration of a State of Emergency nor did it justify limiting Canadians Rights and Freedoms. Consequently, justifiably, it was and is of no force and no effect.

### **Recommendation:**

All restrictions and requirements attributed to Covid must be removed immediately. Protect students from government overreach by requiring demonstrable evidence. If no justifiable reason is given then mandates, policies, acts are of no force nor effect. Implement prescribed learning outcomes teaching students how to access and assess demographic data. Knowledge can be a shield against tyranny.

FEDERAL COURT (CANADA) [2022-01-27-Notice-of-Application-Peckford-et-al -REDACTED.pdf \(jccf.ca\)](#)  
INTERNATIONAL CRIMINAL COURT [icc-complaint-7 \(1\).pdf | DocDroid](#)