



Re: Vaccine mandates are justified as a matter of community self defence. The Globe & Mail, 2022/01/03

To the Editor,

On January 3rd, the Globe & Mail published Professor of Law David Beatty's extraordinary call to forcibly inject Canadians with an experimental preparation and to criminalize anyone who resists being injected. Prof. Beatty claimed that "[we have now reached a stage when governments must ask whether compulsory vaccinations are the only way the disease can be defeated](#)" because, in his view, SARS-CoV-2 is a "serial killer", the unvaccinated are much more likely to become infected and spread COVID-19 than the vaccinated, and COVID-19 vaccines are safe. Are his claims based on science? The short answer is no.

First, SARS CoV-2, the virus that causes the disease COVID-19, is anything but the "serial killer" [predicted by wildly inaccurate modelling](#) that [continues to drive public health policy to this day](#). With a [survival rate after infection of nearly 100%](#) most people infected experience no to very mild COVID-19 symptoms, [asymptomatic transmission is close to zero](#), and [severity is a function of age and co-morbidities](#). The most recent variant, Omicron, is very mild - [easily confused with a common cold](#). Much progress could be made if public health agencies stopped counting, and the media stopped reporting, [daily cases – PCR positive tests - as sickness requiring action](#), if public health officials stopped labelling [persons hospitalized with, rather than for](#), COVID-19, as "COVID-19 hospitalizations", and if doctors who treat COVID-19 with [safe, effective, and inexpensive multidrug therapies](#) were not [persecuted by medical regulators](#).

Second, COVID-19 vaccines do not completely protect against infection nor stop transmission. Research published in The Lancet has shown that [both vaccinated and unvaccinated persons transmit the virus equally](#). *Outbreaks are primarily happening among the vaccinated*: Omicron entered Africa courtesy of [four vaccinated diplomats](#), breakthroughs in medical establishments [have occurred among fully vaccinated patients and health workers](#), and North American universities cannot contain infections [among fully vaccinated students, faculty and staff](#). A study in the leading European Journal of Epidemiology of 68 countries and 2,947 US counties identified [a slight positive correlation between vaccination rates and COVID-19 cases](#), i.e., *higher* vaccination rates, *higher* cases. As of December 12 and for weeks now, [COVID-19 infections and hospitalizations in Ontario are now higher among vaccinated compared to unvaccinated patients, whether measured by rates or absolute numbers](#). Despite frantic claims by the mainstream media and government officials that the unvaccinated are overwhelming ICU beds, governments data show that about a fourth of such beds remain vacant, and the majority of occupied adult ICU beds are currently taken by non-COVID cases (Appendix 1).



Third, our analysis of the results from the Phase III trial of the BNT162b2 mRNA COVID-19 vaccine through 6 months indicates that COVID-19 injections are not safe: [we found that the vaccinated were 300% more likely to suffer an adverse event, 75% more likely to suffer a severe adverse event and, most concerning, more likely to die](#). While the absolute risk *reduction* in symptomatic COVID-19 cases among fully vaccinated subjects was **3.7%**, the absolute risk *increase* in treatment-related adverse effects among vaccine recipients was **17.9%**. The *total* death count in the vaccine arm was 15 (20 after cross-over) compared to 14 in the placebo arm, and *almost twice as many cardiovascular deaths* occurred on the vaccine arm compared to the placebo arm (9 vs 5 deaths) ([Supplementary Material](#)). Yet Prof. Beatty dismisses this high-level evidence and boldly asserts that COVID-19 vaccines produce at most “severe allergic reactions”.

There is indeed a “serial killer” on the loose in Canada, but it is not SARS-CoV-2: it is rather the reckless, unscientific, and unethical policies that have led and continue to lead to extraordinary suffering – [jobs lost and careers terminated, small businesses destroyed, children and youth deprived of educational opportunities, friends and relatives forbidden to visit one another, the old and the sick dying alone](#). Most troubling is a [dystopian narrative pitting “vaccinated” against “unvaccinated”](#), spread by a choir of public officials, medical experts, and regulatory agencies who expect us to believe that *vaccine mandates are necessary to protect the vaccinated from the unvaccinated by forcing the unvaccinated to use the “vaccines” that failed to protect the vaccinated in the first place*.

This insult to our intelligence, the continuing flood of unscientific claims, and the unprecedented assault on our rights and freedoms must stop. If not now, when?

Claudia Chaufan, MD, PhD – Associate Professor, Health Policy/Global Health, York University¹

Steven Pelech, PhD - Professor, Medicine, University of British Columbia

Deanna McLeod, HBSc - Lead Strategist, Evidence-Based Medicine, Kaleidoscope Strategic Inc

Kanji Nakatsu, PhD - Professor, Biomedical & Molecular Sciences, Queen's University

John Hardie, BDS, MSc. - Oral Pathologist

The authors are members of the Scientific and Medical Advisory Committee of the Canadian COVID Care Alliance, a movement of over 500 independent Canadian scientists, health professionals, and academics who strive to provide high-quality, balanced, and evidence-based information about COVID-19 with the goal of reducing hospitalizations, saving lives, and restoring the social, emotional, and economic wellbeing of Canadians unnecessarily lost to the COVID crisis.

¹ Corresponding author: claudia.chaufan@protonmail.com / Day phone 437-343-4476

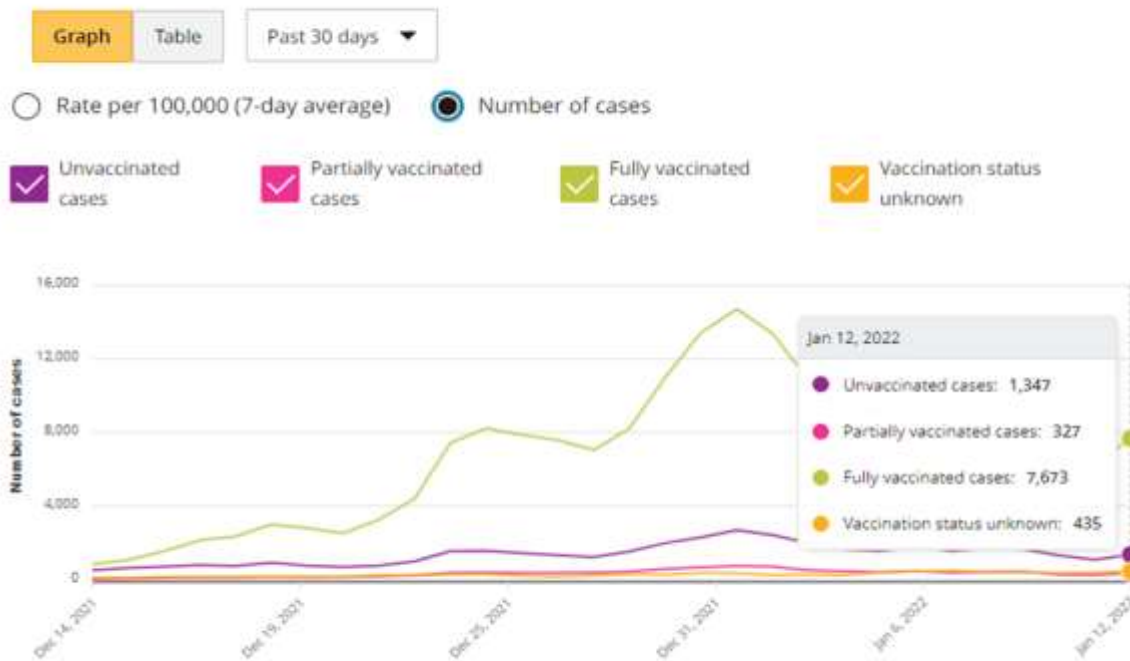


Appendix 1

<https://covid-19.ontario.ca/data/case-numbers-and-spread>

<https://covid-19.ontario.ca/data/hospitalizations>

COVID-19 cases by vaccination status



COVID-19 cases by vaccination status



See what we mean by: [Unvaccinated cases](#), [partially vaccinated cases](#), [fully vaccinated cases](#)



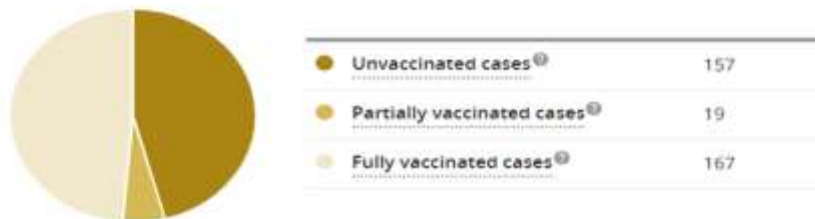
Hospitalizations by vaccination status

Weekend and holiday reporting: Due to incomplete weekend and holiday reporting, vaccination status data for hospital and ICU admissions is not updated on Sundays, Mondays and the day after holiday

In hospital but not the ICU



In ICU



Availability of adult ICU beds

The data points show the daily number of adult ICU beds occupied (both COVID-related and non-COVID-related) and the number of available adult ICU beds.

