

ALLISON INQUIRY

Listening to Canadian Covid-19 Vaccine Injured

08-11 September 2026

Ottawa, Canada

Expert testimony

Denis Rancourt, PhD

Cite as:

Rancourt, D. G. (2026, September 8). Denis G Rancourt expert-witness presentation slides to the Allison Inquiry - Pregnancy, infant, toddler and accelerated cancer excess mortalities. *Zenodo*. Allison Inquiry, Ottawa, Canada.
<https://doi.org/10.5281/zenodo.22676709>

For background and research go to
the published reports at:

correlation-canada.org

- Start with the 13-May-2026 overview report:
“Eight pivotal facts about Covid-period
excess mortality”

Eight pivotal facts about Covid-period excess mortality

Fact #1: The scale of excess all-cause mortality during the Covid period was 0.13 % of population per year. (30.9M, 2020-2022)

Fact #2: The Covid-period excess mortality was not caused by a spreading respiratory pathogen.

Fact #3: Most Covid-period excess mortality in young adults and the youth is not assigned to respiratory conditions (COVID-19).

Fact #4: Excess mortality during the Covid period was highly heterogeneous, tied to imposed measures and medical protocols in specific jurisdictions and locations and in specific population groups.

Fact #5: The COVID-19 vaccine has harmed and killed many people.

Fact #6: Sharp peaks in excess mortality were temporally associated with rapid vaccine and booster rollouts.

Fact #7: Vaccination-status-discerned mortality studies show no statistically significant mortality-averting benefit or mortality-causing liability from COVID-19 vaccines.

Fact #8: There is a large systematic sex disparity in Covid-period excess mortality from main assigned causes, including (nominally COVID-19) respiratory disease.

I describe **two types of harm**
detected in excess mortality data
having temporal associations to Covid-period events

I	II
Localized to individuals	Widespread to populations
Vaccine-associated harm	General harm
Each type of harm can be transient or persistent. The two are not independent from each other.	

PLAN

PART-I sections (vaccine harm)

- 1▶ COVID-19 vaccines injured and killed
- 2▶ Pregnant women and their infants died
- 3▶ Toddlers and preschoolers died
- 4▶ Cancer mortality anomalously increased

PART-II sections (general harm)

- 5▶ Canada's national mortality context
- 6▶ Factors correlated to excess mortality
- 7▶ Impact of broad Covid-period measures
- 8▶ Absence of viral-disease spread mortality
- 9▶ Conclusion about causes

SOURCES OF DATA

All national mortality and cause-of-death data
is from official government open source
databases.

USA: wonder.cdc.gov

Canada: statcan.gc.ca

PART I

I	II
Localized to individuals	Widespread to populations
Vaccine-associated harm	General harm
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PART-I sections

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- 2▶ Pregnant women and their infants died
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PART-I sections

1► COVID-19 vaccines injured and killed

2► Pregnant women and their infants died

3► Toddlers and preschoolers died

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Section 1 ►

The COVID-19 vaccines
injured and killed people, all
ages

TYPES OF EVIDENCE:

- **Detailed autopsy studies (> 50 studies)**
- **Adverse effect monitoring (VAERS database) (39K deaths)**
 - **Vaccine-induced pathologies (all systems)**
 - **Skin and organ biopsies**
- **Universal curated collections of peer-reviewed scientific journal articles (> 4.6K studies)**
- **Secondary analysis of randomized clinical trial data**
- **Government vaccine injury compensation programs and awards**

Detailed autopsy studies (> 50 studies)

Choi et al. (2021): •“Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings”

Edler et al. (2021): •“Deaths associated with newly launched SARS-CoV-2 vaccination (Comirnaty®)”

Schneider et al. (2021): •“Postmortem investigation of fatalities following vaccination with COVID-19 vaccines”

Sessa et al. (2021): •“Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review”

Gill et al. (2022): •“Autopsy Histopathologic Cardiac Findings in 2 Adolescents Following the Second COVID-19 Vaccine Dose”

Mörz (2022): •“Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19”

Murata et al. (2022): •“Four cases of cytokine storm after COVID-19 vaccination: Case report”

Etc. (> 50 studies in all)

Adverse effect monitoring (VAERS database)

> 1.6M AEs, 39K deaths, 75K permanent disabilities

FDA (23 Aug 2021) – Final Letter Of Authorization

F. Pfizer Inc. will report to Vaccine Adverse Event Reporting System (VAERS):

- Serious adverse events (irrespective of attribution to vaccination);
- Cases of Multisystem Inflammatory Syndrome in children and adults; and
- Cases of COVID-19 that result in hospitalization or death, that are reported to Pfizer Inc.

These reports should be submitted to VAERS as soon as possible but no later than 15 calendar days from initial receipt of the information by Pfizer Inc.

T. Vaccination providers administering the vaccine must report the following information associated with the administration of the vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers):

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death

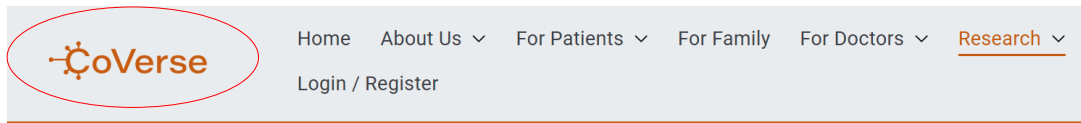
Complete and submit reports to VAERS online at <https://vaers.hhs.gov/reportevent.html>. The VAERS reports should include the

VAERS through 26 June 2026*

1,677,227	AE Reports
39,182	Deaths
222,828	Hospitalizations
158,005	Urgent care
74,835	Permanently disabled
47,700	Severe allergic reaction
22,549	Heart attacks
5,222	Miscarriages
*Source: openvaers.com	

Universal curated collections of peer-reviewed scientific journal articles

> 4.6K studies addressing serious side-effects

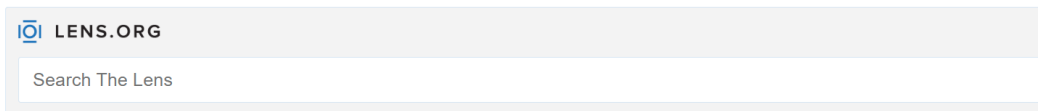


Science

There is an ever-expanding body of published science addressing serious side-effects of the COVID-19 vaccines.

[COVERSE](#) has made this research public via a curated collected at [The Lens](#), an online platform that makes access to all the major open access scholarly and open data initiatives, including the global public resource of PubMed.

Use the search feature below to explore this collection, which currently numbers over 4,600 papers.



Universal curated collections of peer-reviewed scientific journal articles

> 4.5K science publications, latest update

REACT¹⁹

FOR PATIENTS

FOR PROVIDERS

DONATE



REACT¹⁹ has partnered with **COVERSE** to provide an ever growing list of peer reviewed publications related to COVID vaccine adverse events. There are now over 4,530 studies in this database. These studies include key areas of emerging evidence, including proposed biological mechanisms, immune responses, and Together, they demonstrate that a growing body of scientific literature is investigating the potential causes, biomarkers, and clinical r (PCVS).

Don't see a study here? [Email us](#).



4,551 Science Publications

Journal Article

View Publication

COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals.

Authors: K Faksova; D Walsh; Y Jiang; J Griffin; A Phillips; A Gentile; J C Kwong; K Macartney; M Naus; Z Grange; S Escalano; G Sepulveda; A Shetty; A Pillsbury; C Sullivan; Z Naveed; N Z Janjua; N Giglio; S Nasreen; H Gidding; Harris; J Buttery; S Black; A Hviid

Source: Vaccine

Keywords: Coronavirus Disease 2019 (covid-19); Virology; Severe Acute Adverse Effect; Outbreak; Infectious Disease (medical Specialty); Disease; Pt Covid-19; Observed Vs. Expected Analysis; Pharmacovigilance; Vaccine Safe

Abstract: Open

PMID: 38350768 **Published:** 2024-02-12

Journal Article

View Publication

SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents.

Authors: Øystein Karlstad; Petteri Hovi; Anders Husby; Tommi Härkinen; Randi Marie Selmer; Nicklas Pihlström; Jørgen Vinslöv Hansen; Hanna Nohynek; Nina Gunnes; Anders Sundström; Jan Wohlfahrt; Tuomo A Nieminen; Maria Grunewald; Hanne Levdal Gulseth; Anders Hviid; Rickard Ljung

Source: JAMA cardiology

Keywords: Medicine; Coronavirus Disease 2019 (covid-19); Severe Acute Respiratory Syndrome Coronavirus 2 (sars-cov-2); Vaccination; 2019-20 Coronavirus Outbreak; Myocarditis; Cohort Study; Virology; Cohort; Environmental Health; Demography; Internal Medicine; Outbreak; Infectious Disease (medical Specialty); Disease; Sociology

Abstract: Open

Cited: 18

Journal Article

View Publication

Neurological Complications Following COVID-19 Vaccination.

Authors: Aparajita Chatterjee; Ambar Chakravarty

Source: Current neurology and neuroscience reports

Keywords: Medicine; Vaccination; Intensive Care Medicine; Headaches; Neurology; Disease; Pediatrics; Pandemic; Multiple Sclerosis; Acute Disseminated Encephalomyelitis; Adverse Effect; Transverse Myelitis; Eculizumab; Immunology; Coronavirus Disease 2019 (covid-19); Surgery; Pathology; Internal Medicine; Psychiatry; Infectious Disease (medical Specialty); Antibody; Complement System; Covid-19 Vaccination; Cortical Sinus Venous Thrombosis; Guillain-barré Syndrome; Multiple Sclerosis (ms); Neurological Complications; Transverse Myelitis (tm)

Abstract: Open

PMID: 36445631 **Published:** 2022-11-29

Cited: 39

PART-I sections

1 ► COVID-19 vaccines injured and killed

2 ► Pregnant women and their infants died

3 ► Toddlers and preschoolers died

4 ► Cancer mortality anomalously increased

Section 2 ►

COVID-19 vaccinated pregnant women and their infants died



Early on, several dedicated researchers sounded the alarm

COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function

James A. Thorp, M.D.

Claire Rogers, M.S.P.A.S., P.A.-C

Michael P. Deskevich, Ph.D.

Stewart Tankersley, M.D.

Albert Benavides, B.S.

Megan D. Redshaw, J.D.

Peter A. McCullough, M.D., M.P.H.

ABSTRACT

This population-based retrospective cohort study assesses rates of adverse events (AE) after COVID-19 vaccines experienced by women of reproductive age, focusing on pregnancy and menstruation, using data collected by the Vaccine Adverse Events Reporting System (VAERS) database from Jan 1, 1998, to Jun 30, 2022.

The proportional reporting ratio comparing AEs reported after COVID-19 vaccines with those reported after influenza vaccines is significantly increased (≥ 2.0) for COVID-19 vaccine for menstrual abnormality, miscarriage, fetal chromosomal abnormalities, fetal malformation, fetal cystic hygroma, fetal cardiac disorders, fetal cardiac arrest, fetal arrhythmias, fetal vascular malperfusion, fetal growth abnormalities, fetal abnormal surveillance, placental thrombosis, fetal death/stillbirth, low amniotic fluid, preeclampsia, premature delivery, preterm premature rupture of membrane, and premature baby death.

When normalized by time-available, doses-given, or number of persons vaccinated, all COVID-19 vaccine AEs far exceed the safety signal on all recognized thresholds.

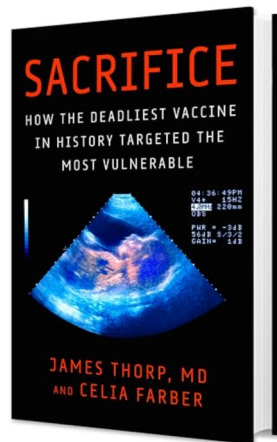
These results necessitate a worldwide moratorium on the use of COVID-19 vaccines in pregnancy.

Introduction

Historically, a vaccine is subjected to an average of 10-12 years in clinical trials before it is authorized to be administered

vaccines were chosen as the control group because the CDC first approved influenza vaccines for pregnant women in 1997.

“By early 2021, it was clear that not one pregnant woman should have ever been given a COVID-19 ‘vaccine.’ Every mother in the US should be outraged, yet the silence is deafening due to medical censorship.”
—Dr. Steven J. Hatfill, medical advisor,
2020 Executive Office of the President



TYPE OF EVIDENCE PRESENTED

Temporal associations between:

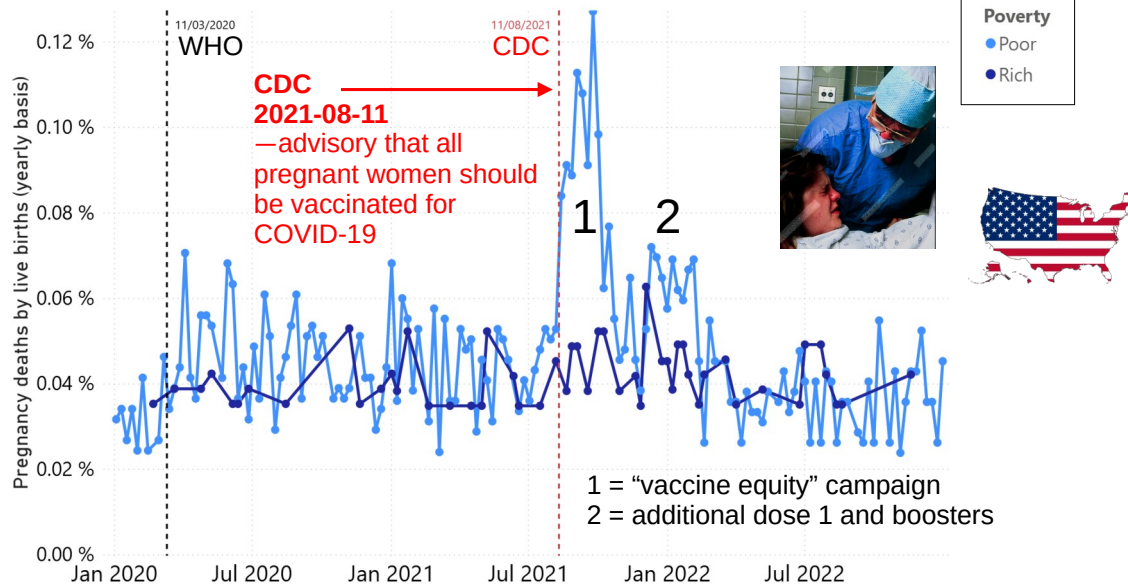
- vaccination campaigns
- excess all-cause (age 0) mortality
- excess cause-specific mortality

We don't know the vaccination status for the individuals
but we know the directives, practices, and rollouts.

USA: pregnancy-related deaths (by week, per LB) accompanying COVID-19 vaccine rollouts, **high** vs **low-poverty** states

500 excess pregnancy-related deaths in the USA, 2021-2022

USA, 2020-2022, Pregnancy-related deaths (000-099) by live births, by poverty status:

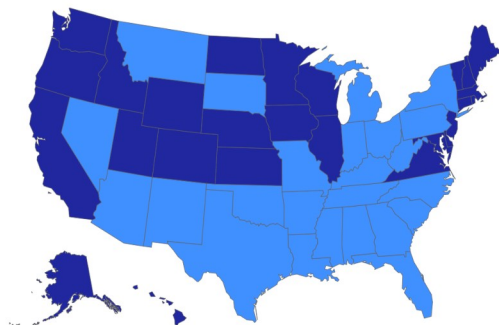


Definition of **poor** and **rich-status** states of the USA

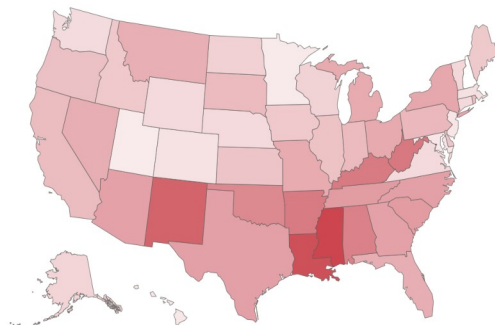
7-20% population live in poverty by state (2019): **12% threshold**

State and Poverty

● Poor ● Rich



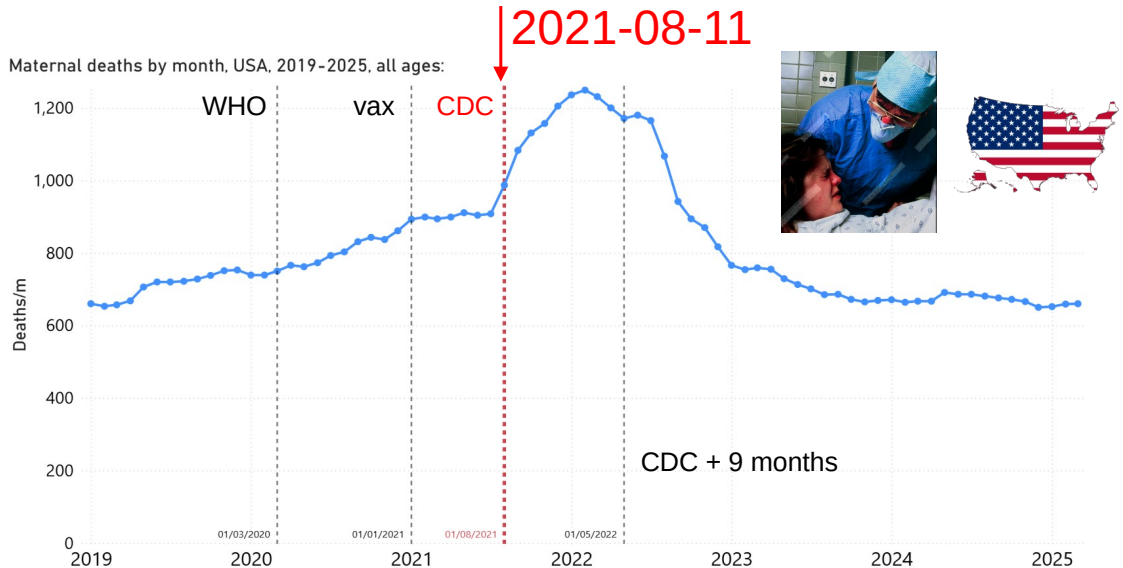
Poverty Percent, All Ages by State



NOTE: Poverty % population stats are essentially the same in Canada.

USA: “maternal deaths” (by month, 12-month-ending sums) after the August 2021 CDC directive to vaccinate pregnant women

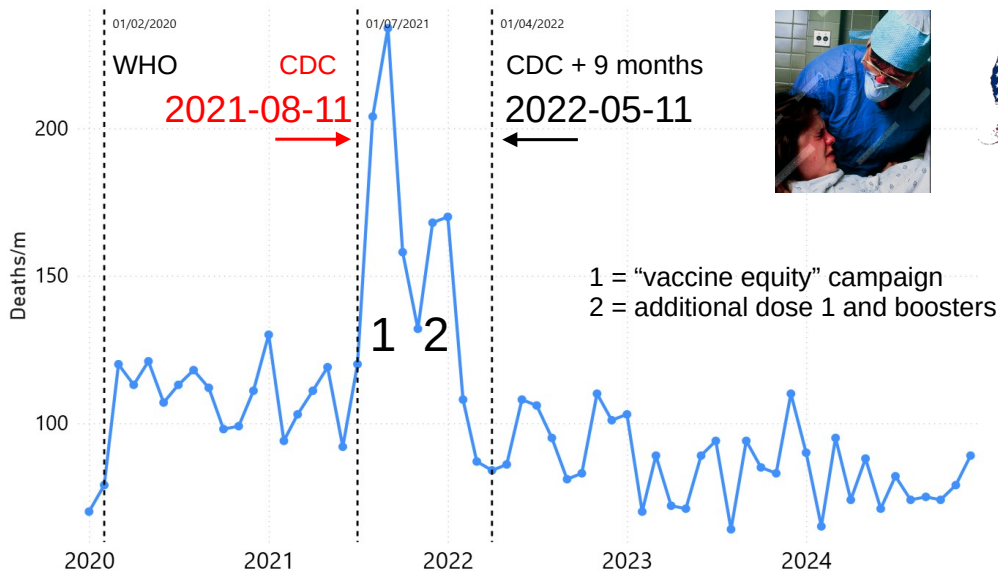
500 excess pregnancy-related deaths in the USA, 2021-2022



USA: pregnancy-related deaths (by month) accompanying COVID-19 vaccine rollouts

500 excess pregnancy deaths in the USA, 2021-2022

Monthly mortality by cause, USA, 2020-2024, all ages, both sexes: 000-099 Pregnancy, childbirth and the puerperium

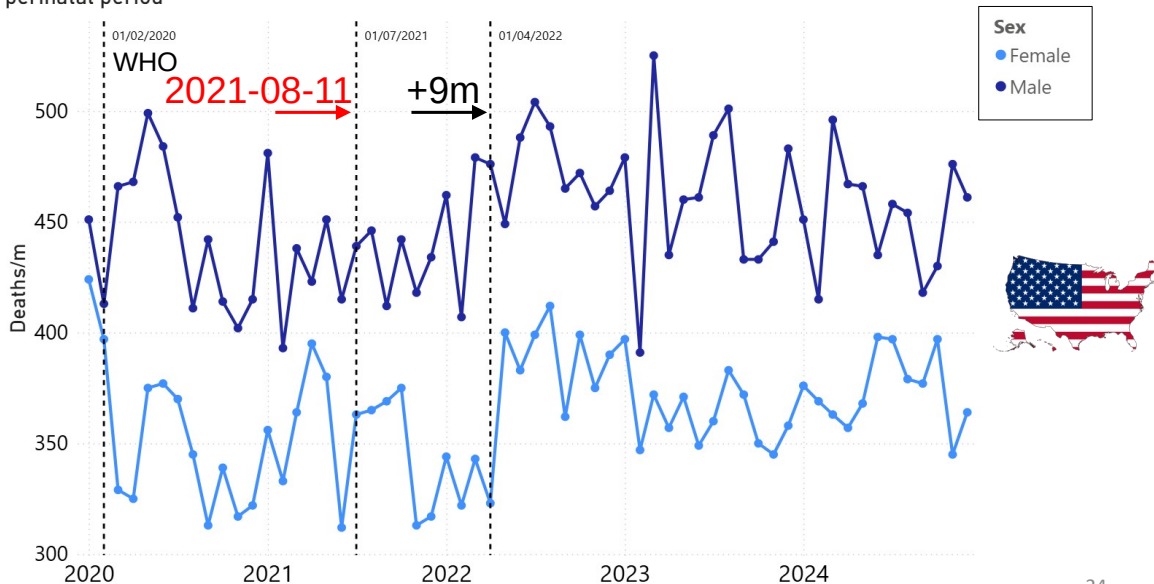




USA: associated infant deaths (by month, each sex), 9 months later

2K excess P00-P96 infant deaths, 2022-2024

Monthly mortality by cause, USA, 2020-2024, < 1, both sexes: P00-P96 Certain conditions originating in the perinatal period

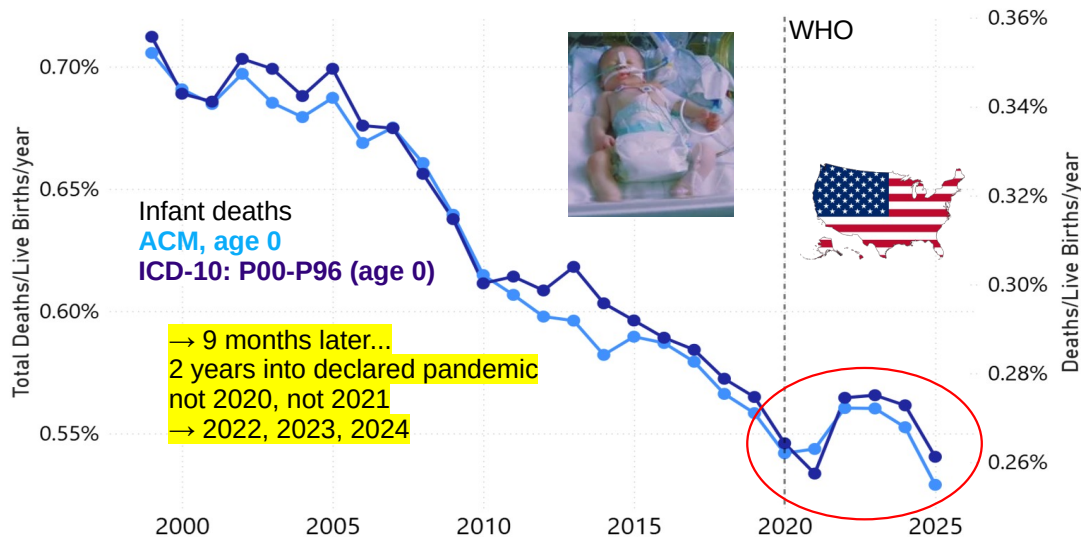


USA: infant deaths (by year, by LB) after COVID-19 vaccine rollouts to pregnant women, 9 months later

4K total excess infant deaths in the USA, 2022-2024

Yearly mortality by cause, USA, 1999-2025, 0, both sexes: P00-P96 Certain conditions originating in the perinatal period

● Total Deaths/Live Births ● Deaths/Live Births

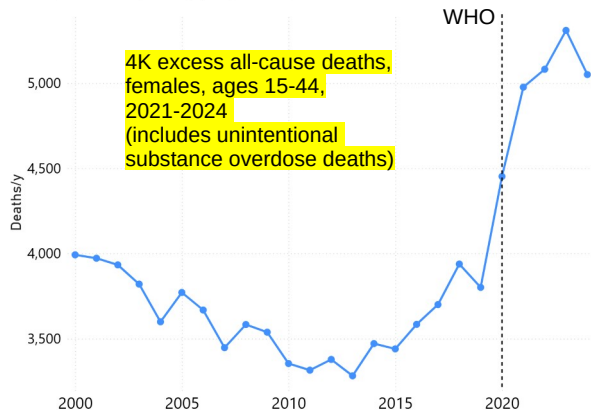


Canada: evidence for assaults causing death in child-bearing-age women, during the Covid period, ages 15-44 (not COVID-19)

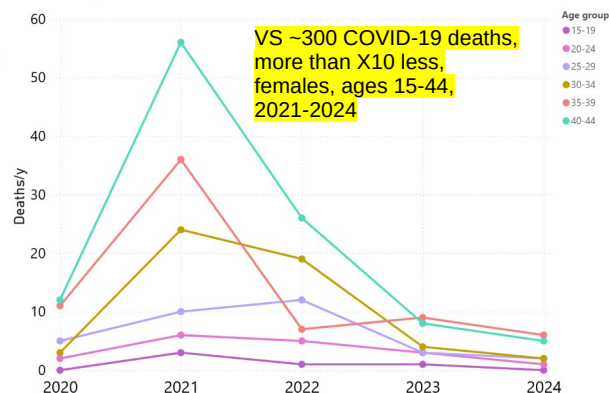
4K (all) vs 300 (cv19) excess deaths, 2021-2024
Females, ages 15-44



Canada, 2000-2024, ACM by year, Female, 15-44



Canada, 2000-2024, Mortality by year and by cause, Female, 15-44: COVID-19 [U07.1, U07.2, U10.9]



Canada: **National Advisory Committee on Immunization (NACI)** recommendations to vaccinate pregnant women

2021-05-28

Dec 12, 2020

NACI:

COVID-19
vaccine
should not
be given to
pregnant
individuals

Jan 12, 2021

NACI:

A complete
COVID-19
vaccine series
may be
offered to
pregnant
individuals

May 3, 2021

NACI:

Preferentially
recommends
mRNA
COVID-19
vaccines for
pregnant
individuals

May 28, 2021

NACI:

A complete
mRNA
COVID-19
vaccine series
should be
offered to
pregnant
individuals



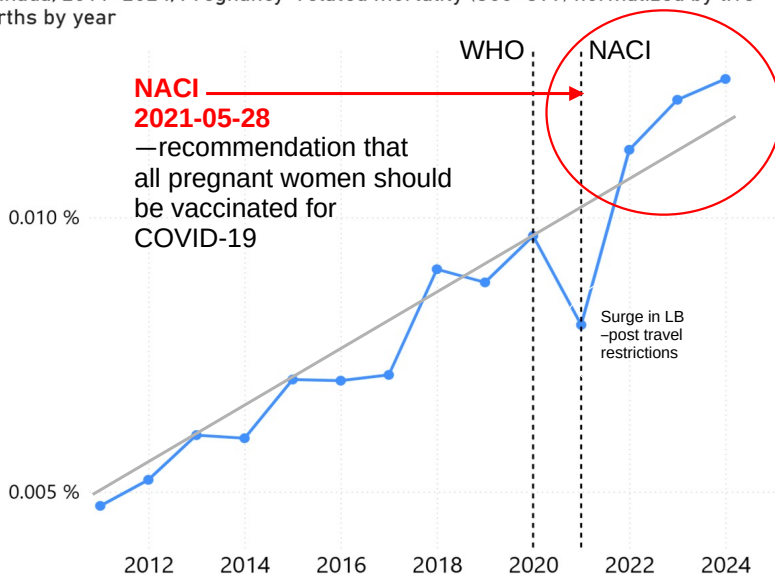
*Source: BC Centre for Disease Control

→
All in the absence of any clinical trial on pregnant women

Canada: pregnancy-related deaths (by year, per LB) after COVID-19 vaccine approvals

10 excess pregnancy-related deaths in Canada, 2022-2024

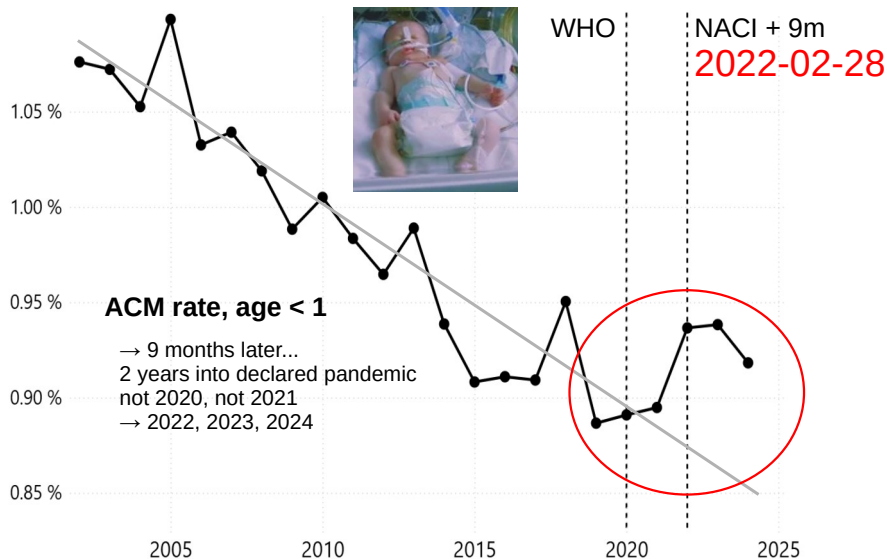
Canada, 2011-2024, Pregnancy-related mortality (000-099) normalized by live births by year



Canada: infant death rate (by year) age < 1

**200 excess infant deaths in Canada, 2022-2024
(corresp.: 6 or 7 in Ottawa)**

Canada, 2002-2024, ACM rate by year, both sexes, 0

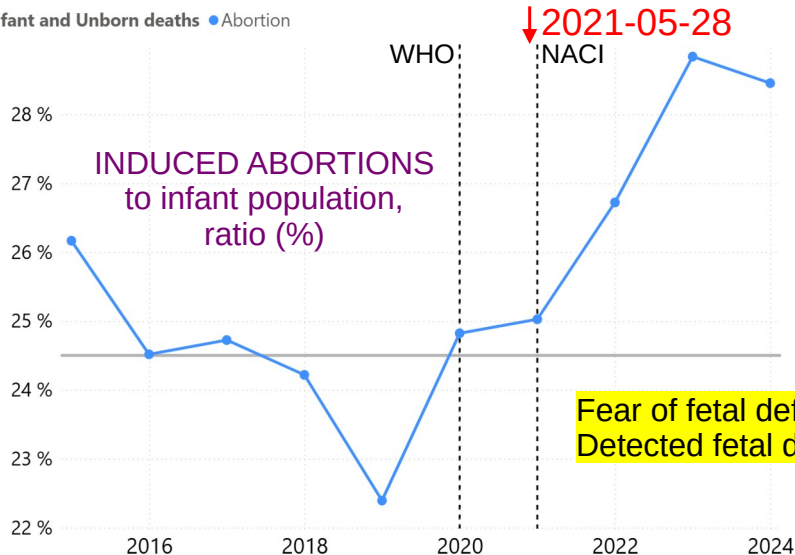


Canada: induced abortions reported by year

27K excess abortions in Canada, 2022-2024

Canada, 2000-2024, Infant and unborn deaths by infant population by year

Infant and Unborn deaths ● Abortion



PART-I sections

- 1 ► COVID-19 vaccines injured and killed
- 2 ► Pregnant women and their infants died
- 3 ► Toddlers and preschoolers died**
- 4 ► Cancer mortality anomalously increased

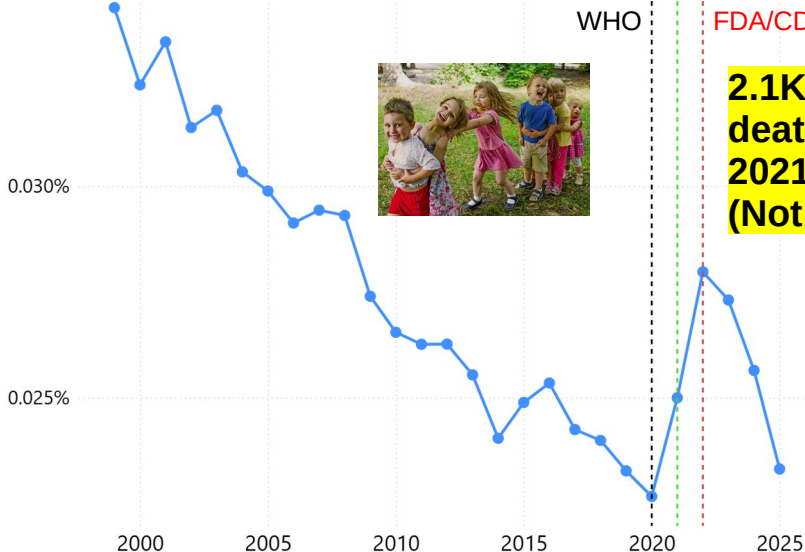
Section 3 ►

Toddlers and preschoolers died,
in temporal association
with approvals of COVID-19
vaccines to ages > 6 m to 12 y



**USA: toddler+ death rate (by year) accompanying
FDA COVID-19 vaccine approvals to 6m—4y on 2022-06-17
and earlier severe financial support cuts (2021-June)**

All-cause mortality rate by year, USA, 1999-2025, 1-4, both sexes



**2.1K excess
deaths, ages 1-4,
2021-2024, USA
(Not COVID-19)**



Canada (Quebec data): Health Canada approval dates and rollouts (by dose) of COVID-19 vaccines to toddlers+

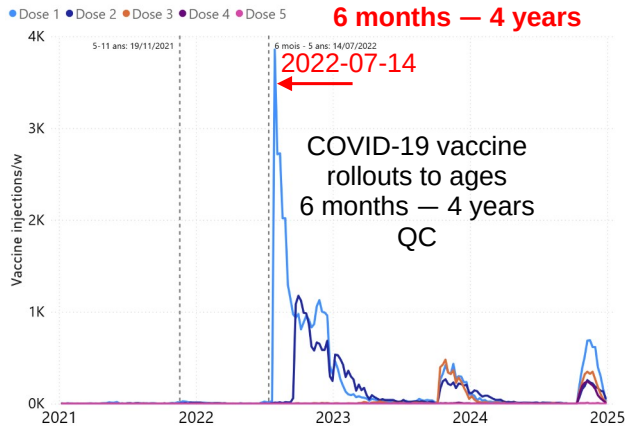


[left] 6 months — 5 years (2022-07-14) (Moderna)

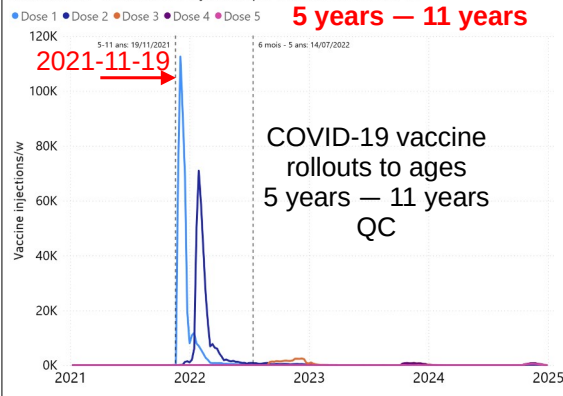
[right] 5 years — 11 years (2021-11-19) (Pfizer)

Also: 6 years — 11 years (2022-03-17) (Moderna)

Quebec, 2021-2024, Vaccine injections per week, both sexes, 0-4



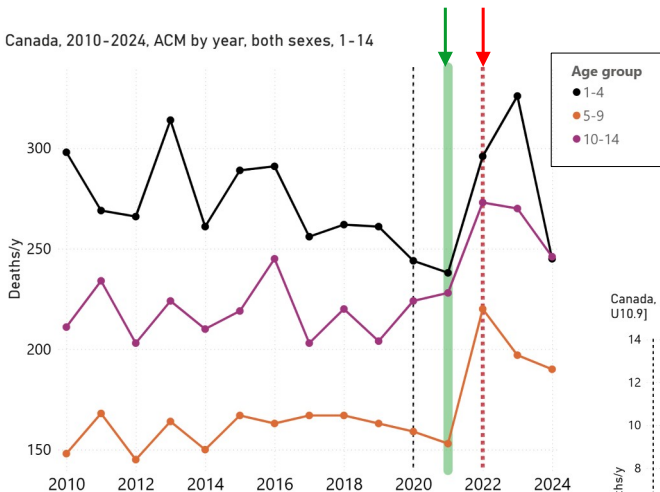
Quebec, 2021-2024, Vaccine injections per week, both sexes, 5-11





Canada: toddler+ deaths (by year) accompanying Health Canada COVID-19 vaccine approvals: late-2021 and 2022 and financial support cuts (late-2020 — early-2022)

Canada, 2010-2024, ACM by year, both sexes, 1-14



Excess toddler+ deaths in Canada, 2022-2024

Ages 1-4: 130

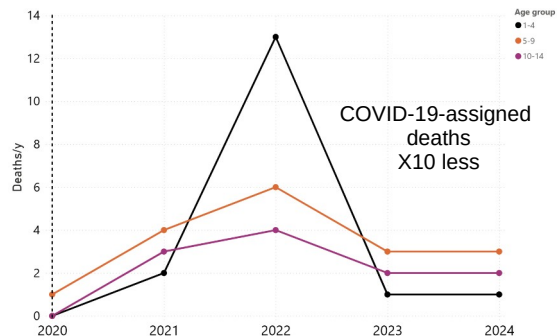
Ages 5-9: 140

Ages 10-14: 140

Total ages 1-14: 410

(Surge in 2022, not COVID-19)

Canada, 2000-2024, Mortality by year and by cause, both sexes, 1-14: COVID-19 [U07.1, U07.2, U10.9]



PART-I sections

- 1 ► COVID-19 vaccines injured and killed
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Section 4 ►

Increased cancer mortality
after COVID-19 vaccine
rollouts,
overall and in young people

There is an established body of scientific studies on a surge of
“hyperprogressive disease [cancer]” (HPD)
temporally associated with vastly increased use of immune-
therapy drugs since approx. 2015 to present.

Approx. 300 articles with “HPD” in the title, to date, starting in 2017

Champiat et al. (2017): •Hyperprogressive Disease Is a New Pattern of Progression in Cancer Patients Treated by Anti-PD-1/PD-L1.
Clin Cancer Res 15 April 2017; 23 (8): 1920–1928.

Champiat et al. (2018): •Hyperprogressive disease: recognizing a novel pattern to improve patient management.
Nat Rev Clin Oncol 15, 748–762.

Liu et al. (2026): •Reported drug spectrum and disproportionality signals for malignant neoplasm progression in FAERS: a real-world pharmacovigilance study.
Front. Pharmacol. 17:1814403.

Shin et al. (2023): •Spending, Utilization, and Price Trends for Immune Checkpoint Inhibitors in US Medicaid Programs: An Empirical Analysis from 2011 to 2021.
Clin Drug Investig 43, 289–298.

Etc. (approx. 300 articles in all)

Clinicians are reporting “turbo cancers”
(increased incidence and high severity in young patients)
Scientific articles are now being published



COVID-19 mRNA-Induced "Turbo Cancers"

Paul Marik¹, Justus Hope²

J Indep Med 2025 Vol. 1 No. 3, pp. 185-194

Abstract

The incidence of cancers has increased exponentially worldwide since the universal COVID-19 vaccination program began at the end of 2020.

and available data to encourage scientific inquiry rather than premature dismissal. According to the Vaccine Event Reporting System (VAERS), the

TYPE OF EVIDENCE PRESENTED

- Temporal trends of excess cancer mortality
- (associated with) COVID-19 vaccine rollouts

We don't know the vaccination status for the individuals
but we detect sudden temporal changes.

CANCER TYPE, AGE GROUP (EXCESS DEATHS) USA

Examples from our analyses (some graphs below).

- **All cancers, ages 5-24 (960 excess deaths 4y)**
- **All cancers, ages 25-44 (2900 excess deaths 4y)**
- **All cancers, ages 5-44 (4400 excess deaths 4.4y)**
- **Spec. long bone limb cancer, ages 5-24 (70 excess deaths 4y)**
- **Spec. leukemias, ages 5-24 (360 excess deaths 4y)**
- **Spec. (primary) multiple site cancer, ages 25-44 (240 excess deaths 5y)**
- **Spec. (primary) multiple site cancer, ages 75+ (1500 excess deaths 4y)**



ALSO: 15-44 ages = Respiratory (C30-C39), Oral (C00-C14), Digestive (C15-C26).



USA: all cancers by month, ages 5-44 (1999-2025)

4.4K excess cancer deaths in the USA, ages 5-44

USA, 1999–2025, Neoplasms mortality (C00–D48) by month, both sexes, 5–44, by Sub-Chapter:
C00–C97 Malignant neoplasms

2020-03-11

11/03/2020

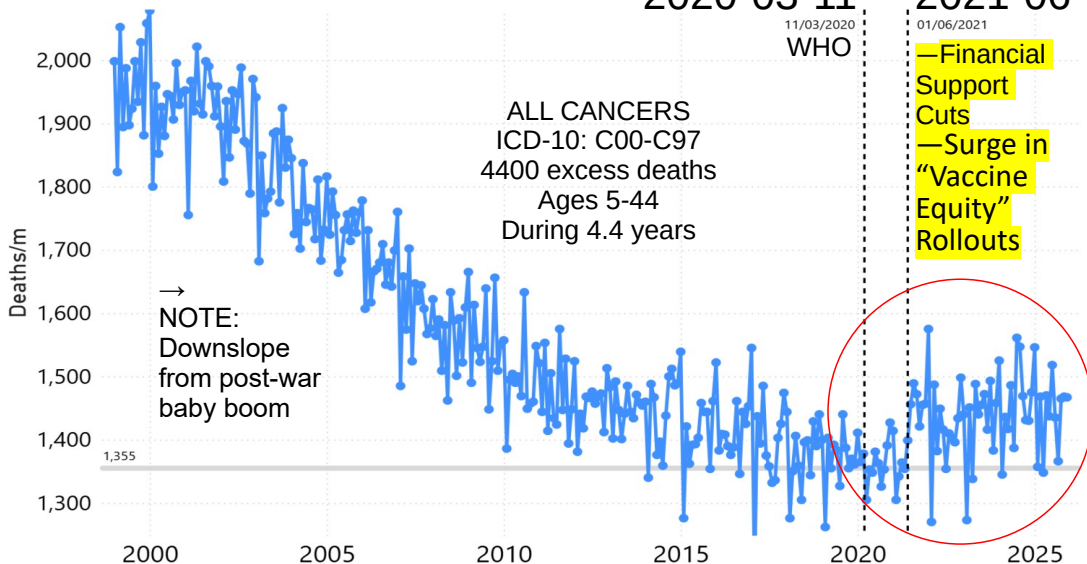
WHO

2021-06

01/06/2021

—Financial
Support
Cuts
—Surge in
“Vaccine
Equity”
Rollouts

ALL CANCERS
ICD-10: C00–C97
4400 excess deaths
Ages 5–44
During 4.4 years

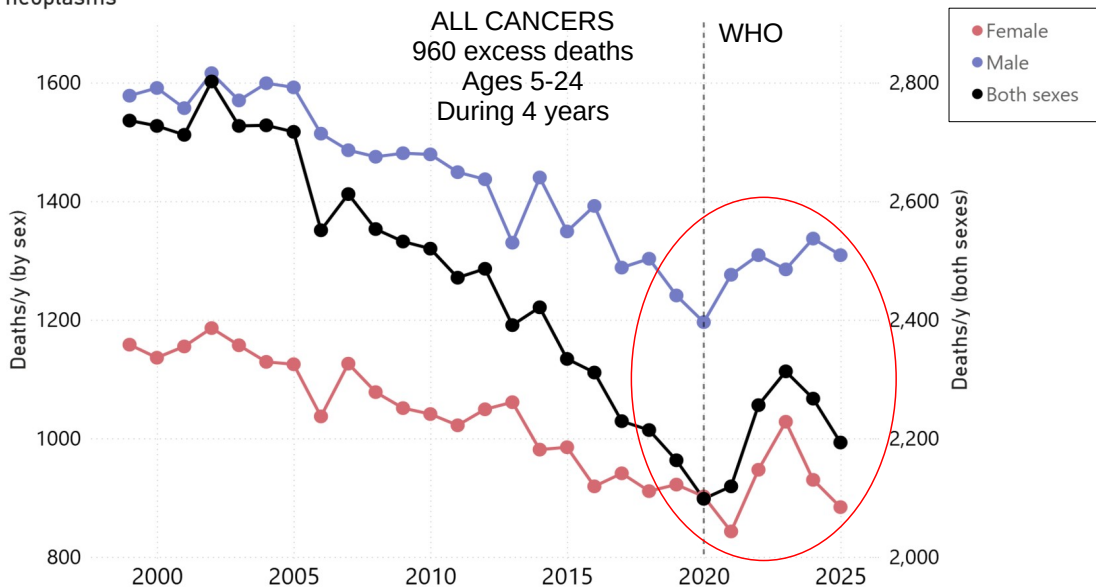




USA: all cancers by year, ages 5-24 (1999-2025)

960 excess cancer deaths in the USA, ages 5-24

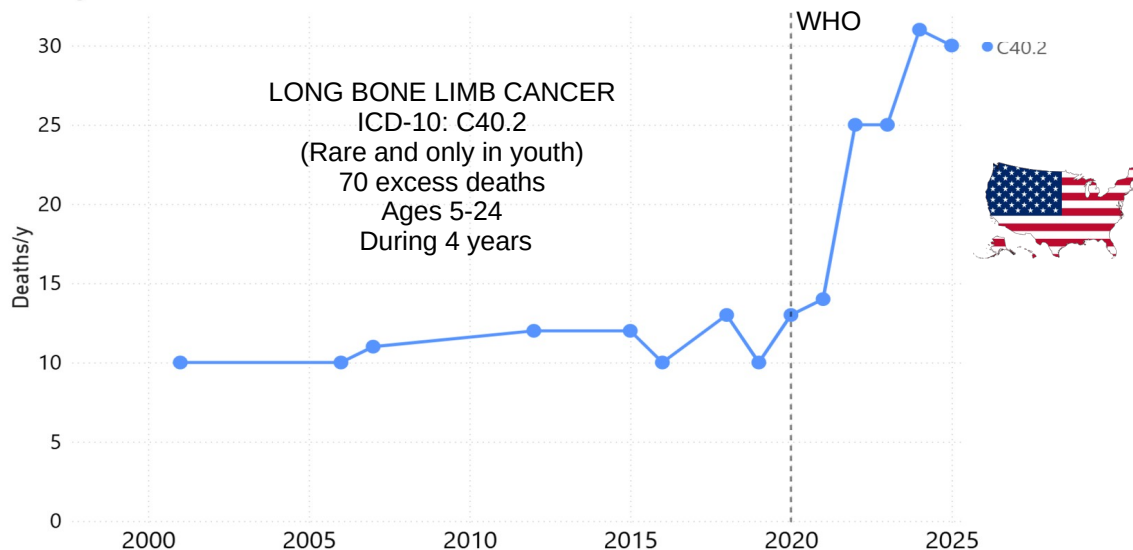
Yearly mortality by cause (C00-D48 Neoplasms), USA, 1999-2025, 5-24, both sexes: C00-C97 Malignant neoplasms



USA: deaths from long bone limb cancer by year, ages 5-24 (1999-2025)

70 excess LBL-cancer deaths in the USA, ages 5-24

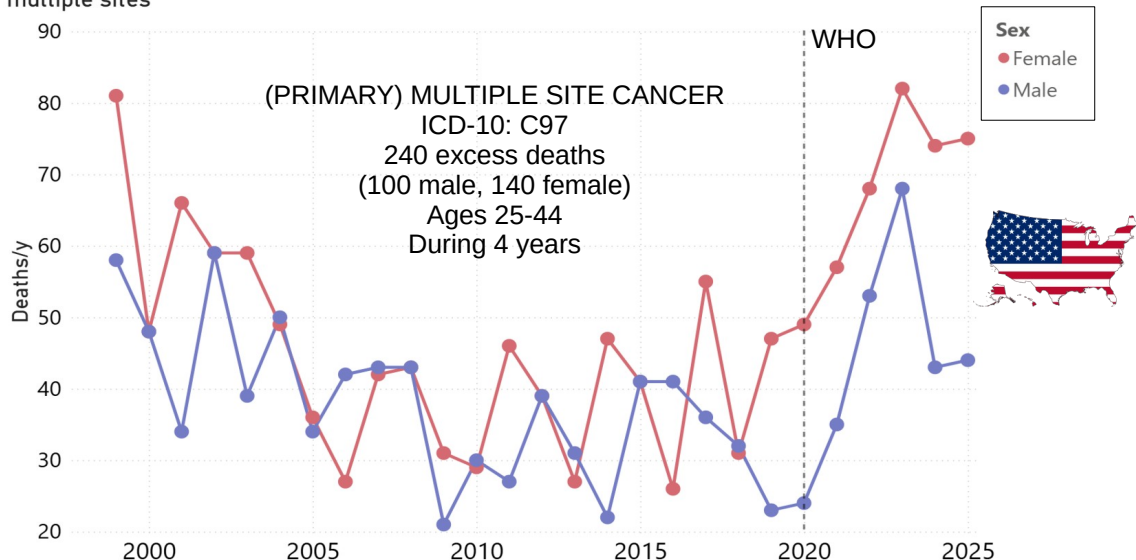
Yearly mortality by cause (C00-D48 Neoplasms), USA, 1999-2025, 5-24, both sexes: Sub-Chapter C00-C97 Malignant neoplasms, Sub-Sub-Chapter C40 Malignant neoplasm of bone and articular cartilage of limbs



USA: deaths from (primary) multiple site cancer by year, ages 25-44 (1999-2025)

240 excess (P)MS-cancer deaths in the USA, ages 25-44

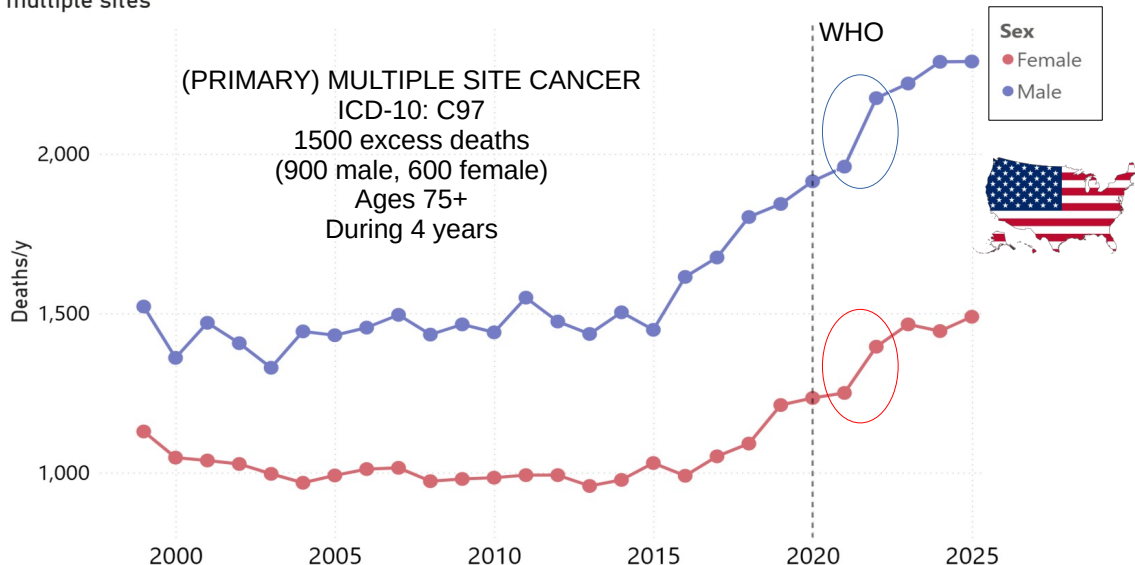
Yearly mortality by cause (C00-D48 Neoplasms), USA, 1999-2025, 25-44, both sexes: Sub-Chapter C00-C97 Malignant neoplasms, Sub-Sub-Chapter C97 Malignant neoplasms of independent (primary) multiple sites



USA: deaths from (primary) multiple site cancer by year, ages 75+ (1999-2025)

1.5K excess (P)MS-cancer deaths in the USA, ages 75+

Yearly mortality by cause (C00-D48 Neoplasms), USA, 1999-2025, 75-100, both sexes: Sub-Chapter C00-C97 Malignant neoplasms, Sub-Sub-Chapter C97 Malignant neoplasms of independent (primary) multiple sites



PART II

I	II
Localized to individuals	Widespread to populations
Vaccine-associated harm	General harm
Each type of harm can be transient or persistent. The two are not independent from each other.	

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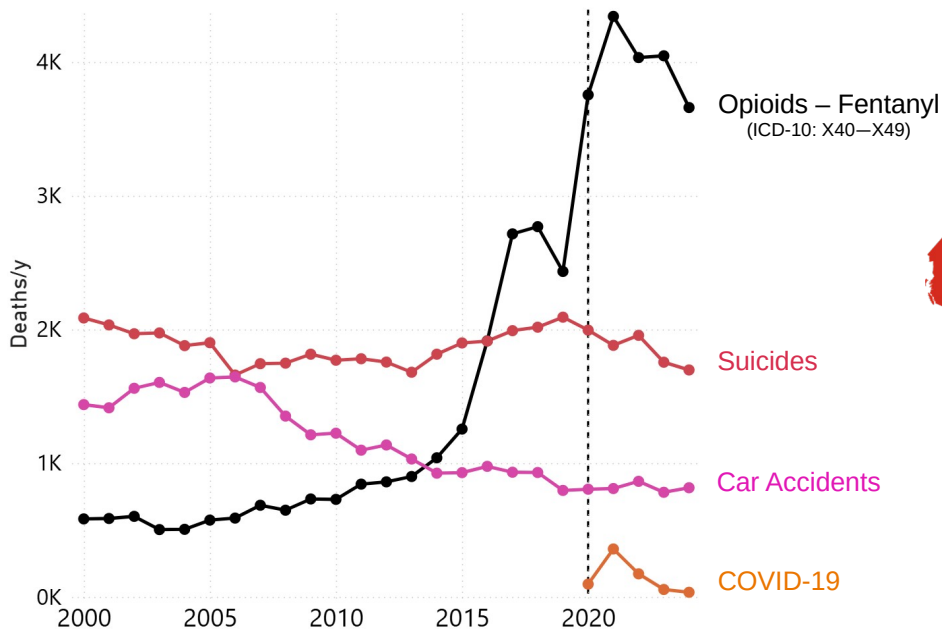


Section 5 ►

CANADA'S NATIONAL MORTALITY CONTEXT

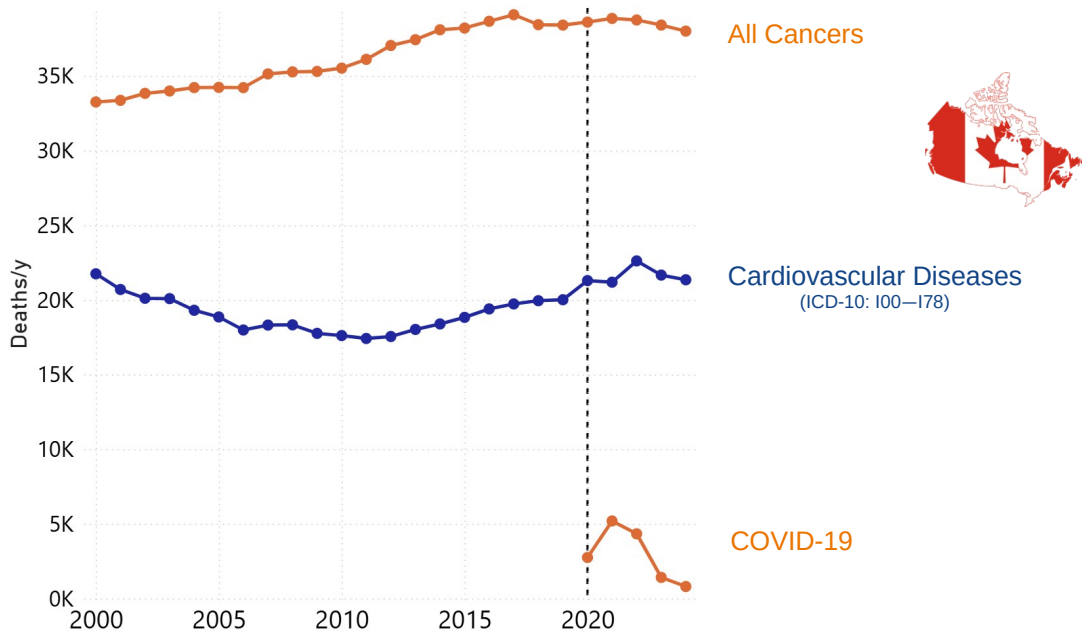
Canada: mortality by main cause, ages 15-44

Canada, 2000-2024, Mortality by year and by cause, both sexes, 15-44:



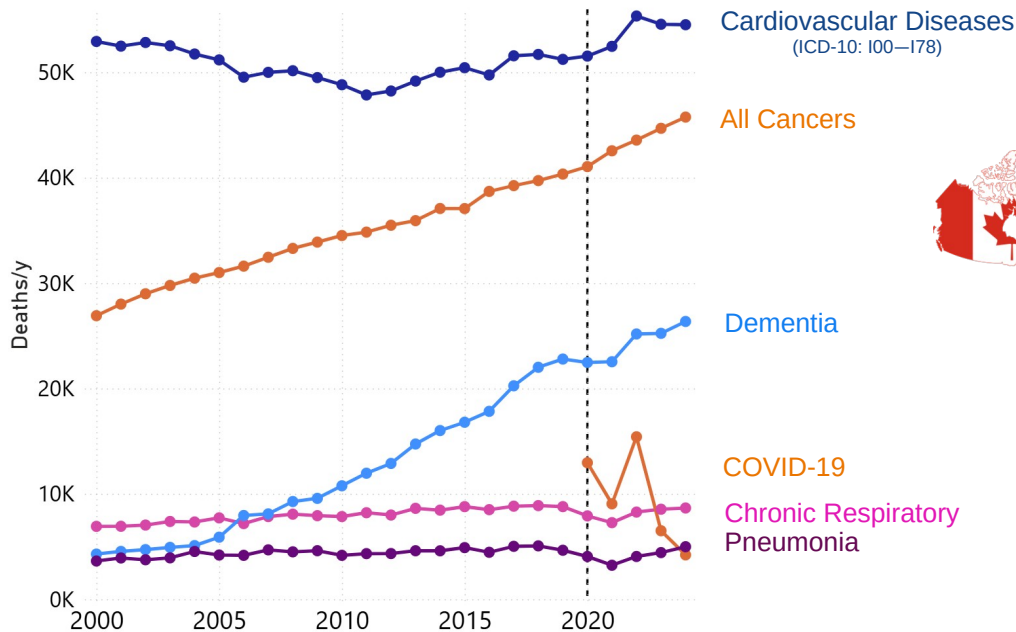
Canada: mortality (by year) by main cause, ages 45-74

Canada, 2000-2024, Mortality by year and by cause, both sexes, 45-74:



Canada: mortality (by year) by main cause, **ages 75+**

Canada, 2000-2024, Mortality by year and by cause, both sexes, 75-100:



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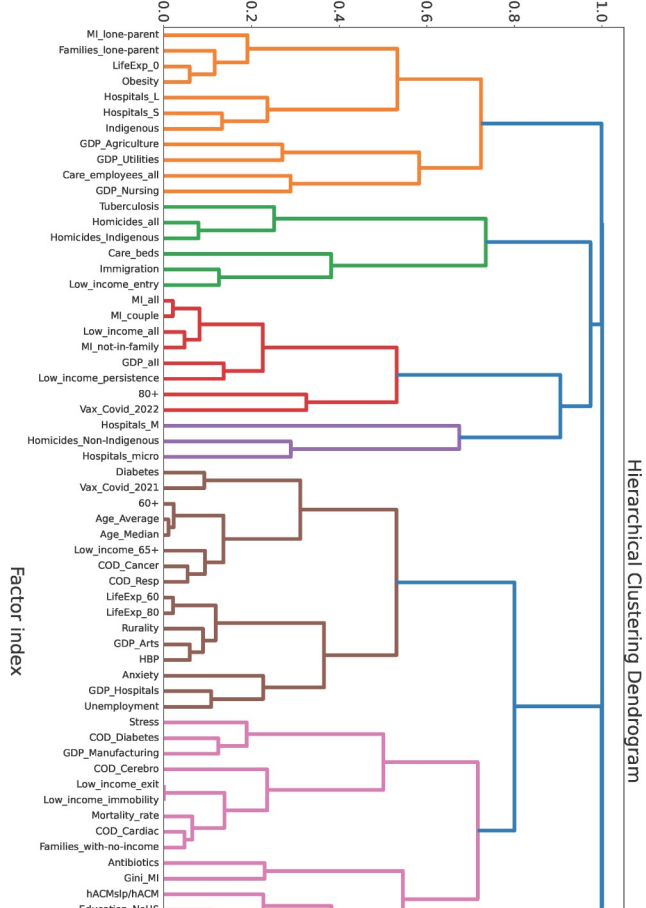
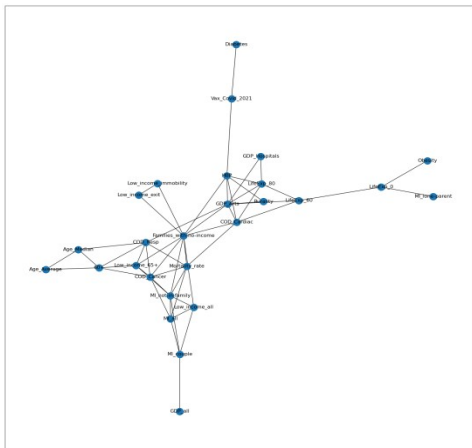
Section 6 ►

FACTORS CORRELATED TO EXCESS MORTALITY IN THE COVID PERIOD

Canada: We analysed >80 province-specific SOCIOECONOMIC FACTORS:

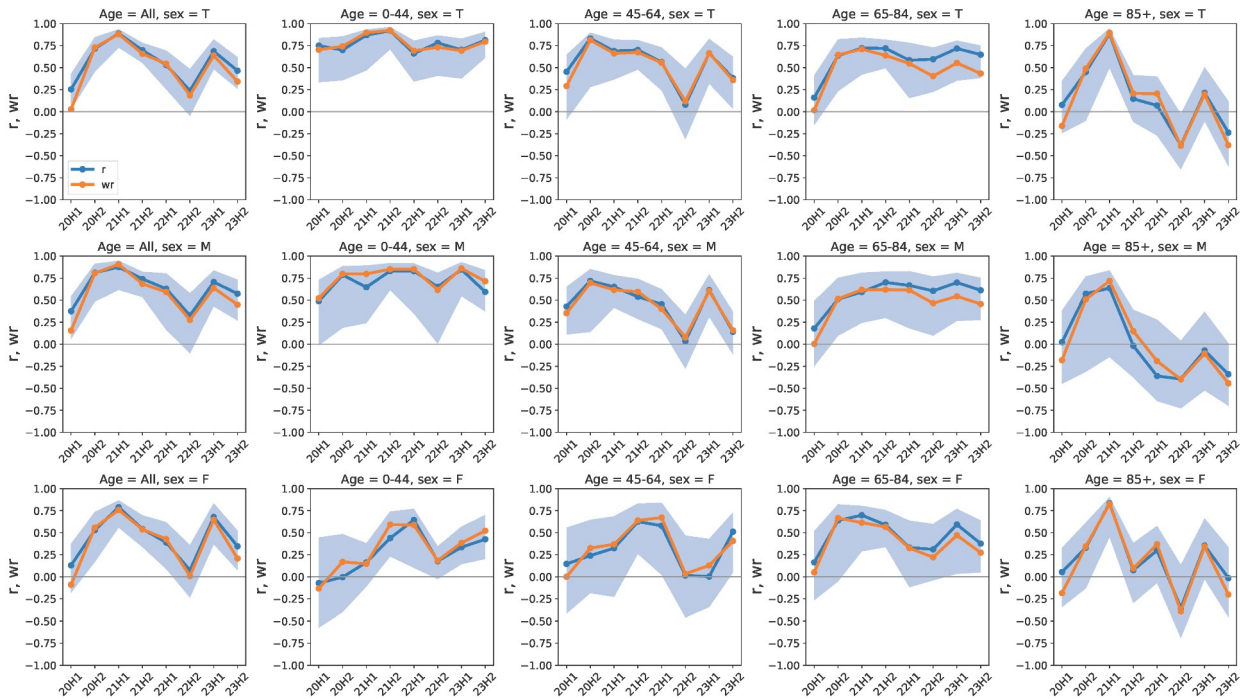
poverty, disability, age structure, obesity,
stress, institutional characteristics,
economic factors, family structure, etc.

► **Correlations by age and by time...**

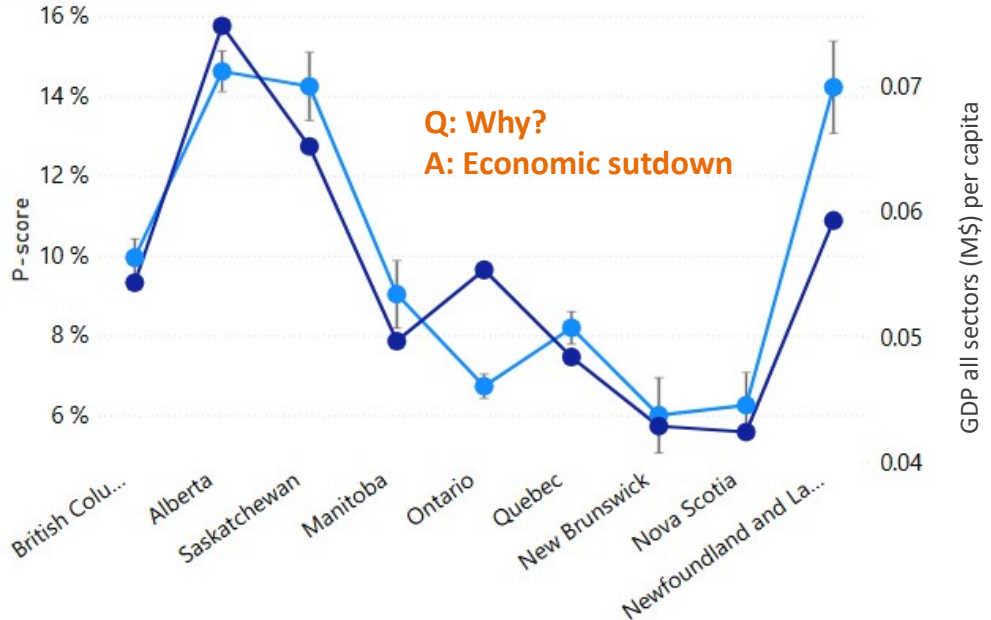


Correlation coefficients (raw, weighted, confidence intervals)

P-score & 2019 GDP all-sectors (by half-year, by age, by sex) (Canada)

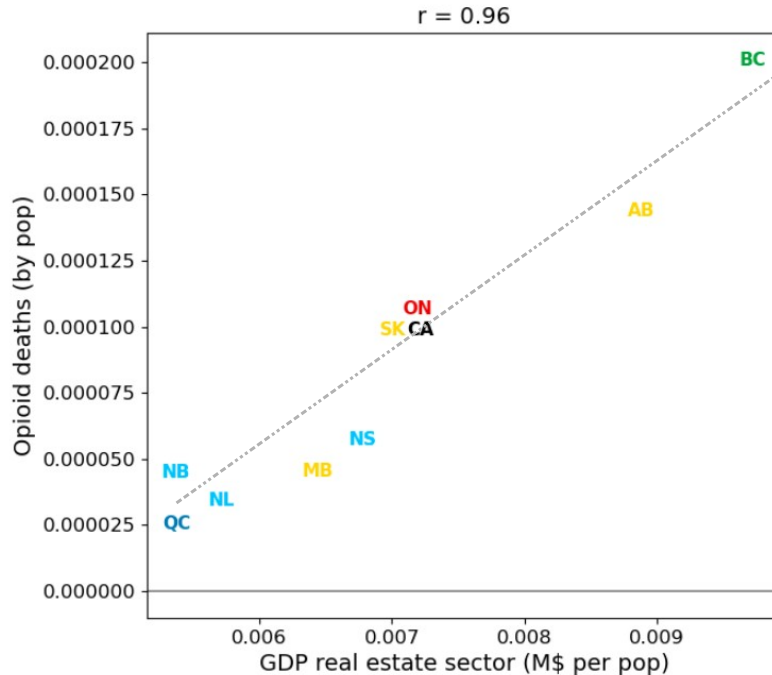


**P-score (Covid period), all-ages
GDP all sectors (M\$) per capita
by province (Canada)**



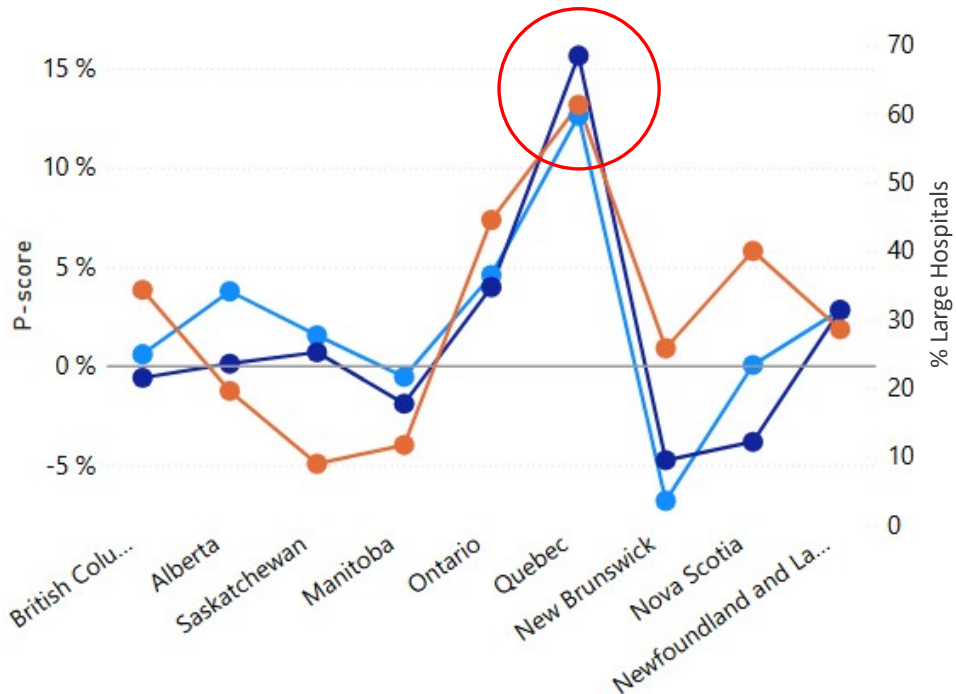
Opioid deaths vs GDP real estate

(both per capita, 2019, by province, Canada)

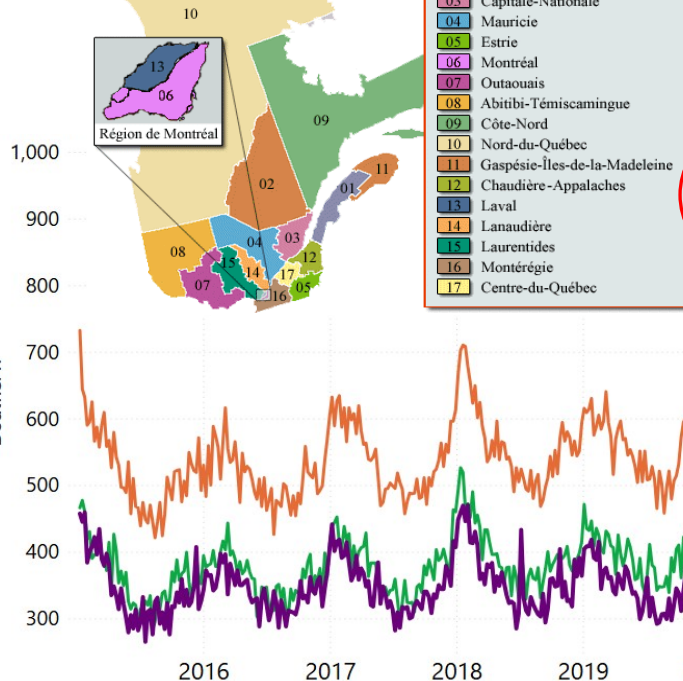


poor while
living near the
wealthy

P-score (2020-H1): **all-ages**, age 85+
% Large Hospitals
 by province (Canada)



QC (Canada)



Montréal-Laval

Lanaudière-Laurentides-
Montréal
all other

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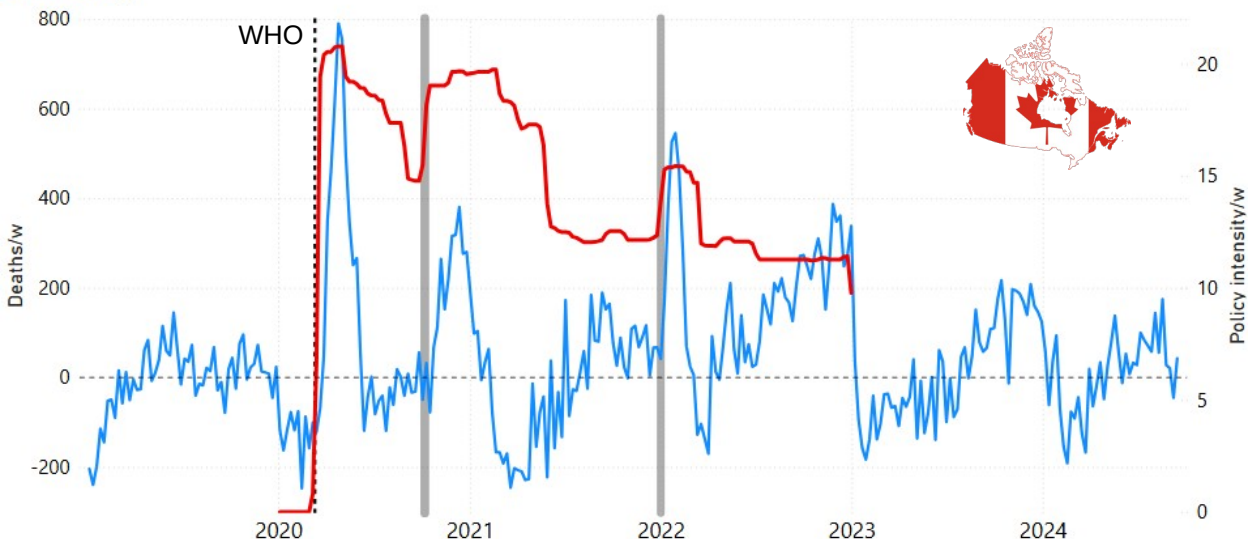
Section 7 ►

IMPACT OF BROAD COVID-PERIOD MEASURES

xACM/w, age 85+ and intensity of protection of elderly people

Excess ACM by week, 2019-2024, Canada, 85+, both sexes, and public policy: Protection of elderly people

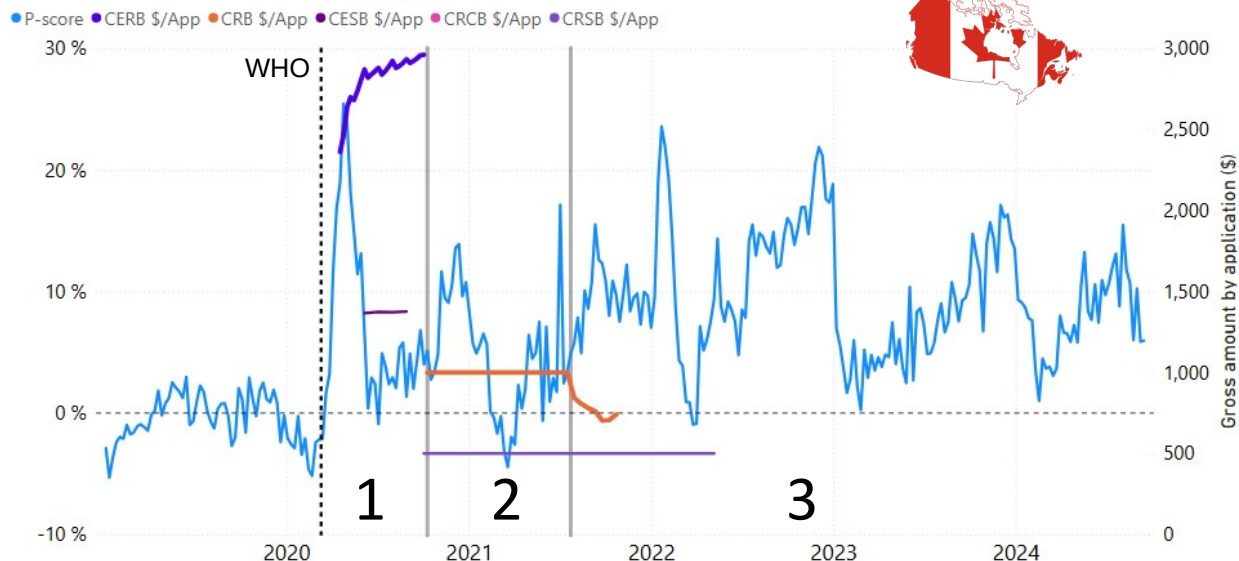
• xACM • Policy



“Focussed Protection” → Peak and large dry tinder effect

P-score/w, all ages and significant financial assistance programs

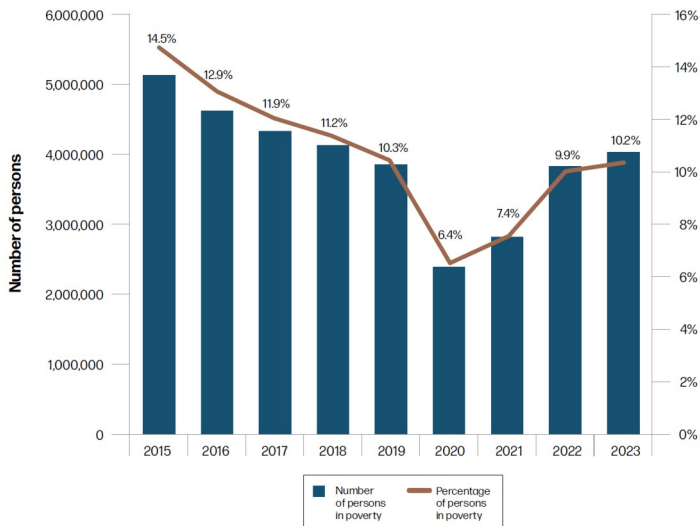
P-score by week, 2019-2024, Canada, all ages, both sexes



Loss of financial assistance x2



Numbers living in poverty (NACP, 2025)



Source: Statistics Canada, Canadian Income Survey, Table 11-10-0135-01 Low-income statistics by age, sex and economic family type.

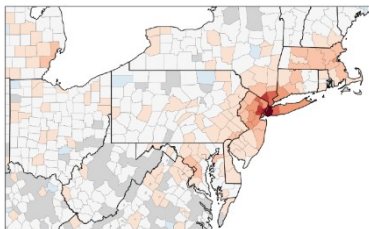
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Section 8 ►

ABSENCE OF VIRAL-DISEASE SPREAD CAUSING EXCESS MORTALITY



GEOTEMPORAL: PROOF THAT THERE WAS NO VIRAL DISEASE SPREAD CAUSING DEATH

Hickey, Rancourt, Linard (2025)

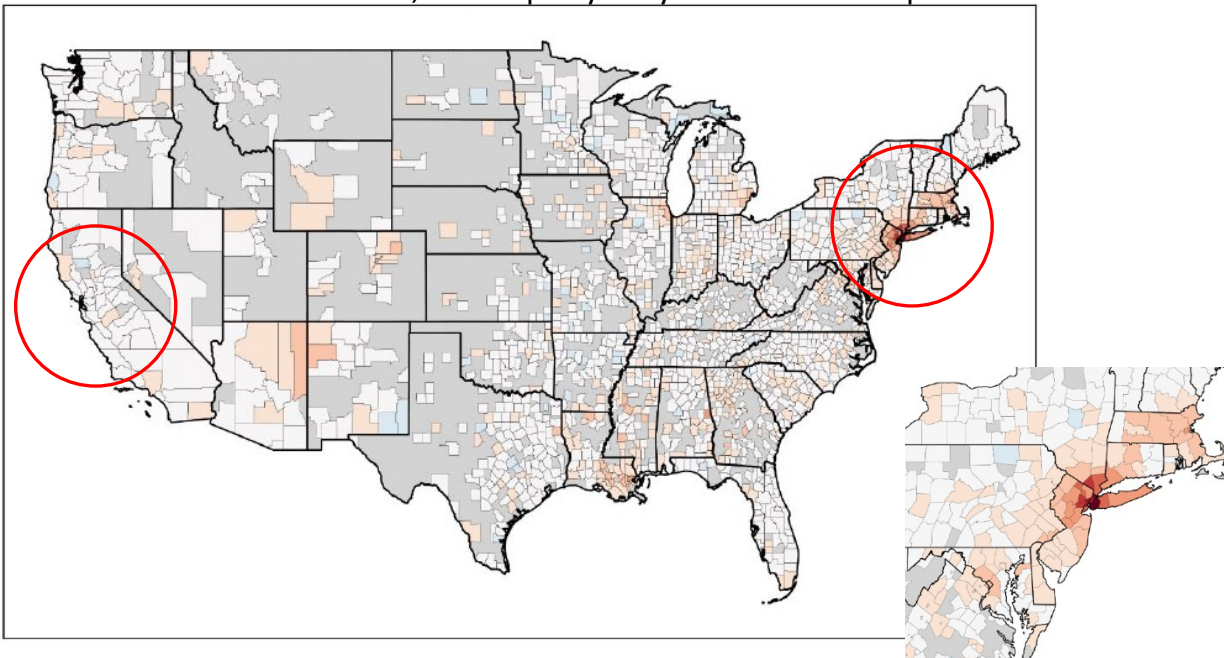
*"Constraints from geotemporal evolution of all-cause mortality
on the hypothesis of disease spread during Covid"*

– correlation-canada.org – hal.science/hal-05123573/

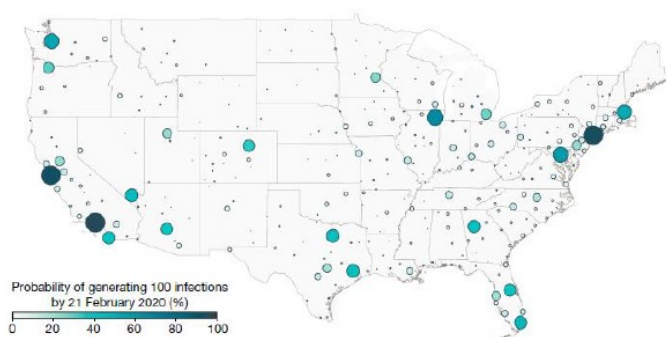
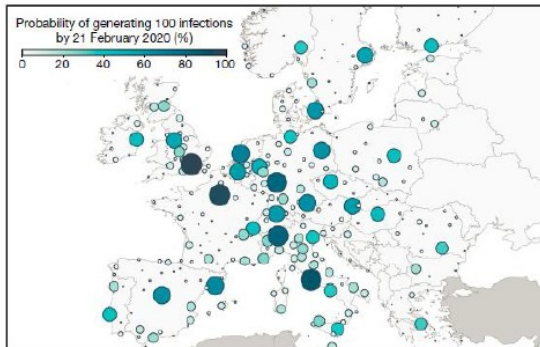
THERE WAS NO VIRAL RESPIRATORY DISEASE SPREAD CAUSING EXCESS MORTALITY

- Geostatic time evolution, not geotemporal
- Impenetrable borders despite large continued traffic
- Virtually nothing prior to WHO declaring a pandemic (2020-03-11)
- Synchronicity of hotspots across continents
- Unprecedented mid-summer mortality peaks, in each hemisphere
- Milan vs Rome
- NYC vs Los Angeles / San Francisco

USA East & West coasts, with equally busy international airports



Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



The empirical mortality data is incompatible with state-of-the-art theoretical calculations (here, Davis et al., 2021) of global contagion spread during Covid: re. Milan/Rome and East/West USA

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

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Section 9 ►

CONCLUSION ABOUT CAUSES



→ Assaults caused injury and death during the Covid period

Government assaults:

economic deprivation (loss of employment), fear propaganda, mandates, measures, public-health responses, and medical assaults.

Medical assaults (largescale and repeated):

testing, diagnostic bias, imposed facial masking, confinement, isolation, denial of appropriate treatment, mechanical ventilation, sedation, experimental and improper treatments, and vaccination.

COVID-19 mRNA VACCINATION

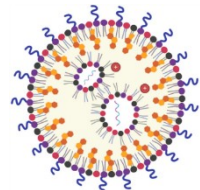
Vaccination is the only measure that involved repeatedly injecting the bodies of all residents — including the sick, elderly, infants, toddlers, preschoolers and pregnant women (in any gestation period) — with a known cytotoxic substance (cationic lipids) in a highly dispersive carrier format (lipid nanoparticles).

- **Cationic lipids are cytotoxic, especially as bio-distributed nanoparticles, irrespective of the cargo.**

Brimacombe, CA et al. (2025) "Rational design of lipid nanoparticles for enabling gene therapies", *Molecular Therapy Methods & Clinical Development*. (review)

“The fundamental limitation is toxicity. There are no permanently positively charged bilayer forming lipids in nature. Positively charged lipid molecules can combine with the negatively charged lipids found in biological membranes to form non-bilayer structures that **disrupt membranes**⁽⁴⁷⁾ **resulting in cytotoxicity**⁽¹⁰⁴⁾ and immune activation⁽¹⁰⁵⁾ (activation of complement and coagulation pathways as well as cytokine stimulation^(104,106)). This results in rapid clearance by the RES system, inflammation, and other side effects such as thrombosis,⁽¹⁰⁷⁾ lymphopenia, hepatic necrosis, and an overactive innate immune response.^(108,109,110)”

The manufacturers do not use an “adjuvant”.



CONCLUSION

History will record that the Covid period was in-effect a massive and unnecessary multi-faceted assault against people, exploiting fear and causing harm, injury and death, especially in the most vulnerable.

All governments under USA hegemony and media influence cooperated or imitated. Canada was no exception.

The vaccines are toxic and caused many deaths and injuries, in plain sight of robust national mortality statistics.

Science can never prove causality but institutional capture and discipline can always minimize and invalidate screaming safety signals and personal hardship.

I thank scientific collaborators:

Marine Baudin, PhD

Joseph Hickey, PhD

Jérémie Mercier, PhD

And scientists at D4CE for a critical review of
a version of the presentation.

END OF THE
PRESENTATION.