



STAND UNITED

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Attention: _____

Date: _____

Re: Complicity in willful harm of Canadians. Laws broken. Liability.

It is strongly recommended that you carefully read all the documents contained within this package; it may be used in the future to take legal action against you depending on your response to this letter.

It is the duty of health officials to act within the laws of Canada, namely, the Health Act (which varies from province to province), the Federal Health Act, the Canadian Charter of Rights and Freedoms, and the Bill of Rights. This also includes legislation regarding coercion, deception, and causing bodily harm to another. There's also case precedence that has been set in the past to support what is going to be said in the following package.

Each of the following people have played a role, to varying degrees, in causing avoidable harm to Canadian citizens:

- Theresa Tam, Chief Public Health Officer of Canada, withholding critical evidence proving early treatment can and will prevent death and long-term disability to all Covid-19 patients as well as not reporting statistics critical to Canadian citizens of the damage that the Covid-19 vaccination program is causing.
- Every provincial Health Officer
- Every Minister of Health
- The College of Physicians and Surgeons across Canada
- Every Health Authority

By implementing protocols that have caused widespread devastation to Canadians those named above have placed many enforcing their demands into a position of liability for harm caused to those they coerced, threatened, deceived, and

discriminated against before, during, and after all policies were put in place that ensured “Do no harm” was done away with. Canadians were promised that Covid vaccines would stop the contraction and spread of Covid-19. That was a blatant lie.

Our health authorities were aware the vaccines did no such thing. We all know that the Omicron variant was the most contagious of them all. It is well stated that Omicron was contracted by the 1st, 2nd and 3rd dosed citizens; vaccines do not stop the contraction or spread of covid-19. They also knew it was harming people (Bonnie Henry is on record admitting this) and yet they mandated all these things anyways, to the point of segregating Canadians from society, from their loved ones, and their inner circles for non-compliance with a directive that was not based in science but instead based off of greed, murderous intent, and loyalty to corporations over the citizens that live here. In the end, they have successfully divided our country.

These orders and mandates not only violate the rights of citizens, there is a growing mountain of irrefutable evidence now available to prove such measures are actually crimes against humanity.

Please conduct yourself accordingly.

Attachments included

Date:

To, _____,

Re: COVID-19 vaccinations recommended and/or administered to adults and minors

Notice to Agent is Notice to Principle, Notice to Principle is Notice to Agent

This is your Official, Personal Notice of Liability as you may be unaware of your exposure to Personal Legal Liability.

This document serves as formal notification that you may be personally responsible for participating—either directly and/or indirectly—in the harms being caused to individuals through the implementation and enforcement of federal and provincial Covid-19 public health policies and measures, including: Covid-19 vaccination and testing mandates, Covid-19 vaccine passports, Covid-19 vaccine administration, violation of medical privacy and autonomy, discrimination against an identifiable group, and other related crimes and liabilities discussed within this notice.

The purpose of this notice is two-fold. The first purpose is education. This notice serves to provide you with sufficient information to make you fully aware of the current adverse effect profile of the mRNA Covid-19 vaccines and the harmful, lasting consequences mandatory actions/interventions have on our society. It behooves you to read the supporting documents provided within this notice which comprise peer-reviewed, scientific literature from highly-accredited medical journals.

The second purpose is to inform you of legal liabilities. Now that you have been formally served this notice, be aware that you are considered to be fully informed and in possession of foreknowledge relating to the information provided herein, which can be used against you as evidence in future legal proceedings.

The starred statement at the top of this notice obliges you to share this letter and the contents of this package with every person above and below you in your chain of command within your workplace. It is also incumbent upon you to provide the information contained herein to any person requesting information from you on the topic of Covid-19 vaccinations, so that they may make informed health policy and/or personal medical decisions about Covid-19 mRNA therapy.

It is imperative that you cease administering, promoting, advertising, mandating, incentivizing and recommending the Covid-19 vaccinations to both adults and children,

particularly adults and children who fall into low-risk categories for harm caused by natural Covid-19 infection.

Information within this notice and accompanying documents (see Appendix) clearly demonstrate the following:

1. There is no current public health emergency, nor has there ever been one due to Covid-19.
2. Covid-19 restrictions, policies, and mandates are unjustified, unnecessary and have failed catastrophically with profound negative short-term and long-term effects on society.
3. Unjustified Covid-19 restrictions have caused and are continuing to cause significant harm to Canadians.
4. There are life-saving treatments available for Covid-19 that have been withheld & robust natural immunity has been ignored.
5. The federal and provincial governments have been negligent with regard to democratic process, funding and allocation of resources related to the pandemic.
6. Covid-19 vaccinations are causing significant harm and death.
7. Pfizer Clinical Trials were flawed, and Pfizer knew their vaccine causes harm and death. Pfizer falsely reported high vaccine efficacy and safety.
8. Both providing and obtaining informed consent for Covid-19 vaccinations has not been occurring and is not fully possible.
9. Covid-19 restrictions, policies, tracking and mandates being implemented under federal and provincial public health acts do not meet the criteria for governments to lawfully restrict the Constitutional Rights and Freedoms of citizens.
10. The list of crimes being committed under the Canadian Criminal Code you may be guilty of or complicit in.

If this is the first time you are privy to information demonstrating that the prevailing public health policies and Covid-19 vaccines are not only misguided but are causing harm and even death, you are not alone. Many stakeholders—including the government, various public health authorities and regulatory bodies, the media, and others—have colluded to inundate the public with the fear-mongering message that public (and private) restrictions, mandates, masking, and lockdowns are necessary and justified for public safety. They have falsely claimed that the Covid-19 vaccines are “safe and effective.”

Producing any evidence in contravention of this unilateral narrative has led to swift and severe consequences, including the censorship, discrediting, coercion, bullying, and disciplining of not only individuals, but highly-credible scientific experts. Historically, health agencies including Health Canada, the Canadian Institute for Health Information (CIHI), the American Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH), as well as the World Health Organization (WHO), could be relied upon as trusted leaders in ensuring accurate, unbiased scientific evidence was available to

the global community. This evidence informed local, regional, and national public health policies and medical practice guidelines. Throughout the pandemic, as the growing body of scientific literature concerned with Covid-19 has evolved, it has become clear that these agencies are blatantly ignoring this wealth of scientific knowledge and can therefore no longer be trusted to provide unbiased, credible, or accurate information. The medical community is now ethically and intellectually obliged to look beyond these organizations and directly to the emerging scientific literature, in order to access accurate information about the reality of Covid-19 and its sequelae, towards effective response to and management of the pandemic. The sources listed within and accompanying documents to this letter represent a mere fraction of the credible scientific information available.

There Is No Current Public Health Emergency, Nor Has There Ever Been One Due To Covid-19.

The published scientific evidence is conclusive, irrefutable, and can no longer be ignored, manipulated, or censored: it proves there is no public health emergency, nor has there ever been a public health emergency due to Covid-19 infection. For Covid-19, “[t]he infection fatality rate (IFR) is roughly similar, or likely lower, once all infection data are collected, to seasonal influenza.” Stanford’s John P.A Loannidis identified 36 studies, producing 43 estimates, along with an additional seven preliminary national (US) estimates of statistical data. He concluded that among people under 70 years old across the world, Covid-19 IFRs ranged from 0.00% to 0.57% with a median of 0.05% across the different global locations (corrected median of 0.04%). He concluded the following:

- Survival for those under 70 years of age is 99.5%.
- For children and young adults, the estimated infection fatality rate is close to zero.
- The survival rate worldwide for ages over 70 years is 94.6%.
- The data shows the at-risk group remains elderly persons (mean age of 82 years) with underlying medical conditions.

Sources: <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3>

<https://www.drpaulexander.com/blogs/news/dear-pfizer-leave-the-children-alone>

Covid-19 Restrictions, Policies, and Mandates Are Unjustified, Unnecessary And Have Failed Catastrophically with profound negative short-term and long-term effects on society.

The conclusive evidence, cited above, of low IFR and high Covid-19 survival rates worldwide for ages under 70 years, clearly shows there is no justification for the excessively heavy-handed public health measures that have been, and continue to be, imposed upon Canadians. It is also now irrefutable, through worldwide data, that the RT-PCR test (above 24 cycles), with a 95% false-positive rate, inaccurately and deceptively drove up Covid-19 case numbers, which led to unjustified, unscientific and completely unnecessary lockdown measures

and damaging policies. There was no true public health emergency: only an engineered pandemic of Covid-19 false positives and falsely-created fear, anxiety, and hysteria over a virus with an over 99% recovery rate for the majority of people.

There is now substantial Covid-19 infection, hospitalization, and death rate data, based on vaccination status, widely available to the Canadian public. It clearly shows the vaccines do not prevent fully vaccinated people from contracting or spreading Covid-19, nor from being hospitalized or dying from the infection. In fact, there are currently, and have been for months, significantly more vaccinated and boosted people hospitalized and dying from Covid-19 than unvaccinated people as per provincial and Health Canada data and statistics. Any policy that requires Covid vaccination for employment, education, travel, access to facilities or services or any other reason is now completely discriminatory, unscientific and appears only punitive in nature.

Analyzed report utilizing direct data from Health Canada Statistics:
www.thetruefactsC19.com



These experimental vaccines have been shown by the Vaccine Adverse Event Reporting System (VAERS) and other surveillance databases worldwide to be the most dangerous and damaging vaccines ever used on a human population. Since these vaccines fail to prevent transmission, there is no scientific basis for the implementation of vaccine passports, travel and society restrictions or discriminatory and faulty testing measures.

Furthermore, blaming unvaccinated people for the spread of Covid-19 is not only mendacious, but it also constitutes the criminal act of publicly inciting hatred against an identifiable group of people. There have been countless disturbing incidents of hate speech, segregation, division, mistreatment, bullying, coercion, exclusion, intimidation, police/RCMP/security enforcement aggression and violence, denial of access to public facilities (even for youth), travel restrictions, and denial/mistreatment within health care facilities towards unvaccinated individuals. All of this was encouraged and modeled by trusted leaders in society including politicians, health officers, physicians, and media figures.

The division that has been created among the general population by these harmful and unscientific claims may take decades or longer to recover from. This division has reached a level that should be considered a national crisis. Citizens everywhere should be concerned about the

erosion of fundamental freedoms, including the right to make private medical choices & free speech.

Based on the Freedom of Information and Protection of Privacy Act (FOIP) and the Personal Information Protection and Electronic Documents Act (PIPEDA), no one is obliged to divulge private medical information, such as vaccination status, and yet now, every citizen is being compelled to divulge their private medical information, in exchange for their personal liberties and freedom from discrimination.

In the absence of a true public health emergency, all subsequent actions and restrictive policies imposed on Canadians, including lockdowns, mandatory testing, denied access to public and private facilities, punitive employment measures as well as discriminatory and privacy-invading vaccine passports/Digital IDs, are/were unnecessary, nefarious, egregious, and criminal. They must be immediately stopped to prevent further social division and damage, personal injuries, and death. These unscientific and unethical measures must never be utilized in the future either.

Unjustified Mandatory Covid-19 Restrictions Have Caused And Are Continuing To Cause Significant Harm To Canadians

The compulsory Covid-19 restrictions that have been implemented, which claim to “flatten the curve” and “stop the spread,” have had devastating impacts, causing more harm and death to our population than they are preventing. Rarely discussed are the manifold impacts these unjustified restrictions are having on our personal and collective health, well-being, quality of life, and even life expectancy. Masking, social distancing, stay-at-home orders, restrictions on gatherings, lockdowns, school closures, closures of religious places of worship, shutdown of sport and recreational facilities, denial of access to public facilities and businesses, travel restrictions, job loss due to vaccine mandates, mandatory PCR testing, coerced vaccination, privacy-invading vaccine passports, discrimination, segregation, sanctions for non-compliance, and the overall violation of basic human rights and freedoms are the real threats to our overall societal health and well-being.

These radical and unnecessary measures are hurting and killing citizens at a rate far greater than Covid-19 infection. These harmful & unjustified measures should never be mandated or enforced again. The collateral damage from these measures has had demonstrable educational, mental health, economic, physical, ethical, cultural, and social health effects. The unknown long-term and generational effects on our children will only be realized with time, but will no doubt be catastrophic, based on what we are witnessing thus far.

Mental health breakdown, suicide, isolation, fear, debilitating anxiety, restricted social interaction, loneliness, family breakdown and divorce, loss of livelihood, economic hardship,

poverty, hunger, food insecurity, child welfare implications, educational disruption, delayed childhood development, lowered IQ and learning, delayed surgery and medical care resulting in avoidable sickness and death, increased domestic violence, increased emotional and physical child abuse, increased crime, loss of businesses, environmental effects, increased drug and alcohol use, increased overdoses, discrimination, segregation, division, homelessness, financial insecurity, people dying isolated and alone, religious congregation and freedoms denied, faces devoid of emotion due to masking, community segregation, lack of human connection, and lack of physical contact (even a hug or handshake) are just a small sampling of the dreadful impacts of this Covid-19 mismanagement crisis. Our Canadian friends, colleagues, family and children have been significantly harmed and this could have been avoided.

- * How to scan a QR Code: 1. Open camera in smartphone or other device;
 2. Point it at the QR code, hold steady and wait;
 3. Click on the link that pops up to access the site and information.

The following article reports in-depth harms public health policy has inflicted upon citizens;
<https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/>



The following position paper describes how the Covid-19 crisis was inappropriately handled and how it should have been handled instead;

“Canada’s Deadly Response to Covid-19” from Colonel David Redman, Former Head of Emergency Management Alberta:



There Are Life-Saving Treatments Available for Covid-19 That Have Been Withheld And Robust Natural Immunity Has Been Largely Ignored.

Safe, effective, and life-saving treatments for Covid-19 are available and are being used in various countries around the world; however, our provincial and federal governments, as well as the chief medical officers of health (CMOH), are not acknowledging, researching, or implementing these highly effective options, which could save countless lives. Withholding such treatment is criminally negligent and violates medical standards of care. It is extremely alarming that governments, health agencies, and other corporations (including the media), are not

researching or promoting established, safe, effective and affordable treatments. Canadian doctors who have recommended or prescribed these effective and available treatments to their patients have been harassed, threatened, punished, and have even had their licenses revoked. In the face of these disciplinary acts, medical doctors have become too frightened to advocate for their patients and are being coerced into violating their Hippocratic Oath to “First Do No Harm”. The Federal Government, Provincial Health Services, and the College of Physicians and Surgeons within each province have intentionally restricted physicians from providing ethical, competent, individualized care for their patients, based on scientific evidence and the patient’s unique health needs. This is both reckless and criminal.

Over 10,000 physicians and medical scientists worldwide have signed the “Rome Declaration” to alert citizens to the deadly consequences of the unprecedented behaviour of Covid-19 policy makers, medical authorities, and the media, which has comprised: denying patients access to early, lifesaving treatments; disrupting the sacred, physician-patient relationship; failing to acknowledge natural immunity after organic Covid-19 exposure; and suppressing open scientific discussion for the sake of profit and power. People must always be chosen over profits.

The Rome Declaration was created by physicians and scientists during the Rome Covid Summit, and it immediately garnered support from doctors around the world. These professionals, many of whom are on the front lines of Covid-19 pandemic treatment, have experienced career threats, character assassination, and censorship of their scientific papers and research; they have had social media accounts blocked, online search results manipulated, clinical trials and patient observations banned, and their once-revered professional histories and accomplishments minimized in both academic and mainstream media.

Though the declaration’s signatories are diverse in their specialties, treatment philosophies, and medical opinions, they have risen to take a collective stand against authoritarian measures by corporations, medical associations, and governments and their respective agencies. The objective of the Rome Declaration is for physicians to reclaim their leadership role in confronting and conquering this pandemic safely.

Source: <https://globalcovidsummit.org/news/welcome-to-the-global-covid-summit>
<https://doctorsandscientistsdeclaration.org/original/>

Frontline COVID-19 Critical Care Alliance (FLCCC) Co-Chief Medical Officer, Dr. Paul Marik, filed suit against the health authority he works for because the authority instituted a policy preventing him and other physicians from administering proven, life-saving treatments. "We take an oath as doctors to do no harm," said Dr. Pierre Kory, Co-Chief Medical Officer of the FLCCC. "No doctor should be forced to watch their patient die knowing that more could have been done to save them."

It is imperative that our government and health leaders explore and swiftly implement ALL proven, safe, effective, and available early treatment options to provide appropriate and potentially life-saving care to its citizens for current and potential future variants. To ignore or withhold these treatments is simply criminal and has devastating effects; if these life-saving measures had been implemented from the start, the pandemic and the so-called “public health emergency” would have been over a long time ago and MANY lives could have been saved.

Ivermectin

One of the main medications that has been discredited and restricted inappropriately is Ivermectin. Ivermectin was first discovered in 1975. It has been approved for human use since 1987. There have been more than four billion doses distributed worldwide. It is included on the WHO’s “List of Essential Medicines.” The discoverers of Ivermectin won the Nobel Prize in 2015: the drug was lauded for its anti-parasitic effects and tremendous safety profile. There has been widespread use of Ivermectin around the world to treat parasitic conditions such as River Blindness and Elephantiasis. Ivermectin sees 11 adverse effects per million doses administered and all reported adverse effects are considered minor. Further investigations revealed Ivermectin also has antiviral and anti-inflammatory mechanisms of action. Studies have shown effectiveness of Ivermectin against influenza, Zika virus, Dengue fever, malaria, tuberculosis, leukemia, HIV, and more. Due to its mechanism of action as an antiviral, Ivermectin showed great potential for use in Covid-19 treatment; hence, scientists, researchers, and experts began studies to ascertain Ivermectin’s efficacy against Covid-19.

Hundreds of studies have been completed citing the safety and effectiveness of Ivermectin for use in treating Covid-19, yet the Canadian government has banned its use, allowing hundreds of people to die needlessly. Withholding this treatment, restricting life-saving measures, and allowing people to die constitutes criminal negligence. Section 219 of the Criminal Code of Canada states, “Everyone is criminally negligent who, (a) in doing anything, or, (b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.” And section 220 states, “Every person who by criminal negligence causes death to another person is guilty of an indictable offense and liable...in any other case, to imprisonment for life.”

Sources: <https://c19ivermectin.com>
<https://ivmmeta.com>
<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/>

Remdesivir (VEKLURY)

Rather than researching and authorizing multiple already FDA approved drugs which are cost effective, proven safe and shown to reduce mortality of patients from Covid-19, the main

approved treatment in Canadian and international hospitals and in outpatient settings, has been Remdesivir (VEKLURY).

Clinical trials have shown Remdesivir to be a toxic drug. If hospitalized patients with Covid-19 are treated with Remdesivir (VEKLURY), which is known to have toxic effects, how are we to know if death and other long-term complications are associated with Covid-19 infection or were a result of Remdesivir administration? How many patients died from Remdesivir and not actually from Covid-19?

Remdesivir (VEKLURY) is an experimental drug which was originally available for use under an Emergency Use Authorization only and still has a clause, **authorized under the Notice of Compliance with Conditions (NOC/c) for one or all of its indicated uses**. An NOC/c is a form of market approval granted to a product on the basis of promising evidence of clinical effectiveness following review of the submission by Health Canada.

Health Canada has not authorized an indication for the use of VEKLURY in pediatric populations younger than 12 years of age or weighing less than 40 kg. The safety and effectiveness of VEKLURY have not been established in this pediatric population. However, VEKLURY remains the primary treatment for Covid-19 in Canadian hospitals for all people including infants and young children with Covid-19, under the Emergency Use Authorization. Pregnant women are also eligible for treatment with VEKLURY under the EUA.

In a clinical trial for treatment of Ebola in the Democratic Republic of the Congo in 2019, “A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics,” Remdesivir was one of 4 treatments trialed. Patients of any age, including pregnant women, children and newborn babies were included in the trial. Neonates who were 7 days of age or younger were included if the mother had documented Ebola. Among patients in the Remdesivir group, mortality exceeded 50%. That is over half of the patients treated with Remdesivir, died. The safety monitoring board conducted an interim analysis and found mortality rates were much higher in the Remdesivir group than in other treatment groups. As such, Remdesivir and one other of the treatment options were terminated part way through the clinical trial.

According to the product monograph, package insert and manufacturer information sheet, much is still unknown about VEKLURY and definitive safety and efficacy cannot be established. Many unknowns including serious effects on kidney, liver and heart function and multiple organ failure cannot be ruled out.

A public inquiry must be made into the decision to use Remdesivir as the primary treatment for Covid-19 and why other proven safe and effective treatments were not used and were in fact banned. An inquiry must also be made into why healthcare professionals have been, and continue to be, restricted and punished for recommending or prescribing alternative treatments.

Sources:

Remdesivir (Veklury) Product Monograph:

https://pdf.hres.ca/dpd_pm/00057134.PDF

Remdesivir (Veklury) package insert:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/214787Orig1s000lbl.pdf

Gilead Patient Information Sheet for Remdesivir (Veklury):

https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_patient_pi.pdf

FDA Remdesivir First Treatment for Covid-19

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-covid-19>

A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics

<https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>

Natural immunity from Covid-19 infection is also being largely ignored and discredited by public health officials and the medical establishment, with the help of a highly politicized-media that is misleading the public. This violates the findings of more than a century of research in immunology and virology, which teaches us that natural immunity confers robust protection against a respiratory virus' outer-coat proteins, including but not limited to Covid-19, with strong evidence for the persistence of antibodies. Even the CDC recognizes long-lasting natural immunity for viruses such as chickenpox, measles, mumps, and rubella for example, but inexplicably not for Covid-19. This highly questionable and destructive narrative defies science and the epidemiological evidence we have known for over a century. This should raise significant concerns about why there is a relentless push for universal vaccination, when growing, wide-spread natural exposure and acquired immunity makes it superfluous. Therefore, the narrative that “vaccinations are the only way out of this pandemic,” when we know natural immunity provides powerful protection and that safe and early treatments are available, is unscientific.

Sources: <https://www.drpaulealexander.com/blogs/news/122-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted>
<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/>

The Federal And Provincial Governments Have Been Negligent With Regard To Democratic Process, Funding, And Allocation Of Resources Related To The Pandemic.

It is now clear, after over two years, that the political and medical authorities have profoundly mismanaged the Covid-19 pandemic with the help of highly politicized mainstream media. Fear mongering, inaccurate data and often conflicting messages have been used to create panic and mass compliance with scientifically unfounded public lockdown measures and mask mandates, school closures, restrictions on places of worship, a regimen of experimental injections with little-to-no safety data, as well as with privacy-invading vaccine passports and restrictive exemption program (REP) enforcement for restaurants, sports organizations, schools, and businesses.

An enormous amount of taxpayer dollars, both provincially and federally, have been inappropriately used to fund advertising, propaganda, and campaigns for “increasing confidence in the Covid-19 vaccines.” One such grant was given to Visions of Science Network for Learning in Toronto, ON, for a proposal titled *Vaccine Confidence in Canada: Focus on Racialized and Low-Income Communities*. The group was given \$50,000 for a project to persuade marginalized populations to take the Covid-19 vaccine.

Source: [https://www.nserc-crsng.gc.ca/NSERC-CRSNG/FundingDecisions-
DecisionsFinancement/2021/Vaccine_eng.asp](https://www.nserc-crsng.gc.ca/NSERC-CRSNG/FundingDecisions-DecisionsFinancement/2021/Vaccine_eng.asp)

Other overt measures to promote Covid-19 vaccines have included media mass-marketing, advertising flyers and province-wide billboards, commercials, direct cash payments and lotteries, the development of vaccine passport technology and infrastructure, as well as other coercive measures to increase vaccine compliance. This was all paid for with taxpayer dollars. Additional taxpayer dollars were funneled into research that only supported vaccine development and distribution; no funds were allotted or used to investigate or promote known safe, effective, and available treatments that could have been implemented to prevent and treat early Covid-19 illness in the first place. These treatments would have had better success, been less costly to taxpayers, and decreased negative impact on society.

Little to no actual health education or promotion was provided to Canadian citizens. Mass media, flyers, billboards, commercials etc. did not promote awareness for how to stay healthy so that if you are infected with Covid, your immune system will be strong and you can easily fight it. No education was disseminated for what to do when you are symptomatic or test positive for Covid. There are many proven remedies, lifestyle adaptations and medications that can prevent serious illness from Covid. None of them were suggested to the general public. People were told to stay home and only see a doctor or go to the hospital if they couldn't breathe. For many, it was too late by this point and the Remdesivir protocol used in hospitals proved fatal. Prevention and early treatment could have saved thousands of lives. Doctors who recommended or prescribed early treatment medications have been and continue to be severely punished by employers and regulatory colleges. This is a massive disservice to Canadians and a complete failure in our “healthcare” system.

Our Prime Minister has admitted that mainstream media channels have received funding to push government agendas and not report anything in opposition. News outlets and journalists who previously held to their oath of unbiased reporting are no longer adhering to this promise necessary for reporting truth.

Source: The video of Justin Trudeau admitting this can be seen here: <https://youtu.be/K69DWwntf9o>

Intensive Care Unit (ICU) bed increases were promised by the government but never delivered, despite constant messaging that Canadian hospitals were overrun with caseloads of

Covid-19 positive patients. Taxpayers have witnessed irresponsible spending by authorities under the guise that it was warranted due to a so-called public health emergency. Taxpayers also saw increased salaries for health system executives, along with a complete lack of transparency and accountability to Canadian citizens as to where and how tax dollars were being spent.

Source: <https://www.albertahealthservices.ca/about/page13093.aspx>

Thousands of unvaccinated healthcare and other frontline workers were placed on leave of absence (LOA) without pay during this so-called pandemic. This action crippled our healthcare system, rendering it incapable of meeting the basic health needs of communities and has been catastrophic to Canadians. The number of deaths due to canceled surgeries, department closures, no physician available and increased emergency wait times is significant. These effects and deaths due to them were a direct result of poor governmental decisions. A government working in the best interests of its citizens would not force healthcare and frontline workers to take leaves of absence during a true pandemic, when their expertise and skilled care are critical in the communities they serve.

This government then called back that decision in many provinces and announced that unvaccinated or undisclosed vaccine status staff could return to work but would have to undergo regular testing at their own expense. This Government action and chaotic flipflopping of policies is nonsensical, unscientific, traumatic, expensive and completely discriminatory given that vaccinated and unvaccinated individuals carry the same viral loads and therefore present the same risk of transmission. Testing should be a requirement of ALL staff or NO staff at all but targeting unvaccinated people is unscientific, unethical and violates privacy laws.

This Covid virus, including the fast-spreading Omicron variant, does not discriminate against vaccinated or unvaccinated people. Therefore, the government or any other entity or persons does not have a right to discriminate with unjustified targeted testing of unvaccinated staff or citizens nor any QR code requirements or REP program restrictions against Canadian citizens. These actions are unethical, unscientific and against the Canadian Constitution. It is not lawfully justified, and these policies should never have been implemented nor should they ever be in the future. Any unwarranted privacy invasion is unlawful including tracking, vaccine passports and Digital IDs. In addition, travel bans via plane or train for unvaccinated citizens as well as extended quarantine requirements are a blatant violation of Section 6 of the Canadian Charter of Rights and Freedoms. They serve no purpose, are unscientific, discriminatory, and clearly punitive in nature.

It is also alarming to observe the authoritarian abuse of power being exercised in the name of the Public Health Act by the government when these powers should only be reserved for the most serious public health emergencies and disasters. As cited above, the evidence demonstrates that the Covid-19 IFR is “roughly similar, or likely lower” to seasonal influenza. A

virus with similar or less impact than seasonal influenza does not warrant the overreach of governmental authority over citizens. This authoritarian overreach goes well beyond the requirements outlined in the Public Health Act itself, and completely bypasses the democratic process and the power of the legislature, which exists to represent and act out the will of the citizens of Canada. This government overreach must cease immediately and be prohibited from violating the rights and freedoms of citizens in the future.

Covid-19 Vaccinations Are Causing Significant Harm And Death.

Monitoring systems in Canada, the USA, and Europe, designed to issue safety signals for new products such as vaccines, are reporting alarmingly high numbers of serious adverse effects and deaths following mRNA Covid-19 vaccinations in adults and children, globally. It remains incumbent, now as ever, on medical and public health authorities to fully evaluate all the adverse effects these vaccines are having on people following administration. The reckless promotion, administration, mandating, advertising, and incentivizing of people to be injected with these experimental gene therapies must be halted immediately. Authorities continue to claim the vaccines are safe and effective despite clear and mounting evidence to the contrary as well as extraordinary dismissal & censorship of the actual data, research and anecdotal stories being shared from people experiencing life altering adverse reactions to these experimental injections.

According to VAERS, there have been more reported associated deaths from COVID-19 injections in the USA in the past 12-month period (Dec. 2020 – Dec 2021) than from all other vaccines over the past 30 years combined. It has been estimated, historically, that only one percent of vaccine injuries are reported to VAERS. Reports can also take several months to be processed before being listed on the VAERS database. Hence, the numbers reported are very likely to represent only a small portion of the actual number of adverse reactions and deaths that have occurred from Covid-19 vaccines.

VAERS data released for the period of Dec. 14, 2020 through July 1, 2022, shows 1,328,982 adverse event reports following COVID-19 injections, including but not limited to 29,273 deaths and 297,094 hospitalizations and urgent care visits. Of the total number of adverse injury reports, there were: 4,818 cases of fetal miscarriage; 15,544 cases of Bell's Palsy; 9,739 reports of anaphylaxis; 54,692 reports of permanent disability; 15,668 reports of heart attacks; and 49,929 cases of myocarditis/pericarditis. Numbers have greatly increased in all reported areas and continue to climb daily. Other adverse effects reporting systems, such as Vigibase (WHO) and CAEFISS (Canada), are reporting similar alarming numbers that continue to climb at disconcerting rates.

Source: www.openvaers.com/covid-data



We, as a society, must never forget nor become desensitized to the fact that each of these numbers reported in VAERS represents a person: a mother, a father, a daughter, a son, a child, an unborn baby. Many of these people's lives have been irreversibly changed or ended.

Pfizer Clinical Trials Were Flawed And Pfizer Knew Their Vaccine Causes Harm And Death. Pfizer falsely & fraudulently reported high vaccine efficacy.

The non-profit organization Public Health and Medical Professionals for Transparency (PHMP) submitted a Freedom of Information Act Request to the FDA for all the data in Pfizer's COVID-19 vaccine biological product file. PHMP sued the FDA for not releasing the data. In the subsequent judgment, Pfizer was ordered to release documents (500 pages per month totaling 390,000 over the next 55 years); however, the information for the biologics license application (licensing for the BNT162b2 Covid-19 vaccine post-marketing adverse reactions and clinical research) was released on Nov. 17, 2021. This previously concealed document, *5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-FEB-2021*, lists numerous serious adverse events reports related to the Covid-19 vaccine pharmacodynamics, including **over 1200 deaths reported in the first 90 days.**

Pfizer is being forced to release their data monthly on the first of each month, which to date has shockingly included almost 9 pages single spaced of adverse events of special interest they were aware of. This is not only horrifying but clearly shows how potentially dangerous these mRNA injections are. This vaccine manufacturer documents illustrate that informed consent was severely violated for all citizens worldwide. The safety signals were nefariously ignored, and people's lives have been put at risk.

The recent May 1, 2022 data dump exposed the true efficacy rates of their product which was marketed at 95% effective but the efficacy rate was only 12% effective within the first 7 days of inoculation and then sharply waned to an insignificant rate of 0.84% after the first 7 days. Pfizer's own data (which they tried to hide & withhold for 75 years) irrefutably shows these experimental injections have failed to prevent transmission of Covid 19 almost entirely with less than 1% efficacy.

It was also shockingly exposed that these experimental injections were NOT safe for pregnant women and the risk to breast-feeding babies was unknown so they "should not be used during breastfeeding". This warning is despite countless marketing campaigns, media scripts and government guidance at the provincial and federal levels stating pregnant and breastfeeding women were eligible for the vaccines and they were "safe & effective".

Pfizer, the FDA, and Health Canada had access to this information and appears to have intentionally withheld this critical information from the public which raises giant red flags of

concerns to public health, safety, transparency, and accountability. Pfizer still holds enormous data that has not been made public and the long-term effects of these injections are yet to be seen and studied due to the experimental nature of these products. The data we have to date is already frightening. This information should have put a stop to these experiments immediately to allow for further review of safety, efficacy, and damage. Anything to the contrary is grossly negligent and puts people at serious risk of injury, damage and even death as seen in Pfizer's own documentation released to date with much more data being released in the months and years to come.

Sources: <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf> (See page 30 of this document for a 9-page list of adverse events of special interest)



Complete Pfizer up-to-date data court ordered for release



Canadian Covid Care Alliance “More Harm Than Good” Video
<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>



Canadian Covid Care Alliance “Stop the Shots” Video
<https://www.canadiancovidcarealliance.org/media-resources/stop-the-shots/>



Both Providing And Obtaining Informed Consent For Covid-19 Vaccinations Has Not Been Occurring And Is Not Fully Possible.

In the seminal decision of *Hopp v Lepp*, [1980] 2 SCR 192,33, the Supreme Court of Canada determined that non-disclosure of risks and medical information constitute legal negligence. *Hopp v Lepp* also clarified the standard of informed consent and held that, even if a certain risk is only a slight possibility (and would not ordinarily be disclosed) but carries serious consequences—such as paralysis or death—the risk must be revealed to the patient.

The duty of disclosure for informed consent is rooted in the individual’s right to bodily integrity and respect for patient autonomy: the patient has the right to be informed of all potential consequences of medical treatment, regardless of whether those consequences are deemed improbable. While medical opinion can differ with respect to the level of disclosure required, the standard is simple: “A reasonable person would want to know the serious risks, even if remote.”

Source: *Hopp v Lepp*, supra; *Bryan v Hicks*, 1995 CanLII 172 (BCCA); *British Columbia Women’s Hospital Center*, 2013 SCC 30.34

In *Vaccines and Related Biological Products Advisory Committee October 26, 2021, Meeting Document*, Pfizer reached the following conclusions concerning overall vaccine risk-benefit:

“The number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination. Long-term safety of the COVID-19 vaccine in participants five to less than 12 years of age will be studied in five post-authorization safety studies, including a five-year follow-up study to evaluate long term sequelae of post-vaccination myocarditis/pericarditis.”

Clearly, Pfizer acknowledges that its vaccine remains in the experimental phase and the long-term risks are unknown.

Source: <https://www.fda.gov/media/153409/download>

The process of informed consent involves informing the person giving consent of both the benefits and risks of the proposed intervention. It is impossible to obtain informed consent when the risks cannot be explained due to a lack of long-term safety data. This violates the very definition of informed consent, which according to AHS policy must be voluntary, informed, specific, made with capacity, requires understanding and must be documented.

Source: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-consent-to-treatment-prr-01-policy.pdf>

Covid-19 Restrictions, Policies, And Mandates Being Implemented Under Federal And Provincial Public Health Acts Do Not Meet The Criteria For Governments To Lawfully Restrict The Constitutional Rights And Freedoms Of Citizens.

According to the Canadian National Report on Immunization of 1996, “immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution.”

In 1986, the Supreme Court of Canada created the Oakes Test which clarified that the government must establish that the “benefits of a law outweigh its negative impact of violating Charter Rights and Freedoms.” There are certain conditions that must be met to impose any law. These include:

1. The government must establish that the law under review has a goal that is both “pressing and substantial.”
2. The court then conducts a proportionality analysis using three subsets:
 - a. The government must first establish that the provision of the law which limits a Charter right is rationally connected to the law’s purpose;
 - b. A provision must minimally impair the violated Charter right;
 - c. The court examines the law’s proportionate effects. Even if the government can satisfy the above steps, the effect of the provision on Charter rights may be too high a price to pay for the advantage the provision would provide in advancing the law’s purpose.

It is imperative to be informed that the Covid-19 mandates and public health policies (including travel restrictions) imposed by the federal and provincial governments have not been shown to meet the Oakes Test.

The Federal Emergencies Act reads in part, “the Governor in Council, in taking such special temporary measures, would be subject to the Canadian Charter of Rights and Freedoms and the Canadian Bill of Rights and must have regard to the International Covenant on Civil and Political Rights, particularly with respect to those fundamental rights that are not to be limited or abridged even in a national emergency.”

The Office of the Privacy Commissioner of Canada states, “The necessity, effectiveness and proportionality of vaccine passports must be continually monitored to ensure that they continue to be justified. Vaccine passports must be decommissioned if, at any time, it is determined that they are not a necessary, effective or proportionate response to address their public health purposes.”

Source: https://www.priv.gc.ca/en/opc-news/speeches/2021/s-d_20210519/

The WHO also issued a stern warning to governments on Nov. 16, 2021, to not use mandatory vaccination as a condition of employment, free movement, or access to services, as this has serious civil liberties and human rights implications. The WHO warned that governments must consider implementing vaccination mandates extremely carefully, ensuring that the benefits outweigh the risks. Governments must be able to show they have done everything else possible first and prove there is no other alternative. The WHO states that if mandatory vaccination is implemented, it must be for the shortest period possible and that any such policy must be consistent with national public health and human rights laws; there must be clear reasons given

as to why mandatory vaccination is being used as opposed to other means. The WHO emphasized that any such policy must have the objective of protecting individuals, society, or the health system. Any individual who is, in any way, facilitating the implementation of mandatory vaccination as a condition of employment, free movement, or access to services is in direct contravention of the WHO's warnings.

Source: <https://youtu.be/Nfext819eXw>

If any individual, government body, health authority, police service, media organization, employer, place of education, business, facility, place of worship, etc., participates in the enforcement of these Covid-19 restrictions, laws, and/or mandates, they are unlawfully violating the Charter rights and freedoms of Canadian citizens.

Anyone, following receipt of this letter, who directs, authorizes, assents to, acquiesces, or participates in administering Covid-19 vaccinations, and/or supports, promotes, or enforces mandatory vaccination and mask policies, puts themselves at future risk of being held personally liable for all the harms caused by the injections and related policies. Such persons will not be able to avoid personal liability by claiming they were simply following the mandates under a provincial/federal health order.

The consequences for those held liable for harms caused by administering, mandating, and/or recommending Covid-19 vaccinations, and by creating or enforcing unfounded, unlawful public policies & privacy violations, may include fines, incarceration, and/or payment of damages and costs. Neither ignorance of the law nor willful blindness are legally defensible. All public servants have a duty to perform their due diligence in the work for which they are personally responsible. Simply acquiescing to a policy because an esteemed body has legitimized it does not constitute due diligence, especially in light of widely available contradicting scientific evidence.

List Of Crimes Being Committed Under The Canadian Criminal Code You May Be Guilty Of Or Complicit In.

Based on the information provided in this letter, please be advised that willfully ignoring this information may lead to personal criminal liability. The crimes you may be complicit in include:

- **Intimidation.** Section 423 states, "Everyone is guilty who wrongfully and without lawful authority, for the purpose of compelling another person to do anything that he or she has a lawful right to abstain from doing, intimidates or attempts to intimidate that person by threats of punishment inflicted on him."

- **Extortion.** Section 346 states, “Every one commits extortion who, without reasonable justification or excuse and with intent to obtain anything, by threats, accusations, menaces or violence induces or attempts to induce any person, whether or not he is the person threatened, accused or managed or to whom violence is shown, to do anything or cause anything to be done.”
- **Assault.** Section 265 describes assault as when a person “applies, attempts, or threatens to apply force to another person without their consent. Assault does not have to end in physical force being applied to another person, as the threat of force or actively carrying a weapon is enough to lead to the offense of assault, as assault can be both physical and/or psychological.”
- **Assault causing bodily harm.** Section 267 states that assault causing bodily harm is the most comparable criminal offense to battery. Assault with a weapon or causing bodily harm is an indictable offense that is liable for up to ten years in prison. Defendants charged with assault causing bodily harm have either: carried, used, or threatened to use a weapon (or weapon imitation), caused bodily harm to the complainant, or choked, suffocated, or strangled the complainant. Bodily harm is defined as any damage of more than a transient nature—such as requiring medical care or a leave from work—that interferes with a person’s health and wellbeing.
- **Administering noxious thing.** Section 245 states, “Every person who administers or causes to be administered to any other person or causes any other person to take poison or any other destructive or noxious thing is guilty (a) of an indictable offense and liable to imprisonment for a term of not more than 14 years, if they did so with intent to endanger the life of or to cause bodily harm to that person, or (b) of an indictable offense and liable to imprisonment for a term of not more than two years or of an offense punishable on summary conviction, if they did so with intent to aggrieve or annoy that person.”
- **Breach of trust.** Section 336 states, “Everyone who, being a trustee of anything for the use of benefit, whether in whole or in part, of another person, or for a public or charitable purpose, converts, with intent to defraud and in contravention of his trust, that thing or any part of it to a use that is not authorized by the trust, is guilty of an indictable offense and liable to imprisonment for a term not exceeding fourteen years.”
- **Disobeying a statute.** Section 126 states, “Every person who, without lawful excuse, contravenes an Act of Parliament by intentionally doing anything that it forbids or by intentionally omitting to do anything that it requires to be done is, unless a punishment is expressly provided by law, guilty of (a) an indictable offense and liable to imprisonment for a term of not more than two years; or (b) an offense punishable on summary conviction.”
- **Public incitement of hatred.** Section 319 (1) states, “Every one who, by communicating statements in any public place, incites hatred against any identifiable group where such incitement is likely to lead to a breach of the peace is guilty of (a) an indictable offense and is liable to imprisonment for a term not exceeding two years or; (b) an offense punishable on summary conviction.”

- **Willful promotion of hatred.** Section 319 (2) states, “Everyone who, by communicating statements, other than private conversation, willfully promotes hatred against any identifiable group is guilty of; (a) an indictable offense and is liable to imprisonment for a term not exceeding two years or; (b) an offense punishable on summary conviction.”
- **Duty of persons undertaking acts dangerous to life.** Section 216 states, “Everyone who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in the cases of necessity, under a legal duty to have and use reasonable knowledge, skill and care in doing so.”
- **Duty of persons undertaking acts.** Section 217 states, “Every one who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.”
- **Criminal negligence.** Section 219 states, “Everyone is criminally negligent who, (a) in doing anything, or, (b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.” And section 220, “Every person who by criminal negligence causes death to another person is guilty of an Indictable offense and liable In any other case, to imprisonment for life.”
- **Causing bodily harm by criminal negligence.** Section 221 states, “Every person who by criminal negligence causes bodily harm to another person is guilty of (a) an indictable offense and liable to imprisonment for a term of not more than ten years; or (b) an offense punishable on summary conviction.”
- **Unlawfully causing bodily harm.** Section 269 states, “Everyone who unlawfully causes bodily harm to any person is guilty of (a) an indictable offense and liable to imprisonment for a term not exceeding ten years or (b) an offense punishable on summary conviction.
- **Homicide.** Section 222 states, “A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being. Culpable homicide is murder or manslaughter or infanticide. A person commits culpable homicide when he causes the death of a human being, (a) by means of an unlawful act; (b) by criminal negligence; (c) by causing that human being, by threats or fear of violence or by deception, to do anything that causes his death; or (d) by willfully frightening that human being, in the case of a child or sick person.”

Personal Liability under the *War Crimes and Crimes Against Humanity Act* may also exist. A crime against humanity may comprise: murder; or any other inhumane act or omission that is committed against any civilian population or any identifiable group and that, at the time and in the place of its commission, constitutes a crime against humanity according to customary international law, conventional international law, or by virtue of its being criminal according to the general principles of law, are recognized by the community of nations, whether or not it constitutes a contravention of the law in force at the time and in the place of its commission. This *Act* also affirms that every person who conspires or attempts to commit, or is an accessory after

the fact, in relation to, or councils in relation to, a crime against humanity, is guilty of an offense and liable to imprisonment for life.

Canada is a signatory to the *International Covenant on Civil and Political Rights*. As a signatory, Canada recognizes that all people have the right of self-determination and are entitled to respect and to be free from discrimination based on race, ethnicity, religion, political or other opinions. As per the *Covenant*, Canada has agreed that no person shall be subjected, without his or her free consent, to medical or scientific experimentation. Canada has also agreed that no one shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home, or correspondence, nor to unlawful attacks on his or her honor and reputation, and that everyone has the right to the protection of the law against such interference or attacks.

Under the *Covenant*, everyone has the right to freedom of thought, conscience, and religion, which includes the right to adopt a religion or belief of his or her choice, and the freedom, either individually or in community with others and in public or private, to manifest his or her religion or belief and worship, observance, practice, and teaching. No one shall be subject to coercion that would impair his or her freedom to have or to adopt a religion or belief of his or her choice. Moreover, every citizen shall have the right and the opportunity without unreasonable restrictions, to take part in the conduct of public affairs, directly or through freely chosen representatives, and to have access to public service in Canada. All persons are to be equal before the law without any discrimination on any prohibited ground.

Canada is also a signatory to the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*. In this document, “torture” is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as intimidating or coercing him or her, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. No exceptional circumstances whatsoever, whether a state of war or threat of war, internal political instability, or any other public emergency, may be invoked as a justification of “torture.”

Conclusion

Much has happened since Covid-19 was first introduced to the public in early 2020. Canada has gone from being a free, democratic society to one of lockdowns, restrictions, mandates, and unscientific policies that restricted virtually every aspect of life, both inside and outside the home. Personal freedoms are being eroded in the name of preserving the “greater good.” As a society, we must acknowledge the insidious degradation of the rights and freedoms of citizens, the loss of our democratic society and fundamental governing processes and take actions that prohibit these violations from any future implementation and abuses of power. We must not become acclimated to living in such a restricted, totalitarian manner, as this is not a normal or healthy way to live. These sweeping executive government-imposed restrictions are

neither justified, ethical nor efficacious: the harms they have caused and are causing to our population are catastrophic and significantly outweigh the actual harms that have been caused by the virus itself.

It is up to everyone to carefully examine their own personal role in the administration, promotion, facilitation, advertising, mandating, incentivizing, and recommending of the Covid-19 vaccinations and related public policies. Each person must acknowledge their contribution to the proliferation of harm and death to individuals and is morally and legally obligated to cease and desist immediately. It is also incumbent upon every person to reach into the depths of their being, consult their conscience, and move forward with integrity, courage and truth, guided by the questions “How have I contributed to causing harm and what am I going to do about it from this point forward?”

We trust, now that we are confident you have been fully informed, that you will respect the law and the individual’s constitutional right to make free and informed choices about medical treatment without coercion, intimidation, or threats, to be free from the threat of loss of employment/ability to earn a living to support one's family, and to live freely in our democratic province and nation. You must immediately stop any actions, whether direct or indirect, relating to participation in the management, administration, promotion, execution, and/or perpetuation of harmful public policies, vaccine mandates, travel restrictions, forced testing, discriminatory and privacy-violating health/vaccine passports/digital IDs, and/or inappropriate and criminal activities associated with the Covid-19 public health pandemic. These actions must also not be implemented in the future. It is the legal and moral duty of every one of us to take immediate and decisive action to halt this unprecedented medical experiment that continues to cause unfathomable and untold harm to our friends and family, including our own children. If you do not cease and desist your involvement immediately, you will be held legally accountable. Our legal counsel will be commencing proceedings against you unless a satisfactory response, including definitive redress, is received promptly, towards the immediate prevention of any further injury, damage, negative impact, or death caused by the Covid-19 measures detailed herein on Canadians.

Sincerely,

Stand United and Canadian Citizens

Appendix

Accompanying Documents To Review.

It is required that you review all the following documents contained herein which provide sufficient information to make you fully aware of the current adverse profile of the mRNA vaccines, as well as the harmful public policies relating to Covid-19. You must also consider your personal participation in harms caused and be aware that legal recourse may be sought against you. Scan the QR codes or follow the links provided below.

1. Canadian Pediatrician Letter

This open letter to parents written by a pediatrician is a summary of the scientific evidence opposing Covid-19 vaccinations for children. The letter includes 134 scholarly references.

www.covidkidfacts.ca



2. RCMP Letter

The open letter to RCMP Commissioner Brenda Lucki was written by many concerned RCMP Officers, who assert, “We stand united against the forced and coerced medical interventions of Canadians and against the discrimination faced by those who have exercised their right to bodily autonomy. We believe in democracy, the Canadian Charter of Rights and Freedoms, and the Bill of Rights.”

www.mounties4freedom.com



3. Action4Canada Refusal to Participate Form

Once you become aware of the role you play in harms being caused by the Covid-19 vaccines and the enforcement of related restrictions, policies, privacy tracking and mandates, and wish to no longer participate in the perpetration of these harms, you may use the following letter as a template to inform your employer, your Premier, and your CMOH that you will no longer

comply with orders that are unlawful, irrational, cause serious harm, and/or are in violation of the Canadian Constitution and the Charter of Rights and Freedoms.

Find the form here: <https://action4canada.com/notices-to-pho-and-premiers/>



The Laws in Canada

Date: _____

Attention: _____

Job title: _____

Address: _____

This is an official Notice of the Laws you have Ignored.

Whereas the administration of a medical procedure or medical treatment must be conducted under the advisement of a doctor or a specialist (i.e., virologist, cardiologist, epidemiologist, or otherwise),

Whereas orders or policies brought forth are

- using coercion and/or duress (threat losing medical licence) see criminal code 265 (1) and (3)
- in contravention the Constitution Act of 1982
- there is denial of human rights.

It is illegal and unlawful for you to force doctors into coercing their patients to take an experimental medical treatment for COVID-19, namely being injected with one of the experimental gene therapies commonly referred to as a 'vaccine', or further being tested with emergency use medical procedures; RT-PCR and or "Rapid Antigen Test" as a condition for keeping their medical licenses.

Medical Treatments:

Vaccines:

Legal Definition:

From the Government of Canada:

Vaccines are complex biologic products designed to induce a protective immune response effectively and safely. **An ideal vaccine is: safe with minimal adverse effects; effective in providing lifelong protection against disease after a single dose that can be administered at birth;** inexpensive; stable during shipment and storage; and easy to administer. Some vaccines come closer to fulfilling these criteria than others. Although each vaccine has its own benefits and risks, and indications and contraindications, all vaccines offer protection against the disease for which they were created.

Vaccines are classified according to the type of active component (antigen) they contain and are most often categorized in two groups - live attenuated vaccines and non-live vaccines:

- **Live** attenuated vaccines contain whole, weakened bacteria or viruses. Since the agent replicates within the vaccine recipient, the stimulus to the immune system more closely resembles that associated with natural infection, resulting in longer lasting and broader immunity than can be achieved with other vaccine types. Because of the strong immunogenic response, live attenuated vaccines, except those administered orally, typically produce immunity in most recipients with one dose; however, a second dose helps to make sure that almost all vaccine recipients are protected, because some individuals may not respond to the first dose. Live vaccines require careful storage and handling to avoid inadvertent inactivation.
- **Non-live** vaccines contain whole inactivated (killed) bacteria or viruses, their parts, or products secreted by bacteria that are modified to remove their pathogenic effects (toxoids). Non-live vaccines cannot cause the disease they are designed to prevent. Because the immune response to non-live vaccines may be less than that induced by live organisms, they often require adjuvants and multiple doses. The initial doses prime the immune system and are called primary vaccination or the primary series. As protection following primary vaccination diminishes over time, periodic supplemental doses (booster doses) may be required to increase or boost antibody levels.¹

COVID-19 'Vaccines' are Gene Therapy

- mRNA "vaccines" created by Moderna and Pfizer are experimental gene therapies. They fulfill all the definitions of gene therapy and none of the definitions for a vaccine. This matters, as you cannot mandate an experimental gene therapy against COVID-19 any more than you can force

¹ <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-14-basic-immunology-vaccinology.html>

entire populations to undergo experimental gene therapy for a cancer they do not have and may never be at risk for.

- mRNA contain genetic instructions for making various proteins. mRNA “vaccines” deliver a synthetic version of mRNA into your cells that carry the instruction to produce the SARS-CoV-2 spike protein, the antigen, that then activates your immune system to produce antibodies
- The only one benefiting from an mRNA “vaccine” is the vaccinated individual, since all they are designed to do is **lessen clinical symptoms** associated with the S-1 spike protein. Since you’re the only one who will reap a benefit, it makes no sense to demand you accept the risks of the therapy “for the greater good” of your community
- The mRNA “vaccines” do not meet the medical and/or legal definition of a vaccine.
- SARS-CoV-2 has not even been proven to be the cause of COVID-19. So, a gene therapy that instructs your body to produce a SARS-CoV-2 antigen — the viral spike protein — cannot be said to be preventive against COVID-19, as the two have not been shown to be causally linked.

As calls for mandatory COVID-19 vaccination grows around the world, it’s becoming ever more crucial to understand what these injections actually are. The mRNA “vaccines” created by Moderna and Pfizer are in fact experimental gene therapies.²

Pfizer-BioNTech

FDA approval of the BioNTech side of the Pfizer gene therapy drug was given BLA approval August 23, 2021 renamed “Comirnaty”. In Canada the Pfizer-BioNTech “vaccine” is emergency use (EUA) only and remains experimental. Specifically, according to the schedule of study C4591009, entitled “A Non-Interventional Post-Approval Safety Study of the Pfizer-BioNTech COVID-19 mRNA Vaccine in the United States,” results will not be published until 2025.³

“In history’s largest medical experiment with “vaccines” that have not been approved for use in humans, it is the buyers’ responsibility to defend Pfizer for causing harm, leaked documents showed. Pfizer has escaped all liability and is indemnified, arguing that side effects and the long-term effects of the injections are **unknown** – to the company as well. Pfizer thus admits that an insufficiently tested product is being pushed in literally billions of doses on the world market.”

Some samples from the confidential agreements

- **The purchaser is aware that the efficacy and long-term effects of the vaccine are unknown and that side effects may occur which are not currently known.**
- The buyer must pay Pfizer for the ordered doses, regardless of how many you use and regardless of whether Pfizer has the preparation approved by the authorities.” (This was written before the FDA’s emergency approval of the so-called “vaccines”).
- The buyer hereby agrees to indemnify, defend and hold Pfizer/BioNTech and their subsidiaries indemnified against all claims, documents, claims, losses, damages, debts, settlements, penalties, fines, costs and expenses.
- The buyer must pay all losses, including and without limitation costs for legal fees and other legal costs.
- Buyer must indemnify Pfizer for claims and all losses and must implement this through statutory or regulatory requirements.
- Pfizer has the right to make necessary adjustments to the agreed number of contracted doses and delivery schedule, based on principles decided by Pfizer. The buyer is obliged to agree to any change.
- **The agreement must be kept secret for ten years.**⁴

Moderna:

Moderna claims their “vaccine” acts as an operating system:⁵

Our Operating System

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the “program” or “app” is our mRNA drug - the unique mRNA sequence that codes for a protein.

We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna’s platform technology. They are organized around key disciplines and work in an integrated

² <https://undercurrents723949620.wordpress.com/2021/03/16/covid-19-vaccines-are-gene-therapy/>

³ <https://www.fda.gov/media/151710/download>

⁴ <https://freewestmedia.com/2021/08/08/bomshell-leak-countries-that-buy-pfizers-vaccine-undertake-to-break-the-law/>

⁵ <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>

fashion to advance knowledge surrounding mRNA science and solve for challenges that are unique to mRNA drug development. Some of these disciplines include mRNA biology, chemistry, formulation & delivery, bioinformatics and protein engineering.

For all four of the COVID-19 treatments currently being approved under ‘Emergency Use Authorization’, the Government of Canada clearly states that all studies regarding the safety, efficacy, effects, and long-term effectiveness are still ongoing in each of the Product Monographs.⁶⁷⁸⁹

Canadian National Report on Immunization, 1996, Volume: 23S4 - May 1997

Immunization in Canada

Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution.¹⁰

Informed Consent

Supreme Court of Canada rulings on “Informed Consent”:

Yule v. Parmley, 1945¹¹ R. v. M., 1994¹²
Hopp v. Lepp, 1980¹³ R. v. Ewanchuk, 1999¹⁴
Hughes v. Reibl, 1980¹⁵

In all Supreme Court of Canada rulings, medical treatments or procedures are administered by properly licensed physicians with their patients, and with priority on the patient’s informed consent.

More specifically; Hughes v. Reibl replaced Hopp v. Lepp where “What a reasonable physician would disclose” with “What a reasonable patient would want to know.” Physicians in Canada are bound by these Supreme Court decisions.

Elements of consent: Your expressed, informed and explicit consent (voluntary) must be obtained prior to treatment. Without consent it is considered assault under the Criminal Code of Canada. Consent given under fear or duress is not consent. **Section 265(1)(3) of the Criminal Code of Canada** defines (1) assault and defines (3) consent:

265 (1) A person commits an assault when

- (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;
- (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or
- (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

Consent

265 (3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

- (a) the application of force to the complainant or to a person other than the complainant;
- (b) threats or fear of the application of force to the complainant or to a person other than the complainant;
- (c) fraud; or
- (d) the exercise of authority.¹⁶

⁶ <https://covid-vaccine.canada.ca/info/pdf/astrazeneca-covid-19-vaccine-pm-en.pdf>

⁷ <https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-covid-19-vaccine-pm1-en.pdf>

⁸ <https://covid-vaccine.canada.ca/info/pdf/covid-19-vaccine-moderna-pm-en.pdf>

⁹ <https://covid-vaccine.canada.ca/info/pdf/janssen-covid-19-vaccine-pm-en.pdf>

¹⁰ https://publications.gc.ca/collections/collection_2016/aspc-phac/HP3-1-23-S4-eng.pdf

¹¹ <https://www.canlii.org/en/bc/bcca/doc/1945/1945canlii277/1945canlii277.html?autocompleteStr=yule&autocompletePos=5>

¹² <https://www.canlii.org/en/ca/scc/doc/1994/1994canlii77/1994canlii77.html?autocompleteStr=23385&autocompletePos=1>

¹³ <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii14/1980canlii14.html?autocompleteStr=hopp&autocompletePos=1>

¹⁴ <https://www.canlii.org/en/ca/scc/doc/1999/1999canlii711/1999canlii711.html?autocompleteStr=26493&autocompletePos=1>

¹⁵ <https://www.canlii.org/fr/ca/csc/doc/1980/1980canlii23/1980canlii23.html?resultIndex=1>

¹⁶ <https://www.canlii.org/en/ca/laws/stat/1985-c-c-46/latest/rsc-1985-c-c-46.html?searchUrlHash=AAAAAQANY3JpbWluYWwgY29kZQAAAAAB&resultIndex=1>

Ontario Consolidated Health Care Consent Act, 1996

Consent to Treatment

No treatment without consent

10 (1) A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

- (a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or
- (b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).

Elements of consent

11 (1) The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

Informed consent

(2) A consent to treatment is informed if, before giving it,

- (a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and
- (b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).¹⁷

The people of Canada are protected under the medical and legal ethics of expressed informed consent, and are entitled to the full protections guaranteed under:

The Constitution Act, 1982

Vaccination is voluntary in Canada. The federal and provincial governments have made it clear that getting the COVID-19 injections will not be mandatory. Employers are infringing on human rights and putting themselves personally at risk of a civil tort and/or criminal liability, and potential imprisonment, by attempting to impose this experimental medical treatment upon their employees. Canadian law has long recognized that individuals have the right to control what happens to their bodies.

Canadian Constitution(1982) Section: 52.-(1) The Constitution of Canada is **the supreme law of Canada**, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect.

No corporation or person or group of persons is above the law in Canada.

Further, Sections 7, 15(1) and 26 of the Constitution act, 1982:

7. Everyone has the **right to life**, liberty and **security of the person** and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

15(1). Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and in particular without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

26. The guarantee in this Charter of certain rights and freedoms shall not be construed as denying the existence of any other rights or freedoms that exist in Canada.

¹⁷ <https://www.canlii.org/en/on/laws/stat/so-1996-c-2-sch-a/187335/so-1996-c-2-sch-a.html>

The **International Covenant on Economic, Social and Cultural Rights**, entered into force in Canada on January 3, 1976;¹⁸

The States Parties to the present Covenant,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant.

The **International Covenant on Civil and Political Rights**, adopted by Canada on March 23, 1976,¹⁹ specifically:

Article 4

1. In time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the State Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the grounds of race, colour, sex, language, religion or social origin.
2. No derogation from Articles 6, 7, 8 (paragraphs 1 and 2), 11, 15, 16 and 18 may be made under this provision.

Article 5

1. Nothing in the present Covenant may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms recognized herein or at their limitation to a greater extent than is provided for in the present Covenant.

2. There shall be no restriction upon or derogation from any of the fundamental human rights recognized or existing in any State Party to the present Covenant pursuant to law, conventions, regulations or custom on the pretext that the present Covenant does not recognize such rights or that it recognizes them to a lesser extent.

Article 6

1. **Every human being has the inherent right to life.** This right shall be protected by law. No one shall be arbitrarily deprived of his/her life.

Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, **no one shall be subjected without his/her free consent to medical or scientific experimentation.**

United Nations' Universal Declaration of Human Rights²⁰

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

¹⁸ <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

¹⁹ <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

²⁰ <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 17

1. Everyone has the right to own property alone as well as in association with others.
2. No one shall be arbitrarily deprived of his property.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 23

1. **Everyone has the right to work**, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

From the Criminal Code of Canada:

Ignorance of the law

19 Ignorance of the law by a person who commits an offence is not an excuse for committing that offence.

- R.S., c. C-34, s. 19

Now with the knowledge of the laws here in Canada you can make an informed decision as to mandatory (illegal and unlawful) or voluntary (legal and lawful), the ball is in your court, govern yourself accordingly.

I require all further correspondence regarding this or any board policies that are related to medical treatments or medical procedures to be in writing.

Name: _____

Overview of Misfeasance in Public Office

A successful misfeasance claim requires the plaintiff to establish that the public official engaged in deliberate and unlawful conduct in his or her capacity as a public official, and that the official was aware that the conduct was unlawful and likely to harm the plaintiff.

The elements of misfeasance in public office

[73] Iacobucci J. set out the elements of the tort of misfeasance in public office in *Odhavji*, at para. 32. As summarized in Lewis N. Klar et al., *Remedies in Tort* (Toronto: Thomson Reuters, 2021), at §60, to succeed on a misfeasance claim, a plaintiff must show that:

- 1) the defendant was a public official exercising public functions at the relevant time;
- 2) the public official deliberately engaged in an unlawful act in their public capacity, which, as affirmed in *Clark*, at para. 23, is typically established by proving any of (a) an act in excess of the public official's powers, (b) an exercise of a power for an improper purpose, or (c) a breach of a statutory duty (the "unlawful act element");
- 3) the public official was aware both that their conduct was unlawful and that it was likely to harm the plaintiff, which, as noted in *Clark*, at para. 23, may be established through actual knowledge, subjective recklessness, or "conscious disregard" for the lawfulness of the conduct and the consequences to the plaintiff (the "knowledge element");
- 4) the public official's tortious conduct was the legal cause of the plaintiff's injuries; and
- 5) the injuries suffered are compensable in tort law.

Some examples:

The Federal gov't mandated an experimental drug to all federal employees, air and rail travellers, pilots, and employees. By doing so, the gov't removed voluntary and informed consent, and in doing so completely ignored the law that states "immunization is voluntary" and 5 SCC rulings that the person must be given all information asked for to form a yes or no answer, hence informed consent/voluntary. The 1976 Covenant for Civil and Political Rights states very clearly in Article 7;

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. ***In particular, no one shall be subjected without his free consent to medical or scientific experimentation.***

Informed Consent:

"Consent must be freely given without coercion and include a discussion about alternative treatments ... and an individual's material risk of developing Covid-19 and all adverse events that may occur as well as all ingredients in the injections."

During the Truckers' Convey in Ottawa, in late January early February of 2022, PM Trudeau and Deputy PM Freeland along with 183 members of parliament implemented the "Emergency act" aka the "War Powers act" against peaceful protesters, none of the protocols needed to implement this act were adhered to, hence they broke the law and knew they were breaking the law and did it anyway.

In every province and territory in Canada, the provincial and territorial gov'ts made "Declarations of Emergency" knowing that none of the regulations and protocols were followed to allow these declarations to be implemented, they broke the law, they knew they were breaking the law and did it anyway.

This is just a few examples of many, many more.

Some people that may be considered as Plaintiffs:

Small and medium size business owners

"Vaccine" experimental drug inoculated who suffered adverse events and are permanently injured.

Families who had a father, mother, sister, brother die from the experimental drug injection.

Refrence: <https://yournews.com/2022/06/28/2367962/misfeasance-in-public-office-an-overview-of-what-you-should/>

Research compiled by: [Ethics Over Fear](#)

Date: June 2022
To: Physicians and Medical Professionals
Re: *URGENT NOTICE - Pfizer Data Released by Court Order - Legal Requirements to Report Adverse Events following Immunization - Important Rapid Antigen Test information*

The United States Food and Drug Administration (FDA) has recently been compelled by court order, in response to a [Freedom of Information Act \(FOIA\) request](#)¹, to release important Pfizer data concerning the safety and efficacy of the COVID-19 (BNT162b2) vaccine. These documents are challenging to find, yet contain critical information that all medical providers must be aware of. All physicians in British Columbia have a legal obligation to report vaccine adverse events following immunizations, including COVID-19 vaccination. Please review the information presented here that includes the recently released Pfizer data and the FDA submission supporting the Biologics License Application (BLA).

This Pfizer data document package, specifically showing the Adverse Events of the Pfizer Covid-19 vaccine, was compiled to ensure all general practitioners, specialists and pharmacists in BC have access to this information. These documents provide health care professionals a transparent and data-driven understanding of the scope and nature of COVID-19 vaccine Adverse Events. Details on the harmful toxicity of the Rapid Antigen Tests are also included.

1. Pfizer COVID-19 Vaccine Data and Known Adverse Events (01-Dec-2020 to 28-Feb-2021)

On March 1, 2022, the FDA released many documents, one notably is the [Pfizer Post-Authorization of Adverse Event Reports document](#)², representing the initial three (3) months of the COVID-19 vaccine rollout for 01-Dec-2020 to 28-Feb-2021. The following summarizes the outcomes of the known international Pfizer Adverse Events, including the links where the court ordered Pfizer documents can be accessed by all.

Overall Adverse Events

Table 7 (pages 16-25) provides a summary review of cumulative cases showing there were **158,893 events** that resulted from **42,086 reported cases** in the first three months after the vaccines were released to the public during 01-Dec-2020 to 28-Feb-2021. The total number of people in this group was not disclosed. Of the 42,086 case reports:

- 1,223 of the cases list DEATH as the outcome
- 9,400 of the cases list UNKNOWN as the outcome (that is 22% of the total 42,086 cases)
- 11,361 of the cases were NOT RECOVERED at the time of the report (final outcome is unknown for these)
- Majority of Adverse Events include **nervous system disorders (25,957)**, **musculoskeletal/connective tissue disorders (17,283)**, and **gastrointestinal disorders (14,096)**, in addition to anaphylaxis, facial paralysis, COVID-19 infection, cardiovascular, dermatological, hematological, hepatic and autoimmune conditions
- Pfizer's post-authorization data emphasizes that "...reports are submitted voluntarily, and the *magnitude of underreporting is unknown.*"
- The [Harvard Pilgram Study](#)³ states that "Adverse events from vaccines are common but underreported, with less than one percent reported to the Food and Drug Administration (FDA)." Thus, these vaccine injuries and deaths are likely much higher than presented.

Pregnant and Breastfeeding Women - Specific Adverse Events and Foetal Deaths

- **No Human Clinical Trials were performed that included Pregnant and Breastfeeding Women as they were excluded** from all, completed to date, [Human Clinical Trials of BNT162b2 vaccine \(during Phase I/II - See page 128, Section 7.1\)](#)⁴. Since pregnant and breastfeeding women were excluded from these trials, there is a complete lack of safety data for this population of patients.
- **Animal Testing** - The [Tissue Distribution Study \(Acuitas Therapeutics Inc.\)](#)⁵ included 42 rats (21 female and 21 male). This study demonstrated that the Pfizer BNT162b2 vaccine increasingly accumulated in the ovaries (females), adrenal glands, liver, spleen, bone marrow and plasma between 1 to 48 hours post injection, which may lead to an increased risk of infertility or birth defects. See Table 2 (pages 25-26).
- **Post-Authorization Summary** – The [Pfizer Post-Authorization of Adverse Event Reports document](#)⁶, Table 6 (page 12), provides the summary review of 270 case outcomes of pregnant and breastfeeding women who received the BNT162b2 vaccine between 01Dec2020-28Feb2021. This document reported 270 cases where "No outcome was provided for 238 pregnancies". Since there were 5 "outcomes pending", there are 243 (5 + 238) unknown pregnancy outcomes of these vaccinated women. It appears that of the only reported 27 pregnancy outcomes (270 - 243), there were actually 28 babies that died, since one pregnancy involved twins.

As per the reported data, the study indicates that 100% of the babies died. The complete list of causes for the 28 DEATHS include: spontaneous abortion (23), premature birth with neonatal death (2), spontaneous abortion with intrauterine death (2) and spontaneous abortion with neonatal death (1).

- **Population Emergency Use/Mandatory Use** – Canada’s sole Vaccine Adverse Event reporting system, located on the [Canadian Government website](#)⁷, reports under the AESI area that 85 confirmed pregnancy outcomes were 80 spontaneous abortions.
 - The USA Centers for [Disease Control’s \(CDC\) Vaccine Adverse Event Database \(VAERS\)](#)⁸, as of June 3, 2022, reports a **total of 4,471 Pregnancy and birth outcomes (Miscarriages)** had been reported as adverse reactions to the Covid-19 injections; of which **3,209 were reported to be associated with the Pfizer injection**. It is notable that this exceeds the total of 2,239 foetal deaths reported during the previous **entire 30 years** in VAERS, prior to when the Emergency Use Authorization of Covid-19 injections commenced in December 2020.
- [The World Health Organization’s Covid-19 Vaccine Safety Surveillance Manual](#)⁹ states the following:
 - Page 2: ”as of March 2021, there are no data available about the safety of COVID-19 vaccines in breastfeeding women and breastfed children.”
 - Page IV - Key Points: “Currently, there is a lack of adequate data on the performance of COVID-19 vaccines in pregnant women.”

2. Efforts to Obtain Pfizer COVID-19 Vaccine Data

1. **Public Health and Medical Professionals for Transparency (PHMPT)** is a non-profit for public health and international medical professionals, scientists, and journalists, and exists solely to disseminate data relied upon by the FDA to license COVID-19 vaccines. The PHMPT is neutral and takes no position on data other than the requirement that it is available to the public. This allows independent experts to conduct reviews and assist to uphold medical ethics. The attached Pfizer data on Adverse Events is a result of efforts of PHMPT to ensure this information is available to medical professionals and the public. <https://phmpt.org/>
2. **Request for Documents** - Four days after the Pfizer vaccine was approved for ages 16+, PHMPT submitted a **Freedom of Information Act (FOIA)** request to the FDA to obtain the supporting data. They subsequently had to sue the FDA for not releasing the data within a reasonable timeframe. <https://phmpt.org/court-documents/>
3. **Withholding** - Pfizer and the FDA tried to **withhold this information from the public until the year 2076**
4. **Release of Documents** – After a successful lawsuit, the FDA is **required by court order** to release rolling productions of Pfizer data (minimum of 50,000 pages) due on the first business day of each month:
 - **10,000 pages** due on or before both March 1 and April 1, 2022
 - **80,000 pages** on or before May 2, June 1, and July 1, 2022
 - **70,000 pages** on or before August 1, 2022
 - **55,000 pages** on or before the first business day of each month thereafter

3. Requirement to Report Vaccine Injury

[The Canadian Medical Association Code of Ethics and Professionalism](#)¹⁰ requires medical professionals to consider first the well-being of the patient and to always act to benefit the patient and promote the good of the patient. It is imperative to take all reasonable steps to prevent or minimize harm to the patient and to disclose to the patient if there is a risk of or if harm has occurred.

By virtue of [section 12 of the Public Health Act of BC \(the “PHA”\)](#)¹¹ and [section 5 of the Reporting Information Affecting Public Health Regulation](#)¹², healthcare professionals and health care facility administrators **must report a negative change in a person’s health that occurs after the person receives an immunization**, if it is serious, or if it is unusual or unexpected, or for which medical attention is sought, if it ”cannot clearly be attributed to a cause other than the immunization”, **even if the causal association to the immunization cannot be established at the time of reporting.**

[Section 99\(1\)\(d\) of the PHA](#)¹³ confirms that any person who fails to report and make records in accordance with the above, commits an offence. It is also an offence under section 99 (4)(a) if a person knowingly provides false or misleading information to a person who is exercising their power or duty under the PHA, or a person acting under the order or direction of that person. It is also an offence under section 99(5)(b) if a person willfully interferes with, or

obstructs a person who is exercising a power or duty under the PHA, or person acting under the order or direction of that person.

Section 106 (4) of the PHA confirms that a judge may impose a penalty for the purpose of punishing the offender if the offender committed the offence knowingly or deliberately, or was reckless as to the commission of the offence.

Section 107 of the PHA allows a judge to impose additional alternative penalties that require an offender to do certain things, or refrain from doing certain things, including but not limited to, ordering the offender to pay a person an amount of money as compensation, perform community service for up to 3 years, comply with conditions that prevent the continuation or repetition of the offence, and publish the facts relating to the commission of the offence and any other facts the court considers appropriate.

Section 108 of the PHA confirms that a person who commits an offence under section 12 of the PHA and section 5 of the Reporting Regulation by failing to report a negative change in a person's health after immunization that cannot be clearly attributed to a cause other than the immunization, is liable on conviction to a fine not exceeding \$25,000 or to imprisonment of up to 6 months, or both.

What this means for Doctors and Medical Professionals: Under s.5 of the *Reporting Information Affecting Public Health Regulation* under the *Public Health Act* that adverse events must be reported where the negative change in the patient's health following vaccination "cannot be attributed to a cause other than immunization." The Covid-19 current process and rationale of wrongly rejecting reports of adverse events to the Covid-19 injections violates section 12 of the *Public Health Act*¹⁴ and section 5 of the *Reporting Information Affecting Public Health Regulation*¹⁵ and constitutes an offence under sections 99, 101(2), 106 (4), 107 and 108 of the *Public Health Act* resulting in potential serious penalties including up to **\$25,000 in fines or 6 months in jail, or both, for every day the offence continues.**

Where and How to Complete Vaccine Injury Reporting and Support Programs for the Injured:

Here are some helpful resources to assist you in complying with your legal obligation to report:

- [BC Centre for Disease Control \(CDC\) Manual on Vaccine Injury Reporting](#)¹⁶
- [BCCDC Report Form – Adverse Event Following Immunization with COVID-19 Vaccine](#)¹⁷
- [Canadian Vaccine Injury Support Program \(VISP\)](#)¹⁸
- [Canadian Adverse Event Reporting System \(CAERS\)](#)¹⁹

4. Rapid Antigen Tests: Biohazards, Inappropriate Use and Lack of Informed Consent

- **Biohazard concerns:** Rapid antigen tests contain biohazard materials clearly stated on the product insert; this poses a risk to the user's health, most concerning of which is children. Rapid antigen tests contain sodium azide and/or Proclin-300 in the extraction buffer, as stated in an alert by Health Canada, titled "[Rapid antigen test kits and potential to hazardous substances](#)"²⁰. The swabs, which are inserted into the nostrils contain ethylene oxide (carcinogenic), and commonly include an undisclosed bioluminescent 'glowing' ingredient. These tests MUST be properly disposed of in a biohazard container and taken to a hazardous waste facility.
- **Inappropriate Use and Lack of Informed Consent:** Rapid antigen tests are to be administered by a trained healthcare professional in a health care setting and/or clinic. These tests are not for use within the general public, which is explicitly stated on the product insert from the manufacturer. Many test kits distributed within British Columbia do not fully disclose the chemical contents, making informed consent impossible.

Thank you for your attention to this matter.

To Health and Transparency,

The Okanagan Health Care Professionals

Documents Attached:

1. Pfizer 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received 01-Dec-2020 through 28-Feb-2021
2. BCCDC Adverse Event Monitoring Flowchart
3. BCCDC Adverse Event Reporting Map
4. BCCDC Adverse Event Reporting Form (COVID-19 Vaccine)

References:

1. Pfizer documents disclosed to public to date: <https://phmpt.org/pfizers-documents>
2. Pfizer 38-page Adverse Event document: <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

Endnotes:

- ¹ <https://phmpt.org/wp-content/uploads/2021/11/091621-Complaint.pdf>
- ² <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
- ³ <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>
- ⁴ https://www.icandecide.org/wp-content/uploads/2022/05/125742_S1_M5_5351_bnt162-01-interim3-protocol.pdf
- ⁵ https://phmpt.org/wp-content/uploads/2022/03/125742_S1_M4_4223_185350.pdf
- ⁶ <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
- ⁷ <https://health-infobase.canada.ca/covid-19/vaccine-safety/>
- ⁸ <https://vaersanalysis.info/2022/06/10/vaers-summary-for-covid-19-vaccines-through-6-3-2022/>
- ⁹ <https://apps.who.int/iris/bitstream/handle/10665/342538/WHO-MHP-RPQ-PVG-2021.1-eng.pdf?sequence=1&isAllowed=y>
- ¹⁰ <https://policybase.cma.ca/viewer?file=%2Fmedia%2FPolicyPDF%2FPD19-03.pdf#page=1>
- ¹¹ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01#section12
- ¹² https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/167_2018#section5
- ¹³ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01#section99
- ¹⁴ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01#section12
- ¹⁵ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/167_2018#section5
- ¹⁶ http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_5_AEFI.pdf
- ¹⁷ <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Immunization/Vaccine%20Info/AEFI-case-report-form-COVID-19.docx>
- ¹⁸ <https://vaccineinjurysupport.ca/en>
- ¹⁹ <https://www.caers.info/>
- ²⁰ <https://recalls-rappels.canada.ca/en/alert-recall/rapid-antigen-test-kits-and-potential-exposure-hazardous-substances>

Please go to Appendix A-C for the full Pfizer report.