

September 26, 2022

## OPEN LETTER

Dear Drs. Tam, Njoo, Kochhar, Deeks and PHAC and NACI Representatives;

We would like raise two critical issues with you.

- 1) Access to early treatment drugs including Ivermectin and Hydroxychloroquine for the Canadian public during the 2022/23 cold and flu season
- 2) Review of the recent scientific evidence regarding the efficacy and risks of the mRNA gene therapy products to children in other jurisdictions

### **I. ACCESS TO EARLY TREATMENT DRUGS INCLUDING IVERMECTIN AND HYDROXYCHLOROQUINE FOR THE CANADIAN PUBLIC DURING THE 2022/23 COLD AND FLU SEASON**

As the fall approaches, Canadians will fall victim to the usual cold and flu season. COVID, a coronavirus will now be part of that usual season presenting with the same cold/flu symptoms except perhaps for those over 85 years with 3.5 co-morbidities. Based on the research, those individuals are strongly advised to avail themselves of early, effective treatment with re-purposed, safe drugs. The writer has attached the age stratified risk profile of COVID-19 in Appendix A below.

Based on newly released [emails](#), it is clear that by at least December 13, 2020, Health Canada (HC) was aware of the satisfactory results of Ivermectin in an early treatment protocol to improve outcomes for those high-risk individuals suffering from COVID-19. Yet on August 31, 2021, Health Canada warned against the use of human Ivermectin ([here](#)) in the treatment of COVID-19 and made it close to impossible for Canadians to access it. A media blitz depicting Ivermectin as a “horse paste” served to further derail this well-established, safe human drug. By June 2022, HC stated that 41,088 Canadians had died from COVID-19. Had Ivermectin++treatment protocol been made available to Canadians, the numbers of dead Canadians would have been reduced by at least 52-62%.

It is easy to obtain Ivermectin in the USA for the treatment of COVID-19 in any state. In particular, pharmacists in New Hampshire, Tennessee and Kansas are dispensing Ivermectin for COVID sufferers. Ivermectin is only one of several drugs and neutraceuticals that have been proven successful in the treatment of COVID-19. Refer to [c19early.com](#) for a list of drugs and neutraceuticals and studies proving efficacy; to the FLCCC COVID Early Treatment [Protocol](#); and to the AAPS home treatment [protocol](#).

According to a critical care physician who *treats* patients with COVID-19, Dr. Paul Marik, a neurocritical care doctor, testified that **ivermectin is one of the safest drugs on the planet**, adding

that a human-grade version of the drug is approved for treatment in 79 other countries. He also pointed out that since its discovery in 1987, over 3.7 billion doses of ivermectin has been dispensed as an anti-viral or anti-parasitic drug. “So somehow Japanese people, Indian people, Brazilian people can tolerate it safely but it’s toxic in Americans [*Canadians*]. You have to be kidding,” he said. Marik further cited several studies that definitively proved Ivermectin has both viricidal and anti-inflammatory properties. He also pointed out that it has already been used to treat deadly diseases such as mosquito-borne Zika virus and other similar viruses similar to the SARS-CoV-2 RNA viruses that cause COVID-19. ([article](#))

Here are a number of articles for your consideration. In total, there are 91 studies showing Ivermectin’s efficacy against COVID-19 listed at <https://c19ivermectin.com/> site.

- Nobel Prize multi use for IVERMECTIN ([here](#))
- IVERMECTIN for Cov2 [here](#)
- IVERMECTIN Science.org [here](#)
- IVERMECTIN anti viral action [here](#)
- IVERMECTIN as Ionophore [here](#)
- IVERMECTIN stopping viral replication [here](#)
- IVERMECTIN World Use C19 [here](#)
- IVERMECTIN Extremely safe [here](#)
- IVERMECTIN Works when distributed [here](#)
- IVERMECTIN works when administered [here](#)
- IVERMECTIN in India WHO white paper [here](#)

Here’s the bottom line: Physicians have always had the opportunity to try off-label drugs with their patients. Canadians and their physicians are not prepared to enter another winter season without access to actual treatment of their choice—including the safe and effective combination of Ivermectin, HCQ and neutraceuticals. This is critically important as more booster shots will continue to create adverse events such as myocarditis, endotheliitis, antibody-dependent viral enhancement and T cell damage in our population.

And it is the T Cell damage in the multiple-vaccinated population that is driving the 'susceptibility quotient' in such a dangerous direction.

**Higher infection and reinfection rates in the multiple-vaccinated is expected to be horrific in this fall-winter season unless liberally available Ivermectin is made available by HC and PHAC. The NIH in the U.S. now lists Ivermectin as approved and specified for Covid-19.**

**WE MUST DO THE SAME TO SAVE CANADIAN LIVES AND WE IMPLORE YOU TO DO IT NOW - BEFORE OCTOBER 5.**

## **II. REVIEW OF THE RECENT SCIENTIFIC EVIDENCE REGARDING THE EFFICACY AND RISKS OF THE MRNA GENE THERAPY PRODUCTS IN CHILDREN IN OTHER JURISDICTIONS**

By now, most Canadians understand that the mRNA injections have failed to protect them against becoming infected with COVID-19 or passing it on to others, so “vaccinating” children with the mRNA gene-based products will neither protect Granny nor their teachers--neither will masking, social distancing or, most outrageously, locking children out of their classrooms. What is not clear to Canadian parents are the risks of our children being injected with a gene-based product, yet it would appear that other health experts in other countries have considered the precautionary principle to protect the most vulnerable in their society.

We do not believe that science in Canada is any different than science found in Denmark, the United Kingdom, Israel or other countries around the world, yet those countries have STOPPED vaccinating children while Canada presses on. Korean health authorities “noted the relative dearth of literature on the safety and effectiveness of the vaccine for children. In light of that, it said, although the evidence for questioning the vaccine’s long-term safety was “slight,” “caution is necessary.”<sup>1</sup> Canadian health authorities have not applied the precautionary principle to protect our children.

As early as October 2021, Iceland halted the use of Moderna’s product. “It should be mentioned here that prior to Iceland, Nordic countries including Sweden, Denmark, Norway and Finland suspended the use of Moderna's COVID vaccine citing increased risk of side effects such as inflammation of the cardiac muscle or the pericardium. The Finnish Institute for Health and Welfare stated that the shot will not be given to males under the age of 30. Sweden has banned the use of Moderna for those under the age of 30.”<sup>2</sup> Canada continues to administer the Moderna vaccine without restriction.

In the UK, 76 doctors penned an [open letter](#) to the MHRA stating, “In summary, young healthy children are at minimal risk from COVID-19, especially since the arrival of the Omicron variant. Most have been repeatedly exposed to SARS-CoV-2 virus, yet have remained well, or have had short, mild illness. As detailed above, the vaccines are of brief efficacy, have known short- to medium-term risks and unknown long-term safety. Data for clinically useful efficacy in small children are scant or absent. In older children, for whom the vaccines are already licensed, they have been promoted via ethically dubious schemes to the potential detriment of other, and vital, parts of the childhood vaccination program.” The UK is no longer recommending the Pfizer shot for children under 12 or pregnant and breastfeeding women.

In Switzerland, the health authorities opine, “Further data is needed to confirm that the benefits of the vaccine in preventing COVID-19 disease in children under 12 years of age outweighs any

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<sup>1</sup> <http://www.koreaherald.com/view.php?ud=20210930001062>

<sup>2</sup> <https://www.republicworld.com/world-news/europe/iceland-halts-use-of-modernas-covid-vaccine-amid-concerns-over-heart-inflammation-risk.html>

potential risks.”<sup>3</sup> In July 2021, Uruguay banned the COVID-19 vaccines for children under 13 years.

Science is fluid. The experts in these countries understand the need to back away from dangerous medical products when the harms outweigh benefits. Why not in Canada?

Here’s a recap of how countries are banning these vaccines for children:

- **UNITED KINGDOM:**
  - The UK is **not** recommending the Pfizer shot for children under 12 years.
  - Government document [here](#) with the following recommendation
    - **“Children: COVID-19 mRNA Vaccine BNT162b2 is not recommended for children under 12 years.”** ([MSN](#))
    - UK: Office of National Statistics showed vaccinated children are 52 times more likely to die following the vax ([Expose](#))
- **USA:** “Pfizer Covid vaccine was just 12% effective against omicron in kids 5 to 11, study finds” – [CNBC](#)
- **Israel:**
  - “93 Israeli doctors: Do not use Covid-19 vaccine on children” [Israel National News](#) and
  - 58 babies who received mRNA COVID-19 vaccines suffered life-threatening adverse events [here](#)
  - Israel’s latest cases of hepatitis in children [here](#)
  - Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine [here](#)
- **Uruguay** suspends COVID vaccination for children under 13 ([here](#))
- “Sweden decides against recommending COVID vaccines for kids aged 5-11” go [CTV](#) and Reuters [here](#)
- **“Denmark Aims to End COVID Vaccine Campaign, Won't Give Boosters to Children”** - [Newsweek](#) and recently banned vaccines for anyone under 50 year (Denmark Government site [here](#))
- **Switzerland:** Caution urged before vaccinating kids under 12 against COVID-19 [here](#)
- **ASIA:** “Healthy kids under 12 not fully benefit from Covid-19 vaccines post-peak: Expert – [Asia Newsnetwork](#) and in the [Korean Herald](#)
- **Japan,** excluding children aged 5-11 from compulsory immunization [here](#)
- **Iceland:** October 8, 2021 decided to halt the use of Moderna's COVID-19 vaccine citing growing concerns over risks of heart inflammation. [here](#)
- **Africa:** Fewer than 6% of people in Africa are vaccinated yet “one of the least affected regions in the world”- [ABC news](#)

It’s difficult to comprehend that health experts in these countries are not satisfied with the safety and/or efficacy outcomes of these experimental inoculations for children yet Canadian health authorities are rolling the dice on our children’s safety.

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<sup>3</sup> <https://medicalxpress.com/news/2021-11-caution-urged-vaccinating-kids-covid-.html>

We eagerly await hearing back from Dr. S. Deeks around her rationale for continuing to pursue a harmful policy of inoculating children under 18 years with a potentially injurious, experimental, novel mRNA gene-based product whose short-term trials do not conclude until 2023 and without any proven long-term safety studies.

We also look forward to hearing back from PHAC and Health Canada about plans to release physicians and their Colleges from a policy that restricts the use of “safe and effective” early treatments used around the world such as Ivermectin, but rather continues to cause the demise of Canadians by denying it.

Sincerely yours,

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*As a disclaimer, Karen Rucas is neither a physician, a virologist, a molecular biologist or an immunologist, but rather a health care professional who is interested in saving Canadian lives.*

## Appendix A

### **Age-stratified risks of Infection and Survival rate from COVID-19 infection**

Age group	Infection Fatality Rate* (13/07/2021)	Infection Survival rate	Infection Fatality Rate* (23/12/2021)	Infection Survival rate
0-19	0.0027%	100%	0.0013%	100%
20-29	0.014%	99.99%	0.0088%	99.99%
30-39	0.031%	99.97%	0.021%	99.98%
40-49	0.082%	99.92%	0.042%	99.96%
50-59	0.27%	99.73%	0.14%	99.86%
60-69	0.59%	99.41%	0.65%	99.35%
70-90	5.5%	94.5%	4%	96%

**Each Canadian must be properly informed of the age-stratified risks and benefits of each choice but the final choice must be left to the patient and his/her doctor.**

**This includes the eminently rational choice to take prescribed Ivermectin - which so much real-world data shows to be tremendously effective for acute Covid-19 acutely. Ivermectin is also greatly effective for Long Covid and reducing Vaccine Injury effects.**

**Please make this choice with us --September 2022. More data is available upon request.**

Appendix B - URGENT

**EUROPEAN (EuroMOMO) ADMISSION THAT POST-VAXX PERIOD (2021-22) SHOWS 8 TIMES (800%) RISE IN CHILDREN'S MORTALITY [HERE](#)**

**The above figures are totally consistent with ONS (UK) data from the only unbiased ACTUAL STUDY with separated cohorts in the World.**

In that study VACCINATED 10 to 14 year olds died (excess deaths) 5200% -- 52 times -- more than NON-VACCINATED CHILDREN.

In that study VACCINATED 15 to 19 year olds died (excess deaths) -- 400% -- more than NON-VACCINATED ADOLESCENTS.

**The merging of those two likelihoods would suggest that OVERALL, FULLY VACCINATED 10 to 19 year olds will die at a merged rate of at least 1500% more than CHILDREN LEFT ALONE !!**

GIVEN that only 50% of European children received at least 2 VAXXS we now see the result of those 2 VAXXES ...

THE VAXXED MORTALITY RATE went up 1500% -- 15 times -- showing up as a still massive 800% -- 8 times -- ELEVATION in this SUMMARY REPORT because ONLY HALF of Europe's children are DOUBLE VACCINATED.

**THE VAXXES ARE KILLING CHILDREN MASSIVELY AS THE ORIGINAL STUDIES SHOWED ....**

- 5200% AND 400% ELEVATION IN ALL CAUSE MORTALITY IN THE AGE-SPECIFIC COHORTS [HERE](#)
- "8100 PERCENT MORTALITY RATE INCREASE" [HERE](#)

WE INVITE YOUR ANSWER, BUT MORE IMPORTANTLY YOUR ONLY PROPER ANSWER IS ACTION.

**SAVE THE CHILDREN - STOP THE (C19) VAXX**

Shoemaker/Rucas

September 2022