

April 26, 2021

Dear Minister,

I am writing again to express my outrage over the oppressive actions that have been and continue to be taken by our government, and my disappointment that so many are going along, apparently without question or independent thought. In fact, it appears as though many are placing blind trust in the media and medical officials and ignoring or disregarding any opposing evidence. In my last letter to you¹, I presented some indications that the health officials were not following the science or being truthful and open in their recommendations, and I provided many examples of doctors and experts speaking out against the narrative. Shortly after that letter in which I stated that Alberta Health seemed to be pushing vaccinations instead of health, Premier Kenney told Albertans that he would be tying the reduction of restrictions to vaccines and even suggested that restrictions in schools (for children who are at near zero risk of the disease) would be tied to vaccines. Since it seems that some are still placing full trust in these individuals, I will go further in this letter, and speak about some of the misinformation that they have been spreading.

The truth first became clear to me – that the health officials were not following the science, they were not making evidence-based decisions, and they were not being truthful in their messaging to the public – in my correspondence with them regarding mask mandates. When I wrote an open letter to Dr. Hinshaw expressing my concerns about mandatory masking (especially of children) and requesting evidence for the mandates, I was honestly shocked to receive a reply from Alberta Health that revealed that the evidence they were using to justify the mandates showed that not only are masks NOT effective against respiratory viruses, but that they may in fact lead to an increased risk of infection.² It is absolutely unconscionable that we still have mandatory masking (especially for children) when the overwhelming body of science clearly indicates that it does not decrease the spread, it may in fact increase the spread, and there are many potentially very damaging effects. Not to mention that children are at near zero risk from the disease that the mask is meant to protect them against.

The next thing that raised my suspicions about the sincerity of the appointed health officials, was when I discovered that the co-chair of the scientific advisory group guiding the government response to covid-19 is also a part of another group of doctors that is pushing out misinformation and criticizing the government response in the mainstream media, and even in paid advertisements on social media.³ Although I have found that almost everything that this second group (which again includes the co-chair of the group advising you) puts out is questionable, I will provide three specific examples of misinformation that they have disseminated. These are all available on the site referenced above³ and in a mainstream media article published in January of this year.⁴

First, one of the topics (question 3 in the article) these doctors cover is whether “*the restrictions in Alberta made a difference*”. They claimed that “*The set of restrictions which began December 12, 2020 are showing signs of ‘bending the curve’ in all five zones as of January 14.*” However, this is completely false. If you look at the data (below), the rapid climb in daily cases in Alberta (that began in early October) started to slow in late November and the number of new cases actually started to decline in early December (peaking Dec 4, 2020), BEFORE these restrictions were in place.

Additionally, a close look at the curve shows that this steep decline in cases in early December began to SLOW (the slope of the curve became less steep) about two weeks after these restrictions were put in place (which is when they would be expected to have an impact given the incubation period of the virus). This is the exact opposite of what they claimed.

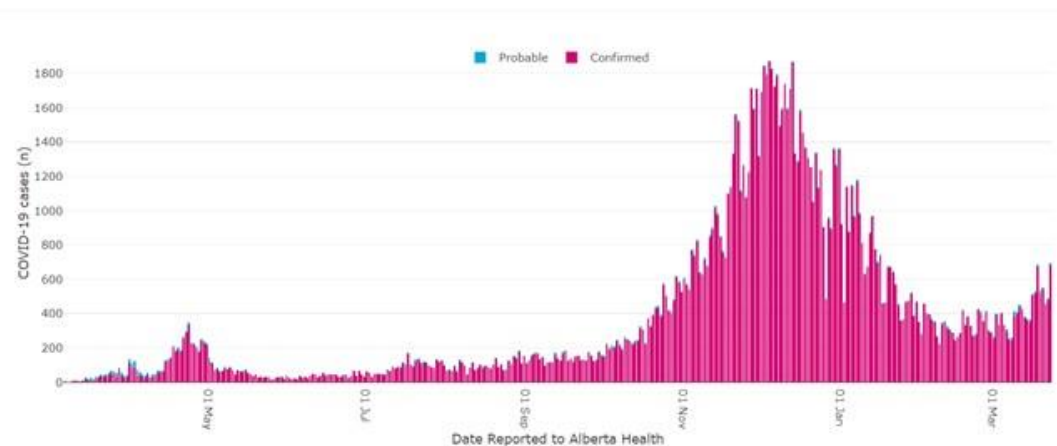


Figure 6: COVID-19 cases in Alberta by day and case status. Probable cases include cases where the lab confirmation is pending. Data included up to end of day March 23, 2021.

They went on to compare provinces and claimed that the “*most important measure of the success Alberta has had is the total number of deaths due to COVID per 100,000 population. By that measure, as of January 14, 2021 the New York Times ‘Canada Coronavirus Map and Case Count’ map shows Quebec has 108 deaths/100,000, Manitoba has 59, Ontario 38, Alberta 34 and BC 22.*” I believe that they were implying that Alberta had a lower rate of deaths per capita than Quebec, Manitoba, and Ontario because we (Alberta) placed more/earlier restrictions on our citizens than these provinces did, and that BC had a lower rate than Alberta because they placed more/earlier restrictions on their citizens than we did. However just the opposite was true – Alberta had less restrictions and was later to place restrictions on their citizens than these provinces that were ‘doing worse’ (in terms of the per capita death rate) than us at that time, and more/earlier restrictions compared to those provinces that were ‘doing better’ than Alberta at that time. It is disingenuous to claim otherwise.

Another critical piece of misinformation promoted by these doctors is related to the accuracy of the PCR test and the impact of false positive results. Question 11 in the article states “*I have heard the real false positive rate of COVID-19 PCR tests is 50-90 per cent. Is that true?*” However, nobody suggested that the false positive rate of the test was 50-90% – that would be ridiculous. The 50-90% people were asking about referred to the proportion of false positives within the case estimates (number of positive tests), not the false positive rate of the test. The doctors answered the question as follows: “*The false positive rate of COVID-19 tests is low: between 0.8 and 4 per cent in most reports, according to a paper by Mayers & Baker. This is not enough to significantly affect COVID-19 case estimates.*” These claims are also demonstrably false – 0.8-4% is not at all low in this context, and absolutely can significantly affect covid-19 case estimates. For example, when Alberta was testing 20,000 people per day, if the false positive rate was just 4%, and if the actual proportion of those tested who were truly positive was also 4%, then there would be 800 true positive results and 800 false positive results that day (so 50% of those testing positive would be false positives – not actually have the disease). This would mean that 800 people who did not have the virus, along with their close contacts, would be asked to quarantine on a daily basis (even though they were not actually infected/contagious). If only 5% of these ‘false positives’ were health care workers (HCWs), and on average for each positive test of a HCW, 5 HCWs were required to isolate, that would be 200 HCWs required to isolate that did not have the disease, based on just one day’s testing. So at any given time (even with these fairly conservative estimates), that could mean as many as 2000 healthy HCWs off work (in isolation) baselessly. This could be the sole reason that our health care system was/is under strain, given that we have had such a low percentage of our potential ICU beds in use in this province. So, as these doctors are undoubtedly aware, simply reducing the cycle threshold of the PCR test to the recommended level, in order to reduce the rate of false positives, could easily lessen the unnecessary strain on our health care system.

The final claim being pushed by these doctors which I will include here, is that there are no effective treatments for covid-19 (see questions 9 and 10 in the article). In particular they state that “*no good quality scientific evidence suggests that Vitamin D either prevents or is useful in treating COVID-19 infections*” and that ivermectin “*has not yet been proven to have clinical activity against the COVID-19 virus*”. To me these are the most egregious of their claims. There are so many doctors speaking out, citing mountains of evidence in favour of these treatments, that I find it appalling that these doctors dismiss it so flippantly. For example, please listen to the testimony⁵ of Dr. Pierre Kory from the FLCCC (Frontline Covid19 Critical Care Alliance) to the US Senate Committee on Dec. 8, 2020 and view the FLCCC site⁶ for updated information and evidence on the use of ivermectin. Or look up Mary Beth Pfeiffer (an award winning investigative journalist) who has published a wealth of information on ivermectin including an article⁷ in which she states “*I interviewed a top Yale researcher and oncologist, who has decided to put himself out there to make this statement: There is a cheap, effective, extremely safe treatment for COVID, he says, and it’s called ivermectin. I thank him for his courage. Only a small sliver of the populace knows this because our public health officials won’t acknowledge it. I blame a system that is driven by pharmaceutical money and invested in vaccines and new, expensive, on-patent drugs. Thousands of people would be alive today if we had started using ivermectin months ago.*” As for vitamin D, there is also an abundance of scientific evidence to be found on its effectiveness against covid-19. For example, see this article⁸ which discusses vitamin D use for covid-19 and links to a number of relevant studies, or this study⁹ which concludes that “*Early calcifediol (25-hydroxyvitamin D) treatment to hospitalized COVID-19 patients significantly reduced intensive care unit admissions-Calcifediol seems to be able to reduce severity of the COVID-19*”. Does it make you wonder why the doctors in charge in Alberta are so willing to promote (and even mandate) masks despite strong evidence that they are ineffective, and yet they are unwilling to consider any of the evidence regarding treatments that are proving to be so effective against the virus?

The science does not support restrictions, the data does not show any significant impact in Alberta, and these measures are causing untold harm that may continue to affect the population for years to come. Despite the narrative that the variants are more dangerous, our deaths have not increased significantly during this third wave which is dominated by variants. Actually, at the same point as we are now (in terms of cases), during the second wave we were having an average of almost 20 deaths daily, compared to around 4 currently. Our case fatality rate is significantly lower compared to the second wave which was in turn significantly lower than that of the first wave. As with all previous viruses, this virus will continue to become less dangerous as time passes. Spring is here and cases will soon begin to fall as they did at this time last year. Those who want the vaccine can get it now or will be able to in the very near future. We are not approaching impending doom, there is no cause for panic, and no logical justification for the continuation of these draconian restrictions. You should be asking yourselves why so many doctors and experts are speaking out against the narrative being propagated by our health officials, despite having nothing to gain and a lot to lose. Perhaps it is because they feel that they have a moral obligation, they believe strongly in the “do no harm” principle, and they know that the harms of lockdowns far outweigh the benefits.

We are at a pivotal time – we can choose to go along with those who are clearly pushing an agenda that has nothing to do with the health or well being of the population, or we can choose to question, demand evidence, and hold them to account for the injustices they are perpetrating. I hope that when this is all over and you look back, you will be comfortable knowing that you did everything in your power to seek out and stand for the truth and that you did not support those pushing misinformation and oppression.

Thank you,

Susan Budge, Ph.D.

¹ available at www.maskingtruth.ca/correspondence

² See the file attached to this email or the separate letters available at www.maskingtruth.ca/correspondence

³ <https://www.facebook.com/LMSaxson> - “I am part of a physician group in Edmonton that has been writing and synthesizing information for the public - these will all be in the newspaper in a week ... The link for the whole thing is [SCPC COVID Myths — ZMSA \(albertazmsa.com\)](http://www.albertazmsa.com)”

⁴ <https://edmontonjournal.com/news/insight/quashing-misconceptions-alberta-physicians-answer-the-20-most-frequently-asked-questions-about-covid-19>

⁵ <https://www.facebook.com/100363048333463/videos/1037505076738845>

⁶ <http://Covid19CriticalCare.com/>

⁷ <https://trialsitenews.com/author/marybeth/>

⁸ <https://www.healthline.com/health-news/vitamin-d-can-help-reduce-covid19-risks>

⁹ <https://www.sciencedirect.com/science/article/abs/pii/S0960076020302764>