NATIONAL CITIZENS INQUIRY

Vancouver, BC   **Day 1**

May 2, 2023

EVIDENCE

[00:00:00]

Shawn Buckley
I'm going to end my opening remarks. We're going to invite our first guest, our witness, William Monroe, to join us. William is joining us virtually today. William, can you hear us?

William Munroe
Hi Shawn. Thank you very much for your message to us this morning.

Shawn Buckley
Well, thank you for joining us. I want to start by asking if you can state your full name for the record, spelling your first and last name.

William Munroe
Yes, my full name is William Warren Munroe. I go by Warren. My first name is spelled W-I-L-L-I-A-M and Munroe is M-U-N-R-O-E.

Shawn Buckley
Oh sorry, I'm going to swear you in now.

William Munroe
Yes, okay.

Shawn Buckley
Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

William Munroe

Yes, I do.

Shawn Buckley

Now, I want to introduce you a little bit. If I don't do you justice, please feel free to share some more. But you have both a Bachelor of Arts and a Master of Arts dealing with analyzing population numbers and trends. Is that fair to say?

William Munroe

Yes.

Shawn Buckley

And part of your education, you actually studied with some people at Stats Can that were experts in this field. You didn't just go and get a professor. You actually worked with experts in the field. You worked for the BC Statistics Agency for four years.

William Munroe

Yes.

Shawn Buckley

Then you started what's called the Population Projections Project, which is basically doing similar work as the BC Statistics Agency. You've been doing that since 2007.

William Munroe

Yes.

Shawn Buckley

The point I'm trying to make is that you are an expert in the area of analyzing populations.

William Munroe

Yes.

Shawn Buckley

Did I miss out anything there that you think we should explain? Or should we just launch into this analysis that you wanted to share with us?

William Munro

No, I think that covers it. Yeah, I could jump into the presentation [Exhibit VA-2]

Shawn Buckley

We've invited you here to do a presentation on your findings, and so I would invite you to start.

William Munroe

Okay. So I think it's unusual for many people to say that there are people in the profession of population analysis. I was hired by the provincial Government of British Columbia straight out of university, having finished my Master's in Population Studies.

Yeah, the government has population analysts. I haven't heard one population analyst over the last three years. So part of my presentation is to show that there are people who are in government, and in other organizations, who do analyses of population. In particular, the description would be that a population analyst is versed in understanding the strengths and weaknesses of the methods, data, and modelling used to estimate and forecast the components of population change—which are births, deaths, in-migration and out-migration, by age and by sex.

With that in mind, since this is a discussion and an inquiry into mortality and lethality, a population analyst would be looking at the death data. The death data is first broken out for any particular area. We don't just use total deaths because that hides a lot of variation. We use population by age and sex as per the analyst's purview. It provides us with a bit of a macro way of looking at things quickly. So we would have had the data, if I was with the government.

I'm not with the government, just a little aside. The Population Projection Project was developed as an alternative to having to use government data, which can be manipulated.

[00:05:00]

The Population Projection Project is built entirely off of calculations right off the census of population. So it's cleanly laid out: it isn't interpretation; it's description.

So population analysts. It's not as though data is the best way to look at things. People had a sense that there was something wrong simply by going to the restaurant. You have to wear a mask to get in and then, once you're in and sit down, you take it off. This isn't an epidemic. So it's pretty clear to people.

But since I do the data side of things, I wanted to show people two things, mainly. How you can see at an early stage—let's say, in mid-March 2020—that people were being misled. It also shows that the government, itself, should not consider themselves above questioning. They should be questioned, just like anyone should be questioned. Any analyst or scientist versed in scientific techniques knows that you benefit from methodic doubt. Anybody who's putting forward findings must be able to show how they came up with those findings. Anything less is not science.

Shawn Buckley

Warren, can I just interject? Were you going to screen share and start with a slideshow to help explain this stuff?

William Munroe

Yes. There were two questions that I had when I was looking at doing a review. As a population analyst, what they do is look to see whether or not the deaths were evenly distributed across all age groups—in this case, it's 10-year age groups—or are they clustered or age specific? The deaths would be just for a small number of—

Shawn Buckley

I'm just going to interject because I just want those watching your testimony to understand.

What you're saying is, a population analyst is going to look at the different age groups. They're broken into groups of 10 years to see— "Well, just wait a second, there's no deaths in this group, and the deaths are clustering in this group." So for example, my understanding is early on, we learned with COVID, it really clusters in an older population and is pretty well non-existent in the younger population. This is the type of thing that you're saying a population analyst would look at.

William Munroe

Yes, exactly. So that's the first cut when you're looking at lethality, to see if there is any age-stratified or a particular age group.

I might interject a little bit here just to bring in Neil Ferguson—from the Imperial College in London, in March 16th, 2020—had said, in the very first sentence of his report, that we're looking at something as potentially as bad as the Spanish influenza, H1N1. It was obvious to anybody who looked at the data from British Columbia and also data from China from January and February that this was age-specific and the median age of death was as old—if not older—than life expectancy.

Shawn Buckley

Can I just stop you again, Warren, because you've just said something really important.

I think that the average person viewing, they don't know Neil Ferguson. But they will remember, very early on in the pandemic, the mainstream media citing these awful projections of how a large number of us were going to die. And one round of this media fearmongering was based on a model done by a man named Neil Ferguson in the United Kingdom.

William Munroe

Yes. And then his report— Right away, *Financial Times*, BBC, a number of the big media organizations

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were ringing the alarm.

Shawn Buckley

Can I ask you if you're aware of Mr. Ferguson because he's been a forecaster for a long time and forecasted other things? Can you share with us your thoughts on the accuracy of his previous forecasts?

William Munroe

Yeah, he exaggerates. I think John Ioannidis from Stanford said it best and I can paraphrase: that it was below standard; it doesn't meet the basic requirements for statistical analysis. I don't know how better to say that. But, no, he's way off.

Shawn Buckley

Right, and yet the mainstream media covers him.

William Munroe

Yes, and yet they do. And also, I don't think it's non-related, but the Bill and Melinda Gates Foundation granted $100 million to Imperial College in the year 2020.

Shawn Buckley

And that's the College where he works.

William Munroe

Yeah.

Shawn Buckley

Okay.

William Munroe

We could see early on that this was age-specific. The Spanish influenza was across all age groups and the median age of death would have been around 30, give or take a couple of years there. But for the data out of China—and I do have a slide at the end of this, if we have time to see it—it shows that in mid-February, we knew that the majority of people who are affected by the coronavirus were in the high mortality years—70-plus. So that's why we ask, right away, for an age/sex breakout; mostly, we're interested in age, of course.

And the second question that we would have as an analyst is whether or not people are dying—with—the disease or because of the disease itself, just by itself. And so, with those two questions in mind, I was then thinking— Okay, I better go take a look at what BC was using for its data and its tracking of the variables that were subject to the state of emergency.

Going back to the state of emergency—which in British Columbia was March 18th, 2020, the day after the public health emergency was declared by Bonnie Henry—the *Emergency* [*Program*] *Act* says that within seven days, you need to produce a report. That's what we will be looking at, the very first situation report that was from March 23rd.

So that launches me off here to share screen and it's there. And let's see if it— No, does that come across to you guys? Do you see this?

Shawn Buckley

No, we can't. So we're just going to check on our end whether or not our settings are—

William Munroe

Okay, I'm going to click this here. Oh yeah, here we go. Pardon me, I was mistaken. Just a sec. Here we go. And share.

Shawn Buckley

There, we can see your screen now [Exhibit VA-2].

William Munroe

Yes.

Shawn Buckley

We're showing a chart with the heading, Population Change by Five Year Age Groups, 2016 to 2021, BC [slide 1].

William Munroe

Yes. Okay, so we're in the presentation. The reason why it says "population change" is the total number of people estimated— Okay, I won't complicate things of how this is put together.

But we see a number of lines where they disperse, and then they cross each other and disperse again. So 2016 is the green line and then the interpolation is to 2021 when the next census came out.

[00:15:00]

The lines represent the counts for the youngest age group, zero to four, all the way through 50s, 60s, all the way to the age groups in the high mortality years. I'm pointing out 86 years old. I circled that to give a context here, that this is the median age of death as reported by the situation reports. So we knew that this was age specific. These people are usually dying with a life-threatening ailment, and the coronavirus was more like an irritant at the end of life rather than lethal in and of itself.

Sorry, I interrupted you.

Shawn Buckley

Well, I actually just wanted to make sure that people understand. When you're saying that 86 years is the median age of death— You mean of people dying of COVID-19, the median age of death is 86 years of age.

William Munroe

Yeah. A median value is—just to be a little bit user-friendly, I borrowed this from the internet [slide 10]—the middle number in a sequence. What we were looking at there is some people were older, in their 90s, dying with this, and some people into their 70s.

So I'll continue. We'll be able to take a closer look. But that does answer a couple of questions right away. And so here's where to go for the data, the BC's Centre of Disease Control data set [slide 2]. Then you climb into it [slide 3], and I'm looking for the archived situation reports. These are the dates for the situation reports, starting with March 23rd, as per the seven-day requirement of the Emergency Act [slide 4].

Let's take a look at that first situation report [slide 5]. I'm not going to dive into the detail right away; I'll just show you what the report looked like. There was just three pages: this is the first page; here is the second page [slide 6]; and here's the third page [slide 7].

Now, going back to the beginning [slide 5], do we see anything? We're looking for deaths. Although it's important to look at cases, hospitalization, ICU unit admissions, I'm focusing on deaths [slide 8]. So we see here that the deaths are in brackets as per this side of the equal sign. It says there were 12 deaths. Which is a small number, but it's a large number too. If there's anything you can do to save those 12 people from dying without harming anybody else and it was doable, then you could see that a response could be very helpful.

Then this is the table [slide 9, Table 1], also on the first page, and it shows us deaths. It gives a different number, in this case it's not in parenthesis. But it says 13. So it's 12 or 13. I'm going to lean, in this study, towards the 13 and not use the 12 so much; I just use 13.

Here's the 87: the median age was 87 at the time of this report. It was based on information from January 1st to March 23rd. So we're starting to get a little bit of information.

I'm going to slide down now to a closer look at the last page because the second page doesn't say anything about death. This is the third page [slide 11], and I'm going to focus in on this chart below [slide 12, Figure 4]: It's got lines for death. It's also got COVID cases,

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hospitalization, IC unit admissions, as well as the general population. Now, that's not a term I'm familiar with: we would just call it population estimates. I'm going to focus in on the population estimates and the deaths because these very tall columns for deaths— How did we get that? That's a lot of deaths, it looks like to me. So it's problematic.

Cutting away the hospitalization, ICUs, and cases [slide 14]. Cases, by the way— Quickly, the definition of cases was mal-aligned with previous definitions of cases. Usually, to be a case, you would have to be sick and not healthy. So I just mention that.

Shawn Buckley
I'll just interrupt. Are you saying that that definition changed for COVID? That you didn't have to be sick?

William Munroe
Yeah, it's my understanding that you had to be sick if you were a case.

Shawn Buckley
Okay.

William Munroe
But that went out the window with a lot of other definitions. For example, the definition of a vaccine.

There's a lot of different— There's "confirmed." People were using the word "confirmed daily." The data that they were getting was "confirmed daily." And if you look up what they

were calling confirmed, it was information they've got off the internet, from the government, whatnot. So yeah, the definitions really took a hammering. "Pandemic."

Shawn Buckley

Okay, but this is important for us to understand. So the BC Statistics Agency, before COVID-19, if they were, saying, "Okay, we're having a bad influenza season," and they were reporting someone as an influenza case, that person would actually have to be sick. They'd have to be showing symptoms.

William Munroe

Yes.

Shawn Buckley

Did they apply the same approach to COVID cases? Because some of us have heard that to be a COVID case, you could be asymptomatic but just test positive on the PCR test and be considered a COVID case.

William Munroe

Yeah, that's new. It's hard to compare previous years' results with something that includes people who are healthy. So that was different and changed. I wasn't with the provincial Government of British Columbia at that time. I'm not sure how they are handling it, except that the reason why I started the Population Projection Project is because we should be verifying the information from the provincial government. So yeah, the definitions changed, including the definition of what is a case.

Shawn Buckley

Okay. And sorry for interrupting. I'll let you carry on with your chart here, showing deaths and population.

William Munroe

Yeah, okay. Super. As it turned out, I put in 12 deaths. That's me putting that in there. This is a chart [slide 14] I made up from the data that I got out of this chart [slide 12, Figure 4]. I just replicated in Excel and took out the other variables, just focusing on these two variables—the population and the number of COVID deaths. The reason why I did that will become apparent in a moment.

I'm kind of diving into a little bit of detail and it's somewhat incongruous. It's a mystery to me as to how it is that they did this. But nonetheless, I just want to show you the next steps here.

I put in the relative percentages for the total number of people per these 10-year age groups in estimated population [blue vertical bars]. So 10 per cent, or 9.6 per cent for the people under 10 years of age, is 10 per cent of 5 million people. That's what's going on here, right? All of these are just the portion of 5 million people—

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an estimated, approximately, 5 million people. It's actually 498,9-something-something. So I'm just putting in 5 million. That's what we're seeing across here. The denominator is 5 million people. The denominator for the deaths is 12. The reason why it's 12 and not 13 will become apparent.

Let's go to the next one [slide 13]. I had to draw a line across to see where these figures came out: 42 per cent of the COVID deaths for the 80-year-olds; 29 per cent for the 70-year-olds and then 90-plus. Okay, by using that, I found that there had to be— This seems incongruous, but there's three and a half deaths. That's the only way that you get these percentages, which they came up with.

So back to their stuff [slide 12, Figure 4]. When you draw a line across, it's just under 30 [per cent] and it's about 40 [per cent]. And there's three and a half deaths [slide 13]. You can't have three and a half deaths. That's why we use median as a measure. Average, you can get a fraction. But this should be four deaths or three deaths. But it doesn't work unless you have three and a half deaths. Why? I don't know why they did this. I don't know.

Nonetheless, the idea here is that three and a half deaths are being compared to—what's the number here?—to just about half a million people who are 70 years of age in British Columbia in 2020 [slide 14]. So anyways, you can see how this is incongruous. It doesn't make sense to provide a percentage. We should be using the real numbers, the whole numbers. They call them the "absolute numbers." In that way, we would be better able to see what's going on.

Now, personally, this is not really a first cut for a population analyst. We would use case— sorry, the term slips my mind just now—case fatality rate. Sorry, not case fertility, which sometimes I say. So anyway, case fatality rates. That would make sense.

To put it against the whole population of the province when, really, the outbreak was in the Lower Mainland was— I think that they were wrong to do that in their title [slide 12]. In their title, we see, right here, "Percentage distribution of COVID-19," and I jumped to, "deaths by age, compared to the general population." That's not going to do us much good. Case fatality rates is a better way to go.

Anyway, I did the absolute numbers just because they did the percentage on what they call the general population [slide 16]. And this is what it looks like. These [blue] bars represent the estimated population, again, for the 10-year age groups. And over here we see an arrow— you can't see it because three and a half deaths is too small. This is the chart that, perhaps, they should have put up because this one works off the absolute numbers. Again, it's three and a half deaths; that doesn't make sense. It should be three or four, or whatever it was. But anyways, I just wanted to show you that relative to the total population of the province and for each of these 10-year age groups—the number of COVID deaths is very, very small.

If I wanted to rub it in, here's a table that shows the age groups that we're interested in [slide 17]. The estimated number of people per age group. The number of deaths was zero up until

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the 70-plus and the percentage of the COVID deaths to the respective population estimates shows very, very low, right?

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I thought that at first, this had to be a mistake: They did that chart rushed; this one here [slide 12, Figure 4]. You can't do that again without being called on it. Somebody, surely, must have called on it.

So I went in and looked at other situation reports. I looked at a lot. I'm just giving you the next two that I looked at. One from April [slide 18]. And do they have the similar kind of chart? Yes, they do [slide 19]. The black columns are deaths. We see that the range has expanded somewhat. There's one person died in their 40s, none in their 50s, about five in their 60s. And so it's spreading out. But still, we have the majority of people dying in the high mortality years. These people were said to have had other comorbidities, in the younger age groups.

I'm going to go over to a key message that was in this April 17th situation report [slide 20]. It recognized that the admission rates were dropping and case rates were dropping. They wanted to make sure that we understood that the difference between what could have been and what has happened is because of the collective action of British Columbian citizens: "This slowdown is due to public health action, not herd immunity." That statement is incorrect, I'll explain. "And what happens next will also be due to public health action," that is also incorrect, and "This is an important message." It's incorrect, except that it's good that they put that in there because then we can tell that they think it's an important message: the slowdown is due to public health. This was not proved.

When we do look at herd immunity, particularly looking at what was happening in China in late 2019 through into the first quarter of 2020, they closed the schools at the very tail end of the natural bell-curve-shape disease distribution. So I put that in there just because it's almost becoming ridiculous.

Then I jumped to May 4th [slide 21]. Do they have similar charts? They do [slide 22]. Here's the death one, down here [slide 23]. I'm going to focus in on that. And this, I don't understand. This lacks the necessary qualification to be understandable. I worked on these numbers for a while and it's tedious and exasperating at the same time. And do they have the chart? Yes, they have a chart in there, as well [slide 24].

So we can tell that the myth is being perpetuated. We're told that there's very nice goals, looking forward [slide 25]. Everybody would be happy. And the way to do it—this is another page from that May 4th write-up—is staying informed as a key principle, being prepared, and following public health advice [slide 26]. I think that would be okay if there was open discussion and no censorship and no coercion. But given the way that this was handled, that's suspect.

Here's the last one. I just jumped to the end of 2020 [slide 27]. I went into the December 18th— they say December 12th. It's actually the 18th; when you get into the report, you'll see that, if you want to look at this again later. Sure enough, on page 9, they have the same profile for using the per cent of the small numbers of people who are dying as a way of exaggerating small numbers [slide 28].

And just a little bit of a closer look.

[00:35:00]

And I want to put a "thank you" out to the people who I showed this to from the Students Against Mandates, S.A.M. The students were really helpful in going over this project with me. I'm just going to focus in on that chart [slide 31]. It's the same nonsense, is what I call

that, and we have 86 is the median age of death [slide 32]. Okay. I'll finish off, with the addition—focusing in on the young adults—there are no deaths below 30 at the end of 2020.

And that brings us back. I'm just going to end off with the same chart as I started with [slide 34]. I think that covers it.

What were the takeaways from the questions I had? The third question that arose was, were we being provided with reliable information to be able to participate in a constructive manner in addressing the disease?

We were being misled. And it was not just the authors of this. It was across more than just BC CDC that knew that we were being given information that was misleading. That's what I would say. So that concludes this, if there's any questions.

Shawn Buckley
Warren, I've got a couple of questions before I let the commissioners ask you questions. My understanding is we have an influenza season or a flu season every year, which coincides with low sunlight levels. Some call it a low vitamin-D season. But we have some influenza seasons where more of us die than others. Did COVID present a significant change or change at all from a bad influenza season?

William Munroe
I think the answer to that is that— The number of people who died with a median age of death at 86, it's very unlikely that none of them had comorbidities. The likelihood of all of them having comorbidities is high. I mean, that is a possibility. That makes sense. To have no comorbidities is unlikely. So COVID-19 itself can be seen as more of an irritant at the end of life rather than life threatening or lethal. Influenza, it can kill young and old. It's no comparison. I think Anthony Fauci was definitely wrong when he said it was 10 times worse than influenza. It's not. It's less.

Shawn Buckley
Right, and you're basing this on crunching the numbers as a professional population analyst. Literally, our regular influenza poses more of a danger than COVID presented to the population in general.

William Munroe
Yes.

Shawn Buckley
And the point you seem to be making—we've heard that adage, there's "lies, damn lies, and statistics"—is you're showing us that, basically, when they're putting on that chart "percentages of COVID deaths," we've got these tall bars because they're percentages. They have to add up to a 100. So they're the tallest bars there. But your evidence really is, well, the total numbers of deaths were so small that if we were just looking at them as a percentage of the population, they'd be completely meaningless. I think the word was "invisible" on your chart. That's the point you were trying to make. They were gaming us with the way they were presenting the data.

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William Munroe

Yeah, definitely. And again, I wouldn't normally go down that route, comparing a small number of deaths to the estimated population per ten-year age group. That's presumptuous.

[00:40:00]

You use case fatality rate. So yeah, it was incongruous. There's a lot of incongruity in that first situation report. I know it's surprising that they continue to use that way of misrepresenting the data. Hopefully, next time around— It's not just things like this. I'm sure they'll come up with other ways.

I'm not sure, but it's possible that the CDC and the government in general will come up with numbers that are mostly designed to support their policies and directions. I didn't really want to use the general population—that's their term; it's actually estimated population— because it's so incongruous, as well. So yeah, the case fatality rates make more sense.

Shawn Buckley

Right. I think the last date you used was the end of December 2020. But my understanding is that you've been following the data, and, really, the misrepresentation has continued throughout.

William Munroe

Yeah, throughout 2020. Yes. I didn't go any further than that. What starts to climb into the data is the impact in 2021—the rollout for the so-called vaccine was well underway. It started in mid-December to be rolled out, but it really didn't get into full swing until the new year, 2021. And then, of course, that's an experiment, right? There's potential lethality there. It was a neat cut to just use 2020 for the COVID deaths.

Shawn Buckley

I'll ask the commissioners if they have any questions of you, and they do.

William Munroe

Okay, thank you.

Commissioner Drysdale

Good morning, Mr. Monroe.

William Munroe

Hello.

Commissioner Drysdale

I have a number of questions. The chart that you showed— The first chart showing the deaths. I think you said there was 12 deaths in the bar chart with the red lines on it. There

was 12 deaths, and this was in the end of March of 2020. You said there was five million people population, plus or minus, in British Columbia. My question to you is a statistical one. How statistically significant is the number of 12 compared to five million?

In other words, let me perhaps phrase that in another way. If you were studying 200,000 of an event in a population of 5 million, would you have more confidence that the data you were looking at was accurate as opposed to looking at 12 events in 5 million? Just a statistical question.

William Munroe
Yeah, okay, good. What you would want to check first is to make sure that everywhere in the province had an opportunity to be counted. The cases had an opportunity to be counted in the manner that meant that this was fully felt across the province.

The March 23rd situation report really is focusing on the Lower Mainland. It was long-term healthcare facilities. That was really where most of the numbers came from. And so statistically significant? As a sample set, statistically significant really is a term that we use to differentiate. We say, it is not statistically significantly different because stats builds in an opportunity for error because there's more of a probability—

Commissioner Drysdale
I guess you'd have to take into account things like how reliable the reporting on the 12 deaths out of 5 million were. For instance, you would have to examine the probability of error in those 12 deaths: the things like how many comorbidities were in that group; how was the testing done.

[00:45:00]

We've all heard the terms "asymptomatic" and "symptomatic" and whether or not the asymptomatic cases had to do with testing. I think what you're telling me is that you have to examine the risks within your monitoring or the reporting of the 12 deaths, as well, and then also compare it to the 5 million.

William Munroe
Yeah, for sure. Yeah, they tell us in this report that it was laboratory-confirmed. And so, I suspect what they mean there is that the deaths were laboratory-confirmed. I'm guessing, that is an autopsy, perhaps? I don't know. Also, they use what they call the gold standard for testing the RT-PCR.

Commissioner Drysdale
PCR test, yeah.

William Munroe
Yeah, the RT—reverse transcribe.

Commissioner Drysdale
Now—

William Munroe

No? Yeah, I'm not sure. Whatever they were using—

Commissioner Drysdale

I understand sir, sorry, but we're in short supply of time and my other commissioners have questions, so I'm going to have to push along on this. My apologies.

The charts that you presented here are dated March 23rd, 2020. So what that tells me is that the authorities knew—as early as March 2020—that this disease was focused in an older age group. Is that correct?

William Munroe

Yes. They had to have known it even before this. All I mean is, even before the declaration of the state of emergency.

Commissioner Drysdale

Did you happen to take a look at what the median age of death was in British Columbia at the same time? And I don't mean due to COVID. According to these charts, I think you've got the median age of death due to COVID at about 86 or 87. What was the median age of death overall in the population?

William Munroe

I don't know what it is. But what I would usually refer to is the life expectancy. Life expectancy was in the low 80s, a little bit longer for females. Males, in some parts of the province, are now into the 80s. There used to be a bigger disparity. But I would use the life expectancy as a reference. In this case, the median age of death from COVID-19 was well above.

Commissioner Drysdale

So are you saying that the median age of death, just overall in the population, and the median age of death due to COVID are in and around the same number?

William Munroe

No. I didn't look at the median age of death for the province. I just used life expectancy. Life expectancy was low 80s, 82, give or take, and the COVID deaths median age was 87.

Commissioner Drysdale

So the life expectancy in BC was lower than the median age of people dying from the disease.

William Munroe

Yes, which answers the question whether or not people were dying with other diseases or just from COVID by itself. It's obviously high mortality above life expectancy.

Commissioner Drysdale
Generally speaking, what do the officials use these statistical numbers that they collect for? That's a general question.

William Munroe
Yeah, so you would think that it would be to inform and therefore to guide policy development, application, and enforcement. These reports are used by the government to mislead people. That's what they are used for.

Commissioner Drysdale
Well, I guess I'm not speaking specifically about these reports. Just generally, I think what you're saying is that Statistics Canada or Health BC, or whoever the government agency is, collects statistics so that they can inform themselves on policy and decision, just generally speaking. And so, I ask you, is it important that that data collection and analysis

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is timely with the situation that they're trying to create policies on?

William Munroe
Yes.

Commissioner Drysdale
Are you aware that Statistics Canada has not issued the final numbers for mortality rates in Canada for 2021. And this is now May 2nd, 2023?

William Munroe
Sorry, which data set was that from Stats Canada?

Commissioner Drysdale
Are you aware that Statistics Canada as of May 2nd, 2023, that's today, has not yet released their final mortality numbers for the year 2021?

William Munroe
Yeah, that's not surprising. That's normal. So 2021. Stats Canada has been changing a little bit. But with regards to population estimates, I actually did a study; it's online. I can give you the link to—

But for the first five years, those numbers are preliminary and open to change. So go back five years. Then, they go back another couple of years—pardon me, it slips my mind—goes from "preliminary" to something like, "accepted," and then "final." Finals come later. You need to get the birth certificates from the different provinces, all the information aggregated to the national level. It takes time, and there's error. In fact, when you do look at the population, including deaths—some people call it excess mortality—those are subject

to change, and you'll see them if you watch them. They do change in sometimes surprising ways. But that doesn't surprise me.

Commissioner Drysdale
With a lag of two years or five years, how could the Canadian population use those statistical numbers to understand the risks that they were under and make an informed decision on what they should do for themselves and their family?

William Munroe
At the provincial level, you can get those death certificates. Let's say, with this example, you get the death certificates, usually quarterly. You can get them monthly. But then there's more administrative error there; the data's spurious. If there's an emergency and people are having these laboratory-confirmed cases, you can get a little bit closer to the ground.

These situation reports were helpful a little bit. They showed us that the data was aggregated and stratified to the high mortality years and that the median age of the death that they confirmed in their labs was above the life expectancy. You can see that. And so you can make informed decisions in part from these. But you've got to be careful of accepting all the data because some of it does definitely misrepresent the data. Some of the charts, like in this case.

Commissioner Drysdale
Mr. Buckley, would it be possible for the Commission to send a summons for appearance to the officials of Statistics Canada, so we can hear from them directly?

Shawn Buckley
Yes, it is. So we can send a summons.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
Thank you, Mr. Monroe, for this presentation.

I have a question. You've been following data crunching and statistics for quite some time, and I'm wondering whether the way the data was represented— We can qualify it as misrepresented, depending on what perspective we have.

But how long have we been gathering data in BC where we could probably question whether the data was properly presented? Is it something that only happened during COVID or was it something that we could see before?

[00:55:00]

A trend that was emerging from data gathering and use of the statistic for all kinds of policy.

William Munroe

Yeah, are you talking about death specifically?

Commissioner Massie

I mean, you gather statistic to regulate on all kinds of issues. Health being one. But you could think of gathering data on businesses, on all kinds of other questions that could be useful to monitor in order for politician to make regulation and policy.

I mean, I've never looked at that before. In fact, I was not following these numbers at the beginning of the pandemic. I was just trying to understand what was going on. You trust, in general, that government would use these data to inform the public of what's going on, the severity of the epidemic and stuff like that. It seems that, based on what you presented there, that this was misleading, to say the least.

And so, I'm wondering whether this is a new event, or is it a trend that has been going on for quite some time within the government in BC?

William Munroe

Okay, a trend to misrepresent the data?

Commissioner Massie

Yep.

William Munroe

Here's a question that I think answers your question: Should correct methods and data accompany findings? Or is it acceptable that incorrect methods and data are accompanying unsupported numbers, not findings. Because then, they're not findings.

Because in British Columbia—this is documented since 2002, in fact, 2002 to 2010—the government statistical agency had changed their methods and data many times because they weren't getting numbers that were close enough to the population census in the postcensal years. So they would have to make changes to try to correct the errors in the models. And they didn't tell the public, so that's pretty fundamental.

There's no requirement that the government allows you to see the methods and data used to come up with the findings. There's no verification. This is all held in-house. Numbers can be used to support the policies and directions of the current government. So yeah, it's been going on, I'd say— I saw it, I was there. Yeah, it does happen. It's important to verify, let's say.

Commissioner Massie

My second question has to do with— If you look at the picture [where] we could actually look in terms of the severity or the potential danger of the pandemic in BC, you must have tried to compare that to other jurisdictions, either in Canada, in Europe, or other places.

How would you say that the numbers would compare in terms of raising a level of alarm from what you've seen in other jurisdictions? Because you could imagine that maybe this new virus that was creating disease and death was not necessarily happening at the same time all over the world.

Was BC an outlier: being low, medium, high? What would be your assessment on that?

William Munroe

Yeah, really good question. I'm glad you asked. I was thinking of adding a little bit to my presentation because there's the exogenous—outside of British Columbia is important to take into consideration.

Setting aside the misrepresentation of the data in this particular report, the actual low numbers of three and a half deaths for those two age groups and five deaths of the 80-year-olds, the government could say, "But there's this big wave coming. We see it coming out of China."

And so I looked a little bit at Alberta.

[01:00:00]

I don't think I looked at it anywhere else in Canada. I focused on BC data. I didn't use Stats Canada anymore. I just went to the European CDC reports. They had a really good way of storing their data and being able to make it accessible and downloadable. So I was using that data set to look at China, in particular, because I thought that China shouldn't be ignored; especially, since that's the place that, apparently, this disease spread started.

By looking at what was happening in China— As far as I'm concerned and the way I'd interpret the data, I think I'd do it more like two plus two is four, not five. There's no doubt that using an idealized bell curve and superimposing it over the actual case counts that herd immunity had already kicked in and already passed. If anybody's interested in this, go look at the data, and you'll see that schools are closed at the very tail end of the so-called pandemic. So it was over. It had reached its peak February 5th, according to the counts.

Now remember, the counts are, at first, more a count of how many tests there were because it's catching up to a bigger bell curve. Then it gets high and then it catches. Even though the number of tests continues to increase, the actual number of cases and deaths starts to drop. It peaked in February 5th of 2020. And they were specifically saying— I can even show you the chart because I did add it on to the end here just in case anybody was interested. Here it is. This is from Statista. "Percent of COVID-19 Deaths per Cases by Age Groups, China, February 11th." They knew it was age specific, even the cases. And they still use the per cent, which is okay, in this case. Because it's just using it against the total number itself.

So anyway, this was known. So when Neil Ferguson said that this was like the Spanish influenza, he couldn't have helped but know. How could he— It's astounding. The Spanish influenza: Again, the death was, median age was around 30 years old. It spread across all age groups. That's deadly. That's a deadly disease. This COVID-19 is a coronavirus. Dying of sniffles. So pardon me for getting emotional there, but I find it astounding. Anyways, it was bound to come out, right?

Commissioner Massie

Thank you very much.

Shawn Buckley

There being no further questions, first of all, I'll indicate that the slideshow is entered as Exhibit VA-2. So that'll be posted on the website and available to the public and commissioners for review.

Warren, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving your evidence today.

William Munroe

Thank you. Thank you to everybody with the NCI and people who are helping out in whatever way they can. All the best.

Shawn Buckley

Thank you.

[01:04:43]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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