



Justice Centre

for Constitutional Freedoms

Excess Deaths

Contradict Narrative of Success

New data on excess deaths suggests
that Government responses to Covid have not been successful

September 13, 2022

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Executive summary

Canadian federal and provincial governments, health agencies, and media organizations are now assessing the quality and efficacy of the Canadian response to the Covid pandemic. The prevailing consensus is that the Canadian response has been successful. It seems, however, that ‘success’ has been defined only as high vaccination rates, as compliance with public health orders, and as reduced mortality from Covid.¹ Further, this narrative of success is being referenced as a model or standard for future policy responses to the developing Covid pandemic in Canada.

This report challenges such a narrative of success. Indeed, Canada’s Covid strategy has included among the most stringent and sustained lockdown policies in the world.² In addition to violating many of the *Charter* rights and freedoms of Canadians, this strategy appears also to have caused serious medical costs and harms. Specifically, this strategy appears to have caused a significant number of *excess deaths* in Canada from 2020 to the present.

Statistics Canada regularly performs the grim science of projecting ‘expected deaths’ for future time periods based upon adjusted mortality statistics from previous time periods. (For instance, suppose Statistics Canada had observed that 60,000 Canadians had died in each of the first, second, and third quarters of a certain year; in this case, Statistics Canada might predict that there would be, *ceteris paribus*, 60,000 deaths in the upcoming fourth quarter of that year. These projected 60,000 deaths would be called ‘expected deaths’.) Any number of deaths over and above the number of expected deaths are called ‘excess deaths’, which are usually the consequence of an unanticipated crisis (or series thereof).

Excess deaths are on the rise and have been since 2020, indicating that a crisis has been unfolding in Canada since 2020. Indeed, during weeks 27-52 of 2021, there were 7,959 excess deaths in Canada that were not caused by Covid.³ For almost every week during that period, the number of excess deaths that were not caused by Covid exceeded the number of deaths that were

¹ For instance, see: Fahad Razak, Saaha Shin, C. David Naylor, and Arthur S. Slutsky, “Canada’s Response to The Initial 2 Years of the COVID-19 Pandemic: A Comparison with Peer Countries,” *Canadian Medical Association Journal*, June 27, 2022, <https://www.cmaj.ca/content/194/25/E870>.

² Razak, et al.

³ “Provisional Weekly Death Counts, By Selected Grouped Causes of Death,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310081001>; “Provisional Weekly Estimates of The Number of Deaths, Expected Number of Deaths and Excess Mortality, By Age Group and Sex,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310079201>.

caused by Covid. Excess deaths especially impacted the younger-than-45 demographic. Statistics Canada notes that, in January of 2022, deaths among this demographic were 35.9 percent higher than expected in Saskatchewan, 51.6 percent higher than expected in Alberta, and 48.7 percent higher than expected in British Columbia compared to a ‘no pandemic’ scenario.⁴

This report suggests that healthcare disruptions and drug overdoses have likely caused there to be a significant number of excess deaths in Canada since 2020. Indeed, the Canadian Medical Association and Deloitte have stated that delayed or missed medical procedures in 2020 may have contributed to more than 4,000 excess deaths in Canada between August and December of 2020.⁵ Insofar as medical procedures continued to be delayed and cancelled throughout 2021, this report also suggests that 2021 healthcare disruptions were likely responsible for (many of) the excess deaths of 2021-22. Further, it is now clear that sustained social isolation policies prevented thousands of vulnerable Canadians from accessing necessary mental health and addiction resources. The Government of Canada’s health InfoBase notes that there was a 96 percent increase in apparent opioid toxicity deaths from April 2020 to March 2021 compared to the same period of the previous year.⁶ These deaths likely arose as a result of an increasingly toxic drug supply, by feelings of isolation, by stress and anxiety, and by a lack of access to supports.⁷

This report concludes that the Canadian response to Covid has not been entirely successful. Stringent and sustained lockdown policies have been the foundation of this response, and these policies appear to have impacted (via healthcare disruptions and social isolation policies) the number of excess deaths in Canada since 2020. Defining ‘success’ without reference to excess deaths or the vast medical harms experienced by thousands of Canadians would be a mistake. Canadians cannot afford for their governments to ignore the hidden costs of their responses to Covid any longer. Future Canadian responses to viral infections require a definition of success that captures the deaths and negative consequences caused by policy responses to Covid and not just the deaths and negative consequences caused by Covid itself.

⁴ “Provisional death counts and excess mortality, January 2020 to March 2022,” Statistics Canada, June 9, 2022, <https://www150.statecan.gc.ca/n1/daily-quotidien/220609/dq220609e-eng.htm>.

⁵ “A Struggling System: Understanding The Health Care Impacts of The Pandemic,” Canadian Medical Association and Deloitte, November, 2021, <https://www.cma.ca/sites/default/files/pdf/health-advocacy/Deloitte-report-nov2021-EN.pdf>.

⁶ Opioid- and Stimulant-related Harms in Canada,” Government of Canada, June, 2022, <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.

⁷ Government of Canada.

I Introduction

In late June of 2022, the *Canadian Medical Association Journal (CMAJ)* published a study asserting that Canada had performed better with respect to Covid health burdens than many comparator countries⁸ with similar medical, economic, and political systems. This study found that Canada had implemented a more successful vaccination campaign and had recorded relatively fewer Covid deaths than most comparator countries.⁹ The authors of this study concluded that “high vaccination percentages and good compliance with sustained public health restrictions explain at least part of Canada’s strong performance in limiting SARS-CoV-2-related health burdens.”¹⁰ It seems that “high vaccination percentages” and “good compliance” are (for the *CMAJ*, at least) the main indicators of success with respect to Covid policy responses.

Canadian media organizations (most of which have been enthusiastic cheerleaders for often contradictory government policies) received this study with an uncritical tone. For instance, the editorial board of *The Globe and Mail* stated,

[O]n balance, and graded on a curve, Canada’s inevitably imperfect response was notably less imperfect than that of most other countries—especially on the metric that matters most: lives saved.

What’s important now, however, is not to dwell on the past but to take the lessons of the last two years and apply them to the situation today.¹¹

According to *The Globe and Mail* editorial board, the “lessons of the last two years” are supposed to give rise to the following policy recommendations:

[T]hird shots, a long-term plan for better ventilation in indoor spaces and the possibility of temporarily bringing back mask mandates during periods of high viral spread, are likely to form the bulwark against resurgences of COVID-19 in the coming months and years. So too

⁸ In addition to Canada, these include Belgium, France, Germany, Italy, Japan, the Netherlands, Sweden, Switzerland, the United Kingdom, and the United States.

⁹ Razak, et al., “Canada’s Response.” According to the study, “Canada performed better than most in terms of percentage of the population receiving 2 doses of a SARS-CoV-2 vaccine, and on measures assessing the direct effect of the pandemic: number of people infected, number who died from COVID-19 and total excess deaths.”

¹⁰ Razak, et al.

¹¹ “Canada’s COVID-19 Death Rate was Much Lower Than in Most Other Countries. What Did We Get Right?” *The Globe and Mail*, June 29, 2022, <https://www.theglobeandmail.com/opinion/editorials/article-canadas-covid-19-death-rate-was-much-lower-than-in-most-other/>.

will the public's acceptance of new generations of vaccines that target the virus's variants. We may need to regularly boost everyone, and not just the most vulnerable, in the years to come.¹²

Notably, the *Globe's* writers did not investigate the harms generated by the Covid policies of Canadian governments. Neither did they pay sufficient attention to the other findings of the *CMAJ* study, according to which "Canada had the second-longest duration of school closures and some of the strictest restrictions and bans on public gatherings in the G10."¹³ Further, the study found that

When all 9 components of the Oxford Stringency Index^[14] were disaggregated, Canada had among the most sustained stringent policies regarding restrictions on internal movement, cancellation of public events, restrictions on public gatherings, workplace closures and international travel controls...Canada was the only country in the G10 that maintained a sustained moderate (> 40th percentile) to severe degree of restriction from spring 2020 onward...¹⁵

In this report, we suggest that the stringent and sustained lockdown policies of Canadian governments appear to have caused excess deaths and that any analysis of the success of those policies should consider the data on excess deaths. ('Excess deaths' refers, once again, to the number of deaths which occur over and above some number of expected deaths.) Accordingly, we suggest that governments and media have taken a narrow view of Canada's Covid response.

As governments and public health agencies consider future contingencies, it is critical that Canadians and their governing officials understand this: even if lockdowns and vaccination campaigns have protected *some* people from Covid, they have also, in all too many cases, damaged the fortunes and lives of many *other* Canadians. The Justice Centre has already drawn attention to this fact. In a 2020 report, we surveyed Canadian governments' lockdown measures during the first eight months of the pandemic and found that governments had "overestimated

¹² "Canada's COVID-19 Death Rate was Much Lower Than in Most Other Countries. What Did We Get Right?" *The Globe and Mail*, June 29, 2022, <https://www.theglobeandmail.com/opinion/editorials/article-canadas-covid-19-death-rate-was-much-lower-than-in-most-other/>.

¹³ Razak, et al., "Canada's Response."

¹⁴ According to the authors, the Oxford Stringency Index is "a widely applied tracking measure that includes school, workplace and public transport closures; cancellation of public events; restrictions on public gatherings; stay-at-home requirements; public information campaigns; restrictions on internal movements; and international travel controls." See: Razak, et al.

¹⁵ Razak, et al.

and mischaracterized” the risks posed by Covid.¹⁶ Further, we found that “[s]peculation and exaggerated estimates had been used to justify lockdown policies which unjustifiably infringed the *Charter* rights and freedoms of all Canadians.”¹⁷ In the same document, the public was informed that “certain lockdown harms could and should have been anticipated but were self-evidently ignored.”¹⁸ Such harms included deaths from delayed medical treatments, from delayed diagnoses, from suicides, and from drug overdoses.¹⁹ The situation in Canada has not changed since the publication of this report.

In this report, we show that:

- (a) Canadian lockdown policies have likely caused excess deaths from 2020-2022.
- (b) The response of Canadian governments to Covid has not, in fact, been successful (or has not been as successful as governments or media organizations would suggest).

Therefore, as the epidemiological situation continues to unfold in Canada, we urge that Canadian governments and health officials do not repeat old mistakes. That approximately 90 percent of Covid deaths have occurred among elderly people who have one or more co-morbid conditions²⁰ is an obvious pointer to where preventive measures should be focused. Meanwhile, people at significantly lower risk of death or severe outcomes from Covid (e.g., those under 60 who do not have co-morbid ailments) should not be locked out of their employment or restrained from normal social interactions which are necessary to personal health and a stable society.

¹⁶ “Flying Blind: Governments’ Hasty Decisions to Lock Down Canadians While Damaging Public Health and the Economy,” Justice Centre for Constitutional Freedoms, December 3, 2020, https://www.jccf.ca/published_reports/flying-blind-governments-hasty-decisions-to-lock-down-canadians-while-damaging-public-health-and-the-economy/.

¹⁷ Justice Centre.

¹⁸ Justice Centre.

¹⁹ Justice Centre.

²⁰ “Approximately 90% of COVID-19 related deaths that occurred between March and July 2020 occurred among individuals with pre-existing chronic conditions.” See: “COVID-19 and Deaths in Older Canadians: Excess Mortality and The Impacts of Age and Comorbidity,” Government of Canada, Accessed July 30, 2022, <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/epidemiological-economic-research-data/excess-mortality-impacts-age-comorbidity.html>.

II The lockdown contribution to excess deaths

On the basis of past experience, actuaries and statisticians develop reasonable estimates of how many Canadians will die under ‘normal’ circumstances in any given time period. While these estimates inevitably involve assumptions, the technique is nevertheless sufficiently reliable that life insurance companies are able to return dividends to shareholders on the basis of these estimates. For its part, Statistics Canada identifies circumstances that are abnormal, i.e., circumstances when more people die than expected. These unexpected deaths are called ‘excess deaths’.²¹ (See the footnotes for Statistics Canada definitions of ‘expected deaths’, ‘adjusted deaths’, and ‘excess mortality’.)²²⁻²³

II.I The data on excess deaths

In the second half of 2021, more people were dying than anticipated. In Quarter 3 (weeks 27-39) and Quarter 4 (weeks 40-52) of 2021, there were nearly 8,000 ($4,610 + 3,349 = 7,959$) more deaths from non-Covid causes than the expected number of deaths predicted by Statistics Canada from *all* causes, excluding Covid.²⁴ (See Charts 1, 2, and 3 below.) That is, for almost

²¹ “Expected mortality refers to the “non-crisis mortality rate in the population of interest.” See: “Estimation of Excess Mortality,” Statistics Canada, August 28, 2020, https://www.statcan.gc.ca/en/statistical-programs/document/3233_D5_V1.

²² A note on Statistics Canada definitions of adjusted, expected, and excess deaths:

Adjusted Deaths: adjustments are made to the reported number of deaths by accounting for missing provincial data. (There is a 95% confidence that the expected number of deaths will be within a range as calculated by Statistics Canada.) **Expected mortality** refers to the non-crisis mortality rate in the population of interest. Statistics Canada estimates the non-crisis mortality rate using a model which takes into account recent trends. **Excess mortality** or **deaths** refers to the “mortality above what would be expected based on the non-crisis mortality rate in the population of interest. Excess mortality also encompasses collateral impacts of the pandemic, such as deaths occurring because of the overwhelming of the health care system, or deaths avoided due to decreased air pollution or traffic.” See: “Estimation of Excess Mortality,” Statistics Canada, August 28, 2020, https://www.statcan.gc.ca/en/statistical-programs/document/3233_D5_V1.

²³ The model used by Statistics Canada to establish the baseline of expected deaths differs from the projection for expected deaths used to calculate excess death counts in the *CMAJ* study. Statistics Canada estimates of expected deaths are lower than those in the *CMAJ* paper, resulting in higher excess death counts for 2020-2021.

²⁴ Q3 2021 data in Canada:

- Statistics Canada expected deaths = 67,450
- Total deaths unrelated to Covid = 72,060
- Excess non-Covid deaths = 4,610

Q4 2021 data in Canada:

- Statistics Canada expected deaths = 73,921
- Total deaths unrelated to Covid = 77,270
- Excess non-Covid deaths = 3,349

every week during that period, the number of non-Covid excess deaths was greater than the number of Covid deaths. In other words, Covid was not solely responsible for excess deaths.

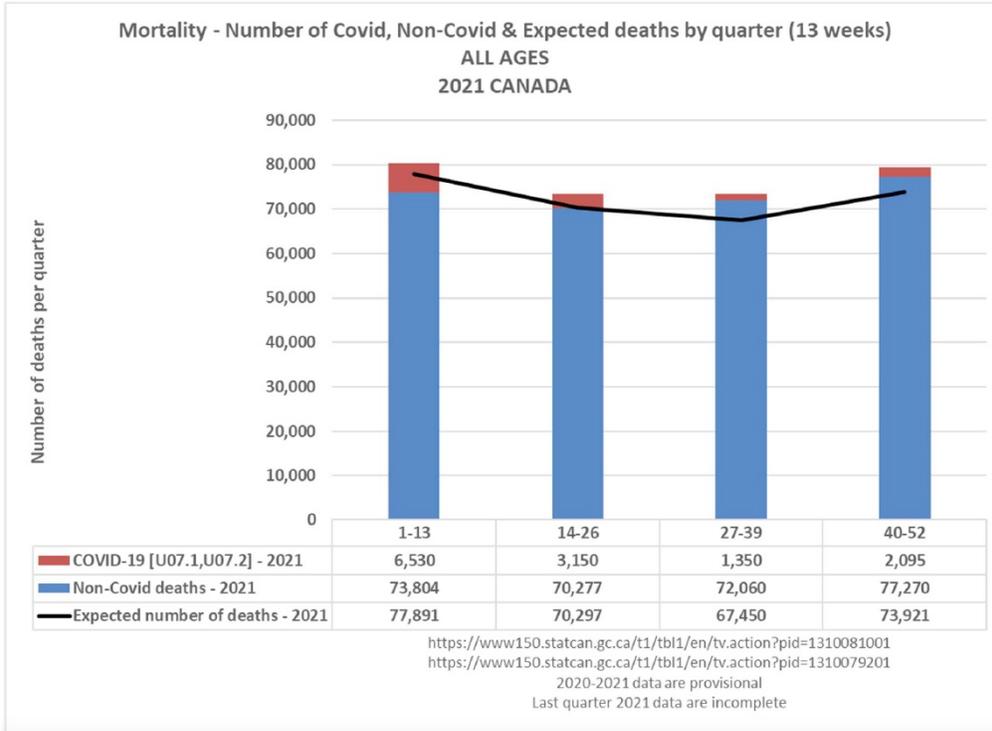


Chart 1²⁵

²⁵ “Provisional Weekly Death Counts, By Selected Grouped Causes of Death,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310081001>; “Provisional Weekly Estimates of The Number of Deaths, Expected Number of Deaths and Excess Mortality, By Age Group and Sex,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310079201>.

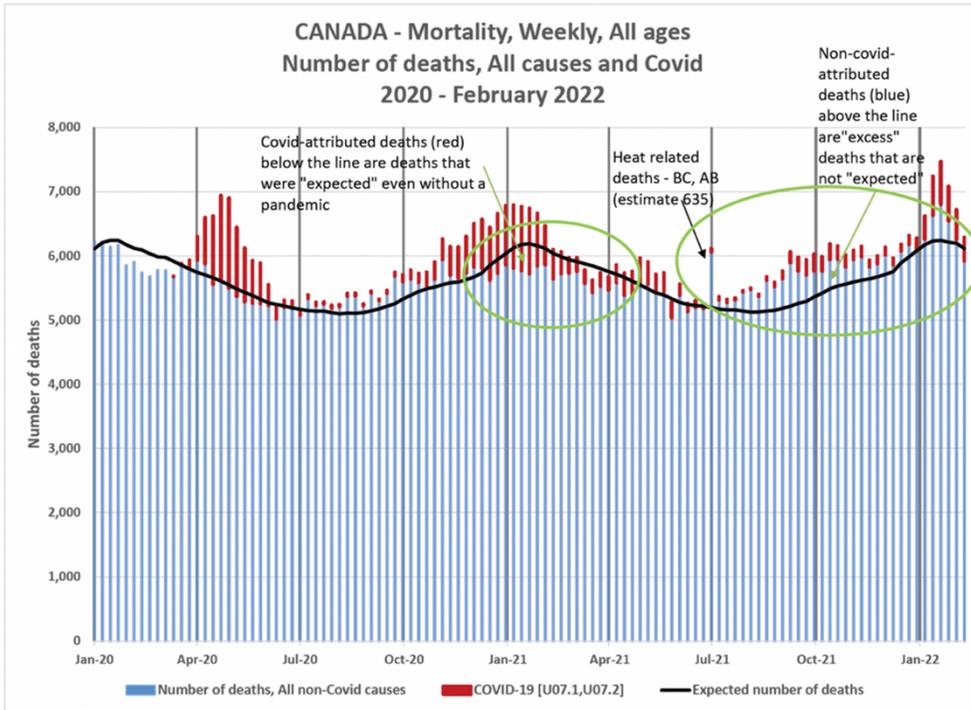


Chart 2²⁶

Source: Statistics Canada
 Tables: 13100768, 13100792, 13100810

Release: June 9, 2022

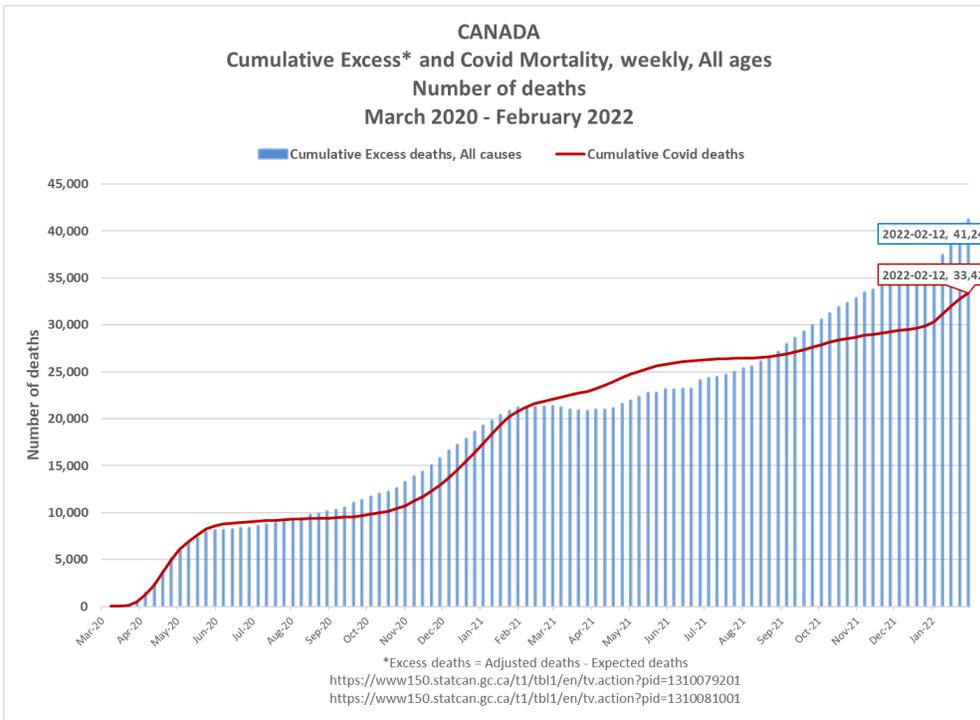


Chart 3²⁷

²⁶ (See sources in footnote no. 25.)

²⁷ (See sources in footnote no. 25.)

So, who died unexpectedly, and what caused their deaths? Approximately 600 excess deaths were caused by a heat wave in British Columbia²⁸ in July of 2021. Other excess deaths occurred in New Brunswick, where a neurological disease is thought to have caused 619 deaths in Q3-4 of 2021.²⁹ But that still leaves more than 6,700 excess deaths, over a period of six months, that were not caused by Covid. Many of these deaths occurred among younger people,³⁰ for whom Covid had not been a major risk to life.³¹ In what follows, we suggest that these unexplained excess deaths were caused by cancelled medical procedures and opioid poisonings.

II.II Possible causes of excess deaths

Disruptions to Healthcare

Several studies suggest that lockdown policies requiring the deferral of medical procedures have been responsible for thousands of ‘echo’ deaths. (We note that reporting and analysis typically lag medical events. Further, we note that the *consequences* of medical events lag those events as well, i.e., an adverse effect resulting from a cancelled or deferred medical intervention may not occur for weeks, months, or years after the event; hence, the term ‘echo’.) The Canadian Institute for Health Information (CIHI) found that “[f]rom March 2020 to June 2021, approximately 560,000 fewer surgeries were performed, compared with the pre-pandemic

²⁸ Michel Egilson, “Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in B.C. in Summer 2021,” British Columbia Coroner’s Service, June 7, 2022, https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf.

²⁹ Robert Jones, “Mysterious Spike in N.B. Deaths in 2021 Not Due to COVID, Health Minister Says,” *CBC*, May 13, 2022, <https://www.cbc.ca/news/canada/new-brunswick/covid-deaths-health-minister-shephard-1.6451680>.

³⁰ Covid deaths among persons under 60 were not significant from a policy point of view. Of the 41,000+ Covid deaths recorded during the 27 months between March 20, 2020, and June 17, 2022, only about 3,000 were under the age of 60, or approximately 0.5% of all deaths during that time. Fewer than 1,200 were under 50.

See: “COVID-19 Epidemiology Update,” Government of Canada, Accessed June 24, 2022, <https://health-infobase.canada.ca/covid-19/>.

³¹ Nathaniel Dove, “More People in Saskatchewan Died Waiting for Surgery During COVID-19 Than Before: Data,” *Global News*, January 13, 2022, <https://globalnews.ca/news/8509321/saskatchewan-deaths-waiting-surgery-covid-pandemic/>.

Ambica Parmar, et al., “Impact of Cancer Surgery Slowdowns on Patient Survival During the COVID-19 Pandemic: a Microsimulation Modelling Study,” *Canadian Medical Association Journal*, March 21, 2022, <https://www.cmaj.ca/content/194/11/E408>.

Irelyne Lavery, “Cancer Surgery Delays Caused by COVID-19 Could Lead to Shorter Life Spans: Study,” *Global News*, March 20, 2022, <https://globalnews.ca/news/8696696/surgery-cancer-covid-19-study/>.

“Excess Deaths, Increased Mental Health Disorders and Substance Use: New CMA Report Highlights Pandemic’s Broader Impact,” *Canadian Medical Association*, November 30, 2021, <https://www.cma.ca/news-releases-and-statements/excess-deaths-increased-mental-health-disorders-and-substance-use-new>.

period (January to December 2019).”³² Healthcare disruptions likely caused excess deaths. Indeed, in November 2021, the Canadian Medical Association commissioned premier financial/professional services firm Deloitte to assess the impact of Covid on Canada’s health system. In a report published in November of 2021, Deloitte determined that “delayed or missed health care services may have contributed to more than 4,000 excess deaths not related to COVID-19 infections between August and December 2020.”³³ In May of 2022, Statistics Canada commented upon the increase in excess deaths for 2021, noting that “to some extent, this shift may be caused by indirect effects of the pandemic, such as missed medical appointments and increased substance use.”³⁴

If the *CMAJ* is correct to think that cancelled surgeries in early 2020 caused excess deaths in late 2020, then it is reasonable to think that further medical cancellations (to June 21, 2021)³⁵ have caused excess deaths in late 2021 and early 2022. Once again, we suggest that Canadian governments, when faced with future iterations of the Covid epidemic, have a legal and ethical responsibility to implement public health policies which do not harm Canadians in the form of excess deaths from delayed and cancelled medical procedures.

Overdose crisis

Apart from deaths from delayed surgeries, the damaging effects of personal isolation (noted by Deloitte in the same *CMAJ* publication)³⁶ are evident in the level of drug poisonings. These were mostly opioid overdoses. Health Canada’s Infobase reports: “A total of 7,560 apparent opioid toxicity deaths occurred in 2021 (January–December). This is approximately 21 deaths per day. In the years prior to the pandemic, there were between 8 (in 2016) and 12 (in 2018) deaths per day.”³⁷ Pro-rating for Q3/4 of 2021 (for which figures are not yet available),

³² “COVID-19’s Impact on Hospital Services,” Canadian Institute for Health Information, December 9, 2021, <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/hospital-services>.

³³ “A Struggling System: Understanding The Health Care Impacts of The Pandemic,” Canadian Medical Association and Deloitte, November, 2021, <https://www.cma.ca/sites/default/files/pdf/health-advocacy/Deloitte-report-nov2021-EN.pdf>.

³⁴ “Provisional Death Counts and Excess Mortality, January 2020 to February 2022,” Statistics Canada, May 12, 2022, <https://www150.statcan.gc.ca/n1/daily-quotidien/220512/dq220512c-eng.htm>.

³⁵ As reported by CIHI in December 2021. See: “COVID-19’s Impact on Hospital Services,” Canadian Institute for Health Information, December 9, 2021, <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/hospital-services>.

³⁶ “A Struggling System,” Canadian Medical Association and Deloitte.

³⁷ Opioid- and Stimulant-related Harms in Canada,” Government of Canada, June, 2022, <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.

one may reasonably assume that approximately 3,700 opioid deaths occurred in Q3 and Q4 of 2021 compared to an average of 2,129 deaths for the same period during the previous five years.³⁸

So, were more than 1,500 opioid deaths attributable to the lockdown response to Covid?

Health Infobase comments:

There is evidence the COVID-19 pandemic is contributing to the already deadly and ongoing national public health overdose crisis. This crisis is having a tragic impact on people who use substances, their families, and communities across Canada. People who use substances, such as opioids, cocaine, and methamphetamine, are experiencing a number of increased risks, with several jurisdictions reporting higher rates of fatal overdoses and other harms.³⁹

Suggestively, Q3 and Q4 excess deaths were higher in BC, Alberta, and Ontario, where higher opioid deaths were also recorded.⁴⁰

This explanation is further supported by data from Statistics Canada, according to which there were higher levels of excess deaths among younger people (for whom Covid *is not* a major risk, but for whom death from accidental poisonings *is* a major risk). Chart 4 (below) shows, for instance, that from 2010 to 2020, there was an average of 82 deaths per 100,000 per year from all causes among males younger than 45 years old. But, in 2021, there was an average of 102 deaths per 100,000 among males younger than 45 years. *In other words, the death rate of this group rose by 24 percent.*

The same trend was observable among females. Between 2010 and 2020, there was an average of 47 deaths per 100,000 per year among females younger than 45. But, in 2021, *the death rate rose more than 14 percent* to 54 per 100,000. The pattern holds in the 45-64 age group: Chart 5 (below) shows that, during 2020 and 2021, male deaths rose more than seven percent over the average of the previous five years. Further, mortality rates fell among older demographics (see Charts 6 and 7 below) even as they rose among younger demographics (see Charts 4 and 5 below).

³⁸ “Opioid,” Government of Canada.

³⁹ Government of Canada.

⁴⁰ Kimberlyn McGrail, “A Province-By-Province Look at Excess Deaths in Canada During The Pandemic,” The University of British Columbia, May 30, 2022, <https://news.ubc.ca/2022/05/30/a-province-by-province-look-at-excess-deaths-in-canada-during-the-pandemic/>.

CANADA Age Specific Mortality Rates,
Deaths per 100,000 population
2010-2021 (Jan-Dec, 52 weeks, provisional)
Charts 4-7⁴¹

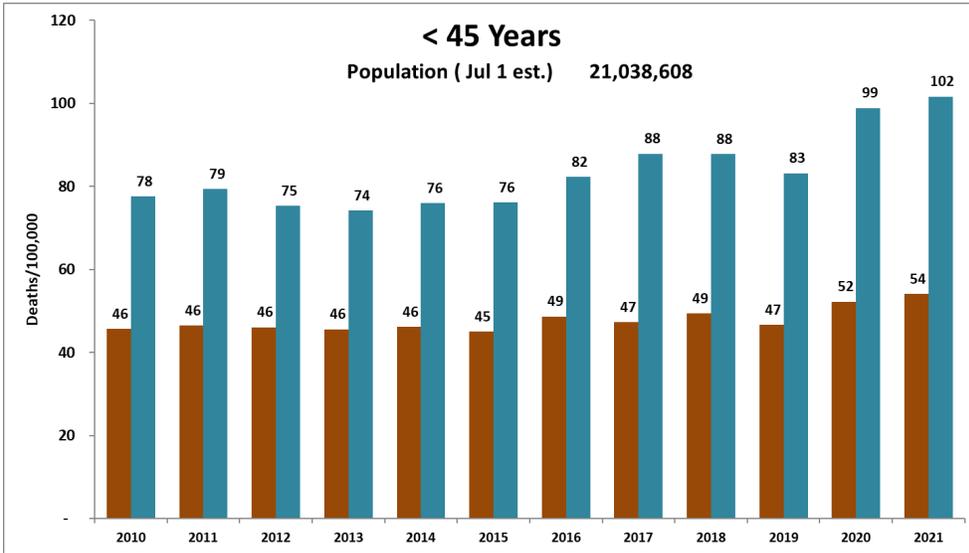


Chart 4

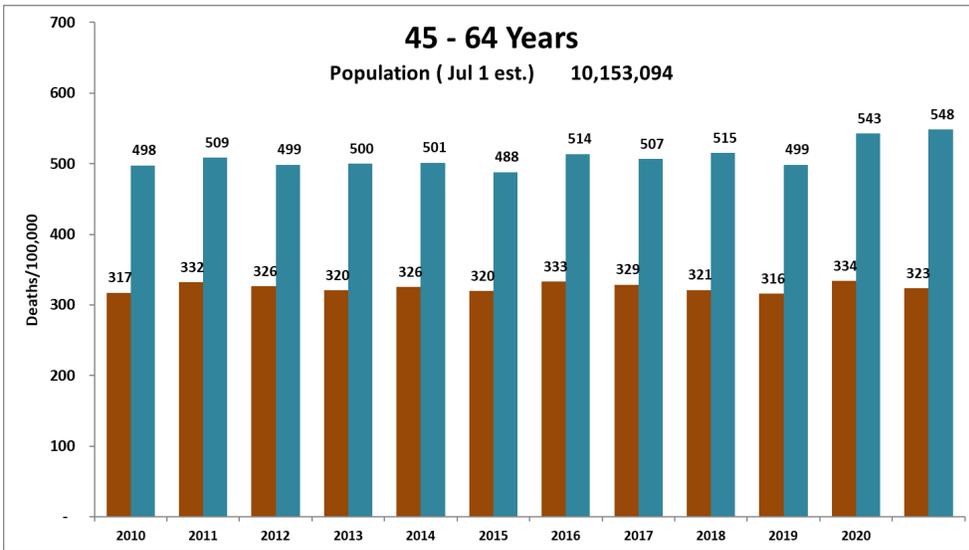


Chart 5

⁴¹ “Provisional Weekly Death Counts, By Age Group and Sex,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310076801>.

“Provisional Weekly Estimates of The Number of Deaths, Expected Number of Deaths and Excess Mortality, By Age Group and Sex,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310079201>.

“Population Estimates on July 1st, By Age and Sex,” Statistics Canada, September 29, 2021, <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1710000501>.

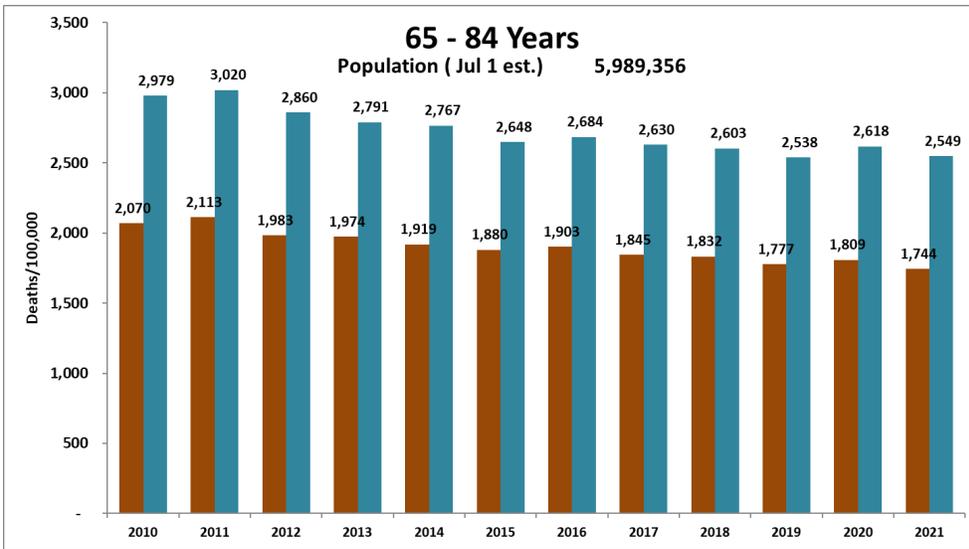


Chart 6

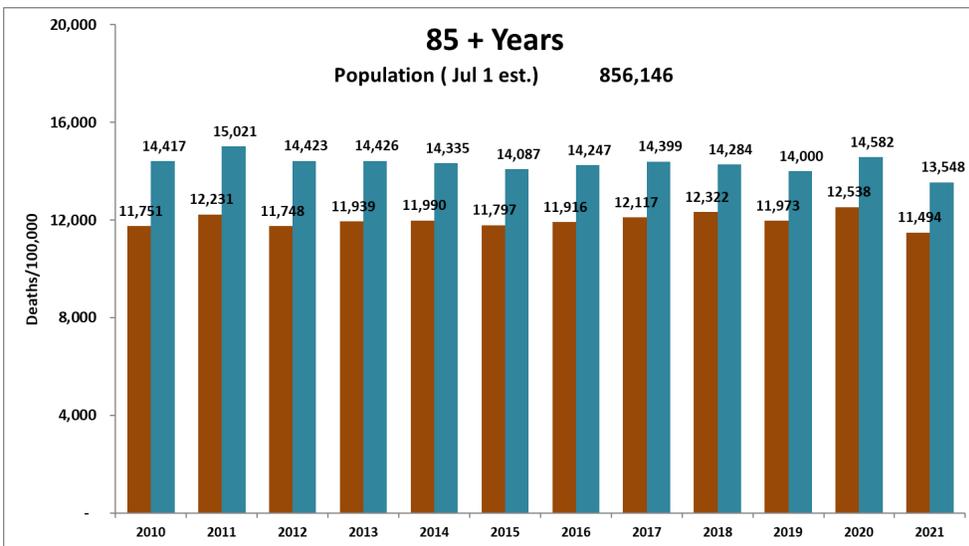


Chart 7

Finally, Chart 8 (below) shows that excess deaths, especially among those under 65, have been significant since the start of the pandemic.

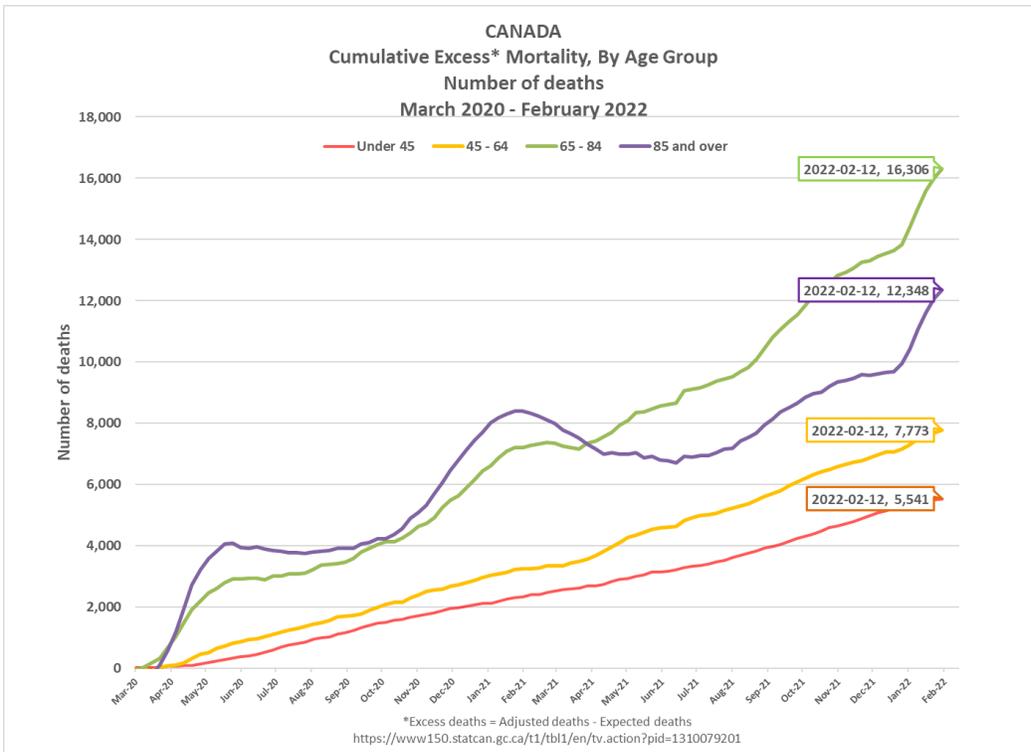


Chart 8⁴²

Deviations from the norm of this magnitude require an explanation. As they occur in a demographic for which Covid is low risk,⁴³ they confirm that the elevated excess deaths occurring in these demographics cannot all be attributed to Covid. The Public Health Agency of Canada (PHAC) offers two possible causal connections. (1) Changes in the illegal drug supply are partly to blame as “supply chains have been disrupted by travel restrictions and border measures.”⁴⁴ Put plainly, when drugs of lower quality are substituted for an existing supply, more deaths from drug consumption are likely to follow. And (2), PHAC also blames “less access to supports and services for people who use drugs, such as supervised consumption sites” and “more use of substances as a way to cope with stress.”⁴⁵

⁴² “Provisional Weekly Estimates of The Number of Deaths, Expected Number of Deaths and Excess Mortality, By Age Group and Sex,” Statistics Canada, July 14, 2022, <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310079201>.

⁴³ In 2020, there were only 1.5 deaths per 100,000 in the 40-45 age group and only 16.6 deaths per 100,000 in the 60-64 age group. (See sources to footnote no. 40.)

⁴⁴ “Modelling Opioid-Related Deaths During The COVID-19 Outbreak,” Government of Canada, Accessed July 30, 2022, <https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling-opioid-overdose-deaths-covid-19.html>. For an American perspective, see: Shanoor Seervai, “‘It’s Really, Truly Everywhere’: How the Opioid Crisis Worsened with COVID-19,” The Commonwealth Fund, June 4, 2021, <https://www.commonwealthfund.org/publications/podcast/2021/jun/its-really-truly-everywhere-how-opioid-crisis-worsened-covid-19>.

⁴⁵ Seervai.

III Conclusion

With this data on excess deaths in mind, we suggest that Canadian governments, research bodies, and media organizations have been biased in their assessment of the success of Canada's response to Covid. Any such assessment cannot *include* only the data that is flattering or favourable to Canadian governments (e.g., relatively low mortality rates from Covid or high compliance with stringent lockdown policies) while simultaneously *excluding* data that (a) contradicts their narrative of a successful response and (b) justifies future stringent and *Charter*-violating responses. Excess deaths from disrupted medical procedures and opioid poisonings are the (direct or indirect) result of stringent and sustained lockdowns, and Canadian governments have an obligation to answer for the excess deaths of Canadians in their future policy decisions.

The collateral effects of the lockdown policies of 2020-21 are visible in the excess death statistics of 2021-22. Delayed surgeries and accidental drug poisonings have taken their toll. And, manifestly, there is insufficient statistical validation for the efficacy of lockdowns and vaccination campaigns, which have been integral to the supposed success of Canada's Covid response. Meanwhile, the level of excess deaths in 2021 that were not attributable to Covid points to a potential cost of government policies intended to combat Covid. This cost has been paid in thousands of Canadian lives. Governments and medical agencies have yet to adequately report on these costs.

Certainly, there is no justification for the developing narrative of a 'successful' response to Covid. Attempts to propagate such a narrative cannot pass unchallenged. Future responses to a new strain of Covid must not repeat old mistakes. Ordinary Canadians simply cannot endure a replay of what they have suffered during the last two years of generally ill-conceived government policies.⁴⁶ These have caused loss of income, significant disruptions and increased childhood mental illness from closed schools, workplace and travel restrictions, and rising levels of societal mental illness, substance abuse, and marital breakdowns. Canadians under 60 who do not suffer from dangerous co-morbid conditions have already paid more than their fair share. Never again should Canadians be arbitrarily locked out of their employment or the social and economic interactions that are vital to a healthy society.

⁴⁶ "Two Weeks," Justice Centre.

This report invites Canadians to reflect upon the success of Canadian governments' policy responses to Covid. Governments, media organizations, and medical associations would state that Canada's response has been successful because of high vaccination rates and low mortality rates with Covid. We suggest that this is a biased interpretation of Canada's Covid response. This report draws attention to the excess deaths caused by Canada's Covid response and suggests that any evaluation of the success of that response must take into consideration this key data. As the Covid pandemic continues to develop, Canadian governments must begin to take an unbiased view of the efficacy of lockdown policies and the harms caused by these.

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