

(Date) 2021

Name

Email / Address

RE: Open Letter and info Pack - Re: The truth about the corona virus

Dear Sir or Madam

We, as residents of Canada, require you to adopt an accurate and honest approach to addressing that which is referred to as the COVID 19 Pandemic. It is our belief that our rights and freedoms to such basic things as free speech, peaceful assembly, the right to earn a living, and to have access to health care has been infringed upon.

The restrictions imposed are in response to a voracious virus that is claimed to be causing abnormally high mortality amongst Canadians. However, the emerging evidence, as outlined in the following information pages and attached package does not support government claims, and therefore; becomes an issue for the Canadian Constitution, as it demonstrates government imposed mandates are in non-compliance of the Criminal Code of Canada, and directly raises the question of malfeasance on the part of all elected officials and public servants.

There seems to exist two polar opposite perspectives in the international forum, where world governments share the same narrative, and interestingly refer to the same organizations such as: The World Health Organization (WHO), The Centre for Disease Control (CDC), etc. Globally, there appears to be a combined narrative of both government and mainstream media with one view and no supporting evidence.

Therefore, the included and attached materials will reference international evidence based sources supported by well-respected professionals including scientists; leading exponents in the fields of virology, biochemistry, immunology, Occupational Health, as well as medicine. Censorship does not negate their presence or their opinion.

Evidence shows we know the population most at risk within our communities, and we have effective treatments, as reported by the National Institute of Health (NIH) on December 3<sup>rd</sup>, 2020. <https://www.covid19treatmentguidelines.nih.gov/whats-new>. The mandated restrictions imposed have done nothing for the most vulnerable. On the contrary, not only have our elderly died alone, the unfounded mandates have put other groups at great risk of suicide, drug overdose, domestic violence, and loss of life due to their inability to receive effective and timely health care. The economy has been brought to the edge of collapse, consistent with the World Economic Forum's global agenda for an economic reset.

This letter addresses specific topics supported by relevant references. It is not too late to correct what has been done to the Canadian people based on false and misleading information. We would remind you, being properly informed is a requirement of your responsibilities of office. On a personal note, this also directly impacts the future of your children and grandchildren.

In the past few months, the people have risen and are continuing to learn and understand the deceptions. You have an opportunity to be on the moral side of history. So we ask you to support us put an end to the unnecessary destruction of Canadians, through fear and deception tactics broadcast through the mainstream media.

Please find attached with this letter, several topics for discussion. In some cases, files have been provided in Word, PDF or jpg. Where applicable, in the body of the text, there are hyperlinks provided. These references follow the section topic. Please note, there is additional information that has been provided but due to the sheer volume has not necessarily been referenced with a source link.

We ask for your written reply of action within 7 days. We strongly believe if we are to save our way of life; you and we need to act now.

Please be in touch with our local point of contact (listed below) with any questions, and we will do our best to answer them.

Awaiting your response,

Concerned Citizens

One Voice Canada

<https://onevoicecanada.wixsite.com/website>

Point of Contact  
(Name & Email, phone)

Attachments

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## **2 Topics of discussion and associated references:-**

### **2.1 Is this a pandemic?**

#### **2.1.1 The RT-PCR Test, Canada's Gold Standard for Sars-Cov-2**

Dr Bonnie Henry, Provincial Health Officer, BC, publicly announced that the RT-PCR test is Canada's Gold Standard for testing for Sars-Cov-2. This is counter to the declaration made by Dr. Kary Mullis the Biochemist who received the Nobel Peace Prize for inventing the RT-PCR test. Dr. Kary Mullis is on record for stating that the RT-PCR test is not a diagnostic tool. In addition, he has said that "the PCR test, when done well, can find just about anything in anyone" as "it will produce a lot of something from something". Therefore, the number of cycles performed can replicate genetic material from previous illnesses as that genetic material remains in the body. The CDC and the NIH are on record that a cycle greater than 35 is 0% accurate. This makes the case numbers fraudulent. As we repeatedly hear in chorus, "listen to the experts", but biased selection of which experts, has legal repercussions.

The RT-PCR test is not only the Gold Standard for Canada it is the primary test globally, where countries perform the test under varying numbers of cycles. The top 5 most popular and recommended PCR tests vary from 39 to 50 cycles. In context, the number of cycles used, drive the number of positive results; and in no way, according to the inventor, is able to diagnose illness.

On the 11<sup>th</sup> of November 2020, the Lisbon Court of Appeal (pertaining to the detention of 4 German Tourists) stated the PCR test "is unable to determine, beyond reasonable doubt, that a positive result corresponds, in fact, to the infection of a person by the SARS-CoV-2 virus". The judges quoted a paper published in the Lancet.

On a side note, Dr. Kary Mullis is on record for having a particularly low opinion of Dr. A. Fauci's credibility and the position he holds. It would also seem from an ethical standpoint, Mullis is not alone in this opinion.

#### **Included Attached Files:**

[FILENAME: The PCR Deception]

[FILENAME: Dr. Reiner Fuellmich - Crimes against humanity]

[FILENAME: The PCR TEST Accuracy of 0% at 35 cycles]

[FILENAME: Landmark legal ruling finds that Covid tests are not fit for purpose.]

[FILENAME: Lancet False-positive COVID-19 results]

#### **2.1.2 Statistics of COVID 19**

Despite the mathematical nature of 'statistics' they are often used to deceive through sensationalism. Point of trivia: One of the best-selling statistics books in history is "How to Lie with Statistics" by Darrell Huff (1954) selling more than 1.5million copies.

Let's look at some statistics. According to global statistics, 1.8million people died of COVID 19. Well, no they didn't. The RT-PCR test has already been refuted for its contribution to the COVID 19 numbers, but let's 'run' with it anyway.

"1.8million people have died of COVID 19". Actually, the correct term is 'with' not 'of'. According to the CDC 94% of fatalities in the US had on average 2.6 comorbidities, to say between 2 and 3 potentially life threatening health issues; heart disease, cancer etc. This leaves only 6% where COVID 19 was the single identifier on the death certificate. This could also mean other health issues were not identified during illness or as cold as it may seem, they were just old. This then leads into the age range of the people that died. Loss of loved ones is always hard but using this loss to shame people in to compliance is wrong, bordering on evil.

120million people worldwide die every year and 240million people are born and rising. Therefore, 1.8million deaths accounts for 1.5% of the world population and given the comorbidity factor that could equate to less than 0.1%. Let's not forget those that die within 30days of a positive test are counted as a COVID 19 death. If two fatal gunshot wounds in Chicago and a motorcyclist hit by a semi in Florida died 'of' COVID 19 it would be prudent to re-evaluate ALL statistics as highly suspicious.

The fatalities figures in Canada should be closely reviewed, when broken down by age, the death statistics are as follows:

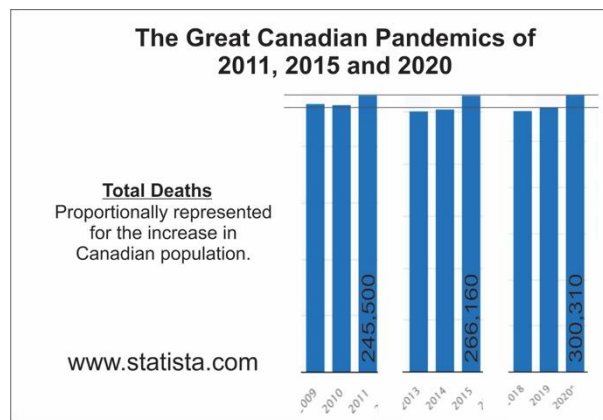
71%	age 80+
18%	age 70 – 80
8%	age 60 – 70

85% of all fatalities were in care homes (where typical life expectancy, after admission, is 14months).

For British Columbia specifically, according to Dr Bonnie Henry, 587 people have died, all but two in long term care homes. She has also stated that there is no evidence masks provide much protection at all. She also comments that asymptomatic spread is not being observed.

The vast majority of the working population are unaffected by the virus, yet the restrictions have severely impacted the vast majority of small/ medium businesses whilst corporate businesses have flourished. The popular question being circulated is "why is a church that holds 100 people closed when a Walmart that holds 500 people is open?" Surely transmission is transmission.

Since, the 'approved' statistics are blatantly weak beyond usability, perhaps a different approach is all that is left. How many extra people died? After all, a real pandemic would show a heartbreaking spike in the loss of life over a 12month period. There is definitely a minor spike from 2019 to 2020 but 2018 was a flat year alongside 2019. The occurrence of two flat years followed by a spike isn't new. The last occurrence was in 2015; both 2013 and 2014 were flat years. In fact, 2015 was a larger spike than 2020, curiously just passing on by unnoticed.



**Total Canadian Deaths Adjusted for Population**

<https://www.worldometers.info/coronavirus>

<https://www.statista.com/statistics/443061/number-of-deaths-in-canada>

<https://www.cdc.gov/>

<https://www.statcan.gc.ca/eng/start>

Attached: [FILENAME attachment: Bonnie Henry all but two deaths]

## **2.2 The use of non-medical masks as a means to prevent transmission of COVID 19.**

### **2.2.1 Occupational Health and Safety**

Masks / face coverings have been mandated by political government figures not by scientists. In fact, the official narrative has been ‘fluffy’ and inconsistent. This is despite overwhelming scientific literature that masks not only do not work but are harmful to human health. These studies are in the public domain. Although Canada and other countries have different regulatory bodies, there is a significant overlap in standards, responsibilities and accountabilities pertaining to how, what, where, and when masks are used; and of course the lack of proper use and disposal. No such standardised approach has been adopted.

An N95 mask is considered to be an entry level respirator and its manufacture must follow standard practices. Its use is regulated in the workplace, where training in proper use is required. Defined by its capacity to filter 95% of 0.3 to 0.5 microns particulate size, it should be noted that viruses range from 0.06 to 0.125 microns (2 to 5 times smaller than the airways of an N95 mask).

That said, we are not typically using N95's. The mandates detail non-medical masks or ‘face coverings’ and take no account of an individual's medical history, training on use, disposal or application and are in essence unregulated. Requiring an employee or member of the public to wear such a face covering without the supporting safe use controls is a direct infringement on a person's rights of employment as well as public health and could contravene Canada's criminal code which states:

### Duty of persons directing work

**217.1** Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

### Criminal Negligence

**219 (1)** Everyone is criminally negligent who:

(a) in doing anything, or

(b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.

Prolonged or improper mask use can result in multiple conditions, which is why strict guidelines for use in the workplace are required. Therefore, all the strict guidelines apply to all members of the community: schools, shopping malls etc. It is not enough to say, ‘this doesn’t happen’, the obligation of proof rests with the demander.

The health risks of mask usage include:

Hypercapnia	A condition of abnormally elevated carbon dioxide (CO <sub>2</sub> ) levels in the blood.
Hypoxia	A condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level.
Pulmonary Fibrosis	A lung disease that occurs when lung tissue becomes damaged and scarred (via inhaling loose fibres).
Bacterial Pneumonia	An infection of your lungs caused by certain bacteria.
Dyspnoea	Difficult or laboured breathing.
‘Mask Mouth’ Periodontal (gum) disease. Tooth decay	Inflamed gums, is an infection of the tissues that hold your teeth in place (associated with an increased risk of strokes and heart attacks). Cavities
Brain damage	An injury that causes the destruction or deterioration of brain cells.
Dementia	General term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life.
Mental health	A person’s condition with regard to their psychological and emotional well-being.

Note: Brain damage and dementia are long term health issues that could take decades to manifest. Children and teenagers due to their elevated need for oxygenation could suffer significantly later in life as the damage to children can be huge and irreversible.

Whilst the report co-authored by Dr A Fauci makes reference to the majority of people that died during the 1918 Spanish flu died of bacterial pneumonia, it does not make reference to the root cause being masks, however; it is important to note masks were mandatory during that period. Some doctors are already reporting an increase in bacterial pneumonia in their patients; this at the very least should be investigated. It could be considered criminally negligent to be ill informed as to the hazards pertaining to mask/ face covering usage.

### 2.2.2 Danish Study of masked versus non masked.

This long awaited study of approximately 6000 people showed that the percentage of mask wearers contracted Sars-Cov-2 at 2.1% the sample group, whereas non mask wearers 1.8% became infected. The report concluded **the difference was statistically insignificant**. It should also be noted that the RT-PCR test was used to determine infection.

### 2.2.3 Flip-Flop

It is hard to apply reason to the CDC and the WHO, when they continuously change their mind and then change it back again. When Robert Redfield was asked if masks were necessary he said “No”. This could be considered the shortest response to a question, however; at a later point he embellished just how important the mask was to protect the wearer, as he proceeded to wave it around in the air. One should question a virologist waving a potential biohazard in a public building. Would he do that if he indeed thought there was validity to his claims? Then there is the WHO, “it’s a Pandemic” “it’s not a Pandemic” then back to “it’s a Pandemic”. Then there’s the United Kingdom that downgraded the virus from a High Consequence Infectious Disease (HCID) on the 19<sup>th</sup> of March and have never changed that, yet has locked down the country in a new designation Tier 5.

Flip-flopping seems to be popular and has been observed with alarming regularity with Dr. Theresa Tam and BC’s Dr. Bonnie Henry having done more than their fair share. For example, Dr Tam March 31<sup>st</sup> 2020: “we worry about the potential negative aspects of wearing a mask” before a week had passed ‘consensus of a special advisory committee’ came to a consensus that wearing a mask is an additional measure to protect others, yet cites no medical basis, i.e. it’s a measure you can take but attaches no validity to it.

#### **Included as Attachments:**

[FILENAME: Del Bigtree Interviews OSHA specialists on masks]

[FILENAME: Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers]

[FILENAME: Masks Do More Harm Than Good].

[FILENAME: Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza- Implications for Pandemic Influenza Preparedness]

<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

[FILENAME: Dr. Tam’s previous anti-mask advice excluded from coronavirus report]

<https://tnc.news/2020/10/29/dr-tams-previous-anti-mask-advice-excluded-from-coronavirus-report/?fbclid=IwAR1C0iiaN16dCXUsdWXb3hd53m1cOqKKsbMm8CMp5pMra1zdNTbUEE9esdw>

[FILENAME: Bonnie Henry admits no evidence masks work for those not sick (HTML)]

## 2.3 Legal Accountability

The overwhelming evidence negates the existence of a pandemic on the premise that extra people actually need to die. This was the case with the Spanish flu that killed 50 million when the population was less than a quarter of what it is today (the scaled up equivalent would be 220 million dead versus 1.8million for COVID19, less than 0.8%).

### 2.3.1 Crimes Against Humanity

Could it be we are either looking at global incompetence or a massive fraud?

As the world starts to wake up to the bizarre reality of an epic conspiracy by a seemingly small but patient group of people; Doctors, scientists, lawyers and the general public begin to put into motion legal action.

### 2.3.2 Canadian Charter of Rights & Freedoms

The declaration of an emergency order due to ‘the’ pandemic has been used to suspend ‘Fundamental Freedoms’ and a reasonable society may consider the ‘greater good’ in such an environment. However, should the emergency declaration be fraudulent, many occurrences, not least the fines being issued, will be considered violations under the charter and hence, litigation may follow.

### 2.3.3 Common Law/ Canadian Criminal Code

Common law, also known as case law, is a body of unwritten laws based on legal precedents established by the courts. Common law draws from institutionalized opinions and interpretations from judicial authorities and public juries. Whether or not a doctor of Medicine has sworn the Hippocratic Oath or not the ‘do no harm’ principle is written into several laws in varying capacities including the Canadian Criminal Code.

### 2.3.4 Censorship and Institutionalised Bullying

In a world increasingly dominated by Social Media, Technology Giants, Big Pharmaceutical Corporations and all seemingly condoned by government, it is increasingly difficult to establish the truth from propaganda. One would venture a healthy suspicion when a faceless fact-checker censors a world renowned virologist or microbiologist for saying the ‘wrong thing’ without the ‘checker’ listing their own credentials. This directly contravenes the Canadian Constitution pertaining to the freedom of speech. The Supreme Court of Canada protects the right to publicly express controversial opinions

### 2.3.5 Great Barrington Declaration

Great Barrington Declaration is as follows: As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Currently the declaration is signed by concerned citizens 727,145, medical & public health scientists 13,290 and medical practitioners 40,199.

<https://gbdeclaration.org/>

<https://worldfreedomalliance.org/>

## 2.4 Health Care System

### 2.4.1 An overloaded Health care System

We listen to countless stories of overloading our health care systems, not just from Canada but the US, UK and pretty much everywhere.

We hear that ventilator usage resulted in 88% deaths as per a New York study. One might surmise an alternative treatment than the apparent ‘kiss of death’ protocols of life support. But let’s not forget the comorbidities of 57% high blood pressure, 41% obesity and 34% diabetes that affected those individuals.

Then of course there are those like Jerry Dunham of Alberta who died of a heart attack because he did not get timely treatment.

Attached

[FILENAME: Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area]

### 2.4.2 Emergency Healthcare Centres

Centres worldwide that can treat 4000 patients at a time were closed before ever seeing a single patient. Based on the predictive models of the likes of Neil Ferguson of the Imperial College of London, who has an alarming history for being horribly wrong, where curiously small and medium businesses were hurt and corporations did well.

### 2.4.3 Public Video Testimonies

Time and time again the public were removed from hospitals after videoing how empty they were; videos in English, German, French, and Italian to name a few. On occasion the videographer was arrested for public disorder, in an empty hospital. No counter videos showing the desperate conditions of overflowing ICUs are shown. Tik Tok dancing nurses don’t count. Not to mention, countless healthcare workers speaking out about how other health care workers were scared to speak out for fear of losing their job. The sheer volume of material in the public domain should warrant an investigation and NOT the all too common censorship we experience. Please, if we are wrong, show us proof, if indeed you can.

[https://www.rebelnews.com/watch\\_video\\_from\\_overflowing\\_steinbach\\_hospital\\_shows\\_empty\\_waiting\\_rooms](https://www.rebelnews.com/watch_video_from_overflowing_steinbach_hospital_shows_empty_waiting_rooms)

### 2.4.4 Conditional Health Care

Health Service providers are requiring clients to agree to the existence of a pandemic before receiving supporting health care and sign a questionnaire to this effect. This is duress and arguably an irrelevant requirement for an oral hygiene visit.

<https://www.bitchute.com/video/v5EL11MNkrQ/> (REBEL News Empty Hospitals)  
[FILENAME: Patient Risk Acknowledgement Form May 2 2020]

## 2.5 The vaccine

### 2.5.1 Development and introduction of vaccines

Three pharmaceutical giants have introduced 3 vaccines, and given the statistical analyses given thus far, one may question the need for a vaccine at all. This is in conjunction with rushed technology that has bypassed the usual protocols for ‘emergency’ approval. It is no wonder that the vast majority of the public are at the very least skeptical. The concern here is not hard mandates for vaccines but the soft mandates i.e. to work, travel or socialize, a valid vaccine certificate may be required, when masks will still be worn and quarantines still apply. The scientific evidence does not warrant these human rights violations. Especially, since testing and statistics are enveloped in such controversy, albeit silenced controversy.

It is worth noting that esteemed medical professionals are on record saying that the developed vaccines are not actually vaccines pertaining to the legal description, and that a more appropriate description would be ‘biomedical device’. Moderna have referred to the mRNA as an operating system.

Attached: [FILENAME: Focus on Fauci 2021 #TellTheTruth]

[https://humansarefree.com/2021/01/moderna-mrna-jabs-operating-system-program-humans.html?fbclid=IwAR0UGG20Nb1NTUpB\\_MAU60vF0Gjec9r2uKkxPRiUxgFQ7RQTBy2xgo5RKY](https://humansarefree.com/2021/01/moderna-mrna-jabs-operating-system-program-humans.html?fbclid=IwAR0UGG20Nb1NTUpB_MAU60vF0Gjec9r2uKkxPRiUxgFQ7RQTBy2xgo5RKY)

<https://www.bitchute.com/video/wh0HsgYsE3H1/> (Dr Carrie Madej - Human 2.0)

### 2.5.2 Indemnity

Indemnity is nil, the perfect business model.

Just to throw in some more trivia: Pfizer can lay claim to the largest lawsuit settlement in American History having paid out a staggering \$2.3bn for fraud. This is not an isolated incident.

## 2.6 Who Benefits from COVID 19/ Restrictions and Lockdowns

### 2.6.1 The rich get richer

The expression of ‘follow the money’ takes us down an interesting path. The loss of small and medium size businesses are usually permanent. Amazon employed an additional 700,000 people worldwide. It does seem like a club that we’re not in.

Not ethically and morally appropriate for government to pick winners and losers by defining what is an essential versus non-essential business, or activity such as, but not limited to: social, recreational, fitness-related, or spiritual pursuits.

<https://www.businessinsider.com/billionaires-net-worth-increases-coronavirus-pandemic-2020-7>

<https://www.bitchute.com/video/fV03GLFWKPfF/?fbclid=IwAR2gw55fC8SPVMOGKW1xiUoShzJnl9S3VXtgc70Ubb5IfVVe024FFdFcWPI>

## 2.6.2 Event 201

The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY. If you have ever gotten the impression that you are being told what is going to happen, you might be right. Mathematical probability doesn't care for theories or coincidences.

<https://www.centerforhealthsecurity.org/event201/>

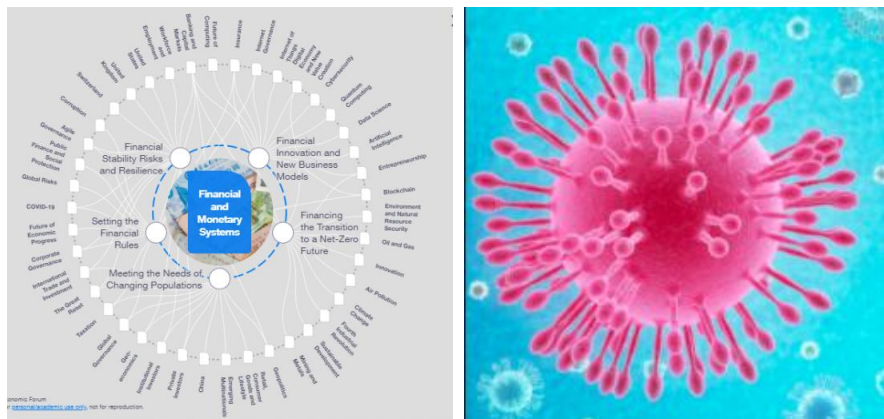
## 2.6.3 The Great Reset/World Economic Forum

Once again, the same organisations and the same names keep popping up for anyone who researches. Should we dismiss, the 'Great Reset' as promoted by so many including; Klaus Schwab, Prince Charles and our very own Justin Trudeau in an address to the United Nations? Is it a conspiracy when it's on their website?

How do we have an economic reset when we already have an economy?  
Perhaps we ask how we have a new deck when we already have an old deck?

Most people understand that 'out with the old and in with the new' requires some 'extreme prejudice' with pry bars and hammers to remove the old deck. One may surmise it would work the same way with an economy. Only, the community, us, might object if we are invested in the current economy through property, savings, and pensions, and of course, income.

We invite you to explore the World Economic Forum webpages, it's as easy as navigating a corona virus.



<https://www.weforum.org/>  
<https://www.weforum.org/platforms/covid-action-platform>  
[Ireland Stands Together Outlines “The COVID Eye”](#)

## **2.7 Who doesn't Benefit from COVID 19/ Restrictions and Lockdowns**

At this juncture, it's pretty clear just about everyone not a billionaire, is about to undergo not just an economic reset but a total life do-over, marketed as a new normal, where you won't own anything and you'll be happy. It's a shame nobody asked any of us if that's what we wanted.

## **2.8 Summation**

We understand that the sheer volume of information can be daunting and finding the amount of time required to research can be difficult. Some of our researchers have spent hundreds of hours collecting reports and reviewing information that is in the public domain (albeit harder to find should the mainstream narrative consider it 'wrong think'). Keeping that in mind, specific references have been made that are considered to be fundamental in understanding what has been happening not just to Canadians but to people around the world.

Note: The USB drive included with this package will have an abundance of additional information.

We ask you to consider your own position in action or in apathy. [The Nuremberg Trials](#) proved unfortunate for those who contested "I was only doing as I was told". The middle and the bottom component tried for war crimes went to jail, whilst those at the top, got jobs in the USA security agencies and NASA.

We are not anti-maskers or anti-vaxxers. We are not selfish or lacking compassion or empathy, and we are most definitely not your enemy. We are proponents of truth and dignity for the human condition and we are your friends, your neighbours, your work colleagues and your relatives.