

The Corona Crisis: A New Lockdown for Quebec is not A “Solution”. Open Letter to the Prime Minister of Quebec Mr. François Legault.

By [Prof Michel Chossudovsky](#)
Global Research, April 04, 2021

Region: [Canada](#)
Theme: [Global Economy](#), [Media Disinformation](#), [Poverty & Social Inequality](#), [Science and Medicine](#)

The following text is the translation from French (by the author). [Texte de la lettre en français](#)

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Mr. François Legault,

Premier of Quebec

April 3, 2021

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Dear Mr. Legault,

I am writing to you regarding your government’s decision to consider a new lockdown in order to protect Quebecers against the pandemic.

This letter addresses the issue of estimating deaths attributed to Covid-19.

On April 16, 2020: a [directive by the Quebec Ministry of Health and Social Services](#) regarding the identification and categorization of the cause of death was issued:

“If the presumed cause of death is Covid-19 (with or without a positive test) an autopsy should be avoided [emphasis in Ministry document] and death should be attributed to Covid-19 as the probable cause of death. In addition, deaths, the probable cause of which is Covid-19, are considered natural, and are not the subject of a notice to the coroner. ” [translated from French]

Below is the text [in French] of the directive sent to the directors of the OPTILAB Clusters (the clinical-administrative and medical co-directors). (Les Grappes - OPTILAB, medical biology laboratories)

PAR COURRIER ÉLECTRONIQUE

Québec, le 16 avril 2020

AUX DIRECTRICES CLINICO-ADMINISTRATIVES ET DIRECTEURS
CLINICO-ADMINISTRATIFS DES GRAPPES OPTILAB

AUX DIRECTRICES MÉDICALES ET DIRECTEURS MÉDICAUX DES GRAPPES
OPTILAB

Mesdames,
Messieurs,

Le ministère de la Santé et des Services sociaux (MSSS) est conscient des impacts de la pandémie de COVID-19 sur l'offre de service en autopsie. Pour cette raison, nous vous transmettons les orientations suivantes afin de vous aider à gérer les demandes à cet égard.

- Si la cause présumée du décès est la COVID-19 (avec ou sans test positif), une autopsie **doit être évitée** et le décès doit être attribué à la COVID-19 comme cause probable. De plus, les décès dont la cause probable est attribuable à la COVID-19 sont considérés comme naturels et ne font pas l'objet d'un avis au coroner.
- La Loi sur la recherche des causes et des circonstances des décès (RLRQ, chapitre R-0.2) s'applique et les autopsies demandées par un coroner chez des personnes n'ayant pas de COVID-19 soupçonnée ou confirmée se poursuivent dans les établissements de santé et de services sociaux qui offrent normalement ce service.
- Le MSSS désigne deux centres pour pratiquer les autopsies chez les personnes suspectées ou confirmées d'être atteintes de la COVID-19, dont la cause présumée du décès **n'est pas** la COVID-19 :
 - Centre hospitalier de l'Université de Montréal (CHUM);
 - Institut universitaire de cardiologie et de pneumologie de Québec – Université Laval (IUCPQ – UL).

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- La réalisation d'autopsies dans les deux centres désignés est soumise aux règles suivantes :
 - Toute demande d'autopsies des établissements de santé et de services sociaux situés à l'ouest de Trois-Rivières doit être adressée au pathologiste de garde aux autopsies du CHUM, et les demandes d'autopsies des établissements situés à Trois-Rivières et à l'est de cette ville doivent être adressées au pathologiste de garde aux autopsies de l'IUCPQ – UL;
 - Le demandeur doit communiquer avec le pathologiste de garde avant d'autoriser le transport du corps vers le CHUM ou l'IUCPQ – UL et fournir les informations suivantes :
 - o Coordonnées pour la transmission du rapport préliminaire d'autopsie et du rapport définitif d'autopsie au demandeur et au directeur de la santé publique de la région concernée;
 - o Autorisation/consentement à l'autopsie;
 - o Informations cliniques (copie des notes d'admission/ transfert/évolution, constat de décès, copie des rapports d'examen de radiologie et de laboratoire pertinents, notamment tout résultat de test pour le SARS-CoV-2).
 - La décision d'accepter ou de refuser de pratiquer l'autopsie est prise par le pathologiste, en fonction des éléments suivants :
 - o les indications cliniques;
 - o l'état de conservation du cadavre (ex. : putréfaction);
 - o la disponibilité des équipements de protection individuelle;
 - o la disponibilité des ressources humaines dédiées aux autopsies (pathologistes et technologistes);
 - o l'accessibilité aux salles d'autopsie à pression négative.
- Lorsque l'autopsie est acceptée par le pathologiste, le transport inter-régional des corps est autorisé, et ce, même si la région sociosanitaire ou le territoire d'origine est à accès limité ou en confinement.
- Le corps doit être retourné dans sa région sociosanitaire d'origine après l'autopsie.
- Le demandeur et le directeur de la santé publique de la région sociosanitaire d'origine doivent recevoir une copie du rapport préliminaire d'autopsie et du rapport définitif d'autopsie, incluant tout résultat de test pour le SARS-CoV-2 effectué lors de l'autopsie.

Veuillez agréer, Mesdames, Messieurs, l'expression de nos sentiments les meilleurs.

La sous-ministre adjointe,



Lucie Opatry, M.D., M.Sc., MHCM

c. c. Dr Martin Clavet, Bureau du coroner
 Me Pascale Descary, Bureau du coroner
 M. Yvan Gendron, MSSS
 M. Daniel Riverin, Bureau du coroner

N/Réf. : 20-AU-00603

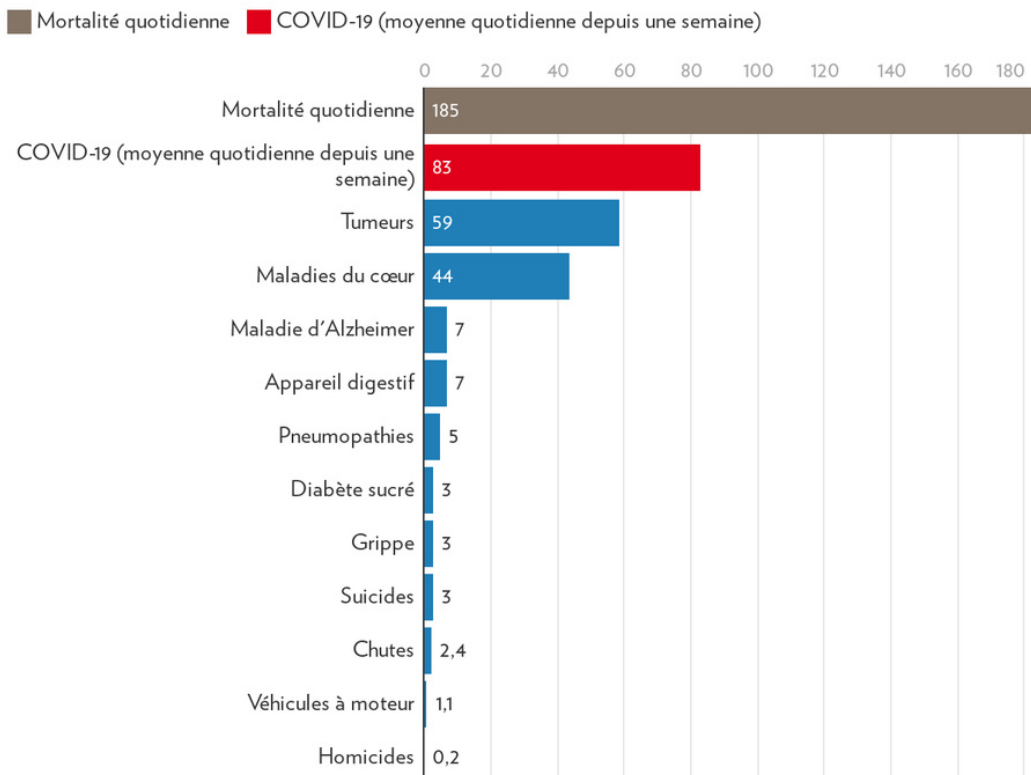
The directive was issued on April 16, 2020. And five days later, Monday April 21, 2020, the Ministry of Health reported that Covid-19 had become (for the month of April): [“... the main cause death in Quebec \[44.9%\] beating the daily average of deaths attributable to cancer and heart disease.”](#)

On April 21, 2020, at your press conference you reported that the deaths attributed to Covid-19 had gone fly high, and that these deaths were mainly concentrated in seniors' residence homes (CHLSD).

Below is the (daily) mortality data in Quebec corresponding to the week of April 12 to

18, 2020 measured (and categorized) according to the [criteria issued by the Ministry of Health and Social Services](#).

Moyenne des décès quotidiens au Québec



Source : INSPQ, année 2018 pour les maladies, 2016 pour les chutes, accidents de véhicule, suicides et homicides



Was this surge in Covid mortality the result of the “killer virus”, namely the so-called “deadly pandemic”?

Or was it the result of the directives issued by the Ministry of Health and Social Services (April 16, 2020) which are largely based on erroneous criteria?

See below:

- “presumed” cause of death” is Covid-19,
- “With or without positive test”,
- “probable” cause of mortality,
- “Autopsy should be avoided” in the case of Covid-19.
- “Deaths whose probable cause is Covid-19, are considered natural, and are not the subject of a notice to the coroner”

It is not even necessary to require a “confirmed positive case” (RT-PCR test) to establish whether the death is caused by the virus. The Covid-19 “presumed cause of death” (which proves absolutely nothing) is sufficient.

I should also mention that this directive does not allow the recording of co-morbidities. And if the family of the deceased does not accept the Covid-19 categorization (which does not require the PCR test), the autopsy request procedures are complex (almost impossible, two hospitals for the whole of Quebec) .

There were no cases of death attributable to Covid in Quebec prior to mid-March 2020. And suddenly in April the death figures associated with Covid-19 go fly high, to become in April 2020 the main cause of death in Quebec.

Today, Covid-19 is categorized as the third leading cause of death in Quebec. This categorization was also used to distort the causes of death in the CHSLDs. It is not the virus which caused “a real massacre” in the CHSLDs. Quite the opposite.

My understanding is that these erroneous directives of the Ministry of Health issued in April 2020 are still in effect.

At the beginning of April 2021: more than 10,600 cases of mortality in Quebec are assigned to Covid-19 (based on the arbitrary criteria of the Ministry of Health and Social Services).

Inevitably, the mortality statistics associated with Covid as well as the numerous media reports help fuel the fear campaign.

The Lockdown

The figures pertaining to Covid deaths are used by the Ministry of Health and the government to justify the draconian measures imposed on Quebecers including the lockdown, the curfew, the wearing of masks, social distancing, closing of schools, colleges and universities as well as the partial closure of the national economy, which inevitably leads to precipitating the bankruptcy of small and medium-sized businesses in all regions of Quebec.

The lockdown is not a solution, quite the opposite. You do not resolve a public health crisis by closing down major sectors of the national economy. The solution put forth by the government (if applied) will result in more poverty and unemployment. It will also lead to a fiscal crisis of the State and an unprecedented public debt.

The government should reassure the people of Quebec. There is absolutely no basis for a fear campaign. Rarely mentioned by the media, CoV-SARS-2 is not a “deadly virus”. According to [the World Health Organization \(WHO\)](#):

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The Covid-19 vaccine is not a solution to restore the so-called “normality”. It is not required for people experiencing “a mild to moderate respiratory illness”.

Moreover, the mRNA vaccines are still at the “experimental” stage. In the European Union (EU), there have been over a period of less than three months [\(from December 27, 2020 – March 13, 2021\) 3,964 deaths and 162,610 injuries.](#) (See [Eudra Vigilance](#) reports)

Is this Really a Third Wave?

The estimates are misleading. I would suggest that the government of Quebec carry out an analysis on the methodology of the RT-PCR test (applied to CoV-SARS-2) in order to assess the reliability of the estimates pertaining to positive covid-19 cases. See the WHO's *corrigendum* (below)

The WHO's Mea Culpa

The World Health Organization (WHO) [has issued a corrigendum in a Memo dated January 20, 2021 pertaining to its own guidelines regarding the RT-PCR test](#). These guidelines were put forth at the outset of the crisis by the WHO in January 2020. They were approved and applied by the governments of WHO Member States [starting in early February].

The contentious issue pertains to the number of amplification threshold cycles (Ct)

The WHO as of January 2021 retracts and now asks the governments to repeat the test if the amplification (Ct) standards (threshold) were applied at 35 cycles or above:> 35 cycles:

“WHO guidance [Diagnostic testing for SARS-CoV-2](#) states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT [nucleic acid amplification] technology.

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity. ” ([WHO](#) January 20, 2021, emphasis added)

Erroneous Estimates

This is not an issue of “Weak Positives” and “Risk of False Positive Increases”. What is at stake is a “Flawed Methodology” which leads to invalid estimates.

What this admission of the WHO confirms is that the estimate of covid positive from a PCR test (with an amplification threshold of 35 cycles or higher) is invalid. In which case, the WHO recommends retesting: “a new specimen should be taken and retested...”.

Repeat the Test?

While the implementation of this WHO recommendation to “Retest” is (in practice) an impossibility, the fact remains that the results of the PCR test established (since February 2020) according to the WHO's erroneous guidelines are invalid.

According to scientific opinion (Pieter Borger et al). :

“if someone is tested by PCR as positive when a threshold of 35 cycles or higher

is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97% ([Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al, Critique of Drosten Study](#))

I am at your disposal for any clarifications regarding the content of this letter

Yours respectfully,

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[Michel Chossudovsky Biographical note](#)

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Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research. He has taught as visiting professor in Western Europe, Southeast Asia, the Pacific and Latin America. He has served as economic adviser to governments of developing countries and has acted as

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