

Ontario (Canada) Admits 50% of “COVID” Hospitalizations Not from COVID, Death Count May Also be Misleading

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COVID hospitalizations and deaths throughout this pandemic have been inaccurately reported. This has been made clear by government health officials throughout the pandemic in multiple regions across the planet. One of them is in Ontario, Canada.

Dr. Kieran Moore, Ontario’s chief medical officer, reaffirmed this once again in a press conference held at the end of December. She stated that Ontario’s daily reported COVID hospitalization numbers haven’t been telling the fully story.

She confirmed that approximately 50% of COVID hospitalizations represent people who aren’t actually there suffering from COVID, but have gone to the hospital with something else, like a broken leg, and just happened to test positive. The Toronto Sun [was](#) one of the few media outlets to emphasize this.

Brampton (an outskirts of the Greater Toronto Area) Mayor Patrick Brown Echoed Moore’s statements. On Dec 29, 2021 CTV News Toronto [reported](#) that he has heard from a number of physicians that COVID hospitalization numbers may not necessarily paint an accurate picture of the current situation in the province.

He said that approximately 50 per cent of people in hospitals diagnosed with COVID were admitted for another reason.

“They came to the hospital for another procedure and found inadvertently that they had COVID, so no symptoms. So someone might be coming in for a surgery and because we’re testing all patients for COVID they find out that way.”

“Then they’re in the provincial reported data as hospitalization with COVID, but they’re not being hospitalized because of COVID. I would suggest it’s a bit misleading”

[Patrick Brown, CTV News](#)

Hospitals will now be asked to filter these numbers out to present a more accurate count that will inevitably prove to be much lower.

What we're doing with testing right now is something that we've never seen before. Imagine testing every single person, including asymptomatic people who aren't even going to the hospital, for other common respiratory viruses, like the flu, or RSV for example.

Imagine generating a case count and testing everybody who has died with the flu or RSV . Imagine these numbers being added to the death count. When did we test heart attack victims for other viruses and add that to the death count? This has never been done, but with COVID it has. The numbers would be extraordinary. RSV already kills millions of people and has a universal infection rate. It would arguably be higher than COVID.

Not only have COVID "hospitalizations" been inaccurately portrayed, but COVID "deaths" seem to be inaccurately portrayed too. On their own website, the Ontario government [states the following](#) in their footnotes (#7),

Any case marked as "Fatal" is included in the deaths data. Deaths are included whether or not COVID-19 was determined to be a contributing or underlying cause of death.

This was also expressed by Toronto Public Health as early as June 2020.

Individuals who have died with COVID-19, but not as a result of COVID-19 are included in the case counts for COVID-19 deaths in Toronto.

— Toronto Public Health (@TOPublicHealth) [June 24, 2020](#)

This means that some deaths, we don't know how many, that occurred as a result of something else and not COVID have been added to the COVID death count. There is great potential here for misleading inflation of numbers.

The statement from Ontario Public Health echoes statements made multiple times by Canadian public health agencies and personnel. [According to](#) Ontario Ministry Health Senior Communications Advisor Anna Miller,

As a result of how data is recorded by health units into public health information databases, the ministry is not able to accurately separate how many people died directly because of COVID versus those who died with a COVID infection.

In the United States, [CDC data shows](#) that 95% of people who have died with COVID-19 have had at least one comorbidity listed as a cause of death. The average is four comorbidities. We don't know enough to say for certain that these people died because of COVID, or if COVID contributed to their death. In some cases it probably did, and in others it probably didn't. Who knows? This is the problem.

There are many examples of this type of misleading data in multiple countries.

Dr. Ngozi Ezike, Director of the Illinois Department of Public Health [stated the following](#) during the first wave of the pandemic,

If you were in hospice and had already been given a few weeks to live and then you were also found to have COVID, that would be counted as a COVID death, despite if you died *of a clear alternative cause* it's still listed as a COVID death. So, everyone who is listed as a COVID death that doesn't mean that was the cause of the death, but they had COVID at the time of death.

Her statements created a lot of controversy at the time. There is also the possibility of death counts being undercounted. A [recent paper](#) published in the European Journal of Epidemiology by Dr. John Ioannidis (one of the gentleman in the video below), suggests that in many countries, COVID deaths have been over reported while in others, they may have been underreported.

One thing that has definitely not received adequate attention and proper discussion are the [catastrophic impacts of lockdowns](#). Data shows that lockdowns alone have killed more people than COVID. You can dive more into that discussion [here](#) if interested.

Below is a video of [Dr. Vinay Prasad](#), MD MPH, and [Dr. John Ioannidis](#), a professor of Medicine and Epidemiology at Stanford. In it they discuss just how complicated counting and attributing deaths to causes really is. The video is timestaped to start at 56:38, because that's where they begin to discuss death counts. Just click play.

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