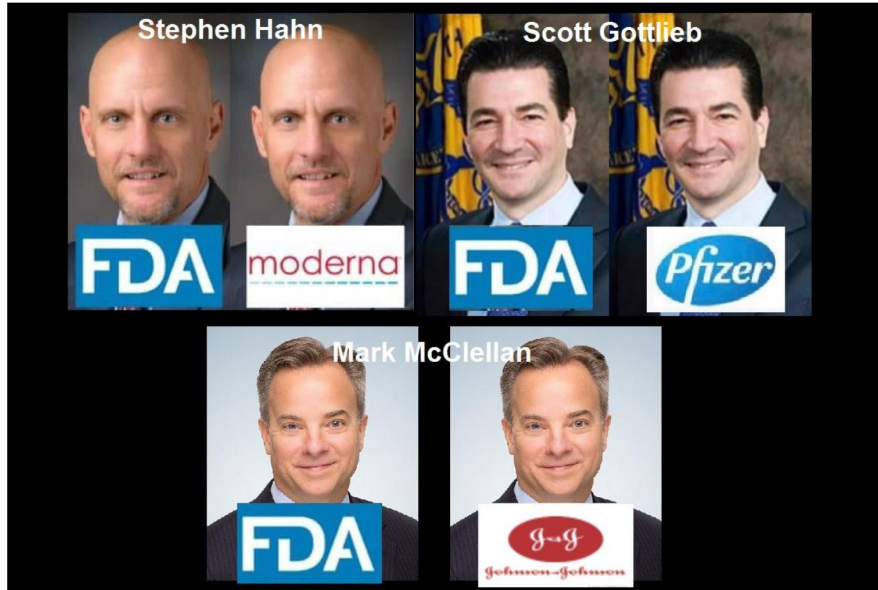


Covid-19: Real World Data

~Providing information to assist you in making good decisions in regards to Covid-19 vaccination policies~



1918 Spanish Flu in Canada

~was the most damaging flu pandemic

~killed somewhere between 20 and 100 million people- - including about 50,000 Canadians (1918-1920-most countries suffered casualties 1918-1920. Canada had a final wave in 1920)

~was more deadly than the regular flu because it killed the young and hearty not just the immunosuppressed

~all medical facilities were overwhelmed and volunteers set up and worked infirmaries in schools and hotels

~locked down non essential business and mandated masks because healthy young people were dying at alarming rates

~most died from bacterial pneumonia as a result of weakened immune system, and mask wearing not all from H1N1 (Spanish Flu)

What did we learn?

In 2008 Dr. Anthony Fauci co-authored a paper that described how the maskless were burying the masked. The science had, and has, shown that masks had been the cause of deadly bacterial pneumonia infections that killed many. So many they declared more deaths from pneumonia and not the flu. Why are we not talking about the lethality of bacterial infections caused by mask wearing?

Death By Mask: Lessons Learned In 1918. Mask Wearing, Bacterial Pneumonia Infections, And The 1918 Spanish Flu. The Unmasked Were Burying The Masked!

~Could infections caused by mask wearing be labelled SARS-COV-2/Covid-19?

Despite decades of scientific research showing masks are harmful and ineffective, the government has mandated them anyway. What other harms have mandates caused the populace at large?

~Doctors are seeing a dramatic rise in bacterial infections caused by masks. In February/March of 2020 we were told masks would not stop the transmission of viruses. Dr. Meehan asks “What changed? The science didn’t change. The politics did.”

~You can download Dr. Fauci and colleagues’ paper from: <https://academic.oup.com/jid/article/198/7/962/2192118> (Click on the PDF symbol)

~The Global research article can be read at:

<https://www.globalresearch.ca/medical-doctor-warns-bacterial-pneumonias-rise-mask-wearing/5725848>

Let's talk Covid-19 vaccine mandate

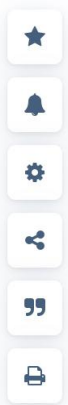
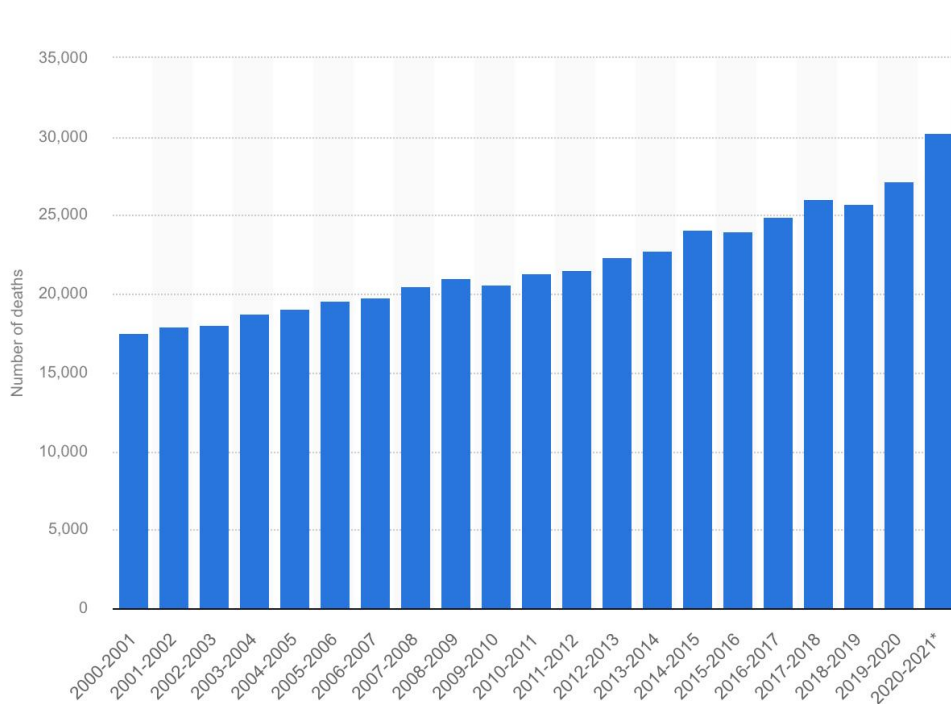
The Alberta government has requested that we implement a vaccination policy. Why? They state that vaccination has been determined to be the best way to stop the transmission of Covid-19. That is a big ask of the 5 of us. How many of you are scientists? How many of you know any scientists that could offer their expert opinion? Are you aware that doctors are not scientists? Are you also aware that while governments and industry mandate vaccines, employees of all of the vaccine companies are exempt? Why? Why is one of the largest “vaccine hesitant” groups PHDs? Why is all debate shut down? Part of science is robust debate and asking questions yet all information outside of the government narrative is not “allowed.” Is no one concerned that we are not allowed to ask questions?

In terms of education levels, people with a high school education or less had the largest decrease in vaccine hesitancy during the study period, while hesitancy held constant among those with a PhD, which was the most hesitant group *Source: U.S News and World Report*

The government of Alberta and AHS have not provided any supporting data to back up the claim that vaccines are the only way to stop transmission. How can we make sweeping decisions that greatly impact the lives of our staff and citizens if we do not have all of the information?

Did you know that you are indeed liable for damages (i.e: injury or death) if you implement a mandatory policy for an experimental drug, treatment, vaccine, etc in contravention of the Nuremberg Code? In the next slides I am going to show all of you real world data that disproves the claim that vaccines are our best and only option, and highlights the importance of maintaining freedom of choice and bodily autonomy.

Total Deaths in Alberta from 2001-2021



Deaths increased year over year at the expected rate until 2021 where there was a dramatic increase. Unfortunately, Canada does not seem to track, or provide tracked data for deaths of any cause except Covid-19 anymore. Statistical data that was once searchable is now scrubbed from the internet. Now we are left with vague graphs and the word of AHS and the Alberta government. Due to the scarcity of data on the homefront, I will be providing data from around the world in the following slides. Questions remain about why deaths jumped so high after the vaccine was rolled out. This trend is consistent worldwide.

Why are we ignoring serious side effects and dismissing them as rare ?

People often compare Covid-19 protocols to the Spanish Flu protocols. The difference is that H1N1 killed the young and healthy, and Covid-19 is devastating to the elderly, infirm, and those with comorbidities. The Covid-19 shots are causing life altering side effects and death to everyone, especially young men. Athletes across the world are suffering cardiac episodes at alarming rates and we are coercing people with the threat of job loss, and societal outcast to take it. Are these truly acceptable casualties? How many deaths and injuries are acceptable when we are talking about removing bodily autonomy? These shots are in clinical trials until 2027. Do we have the right to mandate an experiment? The Nuremberg Code of ethics says that we do not.

<https://www.bitchute.com/video/nKXYFhX0TzFT/>

<https://www.bitchute.com/video/LOfxT1dgwfc8/>

CDC: 16,310 DEAD 778,685 Injured
following COVID-19 injections



2,102 Fetal Deaths
following COVID-19 injections of pregnant mothers



Through October 1, 2021

 **GOV.UK**

1,645 DEAD
1,196,813 COVID-19 Vaccine Injuries
9 December 2020 to 08 September 2021

Research and analysis
Coronavirus (COVID-19) vaccine adverse reactions
A weekly report covering adverse reactions to approved COVID-19 vaccines



A study on biorxiv.org shows that the vaccines we received may well shortly become completely useless to protect us and, to make matters worse, might enhance the ability of future variants to infect us due to vaccine enhanced infectivity/replication, rather than “classical” ADE. (Antibody Dependant Enhancement also known as Vaccine Enhancement Disease-VED)

In short, even if the vaccine were perfectly safe and killed no one, it’s rapidly becoming a net negative based on efficacy alone.

We are starting to see evidence of this today. Data out of the UK is troubling. August 21. 2021. “Again, 402 deaths out of 47,008 cases or 0.855% CFR in fully vaccinated, and; 253 deaths out of 151,054 cases or 0.17% CFR in unvaccinated. If you get Covid having been fully vaccinated, according to this UK data, you are five (5) times more likely to die than if you were not vaccinated!”

Source: Health Impact News

Vaccine enhancement of disease: Enhancement of disease severity in an infected person or animal that had been vaccinated against the pathogen compared to unvaccinated controls. This results from deleterious T cell responses or ADE of disease and is usually difficult to link to one or the other. Neither ADE of disease nor vaccine enhancement of disease have established, objective clinical signs or biomarkers that can be used to distinguish these events from severe disease caused by the pathogen. Carefully controlled human studies of sufficient size enable the detection of an increased frequency of severe cases in cohorts given passive antibodies or vaccines compared to the control group, and atypical manifestations of infection can be identified should they occur.

Source:Nature.org

Alberta Health Services claims that vaccines have been deemed the only way to stop transmission. Real world data disputes the claim.

~Fully Vaccinated Account for 74% of Covid-19 Deaths in the UK Summer Wave According to Latest Public Health England Report Source: Health Impact News

~UK Stats Show 82% of COVID-19 Deaths and 66% of Hospitalizations were Among Fully Vaccinated for Past Month Source: Health Impact News

Table 3 of the report shows that the number of people presenting to emergency care with Covid-19 resulting in overnight inpatient admission who were not-vaccinated was 2,832, whilst a further 305 were partly vaccinated, and 5,124 were fully vaccinated. Meaning between September 27th and October 24th, 66% of those hospitalised with Covid-19 were vaccinated whilst 34% were not-vaccinated.

Table 4 of the report shows the number of people to have died within 28 days of a positive test result for Covid-19 who were not vaccinated was just 487, whilst a further 88 were partly vaccinated, but a shocking 2,185 were fully vaccinated. Meaning between September 27th and October 24th, 82.4% of those who died with Covid-19 were vaccinated whilst just 17.6% were not vaccinated.

Table 3. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 39 and week 42 2021

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 39 and week 42 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date¹
Under 18	633	17	592	12	11	1
18-29	324	8	212	2	28	74
30-39	708	10	446	2	47	203
40-49	991	14	495	5	40	437
50-59	1,139	13	447	1	46	632
60-69	1,177	12	288	3	33	841
70-79	1,642	1	195	3	34	1,409
≥80	1,724	2	157	0	38	1,527

Table 4. COVID-19 deaths (a) within 28 days and (b) within 60 days of positive specimen or with COVID-19 reported on death certificate, by vaccination status between week 39 and week 42 2021

(a)

Death within 28 days of positive COVID-19 test by date of death between week 39 and week 42 2021	Total**	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹
Under 18	5	0	4	1	0	0
18-29	11	1	7	0	0	3
30-39	25	0	18	0	1	6
40-49	65	1	35	0	1	28
50-59	159	3	74	0	5	77
60-69	374	3	105	0	16	250
70-79	736	2	101	0	21	612
≥80	1,397	5	143	0	40	1,209

Ontario man dies after fully vaccinated hockey league affected by COVID-19 outbreak



By [Daina Goldfinger](#) · Global News

Posted October 29, 2021 1:51 pm · Updated October 29, 2021 3:41 pm

A man who was fully vaccinated against [COVID-19](#) has died after the virus ripped through an Ontario men's [hockey](#) league, infecting a total of 15 people, all of whom were double-vaccinated.

People are still getting Covid-19 and spreading Covid-19 and the unvaccinated can no longer be blamed as they are not a part of the outbreaks among the vaccinated. Is it fair then to force people to take the Covid-19 shot with the only premise that it lessens the severity of the disease? We still do not have enough data to even claim that.

How the CDC is manipulating data to prop-up “vaccine effectiveness”

New policies will artificially deflate “breakthrough infections” in the vaccinated, while the old rules continue to inflate case numbers in the unvaccinated.

by Kit Knightly From the CDC's instructions for state health authorities on handling “possible breakthrough infections” (uploaded to their website in late April):

[Off-Guardian.org](#)

*For cases with a known RT-PCR cycle threshold (Ct) value, submit **only specimens with Ct value ≤28** to CDC for sequencing. (Sequencing is not feasible with higher Ct values.)*

Why are we measuring illness in the vaccinated by a different metric than the unvaccinated?

But NOW, and only for fully vaccinated people, the CDC will only accept samples achieved from 28 cycles or fewer. That can only be a deliberate decision in order to decrease the number of “breakthrough infections” being officially recorded.

Secondly, **asymptomatic or mild infections will no longer be recorded as “covid cases”**.

That’s right. Even if a sample collected at the low CT value of 28 can be sequenced into the virus alleged to cause Covid19, the CDC will no longer be keeping records of breakthrough infections *that don’t result in hospitalisation or death*.

From their [website](#):

As of May 1, 2021, CDC transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause. This shift will help maximize the quality of the data collected on cases of greatest clinical and public health importance. Previous case counts, which were last updated on April 26, 2021, are available for reference only and will not be updated moving forward.

Just like that, being asymptomatic – or having only minor symptoms – will no longer count as a “Covid case” *but only if you’ve been vaccinated*.

Source: Health Impact News

So what does this mean?

The CDC has put new policies in place which effectively created a tiered system of diagnosis. Meaning, from now on, unvaccinated people will find it much easier to be diagnosed with Covid19 than vaccinated people.

Consider...

Person A has not been vaccinated. They test positive for Covid using a PCR test at 40 cycles and, despite having no symptoms, they are officially a “covid case”.

Person B has been vaccinated. They test positive at 28 cycles, and spend six weeks bedridden with a high fever. Because they never went into a hospital and didn't die they are NOT a Covid case.

Person C, who was also vaccinated, did die. After weeks in hospital with a high fever and respiratory problems. Only their positive PCR test was 29 cycles, so they're not officially a Covid case either.

The CDC is demonstrating the beauty of having a “disease” that can appear or disappear depending on how you measure it.

To be clear: If these new policies had been the *global approach* to “Covid” since December 2019, **there would never have been a pandemic at all.**

Just because the government and top health officials tell you something, does not make it true. Dismissing people with real questions and real data as conspiracy theorists or anti-vaxxers is a dangerous road to travel. Blind trust in governments and health officials have led to countless abhorrent experiments and atrocities against citizens of many nations throughout history, including Canada. With majority support behind them, past governments have made decisions “for the greater good” that we look back on with disgust. We have stripped First Nations People of their bodily autonomy and cultural identity. We look at residential schools and forced sterilization with horror and struggle to reconcile with the damage done. The Canadian military conducted mustard gas experiments on soldiers and they were sworn to secrecy and could not get the medical attention they so desperately needed. Today we see people injured by the Covid-19 injections denied proper medical treatment because officials refuse to acknowledge injury from the mandated shots. Insurance companies refuse to pay disability and medical bills because the shots are still considered experimental. Do we as small town municipal legislators have the right to mandate a medical procedure of any kind? The short answer is NO.

Here are two examples of unlawful laws:

Canadian travellers are required to take a PCR test to return home.

Quarantine Act:

Screening technology

- **14 (1)** Any qualified person authorized by the Minister may, to determine whether a traveller has a communicable disease or symptoms of one, use any screening technology authorized by the Minister that does not involve the entry into the traveller's body of any instrument or other foreign body.

Places of Worship Mandatory restriction - Effective Sept. 16

- Capacity limited to 1/3 fire code occupancy.
- Masks are mandatory.
- 2 metres physical distancing between households, or 2 close contacts for those living alone.

Note: Alberta Health Services enters and inspects Churches for Covid-19 protocol compliance during services

Obstructing or violence to or arrest of officiating clergyman

- **176 (1)** Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than two years or is guilty of an offence punishable on summary conviction who
 - **(a)** by threats or force, unlawfully obstructs or prevents or endeavours to obstruct or prevent an officiant from celebrating a religious or spiritual service or performing any other function in connection with their calling, or
 - **(b)** knowing that an officiant is about to perform, is on their way to perform or is returning from the performance of any of the duties or functions mentioned in paragraph (a)
 - **(i)** assaults or offers any violence to them, or
 - **(ii)** arrests them on a civil process, or under the pretence of executing a civil process.

Unlawful laws continued...

- **Disturbing religious worship or certain meetings**
(2) Every one who wilfully disturbs or interrupts an assemblage of persons met for religious worship or for a moral, social or benevolent purpose is guilty of an offence punishable on summary conviction.
- **Idem**
(3) Every one who, at or near a meeting referred to in subsection (2), wilfully does anything that disturbs the order or solemnity of the meeting is guilty of an offence punishable on summary conviction.

Note: Nowhere in the criminal code is there a caveat for emergencies-- public health related or otherwise.

Edmonton pastor arrested for overcrowded sermons

The pastor of GraceLife Church in Edmonton has been arrested for violating public health orders after repeatedly holding sermons exceeding Alberta's indoor gathering limits.

Source: CBC News

Pastors have been arrested for failing to turn away congregants, enforce masking and refusing entry to services to police and AHS. Despite your feelings and beliefs about Covid-19 and subsequent protocols, there is no law that permits entry to a church service for compliance inspection. That would be a disruption of services. These same pastors have been smeared in the media and judges have gone as far as to issue judgments that compel speech. Justice Germain did just that. We can't force serial killers to apologize, but we can compel the speech of desenters? In the court cases against Chris Scott and the Pawlowski brothers, there was zero evidence put forward to demonstrate the need for such strict protocols. How can the government continue to disrupt our lives in such devastating ways if they can not provide demonstrable proof it is necessary as required by the Charter of Rights and Freedoms? The government says they base their decisions on the data provided by AHS, but why then does AHS continually claim they need more time to prepare the data to share with the public? We are supposed to just take their word for it?

Why are we not allowed to talk about natural immunity?

Lasting immunity found after recovery from COVID-19

The immune systems of more than 95% of people who recovered from COVID-19 had durable memories of the virus up to eight months after infection

“Several months ago, our studies showed that natural infection induced a strong response, and this study now shows that the responses last,” Weiskopf says. “We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses.”

—by Sharon Reynolds

Source: National Institutes of Health

Why is this not news? Why are we excluding the naturally immune from Covid-19 protocols? Why is the government/AHS actively stopping citizens from getting tested to see if they have natural immunity?

Alberta government overrules doctor, refuses COVID antibody testing to prove man had COVID

.....the Byfields were all but certain they had COVID. Vince just needed a doctor to confirm it.

It was something Vince and his family wanted to know before they made the informed decision to be vaccinated, since a recent Israeli study has shown that natural immunity to COVID – the kind you get when you contract an illness and recover – is stronger and more resilient than the vaccine induced kind.

Vince's doctor ordered the serological test for COVID-19 antibodies and Vince went off to the local private lab.

And that's when things got weird.

The central Alberta government lab stepped in and put a stop to the test – they overruled Vince's doctor without ever knowing why the doctor had ordered the test.

But Vince was determined to know his medical information whether the vampires at the government lab liked it or not. He paid out of pocket to send his blood to the Mayo Clinic in the United States. And sure enough, Vince had COVID at some point.

I reached out to Alberta Health Services and a spokesperson told me that antibody testing is not available for Albertans unless the test is specifically okayed by the government on a case-by-case basis. They told me this sort of testing is only used for “surveillance” purposes.

But why does the Alberta government not want us to have this information? And why isn't this policy of denying serological COVID antibody testing being conveyed to the public and doctors? And if antibody testing is used for surveillance, then why isn't the government trying to collect as much data on COVID recovery rates as possible?

Source: Rebel News

What about Remdesivir?

Remdesivir Deaths: The Real Numbers

7

Remdesivir (Veklury) deaths recorded in CMS database (2021):

- 7,960 beneficiaries prescribed Remdesivir for COVID-19
- 2,058 beneficiaries died

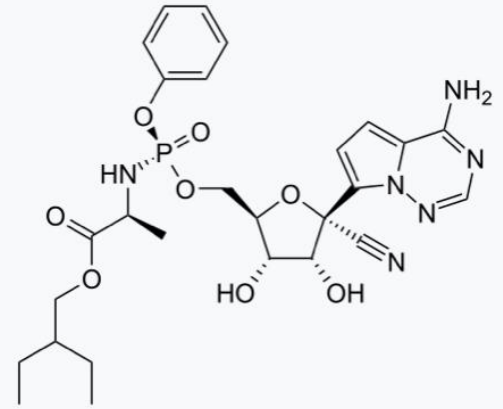
25.9% remdesivir patients died

46% of those died within 14 days of remdesivir treatment

How much does remdesivir cost?

Hospitals will pay \$390 per vial of remdesivir, which equates to \$2,340 (government) to \$3,120 (private insurance) for a five-day course of the drug, using 6 vials

(source: <https://www.kff.org/coronavirus-covid-19/issue-brief/how-could-the-price-of-remdesivir-impact-medicare-spending-for-covid-19-patients/>)



Can anyone tell me what the mechanism of action for Remdesivir is by looking at the molecule? I am very fortunate that my sister is a biochemist and was able to explain to me how Remdesivir works and why it is a dangerous drug.

What are the known side effects of Remdisivir?

- severe **headache**, pounding in your neck or ears;
- fast, slow, or pounding heartbeats;
- wheezing, trouble breathing;
- swelling in your face;
- **nausea**;
- fever, chills, or shivering;
- itching, sweating; or
- a light-headed feeling, like you might pass out;

Common side effects may include:

- nausea; or
- abnormal **liver function tests**.

So why are public health agencies smearing Ivermectin?

Ivermectin Safety Profile: Safer and Cheaper Than Remdesivir

9

Ivermectin Safety Profile as shown in the CMS data

Universe	# Beneficiaries Prescribed Ivermectin in 2021	# Beneficiaries who died	% Beneficiaries who died
All patients	142,778	5,093	3.5%
COVID patients	44,709	3,238	7.2%

Ivermectin average amount per patient: \$24

Remdesivir average is \$2,340 to \$3,120 for one 5-day treatment

Ivermectin's Side Effects Depend on the Condition Being Treated

For example, if a person is ingesting a dosage of ivermectin as an antidote for “river blindness,” the most common side effects are:

- Fever, itching or skin rash
- joint or muscle pain
- painful and tender glands in neck, armpits, or groin
- rapid heartbeat

Similarly, if a person is ingesting ivermectin as an antidote for treatment of strongyloidiasis, the most common symptoms are:

- Loss of appetite
- shaking or trembling
- sleepiness

In conclusion:

Needless to say, this is a very controversial topic for all of the wrong reasons. I am not sitting here asking you not to vaccinate or to vaccinate. I am asking you to leave the choice up to the individual. Despite claims by our “leaders” that these Covid-19 injections are safe and effective, they have not provided any supportive evidence. The data pouring in from around the world that is heavily censored by the government, and media alike, should give one pause. Why can’t someone have a conscientious objection and not be labelled an anti-vaxxer? Why is it blasphemous to wish to rely on one’s own immune system? What started as two weeks to flatten the curve has turned into the single largest point of division in our society. Why on earth does our government feel compelled to villainize those that do not wish to take the shot? Why does the same government refuse to show the public the data? We need to stand together and not divided. If we allow our bodily autonomy to be stripped of us what is next? Abortions? Forced sterilization? What we can and cannot eat? Forced euthanasia? Are you aware of the conflicts of interest some of our quoted “experts” have?

This conversation could go on for hours and hours as this is only a tiny glimpse at all of the information out there. Data is not a conspiracy theory and critical thinking doesn’t make a person dangerous to “the greater good.” We are all in danger when we are no longer individuals, but part of a collective because despite what you might think, history has shown it makes you insignificant and your life is expendable for any reason or cause related to the “greater good.”

Those that feel they have moral high ground for “doing the right thing” might find themselves at the bottom of the heap one day. To the folks screaming at people to “do the right thing,” when you are next on the chopping block, I will still fight for your rights as an individual because your life matters even when the collective deems it unworthy.