



Court File No. **VLC-S-S-217586**

Registry No.

Vancouver Registry

In the Supreme Court of British Columbia

BETWEEN:

Action4Canada, Kimberly Woolman, The Estate of Jaqueline Woolman, Linda Morken, Gary Morken, Jane Doe #1, Brian Edgar, Amy Muranetz, Jane Doe #2, Ilona Zink, Federico Fuoco, Fire Productions Limited, F2 Productions Incorporated, Valerie Ann Foley, Pastor Randy Beatty, Michael Martinz, Makhan S. Parhar, North Delta Real Hot Yoga Limited, Melissa Anne Neubauer, Jane Doe #3

Plaintiffs

-and-

Her Majesty the Queen in right British Columbia, Prime Minister **Justin Trudeau**, Chief Public Health Officer **Theresa Tam**, Dr. **Bonnie Henry**, Premier **John Horgan**, **Adrian Dix**, Minister of Health, **Jennifer Whiteside**, Minister of Education, **Mable Elmore**, Parliamentary Secretary for Seniors' Services and Long-Term Care, **Mike Farnworth**, Minister of Public Safety and Solicitor General **British Columbia Ferry Services Inc.** (operating as British Columbia Ferries), **Omar Alhabra**, Minister of Transport, **Vancouver Island Health Authority**, **The Royal Canadian Mounted Police (RCMP)**, and the **Attorney General of Canada**, **Brittney Sylvester**, **Peter Kwok**, **Providence Health Care**, **Canadian Broadcasting Corporation**, **TransLink (British Columbia)**

Defendants

NOTICE OF CIVIL CLAIM

This action has been started by the plaintiff(s) for the relief set out in Part 2 below.

If you intend to respond to this action, you or your lawyer must

- (a) file a response to civil claim in Form 2 in the above-named registry of this court within the time for response to civil claim described below, and
- (b) serve a copy of the filed response to civil claim on the plaintiff.

If you intend to make a counterclaim, you or your lawyer must

1. (a) file a response to civil claim in Form 2 and a counterclaim in Form 3 in the above- named registry of this court within the time for response to civil claim described below, and
2. (b) serve a copy of the filed response to civil claim and counter claim on the plaintiff and on any new parties named in the counterclaim.

JUDGMENT MAY BE PRONOUNCED AGAINST YOU IF YOU FAIL to file the response to civil claim within the time for response to civil claim described below.

Time for response to civil claim

A response to civil claim must be filed and served on the plaintiff(s),

- (a) if you reside anywhere in Canada, within 21 days after the date on which a copy of the filed notice of civil claim was served on you,
- (b) if you reside in the United States of America, within 35 days after the date on which a copy of the filed notice of civil claim was served on you,
- (c) if you reside elsewhere, within 49 days after the date on which a copy of the filed notice of civil claim was served on you, or
- (d) if the time for response to civil claim has been set by order of the court, within that time.

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CLAIM OF THE PLAINTIFF(S)

Part 1: STATEMENT OF FACTS

• THE PARTIES

• The Plaintiffs and their personal facts

1. The Plaintiff “**Action4Canada**”, is a grassroots organization centred in British Columbia, whose facts, in support of its claim for relief, are as follows:
 - (a) Action4Canada was co-founded in August of 2019;
 - (b) The activities of Action4Canada are in direct response to government legislation that undermines Canada’s *Constitution*, the *Charter*, and Canadian democratic values.
 - (c) At the onset of 2020, Action4Canada took note of the ongoing emergency measures that were being enacted in response to the Covid-19 pandemic. Many concerned citizens reached out to Action4Canada, to voice the hardships they faced due to these measures such as loss of job/income, business closures, school closures, and the re-scheduling of emergency surgeries. Action4Canada stepped up to advocate for those concerned citizens, and has continued to listen to their pleas, and find ways to take action for them.
 - (d) Action4Canada advocates, educates and takes action in pursuit of upholding the Rule of Law, the Constitution and democratic governance in accordance with Canada’s constitutional order and the Rule of Law.

2. The Plaintiffs **Kimberly Woolman** (“Kimberly”), **The Estate of Jaqueline Woolman** (“Jaqueline”) are residents of British Columbia, whose facts, in support of their claim for relief, and who have suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) Kimberly is the adult daughter of Jaqueline Woolman, who passed away on January 30th, 2021. Jaqueline’s eldest daughter passed away in August 2005, and her husband passed away in July 2011. Kimberly moved to British Columbia from Ontario to help take care of their mother, who had developed dementia in or about 2018.
- (b) Jaqueline’s remaining three (3) grown children, Sheldon, Kimberly and Michelle all lived within a few blocks of Jacqueline’s Long-term care residences: New Horizons (Discovery Harbour), and eventually Yucalta Lodge both located in Campbell River, British Columbia.
- (c) Once diagnosed with dementia, a decision was made in April 2019 to have her placed in a private long-term care, at New Horizons (Discovery Harbour) on 850 14th Avenue, in Campbell River, British Columbia. The decision came after Jaqueline had experienced two (2) falls, and two (2) hip surgeries on both hips, the first fall and surgery took place in December 2017, and in January 2018 she has her second fall, while in the New Horizons care home, and her surgery was also in January of 2018.

- (d) Kimberly and Michelle had many issues with New Horizons for advocating for their mother's health, and on April 4th, 2019 they were banned without explanation from visiting Jacqueline.
- (e) After multiple complaints filed against New Horizons care home by Kimberly and her siblings with regards to Jaqueline's care, punitive restrictions were put in place by the home. As a result of those restrictions, the children had Jacqueline transferred to a different care home, Yucalta Lodge, which operates as a public (publicly-funded) under the Vancouver Island Health Authority at 555 2nd Ave, Campbell River, British Columbia in early 2019. Jacqueline's transfer to the Yucalta Lodge facility was completed in May 2019, with Michelle's assistance through her work connections as the scheduler at a social work office.
- (f) In May 2019, upon completion of Jaqueline's transfer, Jae Yon Jones, the manager at Yucalta Lodge, constantly changed the rules, contradicted herself and outright lied about many issues brought forth by Kimberly and her siblings in relation to their mother. Kimberly and her siblings tried to resolve these issues in many meetings, to no avail. These issues went on to persist, and only became amplified by the Covid-19 restrictions put in place in 2020.
- (g) Sometime in 2019, Jaqueline's doctor approved allowable alcohol shots to manage her pain. By March 2020, Nursing staff were not offering Jaqueline any alcohol, without any medical reason as to why. A decision

was made after the Covid-19 pandemic began, to put Jaqueline on fentanyl, which was later increased from 25mcg to 37.5mcg. however Jaqueline was no longer asking for any alcohol at that point because she would become too sedated. Similarly, also in March of 2020, the staff at Yucalta Lodge forced Jaqueline to quit smoking, a habit that helped her remain calm, by administering a nicotine patch for Jaqueline, without the consent of Michelle and Kimberly.

- (h) Jaqueline was left to waste away in bed, obtaining bed sores as a result of staff removing her access to her wheelchair, which in turn resulted in muscle atrophy.
- (i) On April 24th, 2020 Kimberly visited the Yucalta Lodge to take her mother supplies as she had done on numerous occasions. Kimberly was stopped at the door by staff who informed her that she could not enter due to newly implemented Covid-19 restrictions. Kimberly pulled up documentation on her phone that stated she could enter, as she did not understand what the security measures were about. The Director, Jae Yon Jones took the phone from Kimberly's hand, informing her that she could not come in. Kimberly decided to leave the items for her mother, and was told that the items would have to be "quarantined" for a few days.
- (j) After the interaction that took place on April 24th, 2020, Kimberly went to visit her mother from outside of her room's window. There were two (2) nurses inside with Jaqueline, without any PPE equipment on. Kimberly

was confused, as she had thought that the new measures had mandated that PPE equipment was necessary in all spaces at the time. Kimberly decided to take a picture, to document the nurses at Yucalta Lodge failing to follow Provincial health mandates, while denying entry to concerned family members such as herself. As Kimberly was outside the window, many staff members passed by, and one staff member took a photo of her license plate as she entered her car.

(k) On April 24th, 2020, after Kimberly had left the Yucalta Lodge premises, and returned home, the police began banging on Kimberly's apartment door. This lasted for about five (5) or ten (10) minutes. Kimberly was terrified they were going to break the door down. The Police officers then circled the building in their car, and drove past her apartment several times before leaving. They returned several times, over the course of several days either in their cruisers around the parking lot outside of Kimberly's apartment, or banging on the inside apartment door, again without notice, and without identifying themselves. Kimberly was distraught that the someone from Yucalta Lodge may have notified the police that she had purportedly defied their Covid-19 policies.

(l) On April 29th, 2020, Kimberly posted the photo of her mother, Jaqueline in her room with the two (2) nurses who had no PPE-equipment to her Facebook page, and was subsequently asked to remove it by the Yucalta Lodge staff. As a result of the photo on Kimberly's Facebook page, she

was informed that she could no longer attend at Yucalta Lodge property. Yucalta Lodge alleged that Kimberly, and Jaqueline's entire family were security threats to staff safety. Kimberly was told all calls to her mother would go through management. At that time, the Manager also assured Kimberly that when her visitation restrictions were removed, she would be notified. They were later removed in May of 2020, and no one in the family was notified.

(m) After the visits stopped in April of 2020, Jaqueline was calling Kimberly and Michelle constantly, while having breakdowns. She was often found trying to leave the building, thinking she could go to the airport or other places in her state of dementia.

(n) In June of 2020, Kimberly was on a zoom call with her mother when the activities-worker entered the room with Jaqueline wearing a mask. Kimberly commented to Jaqueline on how the efficacy of masks was questionable when it came to the prevention of the spread of viruses. Shortly afterwards, Michelle received a letter dated June 12th, 2020 from Jae Yon Jones, Manager outlining her 'disrespectful behaviour', despite Michelle not even being on the zoom call in question. Michelle was then informed that all zoom sessions had been cancelled, and she was no longer allowed on Yucalta Lodge property, including anywhere near Jaqueline's window.

- (o) From June 12th, 2020 onwards, Michelle, and Kimberly's calls to the nurses phone on the unit to speak with their mother were repeatedly denied, and staff told them that they had to go through the manager or social worker to speak with their own mother. Yucalta Lodge staff consistently failed to answer the questions posed by Jacqueline's children as to whether or not the process that they had to go through in order to speak to their mother was standard protocol for all clients, or a sanction placed on their family alone.
- (p) Sometime in June 2020, Jacqueline's son Sheldon went to Yucalta Lodge to see his mother and was confronted with security guards as if he were a threat. He was also told that he was not allowed in the building and later the Manager confirmed that he too was now banned from the property. This was only the second time during Jacqueline's entire stay at Yucalta Lodge that he was ever there to see her in person.
- (q) On June 15th, 2020, Kimberly and Michelle received another written notice that all Zoom visits were cancelled, and told to direct all issues regarding Jacqueline's health to her Doctor. Michelle replied to this email notice by asking what the reason for the cancellation was, and if all resident's zoom sessions were cancelled. This question was never answered, or addressed in any manner. Instead, Michelle received a letter detailing her "disrespectful behaviour" towards all staff by simply asking questions. Michelle was told to not be present on the property. At that point, all three

(3) of Jacqueline's children had been banned arbitrarily without cause, from the physical property, in addition to being banned via phone and zoom calls.

(r) On July 3rd, 2020 Kimberly and Michelle found out that visits had been reinstated since May 2020 and they had not been notified. Yucalta Lodge had two (2) full months to notify the children that they could have been seeing their mother despite being previously assured that they would be notified when they could see their mother again. Kimberly had, at the time spoken to a new care-worker who was very kind, and obliged their requests to take their mother out for drives and informed them that other clients were having visits from their family members. The odd time that Kimberly and Michelle were able to try to talk to their mother, the new care-worker would be the one to answer the phone. They never stopped calling to try to talk to their mother.

(s) On July 10th, 2020 Yucalta Lodge claimed the new nurse was misinformed. By July 13th, 2020 the children were informed that they could only have 'supervised' visits with their own mother, although they only allowed Michelle to do so. All sorts of harsh conditions were laid out for the visits such as "social distancing in a car", wearing masks at all times, and 14-day "quarantines". Michelle began being followed by the staff when she would pick up Jaqueline, and so she would often have to drive to remote locations

to meet Jaqueline's son, Sheldon, and Kimberly so that they could see their own mother without the surveillance of the Yucalta Lodge staff.

- (t) In one instance, Michelle picked up her mother with her mask that had horizontal slits to breathe and not fog up her glasses on. This was subsequently reported to the director Mae Jon Jones as Michelle having "holes" in her mask, and the punitive action for that was another fourteen (14)-day quarantine for Jacqueline. The same care worker who dropped off Jaqueline to Michelle had the same gaps on the sides of her face and nose.
- (u) Several times, Jacqueline had been prepared for the outings with soiled briefs, despite Michelle making constant reminders to staff prior to picking her up, it persisted.
- (v) Staff workers were bringing Jacqueline to Michelle's car in her chair until sometime in July 2020, when she was delivered by two (2) or more security staff. This was another tactic by the manager to convey that there is something dangerous about Jacqueline's family, specifically Michelle as they decreed that only Michelle was allowed to pick up her mother, and indeed see her during these drives. When Michelle pulled in to pick up Jacqueline, security staff were observed coming from another location outside, likely sent to intimidate her.

- (w) On July 14th, 2020 Jacqueline's son, Sheldon called Yucalta Lodge to talk to Jaqueline, and his call was denied. He was told that he would have to go through the Manager to seek approval for his phone call.
- (x) On September 3rd, 2020 Michelle called the Yucalta nurses' phone, as directed to talk to her mother, and was denied three (3) times. The first time she was told that she had to call the Manager, or head nurse and then was told not to call again. She called called back anyway, and was transferred to Louise Smith, the head Registered Nurse, who told her that she could not talk to her mother without the Manager's approval. Michelle repeatedly asked if this is the policy for all clients and family members, to which she was given a repetition of the "policy" as an answer.
- (y) On September 14th, 2020 Michelle sent a notice that she would be stopping payment for Jaqueline's care if her Rights were not respected, including her ceasing restriction of family members visiting with her in person and on the phone. No response to this notice was ever received.
- (z) September 19th, 2020 Michelle went to pick up Jacqueline. Jacqueline's birthday is September 21st, and so they had planned to celebrate at Michelle's house, alongside Kimberly. When Michelle presented to pick up Jacqueline, she was slumped in her chair, could not move her feet/legs at all on her own. Michelle was unable to transfer Jacqueline to the car without hurting her. The security guards kept watch the entire time and when asked to help, refused to do so. Michelle asked staff workers leaving

the building for help, they too refused her. Michelle called her brother Sheldon for help, but he did not answer his phone. Jacqueline was in a great deal of pain, and could hardly express herself. As a result, Jacqueline was unable to go home to celebrate her birthday with her family but was returned into the home by the security guards who refused to assist her to get into her daughters' car.

- (aa) On September 21st, 2020, Jacqueline's birthday, Michelle called and spoke with a person named "Melissa" asking to speak to her mother, and was told that she had to go through Manager's, Ms. Jones. Her call to Ms. Jones was denied.
- (bb) On September 22nd, 2020, Michelle called the Vancouver Island Health Authority complaint line and spoke with a person named "Sophia" who sounded very surprised by the Manager, and other staff's behaviour. She then provided the process to file a formal claim against Yucalta Lodge with the Vancouver Island Health Authority, which Michelle did.
- (cc) In October of 2020, due to Jacqueline's decline in health and threat of death, the family managed to schedule a visit in Jacqueline's room with her. This included Sheldon, Kimberly and Michelle. More rules were set in place, and the threat of this visit being cancelled was constantly put forth to the children. They all felt that it might be the last time they would see their mother alive. They agreed to washing their hands, masks, and a questionnaire. They would not agree to their temperatures being taken.

Kimberly's temperature goes up when she was in pain, as the result of a car accident, and Michelle was at the end of menopause. Kimberly and Michelle's requested were obliged, and they were escorted to Jaqueline's room by the Social Worker, and a security guard as they were a perceived threat within the facility.

(dd) They noticed on their way out after the visit, that several staff members were sitting around a table talking, and none of them were wearing masks, or gloves.

(ee) Sometime later in October of 2020, the children noticed during Zoom sessions that Jacqueline's wheel chair was not beside her bed. Their belief was that this had been the case since they had stopped them from going in to see Jaqueline in March, 2020, which lead to her experiencing muscle atrophy. The children further believe, that they removed access to her wheelchair to deliberately cause atrophy in her muscles so that she could no longer move around independently, around the same time that they took her smoking rights away.

(ff) Throughout November, and December 2020, the children were able to have Zoom visits at request to the Social Worker. The last two (2) visits included an automatic timer of forty (40) minutes which cut the meeting off automatically.

(gg) During the Zoom call of December 10th, 2020 Michelle asked the operator click to allow for recording, and she obliged this request. Michelle also

asked her why there was a timer, and she stated that they have always been forty (40) minutes. This was not true, as they have visited on Zoom with their mother for an hour or more during past zoom calls.

- (hh) Jacqueline's rapid decline could easily be seen and heard in pictures and audio/video recordings, and had seen an increase since the covid-19 related measures began.
- (ii) From February 20th, 2020 until her death on January 30th, 2021, the children clearly discerned that her cognitive abilities and speech were in major decline due to the lack of any stimulation, increases in medication, hopelessness, helplessness, depression, and despair in missing her family. Jacqueline always expressed to her children how thankful she was for her children, and constantly said she did not know what she would do without them every time they talked to her before she became completely sedated due to the drugs she was being prescribed.
- (jj) Jacqueline was cut off from all her friends and family in Ontario, as none of them have been able to get through to her since at least March 2020. She had been isolated completely and treated even worse than prisoners in solitary confinement. Toward the end, Jaqueline was unable to hold up the phone to speak with her own children.
- (kk) Jaqueline's condition became grave, as both staff and her doctor admitted, yet Michelle and Kimberly were not allowed to be with her throughout her final days.

- (ll) Other residents of the care home were able to engage with their families without having security surrounding them, and without having to have their phone calls cleared by management.
- (mm) Following each car outing Michelle and Kimberly had with their mother, she would not be allowed out for another fourteen (14) days. In prison, even people in solitary are allowed out for an hour a day for fresh oxygen. Jacqueline was only getting out for approximately **one (1) hour every fourteen (14) days**, and by that point, she had not been outside since September 19th, 2020.
- (nn) On December 21, 2020 the family made arrangements with Chris MacDonald (social worker) for several zoom sessions with their mother over Christmas holidays, while he was to be off work.
- (oo) On December 22, 2021 Kimberly and Michelle had a zoom session with Jacqueline during which, Jacqueline complained of ‘chest pain’. Michelle called for a worker to tend to her. One worker came rather quickly, and was told Jacqueline is having chest pain. After 28 minutes another came in with antacids. At no time was indigestion mentioned. Kimberly and Michelle asked why antacid and why no one is checking any of Jacqueline’s vital signs. The second ‘care worker’ walked out of the room. Shortly after that, Jacqueline was crying and the timer on the Zoom meeting cut the session. The timers were new. Previously there was no

timer and they talked with their mother for an hour; sometimes more each time. The timers were punitive.

(pp) On December 24th, 2020, as a punitive measure to the Dec 22nd zoom call, all previously arranged Zoom calls were cancelled. Again, all phone calls were either ignored, or staff continued to tell Kimberly, Michelle, and Sheldon that they could not talk to their own mother due to the ‘Safety Plan’.

(qq) Sheldon spoke with a staff member named Joanne, and asked her if she would put on the film “Scrooge, A Christmas Carol” for Jacqueline that night as it is family tradition to watch the film around Christmas. She agreed and when Sheldon asked to speak with Jacqueline he was told he as to talk with the manager or social worker, none of whom were in the office for at least a week. He was denied again. Joanne then agreed to set up a phone call for the children with their mother on Christmas Day.

(rr) On December 25th, 2020 there was no call from Yuculta Lodge so the children called repeatedly later in the day to wish their mother a ‘Merry Christmas’. They were denied again, and the “Safety Plan” was the excuse provided by Yuculta Lodge. They were again told that they could only talk to their mother with management’s permission, none of which were available for at least a week.

(ss) On December 31, 2020, Michelle requested (FOIA) a hard copy of the “Safety Plan” that since June, 2020, all staff stated was the reason no one could communicate with Jacqueline Woolman on the phone. Family

questioned staff repeatedly asking what the safety plan has to do with the children speaking with their mother. They never answered, only continually referred to the “Safety Plan” as the reason they wouldn’t put any of our or other family and friend’s calls through to Jacqueline.

(tt) On January 13th and 14th, 2021 Michelle called the Social Worker as directed to speak with her mother, and left messages. Both went to voice mail, none were returned. All through this time, the family tried desperately to speak with their mother. All calls were DENIED claiming orders per the ‘Safety Plan’, or ignored and sent to voice mail with no returned calls.

(uu) On January 20, 2021 Michelle Woolman received a written response (Request ID: 29609074) to her FOIA request for the Safety Plan. A copy of the “Safety Plan” has to date, never been received. This letter states in part; “They (Yuculta) have advised me that they follow the Island Health’s Safety Plan and that there is no written plan in regards to the family.” This legal document confirms, since June, 2020 until Jacqueline’s death, six (6) months later the staff lied about the contents of the safety plan.

(vv) On January 21, 2020, at approximately 1:00 p.m. Michelle received an email from Philip Friesen (approximately 300 kms away) stating in part; “I would like to ask that you no longer directly contact the Yuculta site by telephone and email, and no longer consider Chris MacDonald as your point of contact.” Mr. MacDonald, the family’s ‘designated contact’ at the time to

Speak with their mother, had been ignoring all of our calls and requests to talk to their mother. Mr. Friesen offered to set up regular zoom visits for Wednesdays at 10:00a.m.. The very next morning, Michelle received a call that Jacqueline Woolman was palliative. Jacqueline was palliative and non-communicative at that time of Mr. Friesen's email and beforehand for 2 days.

(ww) On January 22, 2021 at 09:39 a.m., Michelle received a call from "Greg" at Yuculta informing her "your mom has taken a bit of a turn, so she's palliative now, ah, she hasn't been eating for a couple of days". He directed Michelle to call Philip Friesen (Director in Victoria, BC) to set up visits. Michelle asked Greg to take the phone to Jacqueline and place it at her ear so she could hear Michelle's voice. First, he claimed he couldn't because he was not on a remote phone. Then Michelle asked him to call back on the portable phone and he refused to do so.

(xx) Michelle made arrangements with the Director in Victoria for 1:00 p.m. hrs for all three (3) adult children to visit their mother that same day. Sheldon, Kimberly and Michelle all attended and were escorted by security to Jacqueline's room.

(yy) The first thing they noticed was her two (2) wing back chairs had been removed. Then they noticed there were no liquids for her anywhere in the room. When staff brought back the chairs, they were asked why Jacqueline wasn't getting any fluids. They replied that they offer them and she

declines, then said “she has to ask for them.” The children informed the staff ‘she can’t ask’, as she couldn’t speak. Jacqueline was non-communicative. Staff refused to accommodate her need for hydration and walked out of the room as they always did.

(zz) Michelle then asked the security guard who was sitting outside Jacqueline’s door, if he would ask for some swabs and cups. He did so immediately and they began swabbing Jacqueline’s mouth with water. After a short time Jacqueline began to respond and perked up a little bit. She recognized who they were and they even got her to smile a few times. Family stayed for just over an hour. While there, family noticed they stuffed a picture of Jaqueline’s husband (married 52 years until his passing) in a drawer where she couldn’t see it, and a 64 year old picture of her father that was on the wall in a frame was removed from the frame and had been deliberately folded (ruined) and bent. The frame and glass were intact. It had not fallen from the wall.

(aaa) After Jaqueline’s children’s visit, on their way out at the lobby, the Manager, Ms. Jae Yon Jones was there and Sheldon asked her (holding up the ruined 64 year old picture of our grandfather) ‘Who did this?’. He was not physically close to her (at least 25 feet) and he was not threatening. She did not answer the question and turned to walk to her office calling the police as she did so.

(bbb) On January 30th, 2021 Jaqueline died. Michelle had to make arrangements through the Director in Victoria for pick up of the now late Jacqueline's belongings. Michelle was told no family member was permitted on the property and to arrange for someone else to attend. Mr. Friesen then offered to hire a moving company to which Michelle replied she had already made arrangements with a family friend to do the task. Then the (interim) Manager, Yuculta, Chris MacDonald (the 'social worker' beforehand) insisted on a moving company to do so. Michelle informed him she already had a contract with Mr. Friesen (offer, consideration, acceptance) and that he would be held accountable if he did not allow access to the family friend.

(ccc) The Covid-19 measures while purportedly having the intention of increasing safety, actually had an adverse reaction on Jaqueline's health, rapidly increasing her decline, and eventual death. Kimberly, Michelle, and Jaqueline's estate seek relief against the Vancouver Island Health Authority for the undue hardship that Jaqueline faced as a result of their enactment of Covid-19 measures that saw her treated like a prisoner.

(ddd) The children were not able to hold a proper funeral with other family members to give their last respects as is tradition. There was no proper grieving and healing for Jaqueline's death. No proper funeral, or ceremony. Jaqueline's treatment resulted not only in pain and suffering, and mental distress to Jaqueline but also to her children in suffering trauma and severe depression as a result. All of Jacqueline's adult children have been

traumatized by treatment Jacqueline suffered in both facilities; especially Yuculta Lodge.

3. The Plaintiff **Jane Doe #1** (“Jane”), is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) Jane is a Nurse Aid in the Luther Court long-term care home for seniors, located in Victoria, British Columbia and has expressed deep-seated concerns with regards to the ill-treatment of her care home clients.
- (b) Jane has witnessed clients live in an abusive, patronizing, and stressful environment. As seniors having to make a big adjustment to accommodate Covid-measures, they often forget to comply with masking mandates. It is during those moments that Jane has witnessed them being policed and abused for such “mistakes”.
- (c) Jane is also quite concerned for her own health, as she noted that Bonnie Henry, who has previously been supportive of Nurses Unions, shared sentiments that Nurses should not be in the profession unless they vaccinate. Jane is distressed by such coercive statements, which violate her constitutional rights.
- (d) Jane has also asked the British Columbia Health Authority to provide an FOI on a request for the arbitration that Bonnie Henry signed on in 2019

stating, in support of the Nurses Union, that masks are useless. However, the Health Authority has refused to oblige this request.

(e) The Plaintiff states, and the fact is that, the measures enacted by British Columbia Chief Medical Officer Bonnie Henry, has created a stressful environment for many like Jane, who have watched the Long-term care system become similar to a jail/prison. Jane feels concern not only for herself, but also for her clients. The measures failed to uphold health and safety for seniors and in fact the measures have led to deplorable conditions which in fact have caused and/or accelerated the untimely and premature deaths of many seniors.

(f) The Plaintiff, Jane Doe #1, does not wish to reveal her identity for fear of reprisal, and dismissal, by her employer.

4. The Plaintiff(s) **Amy Muranetz** and **Brian Edgar** are residents of British Columbia, whose facts, in support of their claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, with respect to using the B.C. Ferries Inc. transportation system are as follows:

(a) **Amy Muranetz** (“Amy”) is a Victoria, British Columbia resident and mother, who shares custody of her daughter with her daughter’s father, who resides in Delta, British Columbia. As such, Amy has been using the British Columbia Ferries every other week for the past four-and-a-half (4.5) years as she shares joint custody of her daughter.

- (b) On November 2nd, 2020 Amy had an incident on British Columbia Ferries that left her distressed. She was, and is currently living on Vancouver Island, and boarded the ferry at 5:00 p.m. at the Swartz Bay terminal to Tsawwassen terminal, as a walk-on passenger with her daughter. Amy made her medical exemption to masking known to the reception, and was let through with her daughter. Once aboard the ferry, Amy purchased her return ticket for 7:00 p.m. from the gift shop.
- (c) As Amy began to board the ferry at the Tsawwassen terminal reception desk, to make her way back home, she was stopped by the ticket seller who asked her where her mask was. In reply, Amy stated her medical exemption. She was then asked where her medical documentation of such was, but Amy did not have any documents to show on her, as none are required. The ticket seller proceeded to threaten Amy, stating that she would not be allowed on the ferry. Amy simply continued on through the gateway.
- (d) After making her way onto the ferry, Amy was stopped on the front bow of the ship by five (5) British Columbia ferries employees, and the Chief Steward, who stated that Amy would not be let on to the ferry. Amy proceeded to share personal, and confidential medical information in response, to indicate proof of her medical exemption, however the British Columbia ferries employees then proceeded to threaten her with force. Amy was escorted off the bow by security. Brittany Sylvester, the terminal

manager at Tsawwassen Ferry, escorted Amy down to the main waiting area. Amy broke down as a result of the traumatic, and embarrassing experience that she had just gone through.

- (e) A first aid attendant employee came to Amy's assistant, as she was having trouble breathing, and began having PTSD flashbacks to being four (4) years old, and remembering dealing with a very aggressive sexual attack. The first aid attendant assured her that they would get her home on the 9:00 p.m. ferry, however he also asked if Amy could hold a mask up to her mouth, and suggested that they could, perhaps, smuggle her via a van onto the ferry. Amy recorded this interaction.
- (f) Amy continued to be pressured to leave the premises, although she had no place to go if she did. Amy was repeatedly asked where she was going to go, and she continued to cry, and plead that they stop pressuring her.
- (g) It was then suggested to Amy by the first aid attendant that perhaps the main ticket agent who initially threatened her, had stereo-typed her as an 'anti-masker'. Brittany, the manager then argued with him, stating "no, she wasn't stereo-typing, she was doing her job". Brittney then began to ask Amy if she had been asked about masks before, and Amy informed her that she would be recording their conversation. Brittney then ordered the first aid attendant to leave Amy's side and demanded that all staff leave the area. Amy was then informed that Brittney would be calling the police.

- (h) As the room emptied, Amy was left by herself as police arrived on the scene. The Delta police officers then proceeded to drive her to a Tim Horton's coffee shop in Tsawwassen, and left her there. Amy then called a cab to her daughter's father's house. Amy filmed the entire incident, as she was quite distraught by their conduct.
- (i) The following morning, November 3rd, 2020, Amy found a local clinic that provided over-the-phone consultations. The clinic emailed Amy a letter stating that, as she suffers from anxiety/Post-traumatic stress disorder, the British Columbia Ferries must take that into consideration with regards to her masking exemption.
- (j) On November 4th, Amy returned to the Tsawwassen ferry terminal with the intention of returning home. She purchased a ticket at the ticket ATM, and was asked by reception about where her mask was. Amy simply stated that she had an exemption, and, when asked if she had a letter, did not hesitate to produce the one she had procured from the clinic the previous day. The receptionist asked Amy if she had a mask on her person, which she did, and then they let her go through.
- (k) At approximately 11:10 a.m., Amy was in the BC Ferries cafeteria, and just about to eat a salad when Brittney, the terminal manager approached her. Brittney stated, "you know why I'm here". Amy simply replied by noting that she had a letter, and was more than willing to show Brittney that letter, however Brittney stated that Amy would need to exit the ship

before she would read her letter. Amy declined, and told Brittney she could read it then, and there, however Brittney refused this suggestion, and that is when Amy began recording the interaction. Brittney then stated that the ferry would not leave the harbour so long as Amy was on it, and that she was calling security. Amy asked why, as she had been more than willing to produce her medical exemption letter, to which Brittney replied that she was now banned from travelling due to what had “happened the other day”.

- (l) Brittney left Amy for a few minutes, as about five (5) or six (6) security guards and employees began to gather, and two (2) Delta Police Department Officers arrived. Amy produced her letter to the police, and although they appeared just as confused as she was, they asked her to leave the vessel.
- (m) Amy quietly stood up and, was escorted off of the ferry. She then asked Brittney to refund her trip. The two (2) police officers escorted Amy to a car, where one drove her to her ex’s home. To date, British Columbia Ferries employees have made no further note about Amy being able to return home to her city, and life. She is under great distress, although she has gone to great lengths to prove that she has a masking exemption. As a result of the Defendants’ abusive and illegal conduct, she has suffered damages in mental distress, anxiety and violations to her constitutional rights.

5. **Brian Edgar** is a resident of Mill Bay, British Columbia.
- (a) Brian travelled from Departure Bay, Nanaimo on the 8:25AM ferry scheduled to travel to Horseshoe Bay on October 17th, 2020. Brian, and his friend Karla arrived at the terminal, and paid for their vehicle, and themselves. They then parked in the vehicle waiting area. They walked out of the area to look for some friends in long-term parking who were coming with them. They were travelling to Vancouver.
- (b) They arrived on deck five (5) and started walking to the back of the boat, passing the Chief Steward's office, and just as they walked by, a man came out and told them masks are mandatory on board, and that if they did not want to wear them they would have to go upstairs onto the outer decks. It was clear that most of the people in that area were not wearing masks and anyone who was wearing a mask was very well distanced from the group not wearing masks. Because of this situation, Brian felt it was a good place to be without infringing on anyone so he joined the group and remained there until it was time to return to the vehicle.
- (c) While on board a couple things occurred that Brian was not witness to. One was that one of his new friends returned from the bathroom with her two (2) year old daughter and said that another passenger had stood in front of her blocking her passage back to where their group was seated. The other passenger told her she had to wear a mask. There was more interaction verbally and other passengers were commenting as well. As she got past the

individual blocking her passage, someone yelled out “your baby is f***ed”.

Her baby heard all of this. Shortly before returning to the car, Brian was told that RCMP had been called to meet the ship because of something that had happened on board.

(d) Brian returned to the car and waited to disembark. Shortly thereafter, the boat docked but the unloading did not begin. Brian recalls being held on board for approximately twenty (20) minutes before cars were allowed to disembark.

During that time, Brian could see there were people with dogs (presumably RCMP) and others that appeared to be police or security.

(e) When they were allowed to disembark, they were guided out of the flow of traffic and brought to a halt in front of the traffic that was waiting to board the ferry. They were detained there for fifteen (15)- twenty (20) minutes. An RCMP officer and a BC Ferries employee approached them. The Officer asked Karla to produce her License, which she did. The rest of the group were asked for ID, and declined. They were then notified that somehow they had gathered information, which indicated that their group was connected to some incident that had occurred on board and that they were being banned from further travel aboard any British Columbia Ferries vessel for the rest of that day.

(f) They expressed that they had plans to return home that evening and had done nothing wrong and had been involved with no incidents aboard the vessel.

Karla let them know that she had remained in her vehicle for the duration of the ferry ride. They were informed that as a private service British Columbia

Ferries had the right to ban them from travel for the day, as British Columbia Ferry Services Inc., operating as BC Ferries (BCF), is a former provincial Crown corporation, now operating as an independently managed, publicly owned Canadian company. The RCMP officer returned Karla's license and they were allowed to drive away, feeling both confused, and inconvenienced by this interaction with British Columbia ferries.

(g) The BC Ferries is realistically the only daily or regular means of travel from the Islands to the mainland and therefore an **essential** service for B.C. residents and BC Ferries is abusing its authority and **not** applying the law. The responsible minister, in omitting to properly regulate this abuse is violating these plaintiff's s.7 and s.15 *Charter* rights of the Plaintiffs.

6. The Plaintiff **Jane Doe #3** ("Jane") is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

(a) Jane is a nineteen (19)-year old young woman residing in Abbotsford, British Columbia with her parents.

(b) Jane has fought, and survived through two bouts of cancer, has had her left leg amputated, has a hearing disability, and is currently experiencing heart failure.

- (c) On October 16th, 2020 Jane attended at St. Paul's Hospital in Vancouver, British Columbia upon referral from her pediatric oncologist/cardiologist at Surrey Memorial hospital, due to her experiencing sudden onset of heart failure.
- (d) Upon Jane's arrival at approximately 10:30 p.m., with her parents, at St. Paul's Hospital, they were offered masks which they refused citing their exemptions, which were honoured without question.
- (e) As Jane and her mother transitioned through various meetings with doctors, and various waiting areas, their mask exemptions continued to be honoured. Jane's father was also allowed to continue into the acute ER ward to join them, all the while having his own masking exemption honoured in addition to his wife, and daughter's exemptions.
- (f) At approximately 3:30 a.m. on October 17th, 2020 a Dr. Angela M. approached Jane and her parents to speak with them. Jane clearly outlined her care needs, including 24/7 parental support and Dr. Angela M. confirmed that this need would be upheld. Neither Jane, nor either of her parents wore masks during this entire interaction.
- (g) At approximately 5:20 a.m. on October 17th, 2020 an attendant sought out Jane, and her parents to take them to the room that they would be staying in, room 5B. Neither Jane, nor either of her parents wore masks during this interaction.

- (h) Upon their arrival at 5B, Jane and her parents were approached, and subsequently attacked by a nurse named Andrea. Andrea attacked Jane by asking her “Don’t you know we are in a Pandemic? Don’t you care about people?” Jane simply replied that while she did of course care for others, she was experiencing heart failure, and as such would not engage in any action that would increase that risk. Her parents also stated that neither of them were able to physically tolerate masks, and were as such exempt as well.
- (i) Upon hearing Nurse Andrea’s loud accusations, the individual who was sharing a room with Jane began to yell out “What is going on out there? Is someone not wearing a mask? My family has to wear masks? I am afraid, very afraid.”
- (j) Jane, and her parents calmly went on to explain that there was no provincial, or city-wide mask mandate, and that a requirement to wear a masks when one is exempt is a violation of the Human Rights Code. Jane, and her parents also added, that masks produced an anxiety/trauma response.
- (k) Jane, and her parents were then informed that they had to sign a waiver stating that they were declining service from the hospital, so as to illustrate that the hospital was waiving all responsibility, and placing that upon Jane and her family. However, Jane, and her parents were not declining service, in fact, they were at the hospital seeking care, and treatment for Jane’s

heart failure. Jane's parents explained that not only does her condition require constant parental supervision, but also that, due to Jane's hearing disability, they could not wear masks when communicating with her.

(l) In response to the vast explanation provided by Jane's parents, even as their own child experienced heart failure, the nurses handed them a copy of a document entitled "Essential Visits During COVID-19 Recovery". Jane's parents noted that the document did not, in fact mention anywhere that the wearing of masks is mandatory. Dr. Angela M. returned to visit the family, and expressed to them that her hands were tied with regards to hospital policy.

(m) Jane felt that the situation was compromising her, and placing her at risk. As such, she asked who else the family could speak with. Dr. Angela M. said that she would go to speak with her boss, Dr. Pritchard. Unfortunately, Dr. Pritchard also stated that the masking exemption would not be allowed. Dr. Angela M. then informed the family that if they could not comply, the choice was theirs.

(n) As Jane and her family waited in the hallway to speak to an administrator, they were approached by a nurse named Jodi, who harshly informed them that they had already been told to wear masks multiple times, and that this had been documented throughout their stay at the hospital. Jane and her family noted that they had already spoken to Nurses Andrea, and Sapna, along with Dr. Angela M. who were all acquainted with their exemptions.

- (o) Jane and her family were then told that they needed to leave the unit, or face the threat of security. Nurse Jodi escorted the three to the door of the unit, and left upon being asked who else the family could speak with. Nurse Jodi never returned, so Jane's mother sought her out. Jane's mother was again, escorted to the door of the unit by Nurse Jodi, who simply stated that an individual named Janet Silver was the only person that they could speak to, but that she was not working at the time, and that she would not come up to the floor. Nurse Jodi then walked away without providing any further information by way of documentation, nor orally.
- (p) At 7:00 a.m. Jane, and her parents realized they had no choice but to leave St. Paul's Hospital, as they had no one else to speak to. Jane and her parents followed up with the referring physician, Dr. Hoskings, of the British Columbia Children's Hospital, however it took days before contact was achieved.
- (q) During that time period, Jane continued to suffer from lack of sleep, swelling, inability to walk, and overall distress.
- (r) Since that time, Jane, and her parents have tried to reason with Wynne Chui, a clinical nurse specialist, and Dr. Virani of the Heart Function Clinic. Both individuals work out of St. Paul's Hospital. Despite their attempts to appease Jane, and her parent's requests, it was determined that Jane would not be able to receive in-patient care in a way that honoured her exemptions in all circumstances.

- (s) As a result of this entire situation, Jane, and her parents feel abandoned by their health-care system. St. Paul’s Hospital negligently placed Jane at risk of severe heart failure, and as such, Jane and her parents remain scarred, and anxious as to who, and what system they can rely on for the necessary care Jane requires going forward.
 - (t) Since October 2020, Jane has not been able to access medical treatment through the public health system which is causing her immeasurable pain, suffering, stress and anxiety as well as endangerment of her very life.
7. The Plaintiff **Ilona Zink** (“Ilona”) is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:
- (a) Ilona Zink has been investing in her business since the age of sixteen (16) when she achieved a level one Makeup Artistry Certification. Shortly thereafter, she went on to attain two (2) additional advanced makeup diplomas that covered advanced photography, theatrical and film makeup, aesthetics, hair styling, colour analysis, and nail technician. In addition, Ilona completed the STAR personality profiling program. By the age of twenty-four (24), she launched her first salon ‘Ilona’s Aesthetics Inc.’
 - (b) In 2007, Ilona launched Garrison Studio in the Garrison Crossing, Chilliwack, British Columbia area. Ilona was generating approximately \$100,000 annually, prior to re-locating to the Okanagan. Upon her move to

the Okanagan, she settled into Kelowna, British Columbia, and began starring in a local makeover show entitled “Garage Makeovers”, in addition to re-launching the Kelowna location of Garrison Studio.

- (c) From 2007, until the beginning of the Covid-19 pandemic in 2020, Garrison Studio successfully survived three (3) years of heavy construction in the area, including 8 months of road closures. Ilona invested into building the salon from the ground up, including the necessary expenses such as plumbing, utilities, permits, and all of the salon supplies. The community was just as enthusiastic about the arrival of Garrison Studio as Ilona was passionate about it.
- (d) When March of 2020 hit, and the Province of British Columbia began enacting measures that ordered businesses to close, her business was hit hard. In the entire mall, Ilona’s was the only business that was forced to close on March 9th, 2020. To make matters worse she was required by mall management to maintain and upkeep her storefront “daily” as though it were operating. Ilona witnessed all the other stores in the mall remaining open and making money while she was forced to stay closed. She was also informed that any vandalism would not be at the responsibility of mall management.
- (e) In an attempt to keep up with customer service, Ilona forwarded the salon phone number to her home line. However, over the course of a three (3)-month period only nine (9) clients ever reached out.

- (f) Not only did Ilona's business suffer, but her income as a landlord also suffered. Her tenant decided that she was not going to pay her any further rent. The government informed tenants that they did not have to pay rent, and informed Ilona that she could not evict her to seek a paying tenant. Thus, neither Ilona's business, nor the tenant were bringing in any income, yet she still had a \$3000/month payment to shell out for her home as well as an additional \$300/month for property taxes.
- (g) As a consequence of the tenant not paying rent, Ilona was put in a precarious position with the landlord/house financier as she was in a rent to own contract. Ilona was forced into court proceedings to protect and uphold her contractual agreement to remain in her home.
- (h) When Ilona contacted the government seeking financial support, she was informed that as a self-employed individual she was ineligible for such support. She was also ineligible for a business loan, as such a loan required \$50,000+ in staff payroll which does not exist for the type of salon that Ilona was running.
- (i) As a single mother to a 14-year-old daughter, Ilona became overwhelmed by the simple fact that she was unable to purchase groceries, let alone foot bills such as rent, utilities, phone, car payments, and many other such necessary payments. As a result, Ilona's mental health has suffered immensely.

(j) Ilona was finally able to apply for CERB support payments in late May of 2020, approximately two-and-a-half (2.5) months after she was forced to close her doors on March 9th, 2020. However, after being closed for only 8 weeks at that point, her business had already suffered irreparable damage. Ilona had already fallen behind on all necessary payments both business and personal in nature, and thus, her credit score dropped so low that she was denied the chance to open up a bank account. Due to falling behind on internet service provider payments, Ilona has also lost access to her business email, thus making it difficult for her to collect pertinent evidence. Now a fifty-seven (57)-year-old woman, Ilona feels that the government has wiped out everything she has invested in her business, and by extension, her life since the age of sixteen (16), in a single move with their highly unjust, and baseless Covid-measure orders.

8. The Plaintiff **Federico Fuoco** (“Federico”), is a resident of British Columbia, whose facts, in support of his claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

(a) Federico Fuoco is the owner of the restaurant ‘Gusto’, which serves up authentic Italian food in the centre of downtown Vancouver, British Columbia, and has been an active restaurateur for the past twenty-one (21) years. He was also sole shareholder and director of “Fire Productions

Limited” and “F2 Productions Incorporated”, two (2) companies duly incorporated under the laws of British Columbia which were forced to cease operation due to the Covid-measures and their enforcement.

- (b) Federico lost one of his restaurants, ‘Federico’s Supper Club’ as a result of the 2020 lockdowns, despite having spent countless dollars on masks for staff, and safety features within the restaurant. His loss also had a domino effect on his staff, and as such he is fearful, and anxious of the newer, stricter measures currently being imposed by Bonnie Henry.
- (c) On March 29th, 2021 British Columbia health officer Bonnie Henry announced that all restaurants must close their indoor services effective midnight of the following day, March 30th, 2021.
- (d) Federico, like countless other restauranteurs in the Province, was caught completely off-guard by this announcement that was made without prior consultation or forewarning.
- (e) For Federico, this complete lack of consultation by the Bonnie Henry was reminiscent of the last-minute decision to cut off liquor service at 8:00 p.m. on New Year’s Eve 2020, and with the upcoming Easter holiday, he had, like many other restauranteurs in the Province, spent thousands of dollars on food supplies in preparation for the Easter weekend.
- (f) Federico chose to remain open, so that both he, himself, and his staff could continue to gain a livelihood. That all came to an end on Thursday April 1st, 2021 when he was served with a business closure order by his local

health inspector, Greg Adamson. Federico was given no prior warning(s), and at the time he was served with this Closure Order. Federico only had two customers drinking tea in his restaurant at the time. After serving the closure order, the health inspector directed his attention to the customers and employees, harassing them, and instruction them to leave.

- (g) Federico complied with the ban on indoor dining, over the Easter long weekend. He closed as per his annual norm on Good Friday, and Easter Sunday. On Saturday April 3rd, 2021, he was open in compliance with the most recent health orders, but in contravention of the Closure Order he was served with.
- (h) At 1:00 a.m. on Monday, April 5th, 2021 Federico found a Business License Suspension, and Closure Order duct-taped to the glass of his front door at Gusto restaurant, indicating that the suspension would last until April 20th, 2021 at minimum.
- (i) On Tuesday, April 6th, 2021 Federico received a Liquor License suspension as “an establishment cannot have a liquor license without a valid business license in place.” Federico was devastated, as he had already spent thousands of dollars on renewing all of the licenses related to his business for the year.
- (j) When Federico approached Kathryn Holm, the Vancouver Chief License inspector if the extension could be reduced, in order to allow him to open on April 20th, 2021 he was met with flat out hostility. Holm responded by

letting Federico know that not only would she not oblige his request, but she also threatened to extend the closure indefinitely, meaning only the City Council could override her decision.

(k) Federico has always tried to remain in full compliance with safety recommendations, and orders from Bonnie Henry for the safety of everyone, including his staff, however he is adamant that the inequity and inconsistency of these orders that penalize restaurant owners above others is completely arbitrarily, negligent, and target the forced closure of only small, independent businesses in favour of multi-national corporations, and denies any concept of evenly applied justice. For example, while customers cannot stand up at Federico's bar to taste wines, even if socially distanced, Bonnie Henry has exempted and allowed for people to engage in wine-tasting at wineries in B.C. This is obviously because Bonnie Henry owns a winery.

9. The Plaintiff **Valerie Ann Foley** ("Valerie Ann"), is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

(a) Valerie Ann is a single mother residing in Richmond, British Columbia. She is a 'person with disability' and has respite care.

- (b) On December 5th, 2020 at approximately 1:10 p.m., Valerie Ann boarded the Pacific centre skytrain in downtown Vancouver, British Columbia, when she noticed a transit officer following her.
- (c) The transit officer, Peter Kwok with badge #325 then began harassing Valerie Ann about not wearing a mask, and she responded by simply producing her exemption card, which she was not required to do by law.
- (d) The transit officer continued to harass Valerie Ann for further proof of a masking exemption. He then informed Valerie Ann that she either had to put on a mask, or cover her face. Valerie Ann informed him that she needed a healthy amount of oxygen to breathe.
- (e) The transit officer refused to leave Valerie Ann alone, and continued harassing her, and threatening to place her under arrest for refusing to wear a mask, or face covering. The transit officer then grabbed Valerie Ann by her left arm and began punching her in her side, back, and ribs.
- (f) This caught the attention of other passengers, and one of the passengers in the back of the train began yelling for the transit officer to leave Valerie Ann alone. The transit officer momentarily let Valerie Ann go, and then grabbed her again and slammed her against the wall twice.
- (g) Valerie Ann tried to move away from the transit officer, and sit back down in her seat, but he grabbed her by her right arm and dragged her right off of the Skytrain as it pulled to a stop. The transit officer then handcuffed Valerie to a railing, where two (2) other transit officers came to his

assistance. While Valerie Ann was handcuffed to the railing an announcement was made over the transit loud-speaker reminding travelers to wear a mask but explicitly stated: “unless you are exempt”.

- (h) The two (2) other transit officers escorted Valerie to an elevator where she was taken out to the street, still handcuffed, and detained in the back of a police car. After twenty (20) minutes, two (2) police officers arrived and performed a thorough search of Valerie’s person, and her belongings.
- (i) After waiting inside the police car for an additional twenty (20) to thirty (30) minutes, the police officers drove Valerie Ann to a garage in Vancouver where she was told she was going to have her photo, and fingerprints taken.
- (j) Valerie Ann did not actually get out, and get her fingerprints taken. Instead, the two (2) police officers drove her to Lansdowne mall in Vancouver, British Columbia, to where her car was parked by the Skytrain station. The police officers asked Valerie to sign a document, that she did not properly understand, however she felt undue influence to sign in their presence and did so. Valerie Ann was told that the police officers needed to seize her phone, and they did so.
- (k) Valerie Ann was, and remains well aware that masks are mandatory in public spaces in British Columbia, except for those with qualifying medical exemptions. Such measures are not being enforced properly, and Valerie Ann’s experience is one such example of the extremes that people

are not resorting to, to uphold the covid-19 restrictions. She has been physically and psychologically traumatized and injured by the illegal conduct and assault of the transit officers.

10. The Plaintiffs **Linda Morken** (“Linda”) and **Gary Morken** (“Gary”), are residents of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) Linda Morken resides with her husband, Gary Morken in East Sooke, British Columbia.
- (b) On Friday, February 5th, 2021, at approximately 1:40 p.m. Linda was shopping with her husband Gary for groceries at Village Foods Market in Sooke, British Columbia.
- (c) The store did not have any dedicated personnel stationed at its entrance, so Linda and Gary were not questioned about their lack of masks. They often shop at that same store, without masks on.
- (d) After about twenty (20) minutes of shopping, Linda decided to ask an employee where the plastic bags could be found. Linda required a plastic bag for the oysters that she was planning on purchasing.
- (e) The employee informed Linda that she required a mask to shop in the store. Linda replied that she had a masking exemption, and then repeated her question about the location of the plastic bags. The employee pointed

Linda in the direction of the plastic bags, and then informed her that they do not accept exemptions in their store.

- (f) As Linda moved through the store, she asked another employee for clarity on the location of the plastic bags along the way. The employee provided her with directions, and made no mention as to her lack of mask.
- (g) Upon Linda's return to the Fish monger with plastic bag in hand, Linda was informed by another employee that she would have to leave the store as she was not wearing a mask. Linda informed him that she was exempt, and would be leaving the store shortly, after paying for her groceries.
- (h) The employee stated that exemptions were not honoured in their store, and left the scene, seemingly to go and inform a supervisor, of Linda and Gary's presence in the store.
- (i) Several other customers had overheard the employees' statement. A few of them became disrespectful toward Linda and Gary. One man proclaimed himself to be a lawyer, and then proceeded to inquire as to what Linda's exemption was. Linda was well aware that she was within her rights to keep details of her exemption confidential.
- (j) One woman spoke up in defense of Linda and Gary. The woman identified herself as a lawyer and informed the inquisitive onlookers that some people were exempt from wearing masks. She herself, along with everyone else in the store was masked.

- (k) The store manager then approached Linda and Gary, with an angry and hysterical demeanor. He only identified himself as the store manager, but refused to identify himself by name. He stated that they did not allow exemptions in the store, that there were no exemptions, and that all of his employees and customers must be masked.
- (l) Linda and Gary made attempts to explain their exemptions, but were told that they must leave the store immediately and that they would not be allowed to pay for their groceries.
- (m) Linda stated that she would be waiting to talk to the police upon their arrival, but that she and Gary would be waiting for them in the store. Neither Linda nor Gary raised their voices as they advocated for themselves. The store manager continued to engage in boisterous, angry theatrics throughout the entire encounter.
- (n) Gary went on to wait in the area just outside of the doors, but Linda remained inside, choosing to stand quietly out of the way of any other customers.
- (o) While Linda was waiting, she noticed an empty till. She approached the till, placed her groceries on it, and the cashier began cashing her out. Linda was already finalizing payment for her groceries via credit card, when the store manager ran over, yelling that the groceries could not be paid for. Linda informed him that the transaction had already been approved, and suggested that he calm down.

- (p) Linda informed that store manager that she would stand out of the way, and continue to wait for the arrival of the RCMP officers, which she did.
- (q) As Linda stood waiting, another employee shouted at her to leave the store and never return. Linda replied that she would be leaving soon, however she would be back to shop in the store once they realized that they were the ones breaking the law by not honouring masking exemptions.
- (r) Linda later learned from her husband Gary, that the store manager, along with one of the employees were harassing him throughout the duration of the time that Linda stood inside waiting for the RCMP officers to arrive.
- (s) Two (2) RCMP vehicles arrived. A truck driven by RCMP Constable Steve James (“Constable James”), and a car driven by RCMP constable Kathleen Biron (“Constable Biron”). Upon their arrival they spoke to Gary, along with the store manager and his assisting employee.
- (t) RCMP constable James then approached Linda, and informed her that she was not allowed to shop in the store without a mask. Linda attempted to calmly assert her exemption.
- (u) Constable James informed Linda that masks were mandated, and that she must have one on to be inside the store. Linda attempted to speak, but she was silenced by constable James, who told her that if she said anything more, she would be placed under arrest.
- (v) Linda asked what exactly she would be arrested for, and constable James informed her that she would be arrested for not wearing a mask in an

indoor public space. Linda attempted to speak again, and constable James silenced her again, stating that she had done enough talking.

(w) Immediately following this, the time was approximately 2:00 p.m. when Linda was arrested, handcuffed, and subsequently escorted from the store by RCMP Constable Steve James, and Kathleen Biron.

(x) While still in the store, and during the process of Linda's arrest, Constable Steve James stated that the reason for Linda's arrest came as a result of her failure to wear a mask while frequenting a public space.

(y) Neither of the Constables made mention to Linda at that time of trespassing, or assault. She was only informed that the reason for her arrest was due to her non-compliance with masking measures in place.

(z) Linda was not asked for her name, or identification. Both Constables also failed to inform her of her rights at any time during her handcuffing, arrest, removal from store, and subsequent detainment within the police car.

(aa) As Linda was being placed in the backseat of the RCMP car, she refused to get in until she was told where she was doing. She asserted that she would not be going anywhere until her husband was informed about where she was being taken. Linda was extremely fearful that they would attempt to detain her at a "quarantine centre".

(bb) Linda was informed that she would be taken to the RCMP detachment on Church Street in Sooke, British Columbia. Linda told Gary that she would

see him there, and was then taken away without another word from either constable.

- (cc) RCMP Constable Kathleen Biron drove Linda to the Sooke RCMP detachment.
- (dd) Upon Linda's arrival at the garage of the Sooke RCMP detachment, constable Kathleen Biron formally placed her under arrest, and charged with assault. Linda was shocked upon learning her charge, as she had not assaulted any individual at the store.
- (ee) Linda questioned the charge of assault, however Constable Biron advised her not to speak any further, and began reading off Linda's rights to her.
- (ff) Linda then requested that the handcuffs be removed, as she was experiencing significant pain in her wrists, and shoulders. They were not removed. Linda recalls having a very difficult, and painful time attempting to exit the police cruiser, with her hands still behind her back.
- (gg) Linda was then brought from the garage, into an office area of the RCMP detachment.
- (hh) Linda was asked whether she was experiencing any flu-like symptoms such as fever, cough, or any sort of sickness in general. Linda answered "not at all". She was then asked to wear the mask that constable Biron had provided, which she refused, asserting her exemption.
- (ii) Linda went on to answer questions about her identification, and place of residence. Linda had, in the presence of the constables, left her purse which

carried her identification with her husband Gary prior to getting inside their vehicle. Therefore, Linda did not have any physical forms of identification on her person at the RCMP detachment.

(jj) Linda had only her Vaccine Choice Canada business cards, and a Vaccine Choice Canada “Stand Up for Freedom” pin on her person at the time.

(kk) Linda could feel the adrenaline of stress coursing through her body throughout the entire ordeal, which increased her heart rate to very rapid levels.

(ll) Linda has had a long-standing heart condition, that is well known to, and well documented by her family physician.

(mm) After a considerable amount of time had passed, Linda’s handcuffs were finally removed, and she was instructed to remove her jacket, sweater, jewelry, watch, and shoes. Linda was very cold, so she requested to have only her jacket, sweater, and shoes back. Her requests for those items of clothing were denied, and she was told that she would get them back only upon her release.

(nn) Linda was never given the opportunity to discuss her experience in having had her rights violated at the store, or at the detachment. Each time that Linda tried to speak, she was silenced. Although both Linda and Gary made note that Constable James made considerable efforts to discuss the events that took place with the store manager, and employees.

- (oo) Linda suggested that the constables take note of the poster that had recently been issued by the British Columbia Office of the Human Rights Commissioner in hopes that they would see that she and Gary had the right to be exempt from masking.
- (pp) Linda's person was then thoroughly searched by the Constables.
- (qq) Linda's indicated legal counsel, was then telephoned by the RCMP constables, as Linda herself was placed in a small, and cold room. There was a single phone in the room, and Linda was instructed not to touch it until it rang, at which point it would be her legal counsel on the line. Linda waited in that room for about thirty (30) minutes, until the constables informed her that they were not able to reach her legal counsel.
- (rr) Linda was then placed in a cell, and was later given a blanket after expressing that she felt cold.
- (ss) Linda was extremely uncomfortable, and began experiencing joint pain due to not having a sweater, jacket, or shoes with her. Her shoulders, and wrists were still in pain due to being handcuffed. Linda experienced amplified symptoms of her diagnosed illnesses as a result of being too cold. Her diagnosed illnesses include Hemochromatosis, Psoriatic Arthritis, CFS, Fibromalgia, and Sjogren's Syndrome.
- (tt) Linda once again requested that constable Biron return her articles of clothing to prevent her arthritic pain from worsening in the cold. Linda was simply informed that the heat was turned up. Although Linda did not have

her watch, she estimated that she was left in this state for three (3) – four (4) hours.

(uu) At some point during Linda’s time in the cell, she was informed that the constables had returned to the store to review video footage of the events that had taken place.

(vv) Upon their return, constable Biron informed Linda that she was being released. While Linda was still confined to her cell, she was asked to provide Gary’s phone number so that he could be called to pick her up.

(ww) Linda informed Constable Biron that Gary did not have a cell phone, but that he was likely waiting for her in the detachment parking lot. Constable Biron then asked Linda to describe Gary’s truck and provide her with his full name. She also informed Linda that they could not find her drivers license in the system, although Linda assured her that it was active, and updated.

(xx) Linda was then asked to re-state her address, and the spelling of Gary’s name, and for confirmation that Gary and Linda resided at the same place of residence.

(yy) Constable Biron recorded the information that Linda relayed onto the blue latex gloves that she was wearing, and left Linda in the cell for approximately another thirty (30) minutes.

(zz) Upon her release from the Sooke RCMP detachment, Linda was given back her belongings, and presented with two fines. One fine was for the “Failure to wear a face covering indoor public space – CRMA 3(1)” in the

amount of \$230. The second was for the “Failure to comply with direction from an enforcement officer – CRMA 6” also in the amount of \$230.

(aaa) When Linda inquired about her assault charge, she was informed that video footage had confirmed that no such assault had taken place. Linda was informed that an individual at the store had claimed that she had purposefully coughed on the cashier. Linda understood that the video confirmed that she was standing alone, at a distance from others, where she coughed once. Linda noted herself that, in any event, it would have been difficult to cough on the cashier as they were situated behind plexiglass.

(bbb)Linda requested a copy of the video footage from the store, and was informed that she could attain it via FOI, or through legal counsel and that the RCMP would not be providing her with a copy.

(ccc) Linda requested to register a formal complaint with the RCMP officers against the store owner, and employee(s) for falsifying claims of assault. As a result, Linda felt shamed, and humiliated by the staff, and customers. Constable James informed her that the assault was a concern raised by the staff, and that had determined that no such assault had ever taken place.

(ddd)Constable James also stated that the store was within its rights as it was private property, and went on to compare it to Linda’s home. Linda replied that during operational business hours, the store is open to the public and as such, is not private property. Constable James continued to insist that it was,

though neither himself, nor Constable Biron ever made any mention of trespass.

(eee) Constable James also informed Linda that he has looked up the documents on masking exemptions from the British Columbia Office of the Human Rights Commissioner. He stated that they follow orders given to them from the RCMP. Linda realized that Constable James may have never been informed of the legalities with regards to masking exemptions.

(fff) Linda stated once again, that she wished for the RCMP to lay charges against the store, and its staff for making frivolous, vexatious claims against Linda, causing her immense distress. This request was once again denied, and Linda was released.

(ggg)When Linda was re-united with Gary, he informed her that Constable Biron had presented him with a ticket that, without checking, he had assumed was for Linda. Gary simply placed it in the glove compartment. However, Linda had her own blue ticket sheet with her, and upon re-inspection, Gary realized that he himself had been issued with a ticket for frequenting an indoor public space without a mask on.

(hhh)Both Linda, and Gary remain extremely distraught, and mistrustful of the RCMP's lack of knowledge of the law surrounding masking exemptions, and their abusive and false arrest. For individuals with such serious health complications, this is deeply concerning. They both suffered physically and psychologically from the RCMP officers' misconduct.

11. The Plaintiff **Pastor Randy Beatty** (“Randy”), is a resident of British Columbia, whose facts, in support of his claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) Randy Beatty is a pastor at the Living Waters Fellowship located at 2222 Regent Rd, Black Creek, British Columbia V9H 1A1.
- (b) Randy maintains that Bonnie Henry's Orders are in violation of the constitutional right to worship, assemble, and Section 176 (1-3) of the *Criminal Code*.
- (c) Due to Bonnie Henry's Orders, Randy’s church has been subjected to three (3) encounters with the RCMP thus far, as of April 7th, 2021.
- (d) During the first encounter, which was on February 21st, 2021, an officer came to “educate” Randy, and his congregation, following their morning service. They were informed that they were in violation of Covid-19 orders and would be fined if they continued to hold any services. The officer was respectful and considerate. They asked him why the big stores, liquor stores, bars and restaurants were allowed to be open, but the church was forbidden to hold service. He replied, “We are in a tough position. A neighbour had called in a complaint.”
- (e) Social Media slander has been rampant for the church, and on FB Merville and Black Creek, Rant and Rave were also debating the church holding

services, and causing backlash against them. Threatening messages have been left on the church answering machine.

- (f) On March 14th, a police car was parked outside the church property watching, but they made no contact.
- (g) On March 22nd, Randy received a call warning of tickets for the church, and its attendees. This conversation was followed up with an email informing Randy of the health officers' directives and that if anyone else submitted a complaint, Randy was told that he was under threat that the RCMP would issue a ticket of \$2300 to the church and a second ticket of \$230 per person for each attendee at the church service.
- (h) In addition to s. 176 of the *Criminal Code*, the harassment by Police violated the freedom of conscience, belief, religion, and association contrary to the *Constitution Act, 1867* and s.2 of the *Charter*.

12. The Plaintiff **Michael Martinz** ("Michael") is a resident of British Columbia, whose facts, in support of his claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) On Wednesday March 3rd, 2021 Michael Martinz was returning to Canada from a two (2)-week fly fishing expedition in Colombia via Houston and San Francisco on United flight UA5689. The flight arrived in Vancouver at approximately 1:00 p.m.

- (b) Upon exiting the aircraft, Michael walked through Vancouver Airport without a face mask using his British Columbia medical doctor issued medical exemption. He arrived at the automated kiosks in the customs area and filled out his entry information, and proceeded to enter the serpentine queue to speak with a CBSA officer.
- (c) Shortly after Michael entered the serpentine queue a CBSA officer politely asked him if he had a face covering. Michael replied that he had a medical exemption, and offered the officer to have a look at his documents.
- (d) The officer took the exemption document from Michael and examined them, and immediately asked what the exemption was for. Michael replied that he was under no obligation to provide that information to the officer. The officer acknowledged that Michael was correct, and returned to his original position behind the CBSA stations. The officer returned moments later, and escorted Michael to the far side of the CBSA stations, near the south wall declaring that he did not want Michael “out in the open with the other passengers without a face mask on”. Michael complied, and followed the officer.
- (e) At the furthest south CBSA station Michael was greeted by another CBSA officer, who asked him some generic questions, including asking him as to why he was traveling during a pandemic. He then questioned Michael as to why he had not booked a designated covid quarantine hotel. Michael replied that he had no intention of staying at a quarantine hotel or taking

their PCR test, citing both his section 6 **Charter** rights, and section 14(1) of the *Quarantine Act* prohibiting medical tests which penetrate his body.

- (f) The officers then informed Michael that he would have to speak with a Health Canada agent and state his case to that individual. Michael's documents were stamped, and retained, and it was indicated to Michael that the officer was handing off the documents to the Health Canada agent.
- (g) Michael was then led to the far northern wall of the entrance hall and placed behind a plastic paneled wall. He was informed, once again that they did not want him out with the other passengers unmasked. Michael was then approached by another CBSA officer, who engaged him in generic conversation. During this time the officer offered to collect Michael's luggage, and returned with the luggage on a cart.
- (h) Soon after Michael obtained his luggage, the Health Canada agent arrived with two (2) RCMP members at her side. The CBSA officer departed at this point.
- (i) The Health Canada agent declared that she was a Registered Nurse and began asking Michael a series of questions regarding his health status. He replied in the negative to all questions, which were in relation to flu-like symptoms. The agent then began to state to Michael as to why such covid measures are in place, and threatened to fine him for non-compliance. Michael asserted his s. 6 **Charter** rights, and told her that he had no interest in complying with unconstitutional orders. The agent probed

Michael as to why he had a medical exemption, to which he again replied that he was under no obligation to disclose that information. The agent did not like this answer, and instructed Michael that she needed to know, and encouraged him to cooperate. Michael obliged, and informed her of the underlying cause. The agent then tried to co-erce Michael into taking a PCR test by telling him that it “only enters your nose about an inch”. Michael replied “one inch or one millimetre is still a contravention of section 14(1) of the *Quarantine Act*”. The agent then left, seemingly angered by Michael’s response.

- (j) After roughly twenty (20) minutes, the agent returned. She exclaimed that she could fine Michael \$3,450.00 for every day that he was not in the Covid hotel, and other fines for missing the day eight (8) PCR test. He politely re-asserted his rights, and that he would not be complying. She then told him that he was in contravention of s.58 of the *Quarantine Act*.
- (k) When she departed, Michael quickly referenced the *Quarantine Act* which he had previously downloaded. Michael noted that what text he could read on her paper work as she rapidly flipped through and pointed to sections was the word Covid appearing many times. This word appears nowhere in the *Quarantine Act*, as he noted. He was highly suspicious of her unlawful behaviour at this point.
- (l) Another twenty (20) minutes later, the agent returned, with and the RCMP escort. She informed Michael that she had contacted his doctor with

regards to his exemption, and that his doctor had confirmed it as being valid. She then produced a ticket, and fined Michael for \$3,450.00

- (m) She then discussed what further enforcement actions could be taken against him.
- (n) At approximately 2:00 p.m. on the afternoon of June 11th, 2021 Michael landed at the Calgary (YYC) International Airport on a flight from Denver, Colorado. He was returning from a trip abroad to Oklahoma City, and various locations in Costa Rica seeking new life opportunities.
- (o) He had left Canada on May 22nd, 2021, with his spouse Kari Strobel and she accompanied him for the duration of the trip and throughout the re-entry process.
- (p) Upon their arrival at Calgary, and as soon as they exited the aircraft for United flight UA5388, they proceeded to walk through a very empty airport towards the customs and immigration area. They both carry medical mask exemptions provided by their physician. While they were in the CBSA line up a female CBSA officer approached them asking if they needed masks. Michael replied that they did not and they produced their paperwork. The officer was courteous, reviewed their paperwork and asked no further questions before walking away.
- (q) After a period of twenty (20) to thirty (30) minutes in the line-up, it was their turn to engage with a CBSA officer. Michael presented their paperwork, Passports, PCR tests, and 'Arrive Can' printout, and informed

him that they would not be staying in the Government Quarantine facility, and that they would be exercising their section 6, 7, and 9 **Charter** rights. The CBSA officer asked some questions about their travel, whether they had anything to declare, and then directed us to the Health Canada station at the East side of the customs area.

- (r) The CBSA officer expressed no concerns about their non-compliance with the illegal travel order. As directed, they approached the Health Canada unit. They were met by a very curt and disrespectful woman that began asking questions in a “rapid fire” fashion.
- (s) Michael informed her that they would not be taking the arrival PCR test, and that they would not be staying at the Government Quarantine Facility. She began threatening them fines and produced some paperwork, which she filled out in rapid succession, and erroneously checked the box indicating that they had failed to answer relevant questions in contravention to Sec 15(1) of the *Quarantine Act*. This is a false statement. When she provided the form for Michael to sign, he noticed that she had transcribed his name incorrectly including his last name, and Michael pointed this out to her, which she then corrected. Michael produced his phone to take a picture of the document and she loudly exclaimed that no photos are allowed in this area.

- (t) Michael then asked if he was going to be provided a copy of this document to which she replied that he would. He then signed the document, although felt that he was under duress to do so, and handed the form back to her.
- (u) Michael's wife, Kari refused to sign her copy.
- (v) They then moved on to the next station where Michael again explained their situation, and a Health Canada official in the neighbouring wicket found great humour in his statements regarding section 14.1 of the *Quarantine Act* being poorly written for this situation. They were all able to have a laugh, and the process of having their paperwork stamped lasted no longer than four (4) to five (5) minutes and they were on their way to collect their luggage.
- (w) Upon leaving the arrival hall, an airport official was directing compliant travelers toward the PCR testing station, and Michael informed her that they were declining the tests and she said "Okay" with a smile and that was that. Michael was surprised at the stark difference in his experiences, and was taken aback at how a federal order and could be carried out so disparately between regions, that is between Vancouver and Calgary.

12. The Plaintiff **Makhan S. Parhar** (“Makhan”) is a resident of British Columbia, whose facts, in support of his claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) In January, 2020 discussions of Covid-19 began to frequent the media, and **Makhan S. Parhar**’s yoga studio, incorporated as “North Delta Real Hot Yoga Ltd.” in Delta, British Columbia started suffering financially as people started to become afraid of attending class. Regular students and even long-term students began cancelling memberships, or asking to have a hold put on. The new year, January to March is the time that the studio usually has the most influx of new students and revenue.
- (b) By March, 2020 Makhan’s studio was barely hanging on as class numbers had dwindled due to the fear of contracting Covid-19. He had no intention of closing down, he simply could not afford to shut down. What little amount the studio had left in memberships, was essential for them to pay their bills.
- (c) Makhan had no idea that a ‘state of emergency’ was declared, as he was stressed in his own life about paying upcoming bills, and keeping his now struggling business running. Makhan sent an email advising students to continue classes to keep their immune system healthy.
- (d) This email triggered many people, and people started calling Delta City Council, Delta Police, the MLA’s and the media. Immediately, Makhan

started receiving mass amounts of hate emails and phone calls. He also started receiving horrible reviews, and had to close the Studio Facebook page.

- (e) Makhan started to receive calls from the media, and spoke with CBC only. The day that he spoke to them, March 19th, 2020 and in the days following, he had horrible and negative articles written about him by every media outlet in the Vancouver area.
- (f) A Delta By-law enforcement officer attended at Makhan's studio, and asked why they did not shut down. He told them it was his business, and that he needed to stay open. The By-law enforcement officer then asked if Makhan, and his patrons were "social distancing" inside the studio, and Makhan stated that he did not know that he had to do so. He also informed the officer that business was very slow, and patrons were spaced out by default as a result of that. The officer said he would be by the next day to check if the studio was in compliance.
- (g) However, two (2) hours later, the By-law officer came back with a supervisor and they told Makhan that his business licence was suspended by Delta City Council to which Makhan replied that he was just told that the one officer would be coming back the next day to check if the studio was in compliance with social distancing protocols. The supervisor ignored this, and said that they were acting on orders from Delta council. Any subsequent questions that Makhan tried asking were ignored.

- (h) At that point, Makhan felt hopeless, and depressed, a feeling that has grown worse since that day.
- (i) The hate that Makhan has experienced after the studio closing, and the articles spun by media outlets has been overwhelming. He has even been recognized at stores such as The Home Depot. Throughout the past several months, he has stopped going to stores unless absolutely necessary. When he does go out, he is never alone, and lives in constant fear that someone will stir up an altercation with him.
- (j) In August 2020, Makhan was denied boarding at the gate by Air Canada after agreeing to wear a mask for a flight. They were not honouring his medical exemption, and as such Makhan gave in and agreed to wear one. At the gate, just before boarding, they denied his boarding because they did not trust that he would keep the mask on. Air Canada subsequently banned Makhan for life and refused to refund his money. He had to go through his credit card company to get that money back.
- (k) On October 27th, 2020 Makhan was returning from visiting friends at Flatoberfest in South Carolina. The final leg of three (3) flights was from San Francisco to Vancouver. Makhan was handed a covid-19 quarantine form by the flight attendant just as the plane started its descent. Makhan did not fill it out, and at about 9:30 pm he went to Canadian customs and handed his passport to them. They asked for the quarantine form, and Makhan

answered that he did not fill it out, and did not have any plans of doing so.

He was then asked to go speak to the health officer.

(l) Makhan explained the same to the health officer. He was informed that he needed to fill it out as RCMP officers stood off to the side. Makhan filled out the form and signed it.

(m) The following day, October 28th 2020, Makhan went on with his regular life. Around approximately 4:30 pm, he received a phone call from his daughter. She told him that the police were at their home. Constable Jacob Chong with badge #262 took the phone from Makhan's daughter and informed him that, as he was not at home, he would be writing Makhan a \$1,150.00 violation ticket, and leaving it there. He refused to tell Makhan his first name at the time, and informed him that he would be back to check on Makhan the following day.

(n) Makhan's daughter was traumatized and afraid after this encounter. She did not want to come home after school the following day.

(o) The following day, October 29th 2020, Makhan stayed home all day. Constable Chang with badge #262, of the New Westminster Police Department came at approximately 7:30 pm with an unidentified officer holding badge #330. He would not answer any questions that Makhan asked of him with regards to what jurisdiction he was operating under. He served Makhan another ticket and told him to toss the ticket from the previous day.

- (p) The next four (4) days saw Makhan going about his business, and this entailed him being outside of the home most of the day. The police came several times and he was home once during their visits.
- (q) On November 2nd, 2020 at approximately 11:15 pm, Makhan was coming home and noticed a New Westminster Police SUV outside of the parking garage. As he recognized Makhan's car, he turned on his emergency lights. Makhan pulled into the underground and waited for the police. Constable Hildebrand with badge #323 approached the car and told him he was under arrest. He told Makhan to get out of the car.
- (r) After Makhan parked and got out of the car, he was arrested and put in handcuffs. He asked several times, if he had committed a crime. The constable refused to answer his questions. Makhan stated several times that this was a false arrest.
- (s) Constable Chris Faris with badge #337 started reading Makhan his rights. Makhan repeated the same questions as to whether or not he had committed a crime, or if there was a victim or a complainant. The officer refused to specify the charge and took Makhan to the station.
- (t) At the police station, Makhan told all the police that this was a false arrest.
- (u) Makhan declined a phone call to a lawyer, and was placed in a cell.
- (v) The police damaged his \$70 track pants by cutting the draw-strings out of them, and when he asked if they would be reimbursing him the cost of the pants, they replied "no".

- (w) After falling asleep, Constable Hildebrand woke Makhan up and told him that he needed to confirm his name and birthdate in order to get out in the morning. Makhan declined, and Constable Hildebrand repeated himself. Makhan stated that he needed to think about the lawfulness of answering. He repeated himself and he said it was to get Makhan out in the morning. Makhan was fatigued at that point, he stated that he was under duress and provided him the information he requested.
- (x) Later that night, or in the early morning, Constable Jacob Chong with badge #262, woke Makhan up and told him that he was issuing another violation ticket.
- (y) On the morning of November 3rd, 2020 while Makhan was in the holding cell, he received a call from duty counsel. Makhan told the guard that he did not ask for a lawyer. The guard told him that duty calls all the detainees in jail to help get them out. Makhan decided to speak to the duty counsel. He told Makhan that his bail hearing would be before noon and that he would then find out from the Crown what the matter with Makhan would entail.
- (z) At around 3:00 pm, Makhan started to worry about his release, as he still had not heard from the duty counsel. Makhan asked the guard to speak to his lawyer, and provided the lawyer's name. The guard looked up the phone number, and returned twenty (20) – thirty (30) minutes later. He held up a phone and informed Makhan that it was his bail hearing.

- (aa) Makhan had trouble hearing the other end of the phone-line. In addition, there was a very loud vent in his cell.
- (bb) The Crown prosecutor spoke for twenty (20)-thirty (30) minutes, and stated that they wanted Makhan detained up until the trial. The Duty Counsel suggested that Makhan be released on his own recognizance. In the end, the judge allowed Makhan out as long as a surety signed and would be responsible for him adhering to his bail conditions.
- (cc) The judge said that Makhan's surety would have to come to the Court during business hours. It was 4:20pm at that point, and the Court Registry was closed. Makhan spent another night in jail. He was told that he could call someone, and that he would be transferred to a bigger jail for the night. A female police officer got Makhan to sign off on his bail conditions while a justice of the peace was on the phone.
- (dd) At approximately 6:00-7:00 pm, Makhan arrived at the North Fraser pre-trial Detention Centre. He was placed on 'Droplet Protocol'. The nurse told him that he would be swabbed. Makhan refused any swabs, or anything placed inside of his bodily cavity. Makhan was segregated immediately after intake. He asked for a phone call, but was repeatedly denied. He was told that he could not interact with the general population until he had obtained a negative test result.

(ee) Makhan told them that he had a bail surety, but needed to phone someone.

He stated repeatedly that no one knew of his arrest, and he simply wanted to inform them of such. The prison staff showed Makhan no sympathy.

(ff) Makhan was given a bagged vegetarian dinner, and informed them he was vegetarian for future meals. He was fed three (3) meals a day. Breakfast was at about 7:30 am. Lunch was usually brought at about 10:45 – 11:00 am, and dinner was at about 4:30 pm on Wednesday, Thursday and Friday. On Friday, Makhan was released just as dinner was served, so he did not eat dinner.

(gg) Both Wednesday, and Thursday night's dinners and Thursday's lunch contained meat, therefore Makhan did not get to eat the full meals. He had previously requested, as denoted above, that he was a vegetarian, and the prison denied his request for vegetarian meals.

(hh) On Thursday, when Makhan realized that he might be in jail until after the weekend, and maybe longer. Makhan cleaned the cell by dipping his shower towel (though he was not actually allowed to shower), in the toilet, and wiping down the top bunk, and other areas of the cell.

(ii) Makhan was not allowed to shower nor use the phone because he was not allowed to leave his cell. He asked repeatedly for phone use. The supervisor told him the same thing repeatedly. Makhan required a negative covid-19 test result to be allowed out of his cell. However, the supervisor agreed to take a number and make a call on Makhan's behalf.

(jj) That same day, Makhan asked for, then begged multiple times to get clean underwear and socks. The guards kept agreeing, but the requested garments were never delivered. Finally, very late on Thursday, one (1) of the guards provided Makhan with the requested garments.

(kk) Out of fear that he would be in jail past the weekend and for weeks ahead, Makhan was left in very little choice but to submit himself to a Covid test. This was done in hopes of getting a negative result. Makhan was told that if the test was positive they would contact him, however he never heard from them.

(ll) Thus far, Makhan has had his first court appearance, pre-trial conference, and awaits another pre-trial conference on May 5th, 2021. His bail conditions instruct him to abide by all regulations stipulated by Bonnie Henry. A trial date is set for July 20th, and 30th, 2021.

(mm) Makhan remains very distraught, for himself, and his family's sake.

13. The Plaintiff **Melissa Anne Neubauer** ("Melissa") is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

(a) Melissa is a Teacher at the Clearwater secondary school, in Clearwater, British Columbia.

(b) Melissa was on a medical leave from work from March 9th, 2020 – June 30th, 2020 due to having a break down in March of 2020, and being

admitted to the mental health unit at Royal Inland Hospital in Kamloops, British Columbia.

- (c) By June 30th, 2020, school was finished for the Summer, and as such Melissa physically returned to her work in September of 2020, when school was back in session again.
- (d) When Melissa returned for health and safety training the first week of school in September 2020, the Principal of the school, Darren Coates insisted that she wear a mask. Melissa explained that she was exempt. Melissa was then required to have her doctor complete a four(4)-page medical form to allow her exemption. After that, a Disability Accommodation Plan was created for Melissa, which restricted her movement within the school. Restrictions included limiting her access to a washroom, only allowing her access to the building at certain times, and through a specific door, and limiting her access to the office supplies room. These restrictions made Melissa's job difficult.
- (e) Melissa made efforts to follow the restrictions, however the principal often harassed her both verbally, and in writing to do a "better job" at following them.
- (f) In February 2021, the principal sent Melissa a letter outlining further restrictions on her movements in the school. Melissa only worked half-days at that point, and one of the new restrictions mandated that she was not allowed to be in the hallways between 8:00 a.m. and 3:20 p.m.,

meaning that she would not be able to exit the building on days that she finished work mid-day, and she would be unable to arrive on days that she started work mid-day. The new restrictions also prevented Melissa from using the washrooms during those times, and the suggested solution was that she leave her class unattended, and use the washroom when there were no students in the hallways. The restriction also meant that any preparation that Melissa needed to do using the printer/photocopier had to be done outside of her contractual workday.

- (g) The principal called two (2) meetings: on February 17th, 2021, and February 19th, 2021 as he felt Melissa still was not following the restrictions correctly. Melissa then received a call from the Human Resources Department on February 22nd, 2021 telling her that she was being placed on administrative leave pending an independent medical exam by a psychiatrist. The purpose of this medical exam was to confirm that Melissa's family doctor and psychiatrist were providing accurate medical information, and to determine if she was competent to be in a position of responsibility as a teacher. Melissa's first day off of work was February 23rd, 2021. The Independent Medical Exam took place on March 31st, 2021, and Melissa was finally allowed to return to work April 28th, 2021.
- (h) Since returning to work she has been wearing a plastic face shield and have not experienced restrictions with her movement around the school, until

May 5th, 2021 when the principal handed Melissa a surplus letter. This letter means that Melissa no longer has a job after the end of the current school year, in June 2021. The school district has an obligation to find Melissa another position in the district, but the position does not have to be in the same community that she currently lives in. As there are no positions available in Melissa's current community of Clearwater, British Columbia, she is being forced to move. Melissa has a mortgage and is at risk of losing her home should her position get suspended, and she will be forced to sell her home and move if her job is relocated to another region. Melissa strongly feels that she was chosen to receive the surplus letter because she did not comply with the masking mandates in the school, and because she is being discriminated against due to her medical conditions. Furthermore the government (Crown) and its Ministers of Education, Health, Public Safety, as well as Chief Medical Officer Bonnie Henry are breaching her constitutional rights, by way of commission, and omission, in not protecting her rights.

14. The Plaintiff **Jane Doe #3** ("Jane") is a resident of British Columbia, whose facts, in support of her claim for relief, and who has suffered actionable damages directly as a result of the Covid measures imposed and enforced by, and on behalf of the named Defendants, are as follows:

- (a) Jane is a Licensed Practical Nurse ("LPN") at Royal Inland Hospital in Kamloops, British Columbia where she resides.

- (b) At the beginning of 2020, Royal Inland Hospital had made a goal to reduce the number of patients being admitted in order to prepare for the “First Wave” of Covid-19 patients. Normally the hospital census is running at 115-120 %. This information was given to Jane, and her team each morning by the charge nurse. Through May 2020 to the middle of June 2020, the Hospital census had been declining greatly, around 80%. Patients had been told not to admit themselves unless it was absolutely critical requiring immediate medical attention.
- (c) Jane’s father had been one of those patients that had ignored his medical needs in order to stay clear of a hospital in fear of getting Covid-19, causing the severity of his condition to progress. Shortly after, he had suffered a heart attack and was admitted to the hospital anyways. The hospital informed him that they would need to put off a scheduled surgery he had scheduled in Kelowna, British Columbia due to Covid-19 measures “until further notice”. He was then put on more medication to alleviate symptoms he was having.
- (d) As Jane was working in the Hospital, she was feeling concerned that beds would fill up due to an influx of Covid patients, but they never did. The hospital census stayed at 80% for some time, and then declined even further. Nurses that worked casual shifts soon started to worry that there was not enough work for them to obtain any shifts. During this period, Jane

was extremely worried about her father for whom she was caring at his house regularly.

- (e) After the hospital began to open up for surgeries around October of 2020, the census began to climb again. The increase in patient census was not related to Covid-19 but from patients who had put their health on hold from the beginning of the year. Jane observed that Covid-19 precautions were not at all organized, and that Nurses would get emails one (1) – two (2) weeks later pertaining to someone who had tested positive with no actual record of the person’s name. Instead, room numbers those patients had stayed in were referred to, but who had been in the rooms could not be tracked, nor could the location of where those people had gone, and who else they had interacted with. This then led to further intervention, patients considered high risk for covid-19 were tested on admission. At various times, there would be patients considered high risk in rooms with three other patients, most of whom suffered from cognitive decline and would not know to stay away from the closed curtain with a precaution sign pinned to it.
- (f) Throughout the later Fall months of 2020, Jane would often read on social media that the Hospital was overrun with Covid patients, and that it was over census. This was not true, although Jane did not work on the “Covid Floor”, she knew nurses that did and they reported to her that there was an

average of eight (8) patients total at the time. Although, it was true that the hospital was over census, that was normal pre-pandemic for the hospital.

- (g) By February 2021 Covid-19 Vaccines were being distributed to the staff. While at work on one shift in February 2021, Jane heard a “Code Blue” meaning cardiac/respiratory distress being called out over the loud speaker on the vaccine distribution floor. This had not been the only one as Jane had been told by multiple nurses. It was around late February, when “the big outbreak” at Royal Inland hospital went to main stream news. And ninety (90) people had been reported to be positive cases (approximately sixty (60) of these were hospital staff).
- (h) Nurses were already scarce and this had put even more strain on the remaining nurses as the nurses who tested positive had to quarantine at home for fourteen (14) days. This had also created fear amongst all of the Kamloops community.
- (i) Despite all of this, many Nurses that had been working on the Covid floor and had been around other nurses who had tested positive, without a mask were not testing positive. Jane noted that this did not make any sense. Also, nurses who had taken the vaccine had adverse reactions and tested positive for Covid-19. One nurse with an underlying heart condition, but previously with no need for treatment, suddenly came down with an exacerbating heart condition characterized by extreme fatigue and heart palpitations as

well as becoming significantly ill, and has since been unable to return to work for more than six (6) hours.

- (j) In March 2021 Jane had been pulled to the Covid floor. There was one patient considered “Red” meaning that they were covid positive and were in an isolation negative pressure room. However, Jane’s patient, whose test was pending, was put in a room with three (3) other patients, one of whom had severe dementia and would be unable to identify danger. Later that night, Jane checked that patient's results only to find out they were negative and there was only one (1) active Covid positive case in the hospital.
- (k) By the end March 2021, Jane had asked her family doctor, Dr. Victor De Kock for a mask exemption due to her increased anxiety and history of asthma that had become exceptionally worse due to the consistency of wearing something over her face for twelve (12) hours a day. This was denied by Dr. Victor De Kock, as he stated that he had been ordered by ‘Interior Health’ not to give out exemptions, especially not to health care workers.
- (l) On April 8th, 2021 Jane made another Appointment to attempt to get a mask exemption as her mental health was becoming noticeably worse. Jane recorded Dr. Victor De Kock this time, as she stated “I can not breath” and that her anxiety was getting out of control. He had again refused to provide

her with an exemption, and prescribed her anxiety medication along with a refill on her inhaler.

- (m) Throughout March and April of 2021, Vaccines were being pushed on staff. Staff that refused to get the shot were being shamed by others, for allegedly “putting others in harm’s way”. Work began to be too much for Jane, and new information about shedding vaccines had emerged while Interior Health remained silent about it. Jane had been researching the information on the transmitting and/or shedding that can occur via coming into contact with vaccinated people, and was very distressed about her well-being. Jane remained fearful that she would lose her job, and because she was concerned about the possibilities of shedding, she decided to take a stress leave from work, with May 1st being her final day of work. She is presently still on stress leave, relying on Employment Insurance, and awaiting further information that can guarantee her safe return to work.
- (n) Jane has not revealed her name on this action for fear of reprisal and/or dismissal by her employer for being a Plaintiff.

- **The Defendants**

23. The Defendant, Justin Trudeau, is the current Prime Minister of Canada, and as such, a holder of a public office.
24. The Defendant, Dr. Theresa TAM, is Canada's Chief Public Health Officer and as such a holder of a public office.
25. The Defendant Her Majesty the Queen in Right of Canada, is statutorily and constitutionally liable for the acts and omissions of her officials, particularly with respect to **Charter** damages as set out by the SCC in, *inter alia*, ***Ward v. City of Vancouver***.
26. The Defendant Attorney General of Canada is, constitutionally, the Chief Legal Officer, responsible for and defending the integrity of all legislation, as well as responding to declaratory relief, including with respect constitutional declaratory relief, and required to be named as a Defendant in any action for declaratory relief.
27. The Defendant Omar ALGHABRA is the Federal Minister of Transport, and as such a public office holder.
28. The Defendant Her Majesty the Queen in Right of British Columbia, is statutorily and constitutionally liable for the acts and omissions of her officials, particularly with respect to **Charter** damages as set out by the SCC in, *inter alia*, ***Ward v. City of Vancouver***.
29. The Defendant Attorney General of British Columbia, is, constitutionally, the Chief Legal Officer for British Columbia, responsible for and defending the

integrity of all legislation, as well as responding to declaratory relief with respect to legislation, including with respect to its constitutionality, and required to be named as a Defendant in any action for declaratory relief.

30. The Defendant John HORGAN, is the current Premier of British Columbia, and as such a holder of a public office.
31. The Defendant Dr. Bonnie HENRY, is British Columbia's Chief Medical Officer, and as such a holder of a public office.
32. The Defendant Mike FARNWORTH, is the current Minister of Public Safety and Solicitor General and, as such, a holder of public office.
33. The Defendant, Adrian DIX, is the current Minister of Health for the Province of British Columbia and as such a holder of a public office.
34. The Defendant Jennifer WHITESIDE, is the Minister of Education for British Columbia, and as such, a public office holder.
35. The Defendant, The Canadian Broadcasting Corporation ("CBC"), is Canada's publicly-funded broadcaster and governed, **inter alia**, under the Federal **Broadcast Act**, with a public mandate as Canada's national, publicly-funded broadcaster.
36. The Defendant, British Columbia Ferry Services Inc., operating as BC Ferries, is a former provincial Crown corporation, now operating as an independently managed, publicly owned Canadian company, under Crown license and authority.

37. The Defendant, Mable Elmore is the current British Columbia Parliamentary Secretary for Seniors' Services and Long-Term Care.
38. The Defendant, The Royal Canadian Mounted Police ("RCMP") are the federal and national police service of Canada, providing law enforcement at the federal level, as well as the Province of British Columbia under renewable memorandum and contract.
39. The Defendant, Vancouver Island Health Authority provides health care services through a network of hospitals, clinics, centres, health units, and long-term care locations in British Columbia.
40. The Defendant, Brittney Sylvester is the current BC Ferries Terminal Manager (Relief) at the Tsawwassen, British Columbia, Canada Ferry Terminal.
41. The Defendant, Providence Health Care is a Catholic health care provider that operates seven facilities in Vancouver, British Columbia, Canada. Providence Health Care was formed through the consolidation of CHARA Health Care Society, Holy Family Hospital and St. Paul's Hospital on April 1st, 1997.
42. The Defendant, TransLink (British Columbia), is the statutory authority responsible for the regional transportation network of Metro Vancouver in British Columbia, Canada, including public transport, major roads and bridges.
43. The Defendant, Peter Kwok, is a Translink Transit officer with Badge #325.

• THE FACTS

A/ “COVID- 19”- THE TIMELINE

44. **In 2000** Bill Gates steps down as Microsoft CEO and creates the ‘Gates Foundation’ and (along with other partners) launches the ‘Global Alliance for Vaccines and Immunization (‘GAVI’). The Gates Foundation has given GAVI approximately \$4.1 Billion. Gates has further lobbied other organizations, such as the World Economic Forum (“WEF”) and governments to donate to GAVI including Canada and its current Prime Minister, Justin Trudeau, who has donated over \$1 Billion dollars to Gates/GAVI.
45. **In 2002** Scientists engage in “gain-of-function” (GOF) research that seeks to generate viruses “*with properties that do not exist in nature*” and to “*alter a pathogen to make it more transmissible (to humans) or deadly.*”^{1 2}
46. **In November, 2002**, China’s Guangdong province reports the first case of ‘atypical Pneumonia’, later labeled as SARS. In the same month at the University of North Carolina (UNC) Ralph Baric announced the creation of a **synthetic** clone of a mouse coronavirus.
47. **On October 28th, 2003** the Baric group at UNC announces a **synthetic** recreation of the SARS virus.
48. **In 2005** Research demonstrates that Chloroquine is a potent inhibitor of SARS coronavirus infection and transmission. It was deemed a safe drug by the WHO in 1979, except in high doses.^{3 4}

¹ <https://www.ncbi.nlm.nih.gov/books/NBK285579/>

² <https://www.sciencemag.org/news/2014/10/us-halts-funding-new-risky-virus-studies-calls-voluntary-moratorium>

49. From **2009** to the present, the “Bill and Melinda Gates Foundation” donates millions to the ‘Imperial College of London’ (ICL), and further funded the debunked modeling, by Neil Ferguson, at the ICL, that set the COVID-19 ‘pandemic’ declaration in Motion and acceleration, through the WHO and governments around the globe following suit.
50. **In January 2010** Bill Gates pledges **\$10 billion** in funding for the World Health Organization (“WHO”) and announces “the Decade of Vaccines.” In fact, Bill Gates and GAVI are the second and third largest funders of the WHO after the US government under the Presidency of President Trump. The USA, through its President, cut off funding to the WHO for loss of confidence in it. (Various other countries have also expelled the WHO on allegations of corruption, attempted bribery of its officials, and lack of confidence).
51. **In May 2010**, the Rockefeller Foundation writes a Report, later leaked, unintentionally from within the organization, with a study of a future pandemic scenario, where an unknown virus escapes, and a “hypothetical” scenario on what the appropriate response would be, and its core scenario entitled “how to secure global governance in a pandemic”. The Plaintiffs state , and the fact is, that the scenario scripted in this May 2010, Report is what has unfolded during the “COVID-19” so-called “pandemic”.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

⁴ https://apps.who.int/iris/bitstream/handle/10665/65773/WHO_MAL_79.906.pdf?sequence=1&isAllowed=y

52. **In 2011** a review of the literature by the British Columbia Centre for Disease Control to evaluate the effectiveness of social distancing measures such as school closures, travel restrictions, and restrictions on mass gatherings to address an influenza pandemic concluded that “*such drastic restrictions are not economically feasible and are predicted to delay viral spread but not impact overall morbidity.*”⁵
53. **In May, 2012**, the 194 Members States of the “World Health Assembly” endorse the ‘Global Vaccine Action Plan (GVAP) led by the Bill and Melinda Gates Foundation in collaboration with GAVI, and the World Health Organization (WHO).
54. **In 2014** Under President Obama, the National Institute of Health (NIH) **halts federal funding** for gain-of-function (GOF) research. The funding hiatus applies to 21 studies “reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route.” NIH later allows 10 of the studies to **resume**.
55. **In 2015** NIAID awards a five-year, \$3.7 million grant to conduct gain-of-function studies on the “risk of bat coronavirus emergence.” Ten percent of the award goes to the Wuhan, China, Institute of Virology.

⁵ Social Distancing as a Pandemic Influenza Prevention Measure
https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf

56. **In January, 2015** at a public appearance, Bill Gates states: ‘ We are taking things that are genetically modified organisms and we are injecting them into little kids’ arms; we just shoot them right into the vein’.
57. In 2018 the World Economic Forum (“WEF”) puts forward a proposal for future “Vaccine Passports”.
58. **In 2017** Dr. Marc Lipsitch of the Harvard School of Public Health tells the *New York Times* that the type of gain-of-function experiments endorsed by Dr. Fauci’s NIAID have “done **almost nothing** to improve our preparedness for pandemics, and yet risked creating an accidental pandemic.”
59. **In 2019** NIAID awards a six-year renewal grant of \$3.7 million to EcoHealth Alliance and the Wuhan Institute of Virology (in China) to continue their gain-of-function studies on bat coronaviruses.
60. At the January, 2019, World Economic Forum in Davos, Switzerland, **on January 23rd, 2019**, on a CNBC interview Bill Gates boasts that he expects to have a “twenty-fold” return on his \$10 Billion vaccine investment with the next few decades.
61. British and French researchers **publish** a study (May 5, 2020) estimating that COVID-19 could have started as early as **October 6, 2019**.
62. **On October 18th, through 27th, 2019** Wuhan, China hosts the Military World Games, held every four years, where more than 9,000 athletes, from 100 countries complete. The telecom systems for the Athletes’ Village are powered with 5-G technology “showcasing its infrastructure and technological prowess”.

63. **On October 18, 2019** - The Bill & Melinda Gates Foundation, the World Economic Forum and the Johns Hopkins Center for Health Security convene an invitation-only “tabletop exercise” called **Event 201** to map out the response to a *hypothetical global coronavirus pandemic*.
64. **In November-December, 2019**, - General practitioners in northern Italy start noticing a “**strange pneumonia**.”
65. **On December 2nd and 3rd, 2019** Vaccine scientists attending the WHO’s Global Vaccine Safety summit confirm **major problems** with vaccine safety around the world.
66. **On December 3rd, 2019**, At the Global Vaccine Safety Summit in Geneva Switzerland, Prof Heide Larson, MA PhD, Director of the “Vaccine Safety Project”, stated:
- “I think that one of our biggest challenges is, as Bob said this morning, or yesterday, we’re in a unique position in human history where we’ve shifted the human population to vaccine-induced, to dependency on vaccine-induced immunity and that’s on the great assumption that populations would cooperate. And for many years, people lined up the six vaccines, people were there; they saw the reason. We’re in a very fragile state now. We have developed a world that is dependent on vaccinations. We don’t have a choice, but to make that effort.”
67. **On December 18th, 2019**, researchers at the Massachusetts Institute of Technology (MIT) report the development of a novel way to record a patient’s **vaccination history**, by using smart-phone readable nano-crystals called “quantum dots”, **embedded** in the skin using micro-needles. In short, a vaccine

chip embedded in the body. This work and research are funded by the Bill and Melinda Gates Foundation.

68. **On December 31, 2019** - Chinese officials inform the WHO about a **cluster** of “mysterious pneumonia” cases. Later, the *South China Morning Post* reports that it can trace the first case back to **November 17th, 2019**.
69. **On January 7th, 2020** - Chinese authorities formally **identify** a “novel” coronavirus.
70. **On January 11, 2020** - China records its **first death** attributed to the new coronavirus.
71. **On January 20, 2020** - The first **U.S. coronavirus case** is reported in Washington State.
72. **On January 23rd, 2020**, Shi Zheng-Li releases a paper reporting that the new corona virus (COVID-19) is 96% identical to the strain that her lab isolated from bats in 2013 but never publicized.
73. **On January 30, 2020** - The WHO declares the new coronavirus a “**global health emergency**.”
74. **In January, 2020** - A study of US military personnel confirms that those who received an influenza vaccine had an increased susceptibility to coronavirus infection. ⁶

⁶ <https://www.sciencedirect.com/science/article/pii/S0264410X19313647>

75. On **February 5th, 2020** - Bill and Melinda Gates announce **\$100 million** in funding for coronavirus vaccine research and treatment efforts. **On February 11th, 2020** the WHO gives the virus its name: ‘COVID-19’.
76. **On February 28th, 2020** - The WHO states that most people will have mild symptoms from SARS-CoV-2(“COVID19”) infection and get better without needing any special care.
77. **On February 28th, 2020** , the WHO announces that more than 20 vaccines are in development globally.
78. **On February 28th, 2020**, the WHO states – “Our greatest enemy right now is not the virus itself. It’s fear, rumors and stigma.” ⁷
79. **On March 5th, 2020** - Dr. Peter Hotez of Baylor College told a US Congressional Committee that coronavirus vaccines have always had a “unique potential safety problem” — a “kind of paradoxical immune enhancement phenomenon.” ⁸
80. On **March 11, 2020** - The WHO declares COVID-19 a **pandemic**.
81. On **March 16th, 2020** - Neil Ferguson of Imperial College London, scientific advisor to the UK government, publishes his computer simulations warning that there will be **over two million** COVID-19 deaths in the U.S. unless the country adopts “intensive and socially disruptive measures.” **Imperial College London receives funding from Bill and Melinda Gates Foundation.**

⁷ WHO Director-General's opening remarks at the media briefing on COVID-19 - 28 February 2020
<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---28-february-2020>

⁸ <https://www.c-span.org/video/?470035-1/house-science-space-technology-committee-hearing-coronavirus&start=1380>

82. On **March 16th, 2020** - Dr. Anthony Fauci tells Americans that they must be prepared to “**take more drastic steps**” and “hunker down significantly” to slow the coronavirus’s spread.
83. On **March 16th, 2020** - NIAID launches a **Phase 1 trial** in 45 healthy adults of the mRNA-1273 (COVID-19) coronavirus vaccine co-developed by NIAID and Moderna, Inc. The trial skips the customary step of testing the vaccine in **animal models** prior to proceeding to human trials.
84. On **March 17th, 2020** – Prime Minister Trudeau asks for lockdown measures, under the **Federal Quarantine Act**, banning travel. On **March 18th, 2020** British Columbia declares its emergency under the *Emergency Program Act [RSBC 1996] c. 111*.
85. **On March 19th, 2020** - The status of COVID-19 in the United Kingdom is downgraded. COVID-19 is no longer considered a high consequence infectious disease (HCID). The Advisory Committee on Dangerous Pathogens (ACDP) in the UK is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease).^{9 10}
86. **On March 20th, 2020**, documents in three (3) countries outline Government’s policy on coronavirus was going to use applied psychology in order to ramp up

⁹ <https://www.gov.uk/topic/health-protection/infectious-diseases>

¹⁰ <https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/>

fear in the population, in order to get the population to adhere more closely to the Government's policy over the response to Coronavirus.¹¹

87. **On March 24th, 2020** - Global medical experts declared that efforts to contain the virus through self-isolation measures would negatively impact population immunity, maintain a high proportion of susceptible individuals in the population, prolong the outbreak putting more lives at risk, damage our economy and the mental stability and health of the more vulnerable.^{12 13}
88. **On March 24th, 2020** - Professor Peter Gotzsche issues a statement - "*The coronavirus mass panic is not justified.*"
89. **On March 24th, 2020** - Bill Gates announces funding for a company that will blanket Earth with \$1 billion in **video surveillance satellites**.
90. **On March 26th, 2020** Microsoft announces it is acquiring 'Affirmed Networks' focused on 5-G and "edge" computing".
91. **On March 26th, 2020** - Dr. Fauci publishes an **editorial** in the *New England Journal of Medicine* stating that "the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza," with a case fatality rate of perhaps 0.1%.
92. **On March 30th, 2020**, Dr Michael J. Ryan, Executive Director of the Health Emergencies Programme at the World Health Organization publicly stated, during a press conference that:

¹¹ <https://childrenshealthdefense.eu/eu-issues/brian-gerrishs-testimony-to-reiner-fullmich-our-oppressors-are-very-frightened-people/>

¹² <https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/>

¹³ <https://www.euopereloaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/>

“And at the moment in most parts of the world due to lock-down most of the transmission that's actually happening in many countries now is happening in the household at family level.

In some senses transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a safe and dignified manner”.

93. **March 31, 2020**, Dr. Theresa Tam states that, “it is not clear that masks actually help prevent infections, and may increase the risk for those wearing them.”
94. On **April 2nd, 2020** - Bill Gates states that a coronavirus vaccine “is the only thing that will allow us to return to normal.”
95. **In April, 2020**- A review of the scientific literature conducted by Denis Rancourt, Ph.D., with regards to the use of masking, concluded there is **no** scientific evidence to substantiate the effectiveness of masking of the general public to prevent infection and transmission. ¹⁴
96. **On April 6th, 2020** - German epidemiologist, Knut Wittkowski, releases a statement warning that artificially suppressing the virus among low risk people like school children may “*increase the number of new infections*” as it keeps the virus circulating much longer than it normally would. ¹⁵
97. On **April 6th, 2020** - Dr. Anthony Fauci states, “I hope we don’t have so many people infected that we actually have **herd immunity**.”
98. **On April 9th, 2020** - Canadian public health officials stated – “In a best-case scenario, Canada’s total COVID-19 deaths can range from 11,000 to 22,000.”

¹⁴ https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

¹⁵ Stand Up for Your Rights, says Bio-Statistician Knut M. Wittkowski. American Institute for Economic Research. April 6, 2020 <https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/>

And “In the bad scenarios, deaths go well over 300,000.” (As of May 21, 2020, the total reported deaths from COVID 19 in Canada was 6,145.) The number of deaths attributed to COVID-19, is in line with typical yearly seasonal viral respiratory illness deaths in Canada. However, the Covid-death numbers are inflated based on the parameters dictated by the WHO to list a death as a Covid-death, namely anyone who has the Covid-19, at time of death ,regardless of whether another clear primary cause of death is evident apart from the simple presence of the covid-19 virus.

99. **On April 10th, 2020** - John Carpay, president of the Justice Centre for Constitutional Freedoms in Canada stated there is reason to conclude that the government’s response to the virus is deadlier than the disease itself. ¹⁶
100. **On April 15th, 2020** - Bill Gates pledges another \$150 million to coronavirus vaccine development and other measures. He states, “There are **seven billion** people on the planet. We are going to need to vaccinate nearly everyone.”
101. **On April 18th, 2020**, US News reports corona virus tests are ineffective due to lab contamination at the EDC and the CDC’s violation of its manufacturing standards.
102. **On April 24th, 2020** - The Ontario government took the "extraordinary step" to release a database to police with a list of everyone who has tested positive for COVID-19 in the province.¹⁷

¹⁶ <https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/>

¹⁷ https://toronto.ctvnews.ca/mobile/ontario-takes-extraordinary-step-to-give-police-list-of-all-covid-19-patients-1.4910950?British_Columbiaid=lwAR10jfu_5OYq5BPZJKMygqiN2P47dK_wbZzFMqC8WEpFxiIhEFt81cGnfgc

103. On **April 30th, 2020** - Bill Gates writes that “the world will be able to go back to the way things were . . . when **almost every person on the planet** has been vaccinated against coronavirus.” Gates also states that “Governments will need to expedite their usual drug approval processes in order to deliver the vaccine to over 7 billion people quickly.”
104. On **May 5th, 2020**, Neil Ferguson resigns from the UK government’s Scientific Advisory Group for Emergencies (SAGE) after flouting and breaking his own social distancing rules. On **May 6th, 2020**, an anonymous soft-ware engineer (ex-Google) pronounces Neil Ferguson’s COVID-19 computer model “unusable for scientific purposes”. In fact, Ferguson’s COVID-19 model has been a laughing-stock and debacle.
105. On **May 11th, 2020**, UK Chief Medical Officer Whitty states that COVID-19 is ‘harmless’ to the vast majority”.
106. On **May 14th, 2020**, Microsoft announces that it is acquiring UK-based ‘Metaswitch Networks’, to expand its Azure 5-G strategy.
107. On **May 19th, 2020** - Health Canada approves human trials of a SARS-CoV-2 (COVID-19) vaccine without clear evidence that prior animal testing to identify the potential risk of pathogenic priming (immune enhancement) has been conducted.
108. On **May 21st, 2020** - Four Canadian infectious disease experts, Neil Rau, Susan Richardson, Martha Fulford and Dominik Mertz state - “the virus is unlikely to

disappear from Canada or the world any time soon” and “It is unlikely that zero infections can be achieved for COVID-19.”¹⁸

109. **By May 2020** - Over six million Canadians have applied for unemployment benefits and 7.8 million Canadians required emergency income support from the Federal government,¹⁹ because of economic shut-downs and closures dictated by Covid-measures.
110. **By May, 2020** - Estimates of the Federal deficit resulting from their response to SARS-CoV-2 (COVID-19) ranges up to \$400 billion.²⁰ (This exceeds the Canada’s national budget for a year). By April 20th, 2021, according to the Federal Budget released, the national debt has climbed to \$1.2 Trillion.
111. **On May 20th, 2020** - Dr. Teresa Tam, Canada’s Chief Medical Officer, publicly advised the use of non-medical masks for the general public to provide an *“added layer of protection”* that could help prevent asymptomatic or pre-symptomatic Covid-19 patients from unknowingly infecting others. Dr. Tam’s advice is not supported by scientific evidence.²¹
112. Throughout the “pandemic” Bonnie Henry was on record saying masks do not work and was also part of the 2015 nurses arbitration as an expert witness, reporting the same.²²

¹⁸ <https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns>

¹⁹ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

²⁰ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

²¹ <https://www.politico.com/news/2020/05/20/canada-non-medical-masks-provinces-reopen-271008>

²² <https://action4canada.com/masks/>

113. **On May 21st, 2020** - A letter from Mark Lysyshyn, MD, Deputy Chief Medical Health Officer with Vancouver Coastal Health states – “Although children are often at increased risk for viral respiratory illnesses, that is not the case with COVID-19. Compared to adults, children are less likely to become infected with COVID-19, less likely to develop severe illness as a result of infection and less likely to transmit the infection to others.” Dr. Lysyshyn further states – “Non-medical masks are not needed or recommended. Personal protective equipment such as medical masks and gloves are not recommended in the school environment.”²³
114. **On May 22nd, 2020** - Prime Minister Justin Trudeau told reporters that “contact tracing” needs to be ramped up across the country. Trudeau stated that he “strongly recommends” provinces use cell phone apps when they become available, and that this use would likely be mandated.
115. On or about **May 25th, 2020**, the Federal government announced potential **Criminal Code** provisions, making it a criminal offence to publish “misinformation” about the COVID-19. “Misinformation” quickly evolves to mean as any opinion or statement, **even from recognized experts**, which contradicts or criticizes measures taken and/ or mandated by the WHO, to be implemented globally by national and regional governments.

²³ <http://www.vch.ca/Documents/COVID-VCH-Schools-May-21-2020.pdf>

116. **As of June 9th, 2020**, neither Prime Minister Trudeau, nor British Columbia Premier Horgan are willing, and in fact refusing to disclose what medical advice, and from whom, they are acting upon.
117. The Plaintiffs state and the fact is, that the Defendants and their officials, were stepping up compulsory face-masks in order to maintain a physical and visual tool to maintain panic, fear, and to enforce compliance of their baseless measures due to increasing public resistance, and of their groundless and false basis. The masks, further act as a visual and present symbol of intimidation and show of who is in power, and do not act to medically assist but to publicly muzzle, panic, instill fear, and exert compliance to irrational and ineffective COVID measures from the Plaintiffs and others. The Plaintiffs state and the fact is, that these measures were up-stepped after a Canadian survey was released that revealed, **inter alia**, that:
- (a) 50% of Canadians did not believe Justin Trudeau was being honest about the COVID-Measures ;
 - (b) 16% of the Canadians believe that the COVID-Measures are being used to effect mandatory vaccination and contract tracing and other surveillance;
 - (c) 19% of the Canadians do not believe that COVID-19 is no more harmful than a common flu; and
 - (d) 7% of the Canadians believe that COVID-19 does not exist at all and is being mis-used as pretext for other, ulterior motives.

118. On **June 3rd, 2020** Federal Minister of Transport, Omar Alghabra, announced that face-masks are required by **all**, when taking public transportation in Canada whether by plane, train, ship, or transit.
119. Between **April 1st and June 15th, 2020** the Canadian Civil Liberties Association (CCLA) reports that approximately 10,000 Covid related charges were laid across Canada.
120. **On June 17th, 2020**, the Toronto Hospital for Sick Children, considered the world's Premier Children's hospital completed an advisory report, publicly released days later, to the Minister of Health and Education, with respect to recommendations for the re-opening of school in September, 2020. The report was prepared by two experts (in Virology) , upon the **contribution and review** of another **twenty (20)** experts as well as the "SickKids Family Advisory Networks". The 11-page report is resound and clear on the facts stat:
- (a) Children are at extremely **low** risk when it comes to COVID-19;
 - (b) Schools should re-pen in a normal setting in September, 2020 in Ontario;
 - (c) That **no** mask should be worn by children because of no evidence of effectiveness and in fact masks pose a health risk for children;
 - (d) Social distancing should not be employed; and
 - (e) That masks and social distancing pose significant physical and psychological health risks to children.²⁴

²⁴ "COVID-19: Recommendations for School Re-opening", Toronto Hospital for Sick Children, Report dated June 17th, 2020.

121. **On June 23rd, 2020**, the Justice Centre for Constitutional Freedoms calls for, in a 69-page report, an end to the lock-down measures based on an analysis of the lack of medical and scientific evidence for their imposition and the infliction of unwarranted and severe **Charter** violations.²⁵
122. **On June 26th, 2020**, Sweden’s COVID-19 expert, Anders Tegnell, blasted the WHO’S response to COVID-19 and states that the “world went crazy” and further stingingly criticized the WHO as “mis-interpreting data” in branding Sweden as one of eleven (11) countries who are seeing a “resurgence” in COVID-19 cases. The Plaintiff state, and the fact is, that Sweden was one of the few countries in the World who did **not** adopt, wholesale, the WHO protocol and in fact faired much better then the countries who did, including Canada, in that there was no economic shut-down in Sweden. Dr. Tegnell further stated that the lockdowns “fly in the face of what is known about handling virus pandemics.”²⁶
123. **On June 30th, 2020**, the Ontario Civil Liberties Association called for the extraordinary step, calling on the public to engage in “civil disobedience” of the masking By-Laws, based on the overwhelming scientific and medical evidence, that masks are ineffective and pose health risks.

²⁵ “Unprecedented and unjustified: a **Charter** Analysis of Ontario’s Response to COVID-19” June 22nd, 2020.

²⁶ “Daily Mail Online”, Daily Mail.com, June 26th, 2020

124. **As of June 23rd**, 2021 it has come to light that a Portugal court ruling revealed that only 0.9% of ‘verified cases’ died of COVID, numbering 152, not the 17,000 deaths that have been claimed²⁷
125. Since the summer of 2020, to the present, the saturated criticism of the Covid measures, from the world scientific, medical and legal community has been overwhelming, with an avalanche of peer-reviewed studies that indicate that: lockdowns do not work; masks do not work; social distancing does not work. As well as Public Health Officers, including Bonnie HENRY, warning that the Covid-19 “vaccines” will **not** ensure immunity, will further not prevent re-transmission of the virus to and from the people vaccinated.
126. Meanwhile, from the summer of 2020, to the present, the avalanche of the preponderance of the scientific and medical evidence also clearly demonstrates that the harms, including the death-toll, from the measures themselves exponentially **far** out-numbers the harm and deaths from the virus.
127. The Plaintiffs state, and the fact is, that the lockdowns themselves, of schools and businesses, and to independent business, and that community is that their lockdowns are both unnecessary, ineffective, and wholesale destructive.

²⁷ <https://americasfrontlinedoctors.org/frontlinenews/lisbon-court-rules-only-0-9-of-verified-cases-died-of-covid-numbering-152-not-17000-claimed/>

- **B/ THE COVID-19 MEASURES**

- **Federal Measures**

128. On or about March 17th, 2020 Justin Trudeau announces a lock-down and invoked the following legislation with respect to “pandemic”:

- a) The **Federal Quarantine Act**, stipulating the lock-down of flights to Canada, and that Canadians returning to Canada, self-isolate and quarantine themselves for a 14- day period;
- b) Various pieces of legislation setting out financial assistance for various persons and sectors.

Trudeau further and effectively shut down Parliament. Parliament has only “convened”, sparingly, to pass spending measures, with an amputated, hand-picked, selection of 25 MPs, notwithstanding that technology such as “Zoom”, exists to accommodate and convene the entire Parliamentary contingency of the 338 MPs, to date it has not happened. Parliamentary Communities rested in a legislative coma until April, 2020, where after some sit virtually.

129. Justin Trudeau held (holds) daily press conferences to “inform” Canadians, and further issues decrees and orders, such as “stay home”, which decrees and fiats have no legal effect, notwithstanding, that they were acted upon by Municipal and Provincial enforcement officers, but at that no time has the Federal Parliament invoked the Federal **Emergencies Act** .

- **Provincial Measures**

130. In British Columbia, the government followed suit as set out below.
131. On **March 17, 2020**, Bonnie Henry issued a notice under purportedly the *Public Health Act (the "PHA")* that the transmission of the infectious agent SARS-CoV-2, had caused cases and outbreaks of an illness known as COVID-19 in British Columbia.
132. On March 18, 2020, the British Columbia Provincial Government declared a "state of emergency" under the *Emergency Program Act [RSBC 1996] c.111*.
133. The declaration of a public health emergency further purports to empower Bonnie Henry (the Chief Provincial Health Officer), to issue verbal orders that had immediate effect.
134. The purported rationale for the emergency in the period between January 1st to March 31st, 2020, was that there were three (3) reported deaths attributed to the COVID-19 virus in Canada. Two (2) in Ontario, and one (1) in British Columbia.
135. In the following months, the mortality rate attributed to COVID-19 increased but was mainly concentrated in care home facilities, and especially those that were understaffed and without sufficient medical supplies, just like every other previous year where the elderly die, in similar numbers, from the complications of yearly influenza.
136. In its "emergency" response, the Provincial Government closed large sectors of the British Columbia economy: closing restaurants, fitness facilities, shopping centres, religious and other peaceful gatherings, issued travel bans, cancelled

medical treatments, as well as purported to prohibit constitutionally protected association and assembly for protests.

137. While hospitals prepared for an influx of COVID-19 patients, many medical procedures and operations were cancelled under the Provincial Government's directives. As a result, many died from cancelled surgeries and non-seeking of medical treatment. However, the high number of intensive care COVID-19 patients did not materialize. Most people infected with COVID-19 experienced mild to moderate influenza-like symptoms that dissipated quickly.
138. By **June 24, 2020**, the British Columbia Provincial Government and Public Health Officer's restrictions on non-essential travel, hotels, and film industries were lifted. By **September 2020**, on site, and in person instruction at public schools, was reintroduced, after having been locked down.
139. The authority to exercise emergency powers under Part 5 of the *PHA* purportedly ends when the Provincial Health Officer provides notice that the emergency has passed (s. 59(1)).

- **Orders of Provincial Health Officer Bonnie Henry**

140. The Provincial Health Officer has issued more than fifty (50) orders purportedly under the authority of Part 5 of the *Public Health Act [SBC 2008] c. 28*, including verbal orders (the "PHA Orders").
141. Most of the Provincial Health Officer's *Public Health Act [SBC 2008] c. 28* Orders do not reference the medical or scientific basis for issuing the order and do not satisfy the requirements of s. 52 of the *Public Health Act [SBC 2008] c.*

28, and further constitute the constitutional violation of “dispensing with Parliament under the pretext of Royal Prerogative”. In a word, Bonnie Henry is illegally and unconstitutionally acting and governing as if she were the Queen.

132. Order of the Provincial Health Officer, Bonnie Henry, was issued on February 5th, 2021.
133. Order of the Provincial Health Officer was issued on April 21st, 2021.
134. Order of the Provincial Health Officer dated June 30th, 2021.
134. In British Columbia, like elsewhere, the deaths caused by the **covid-measures themselves** far outnumber the deaths purportedly caused by Covid-19.
142. Despite the relatively low number of persons infected by COVID-19 in British Columbia, the Public Health Officer failed to provide notice that the emergency had passed and the Lieutenant Governor in Council continued to extend the emergency declaration under *EPA*, through a series of indefinite and unjustified extensions to the present day.
143. British Columbia is currently in the longest state of “emergency” in its history.
 - **Ministerial Orders**
144. Furthermore, As of **June 17, 2020**, the British Columbia Provincial Government had issued thirty(30) orders under the authority of s. 10(1) of the ***Emergency Program Act [RSBC 1996] c.111***, including orders that were later repealed and replaced. More orders have been issued since then. All of the orders issued

by the Minister contain provisions stating that they apply only for so long as the declaration of the state of emergency is in effect, which has, to date, been in perpetuity.

145. Most of the Provincial Government's orders do not reference a specific subparagraph under s. 10(1) but instead rely on the general provision in s. 10(1) that the Minister may "do all acts and implement all procedures necessary to prevent, respond to or alleviate the effects of any emergency or disaster.", without specifying the "effects" and how those "effects" justify the state of emergency.
146. The Plaintiffs state, and fact is, that reality is that either all or most of the Ministerial orders were not necessary to "prevent, respond or alleviate" any of the effects of COVID-19 to the population of British Columbia.
147. The Provincial Government also failed to establish legally binding conditions on the use of sub-delegated powers to suspend, waive or otherwise alter statutory provisions for the following Ministerial orders and subsequent orders replacing them:
 - a) Ministerial Order M083 which issued on March 26, 2020, after the initial declaration of a provincial state of emergency. This order applied to municipalities, regional districts and the City of Vancouver. Ministerial Order M083 was repealed and replaced by a new order on May 1, 2020, M139, subsequently in turn repealed and replaced by a new order, M192, on June 17, 2020.

- b) M139, Local Government Meetings and Bylaw Process (COVID-19) Order No. 2, which repealed and replaced M083, Local Government Meetings and Bylaw Process (COVID-19) Order;
- c) Ministerial Order M089, Residential Tenancy (COVID-19) Order, 30 March 2020.
- d) Ministerial Order M179, Commercial Tenancy (COVID-19) Order, 29 May 2020;
- e) Ministerial Order M416, Food Liquor premises, Gatherings and Events (COVID-19) Order No. 2;
- f) Ministerial order M425 was issued on November 24th, 2020;
- g) Ministerial Order M172 was issued on April 21st, 2021.

141. Indeed, the Ministerial Orders and ***Public Health Act [SBC 2008] c. 28*** Orders (collectively, the “orders”) were and continue to be, inconsistent, contradictory, and contrary to reasonably established medical and scientific principles and research, and do not satisfy the requirements of s. 9 of the ***Emergency Program Act [RSBC 1996] c.111*** and s. 52 of the ***Public Health Act [SBC 2008] c. 28***, including for, but not limited to, the following reasons:

- (a) discouraging the public from wearing masks on the basis that they were ineffective;

- (b) mandating that masks be worn in public places;
- (c) closing in-house dining but permitting take-out;
- (d) not mandating that cooks in public dining establishments wear masks while preparing food for take-out;
- (e) allowing in-house dining for groups of the same household, that could sit next to groups of different households;
- (f) failing to enforce these orders;
- (g) allowing shopping in large warehouse grocery and "big box" franchises such as Walmart, Costco, and others (the "Big Box Stores");
- (h) prohibiting and interfering with religious gatherings contrary to s.176 of the *Criminal Code*;
- (i) prohibiting peaceful gatherings if unrelated to work contrary to constitutional rights as set out below in the within Notice;
- (j) limiting shopping in shopping malls;
- (k) prohibiting certain travel throughout British Columbia but allowing travelers from other provinces to travel within British Columbia;

- (l) admitting that the limit on the size of gatherings is arbitrary and was never grounded in science.

142. The effects of these restrictions placed on the Plaintiffs and other British Columbians, have caused damage disproportionate to any threat posed by COVID-19, including but not limited to the following:

- (a) Significant increase in overdose deaths. For example, approximately five people die per day in British Columbia due to an overdose, which is more than the number of people attributed to COVID-19 related deaths in British Columbia;
- (b) Increase in suicide rates;
- (c) Increase in depression and mental-health illness;
- (d) Loss of gainful employment;
- (e) Increase in domestic violence, including child battery;
- (f) Increase in bankruptcies and foreclosures;
- (g) Increase in divorces and deteriorations in personal relationships;
- (h) Decrease in critical services for the homeless and low income;
- (i) Increase in deaths due to medical treatments/surgeries being denied. 40% increase in cancer deaths forecasted as people were too fearful to see their physician to receive early diagnosis;
- (j) Increase in insurance premiums;
- (k) Such other effects as may be proved at trial.

143. The Plaintiffs state, and fact is, that placing this in perspective, in 2018, three-

hundred and fourteen (314) British Columbians died in motor vehicle incidents. In 2019, nine-hundred and eighty-four (984) people died from illicit drug use in British Columbia and in 2020, one-thousand, five-hundred and forty-eight (1,548) people died from illicit drug use.

144. In contrast, there were 678 deaths in British Columbia attributed to COVID-19 by the end of week 50 in 2020.
145. The Plaintiffs state, and fact is, that ten-fold times more people are dying from the Covid measures than from Covid-19 itself.
146. This kind of economic harm has impacted and will continue to impact British Columbians and all those who do business in British Columbia for decades by making British Columbian goods and services less competitive in the global marketplace.
147. The Plaintiffs, like many British Columbians, have experienced, and continue to experience, severe economic hardship as a result of the Orders.
148. Meanwhile the Provincial Government, the Provincial Health Officer, and her staff continue to enjoy economic security through salaries, other benefits, and pensions. All government salaries, other benefits, and pensions are at public expense and far less subject to market conditions than the millions of British Columbians' lack of economic security caused by the continued state of "emergency".
149. Neither the Provincial Government nor the Public Health Officer to-date have conducted a risk assessment to assess the likelihood and severity of the

negative consequences of the Orders, including those negative outcomes to economic, physical, emotional, and mental wellbeing mentioned but not limited to the Restriction Effects.

150. The net, summary effect, of the orders contained above are as follows:
- (a) Ordering the shut-down of all business, except for ‘essential’ businesses which were tied to food, medicine, doctors, and hospitals;
 - (b) A ‘social distancing’ of two (2) meters;
 - (c) No ‘public gathering’ of more than five (5) persons, who are unrelated, with ‘social distancing’ of two (2) meters, which was later increased to ten (10) persons;
 - (d) Restaurant and bar shut-downs, except for take-out service;
 - (e) The physical closure of all public and private schools, daycares, and universities;
 - (f) The mandatory use of face-masks, mandated by the Ministry of Health, to all the Medical Regulatory Medical Services Colleges, to direct all their licensed members to impose mandatory masking of all patients, employees, and members, in their place of work;
 - (g) The shut-down of all park amenities including all play-grounds and facilities for children;

- (h) The elimination of one-on-one, and all other programs for special-needs children, and those suffering from neurological and physical disabilities;
- (i) Banning all public gatherings over five (5) persons, notwithstanding a social distancing of two (2) meters, including the banning of religious services, including a restriction on marriages, funerals, and other religious actions and ritual and rites.

151. On May 21st, 2021, Dr. Bonnie Henry, and her department announced the availability of the Covid vaccines for twelve (12) to seventeen (17) year olds, without the need for their parents' consent, notwithstanding:

- (a) That the Vaccines have NOT undergone required trial and safety protocols but were all made under and “emergency” basis;
- (b) That there has NOT been a recorded death or life-threatening case of any twelve (12) to seventeen (17) year old in Canada;
- (c) That twelve (12) to seventeen (17) year olds are not at risk of Covid-19;
- (d) That, in the absence of informed consent, it constitutes medical experimentation and thus constituted a “crime against humanity” emanating from the Nuremberg trials, and principles following the medical experimentations by the Nazi regime and codified in Canada, as a Criminal act, pursuant to the *War Crime and Crimes Against Humanity Act*;

- (e) And that on June 5th, 2021 Dr. Joss Reimer, Medical Lead for the Manitoba Vaccine Implementation Task Force, in asserting that the various vaccines can be mixed, publicly declared that the Covid-19 vaccinations are a “big human experiment”;
- (f) That many twelve (12) to seventeen (17) year olds do not possess the intellectual capacity to give informed consent;
- (g) And by doing so Dr. Bonnie Henry, and the Province of British Columbia are violating the s.7 *Charter* protected right of the parent-child relationship and in contempt and subversion of the “mature minor” doctrine of the *Supreme Court of Canada*.

- **Reckless and Unlawful Statements and Actions of Leaders**

152. The Plaintiffs state, and the fact is, that Trudeau, and the other Co-Defendants reckless in their groundless, ignorant, and arrogant dictates, without legal basis, so as to cause and instill a general atmosphere of fear, panic and confusion. Such decrees by Trudeau, and others, including Henry, included, but are not restricted to the following:

- (a) With respect to Prime Minister Justine Trudeau, he made the following (mis)statements, for example:
 - (i) Prime Minister Justin Trudeau told Canadians: **“People should be staying home, self-isolating with family.”**²⁸

²⁸ Retrieved at : <https://ottawacitizen.com/news/local-news/covid-19-confirmed-cases-latest-news-and-other-developments-in-ottawa/>

- (ii) **“We’ve all seen the pictures of people online who seem to think they’re invincible,”** Trudeau said. **“Well, they’re not. Go home and stay home.”**²⁹
- (iii) Justin Trudeau has issued a stern warning to Canadians who ignore social distancing advice, telling citizens to **“go home and stay home!”** – and leaving open the possibility his government could take more extreme measures as the number of confirmed coronavirus cases continues to rise.³⁰
- (iv) **“To all the kids out there, who can’t go on play dates** or on spring break vacation...I know this is a big change, but we have to do this for our grandparents and for the nurses and doctors in hospitals.”³¹
- (v) **“So, to everyone, stay at home,** and no matter what stay 2 meters apart, if you do have to go out. When it gets hard let’s remember we are all in this together.” (24:35) **“...how important it is not just for ourselves, but for our loved ones and health care workers, for our seniors, that we stay home,** that we stay 2 meters apart, as much as we can and that we continue to wash our hands regularly.” (30:12)³²
- (vi) **“I know it is tough to stay home, especially as the weather gets nicer. If you have kids, it is even tougher, but to get back outside and running around the playground and park as soon as possible, you need to keep them inside for a little longer.** (10:22)³³
- (vii) **“...but I can tell you that we know it is very difficult situation for Canadians. There are very challenging projections out there that will emphasize how important it is for all of us to do our part, to stay home,** to keep ourselves safe, to keep our loved ones safe and get through this...”(42:26)³⁴
- (viii) More and more Canadians are avoiding public spaces. If your friends or family members are still going to parks and playgrounds, they are risking lives. Tell them to stop.³⁵

²⁹ Retrieved at: https://www.vice.com/en_ca/article/g5xng4/coronavirus-updates-canada-ottawa-and-justin-trudeau-may-jail-and-fine-people-to-keep-them-home

³⁰ Retrieved at: <https://www.theguardian.com/world/2020/mar/23/justin-trudeau-canada-coronavirus-stay-home>

³¹ <https://www.richmond-news.com/news/trudeau-dodges-covid-19-lockdown-appeals-1.24103564>

³² Retrieved at: <https://www.youtube.com/watch?v=76iqxbZz4X8>

³³ Retrieved at: <https://www.youtube.com/watch?v=A3GDk8uHv5A>

³⁴ Retrieved at: <https://www.youtube.com/watch?v=mfAa0vLtn8>

³⁵ https://pbs.twimg.com/media/EVf0_maXkAE7qBg.jpg

- (ix) On the topic of Asymptomatic viral shed contradiction puts to questions the merit of social distancing among healthy people: A reporter asks Mr. Trudeau, after his wife had been tested positive for coronavirus, what kind of advice he had received from medical doctors.

“In terms of advice I have gotten from medical professionals, it was explained to me that **as long as I do not show any symptoms at all, there is no value in having me tested.**” (15:30) A reporter asks about the possibility of transmission to other members of the cabinet, 17:02 “According to Health Officials **the fact that I have expressed no symptoms means that anyone that I engaged with throughout this week has not been put at risk** (17:12)³⁶

- (b) While Trudeau made the above-noted comments and decrees, **without legal basis whatsoever**, and further contradicted actual Provincial laws, Trudeau, all the while breaks social distancing Provincial Laws by:

- (i) On March 29, 2020 ; **Dr. Theresa Tam**, the **Chief Public**

Health Officer of Canada:

“Urban dwellers/Cottagers should RESIST THE URGE to head to the cottage and rural properties as these communities have less capacity to manage COVID19.”

- (ii) On April 1st, 2020 the government of Quebec introduced strict **travel restrictions** across the province, including police checkpoints to prevent unnecessary travel in and out of Quebec.

³⁶ Retrieved at: <https://www.youtube.com/watch?v=SjEgtT98jqk>

(iii) Shortly after **calling on Canadians to “stay home”** and “Skype that big family dinner,” Trudeau crossed the provincial border from Ottawa into Quebec on Easter Weekend to visit his wife and three children who had been living at their Harrington Lake cottage since **March 29**, 2020.³⁷

(c) With respect to Premier Doug Ford of Ontario:

(i) Premier Ford tells business they can refuse customers that will not wear a mask.

"Any business has the right to refuse anyone. That's their business," Ford said on a teleconference last week. Despite the fact that no mandatory masks order was in place, and contrary to the legal opinion of the Canadian Civil Liberties Association (CCLA);³⁸

(ii) Ford tells people to stay away from their cottages but goes to visit his own cottage;³⁹

(iii) Doug Ford has over his two daughters, and family, who each live in different households for a total of 6 – violating 5 person maximum orders.⁴⁰

³⁷ Retrieved at <https://globalnews.ca/news/6815936/coronavirus-justin-trudeau-andrew-scheer-easter-travel/>

³⁸ https://www.cambridgetimes.ca/news-story/9994798-doug-ford-says-businesses-can-refuse-anyone-not-wearing-a-mask-but-rights-watchdog-says-not-so-fast/?BritishColumbiaid=iwar2_ba_3eddfpm0shzqpnht6fmhw0yifualjugjrnxczcvj_70gfwodqla
https://www.inbrampton.com/no-mask-no-service-businesses-have-the-right-to-require-masks-on-customers?BritishColumbiaid=lwAR2UMCjwOtylXU898j_EwlnBr1nuqiM7TjxJDs6ECz5tACPAHFmipGiHB7c

³⁹ <https://toronto.citynews.ca/2020/05/08/ford-cottage-coronavirus/>

⁴⁰ <https://www.cbc.ca/news/canada/toronto/ford-physical-distancing-daughters-1.5564756>

- (d) With respect to Toronto Mayor John Tory:
- (i) **On April 19, 2020:** numerous photos of social distancing violations during a parade to salute health care workers (pictured standing shoulder to shoulder down University Ave.)⁴¹
 - (ii) May 23: Here is Tory violating social distancing rules and modeling counterproductive mask use at Trinity Bellwoods park, where **thousands** had gathered;⁴²
- (e) With respect to Bonnie Henry, by imposing lock-down measures but exempting wine-tasting at wineries, because Henry owns a winery which begs the question: if you can stand and wine taste at her winery, why can you not taste at a bar?
- (f) With respect to Jagmeet Singh,
- (g) With respect to Jason Kenney,
- (h) With respect to Mike Farnworth,
- (i) With respect to John Horgan,

153. The Plaintiffs state, and the fact is, that the various leaders are fast and loose with ignoring their own rules, contrary to law, and ignoring the actual rules implemented, because they know the measures are false and ineffective and that the virus is no more dangerous than a seasonal viral respiratory illness. This further holds true for Neil Ferguson who put out the false modeling early on, in

⁴¹ Retrieved from: <https://www.cbc.ca/news/canada/toronto/toronto-salutes-health-care-workers-covid19-1.5537982>

⁴² retrieved at: <https://www.cp24.com/video?clipId=1964623>

March 2020, and who had to resign his post in the UK for breaching the Rules.

Other examples of such reckless behaviour and statements include:

(a) British Columbia Premier John Horgan has made statements referring to British Columbia citizens as “selfish”, telling those who hold a masking exemption to “Buy a Boat”, as opposed to exercising their exemption to ride the BC Ferries. He has also used methods of guilt-tripping, and fear-mongering to encourage compliance above consent: “It does disappoint me that British Columbians are disregarding good advice,” even making further threats to treat citizens in a matter akin to cattle: “The challenge is personal behaviour,” he said, then added by way of warning: “We don’t want to use a stick.” And has also gaslighted women, “Pregnant **people** are now a priority population to get their vaccine. All Health Canada - approved vaccines are safe and effective, including for **people** who are pregnant.”, and young people, who have been proven to exhibit the lowest risks for contracting deadly cases of Covid-19, “the cohort from 20 -29 was not paying attention to the Covid broadcasts,” “Do not blow this for the rest of us”.

(b) Public Safety Minister Mike Farnworth has been quoted making bigoted, threatening, and condescending statements toward British Columbia citizens.

"Shut up, grow up and mask up,"

“These irresponsible idiots need to look in the mirror,”

"They are the problem and the sooner we get this curve bent down, the sooner we get COVID under control, then they can go back to their narcissistic self-indulgent ways - but until that time, they don't have the right to endanger the health of the public."

154. The Plaintiff states, and fact is, that Horgan has no clue, and is wholly unqualified, and has not, assessed the "well accepted science" and "advice", and same holds for Farnworth and TRUDEAU, all of whom simply follow one singular dogma from the WHO, while refusing to disclose the "science", its substance or source, and what "advice" is being given by whom to them all-the-while ignore vast pool of experts who state that the measures are **NOT** warranted;

(c) Andrew Scheer and family, Elizabeth May, and Liberal Cabinet Minister ignore social distancing orders:

"Parliamentarians packed onto a small nine-seat government jet last week — ignoring pandemic health guidelines to maintain a distance of two meters from others — in their haste to reach Ottawa for a vote on federal emergency economic legislation that passed on Saturday. Green Party Leader Elizabeth May, who lives in British Columbia, boarded the Challenger jet along with Liberal British Columbia cabinet minister Carla Qualtrough, Conservative Opposition Leader Andrew Scheer, his wife and their five children last Friday — filling all seats on the aircraft."⁴³

⁴³ Retrieved from: <https://www.cbc.ca/news/politics/challenger-flight-may-scheer-qualtrough-1.5530542>

- (d) Dr. Bonnie Henry, British Columbia Provincial Health Officer allows gatherings of 50 and when challenged on conflicting figures from across Canada confirm “None of these are based on scientific evidence.”⁴⁴
- (e) Dr. Yaffe: Ontario's Associate Chief Officer of Health Dr. Yaffe caught blatantly violating the social-distancing rules, just minutes after the premier said that based on public-health officials' advice we'll have to stay on lock-down for an indefinite period.⁴⁵ No such indefinite “lock-down” was mandated by any law.
- (f) Dr. Bonnie Henry: Bonnie Henry was caught taking a helicopter trip, while unmasked over the 2021 Easter long weekend, in violation of her own mandates limiting intra-provincial travel over the holiday. Bonnie Henry also continued to allow wine tastings during the time period that provincial ministerial orders in British Columbia prohibited restaurants, bars, and pubs from allowing indoor dining. Bonnie Henry is a part-owner of the Clos du Soleil winery in Keremios, British Columbia.

155. The Plaintiffs state, and the fact is, that the illegal actions, and decrees issued by The Defendants and other public officials were done, in abuse and excess of their offices, knowingly to propagate a groundless and falsely-declared ‘pandemic’, and generate fear and confusion on the ground, not only with citizens, but further, and moreover, with enforcement officials who are pursuing,

⁴⁴ Retrieved at: <https://www.1043thebreeze.ca/2020/04/01/British-Columbia-not-budging-on-50-person-limit-restriction/>

⁴⁵ <https://twitter.com/RosemaryFreiTO/status/1254908247322083331>

detaining, ticketing for perfectly legal conduct, because of the contradictory laws, and conduct of these public officials. All the while, their own personal conduct clearly manifests a knowledge that the ‘pandemic’ is false, and the measures phony, designed and implemented for improper and ulterior purposes, at the behest of the WHO, controlled and directed by Billionaire, Corporate, and Organizational Global Oligarchs.

• **C/ IGNORING AND FAILING TO ADDRESS MEDICAL EXPERTS’ EVIDENCE**

• **The Nature of Viral Respiratory Illness (or Disease) and COVID-19**

156. From the on-set of the declared emergency, and shortly thereafter up to the summer of 2020, experts such as Dr. Denis RANCOURT, Ph.D., set out that the scientific preponderance of the evidence which contradicted and criticized the measures invoked, as set out below, and the fact is that, as is borne out by vast preponderance of medical and scientific study, that regardless of the novel viral specification (“strain”), viral strains which lead to Seasonal Viral Respiratory Illness (Diseases) annually follow the same pattern, namely:

- (a) That classifying causes of death by “influenza” or “influenza-related”, or “pneumonia” is unhelpful and unreliable in the face of under-lying chronic diseases, particularly in the elderly (co-morbidity”);
- (b) That what is of more and central relevance is simply the total number of excess deaths during a viral strain season;

(c) That the year-to-year winter-burden (excess) mortality in mid- latitude nations is robustly regular, with respect to Seasonal Viral Respiratory illness due to the following:

- (i) The absolute humidity which directly controls the impact of the transmission of airborne, pathogen-laden aerosol particle droplets;
- (ii) In mid-latitude countries, on either side of the Equator, “Flu-season” emerges in the late fall-winter months, owing to the dry, humidity-free, air which allows the pathogen-laden aerosol particles to travel freely and effectively to infect and be transmitted from person to person which phenomenon occurs on both sides of the Equator, at different times on the calendar year, given the reversal of the seasons on the opposite sides of the Equator;
- (iii) As the temperature rises, and humidity content in the air increases, the incident of transmission is reduced.⁴⁶ In tropical year-round hot climates this phenomenon is not generally in play. Nor is it at play in extreme cold climates towards both North and South Poles.

157. The Plaintiffs further state, and the fact is, as reflected in the scientific and medical literature that:

- (a) The above means that all the viral respiratory diseases that seasonally plague temporal-climate populations every year are extremely contagious

⁴⁶ “All-Cause Mortality during COVID-19”. Denis G. RANCOURT PhD., June 2nd, 2020, and all cited scientific and medical studies therein.

for two reasons: (1) they are transmitted by small aerosol particles that are part of the fluid air and fill virtually all enclosed air spaces occupied by humans, and (2) a single such aerosol particle carries the minimal infective dose (MID) sufficient to cause infection in a person, if breathed into the lungs, where the infection is initiated.

(b) This is why the pattern of all-cause mortality is so robustly stable and distributed globally, if we admit that the majority of the burden is induced by viral respiratory diseases, while being relatively insensitive to the particular seasonal viral ecology for this operational class of viruses. This also explains why the pattern is inverted between the Northern and Southern hemispheres, irrespective of tourist and business air travel and so on.

(c) The data shows that there is a persistent and regular pattern of winter-burden mortality that is independent of the details, and that has a well constrained distribution of year to year number of excess deaths (approximately 8% to 11% of the total yearly mortality, in the USA, 1972 through 1993). Despite all the talk of epidemics and pandemics and novel viruses, the pattern is robustly constant.

(d) An anomaly worthy of panic, and of harmful global socio-economic engineering, would need to consist of a naturally caused yearly winter-burden mortality that is statistically greater than the norm. That has not occurred since the unique flu pandemic of 1918 (the “Spanish Influenza”).

Covid-19 is no exception and no more virulent than all others apart from the influenza pandemic of 1918.

(e) Scientific studies show that the three recent epidemics assigned as pandemics, the H2N2 pandemic of 1957, the H3N2 pandemic of 1968, and the H1N1 pandemic of 2009, were not more virulent (in terms of yearly winter-burden mortality) than the regular seasonal epidemics . In fact, scientific studies further show that the epidemic of 1951 was concluded to be more deadly, on the basis of P&I data, in England, Wales and Canada, than the pandemics of 1957 and 1968).⁴⁷

- **Contrary Views of the Experts to WHO protocol**

158. The Plaintiffs further state that the COVID-19 measures have in fact accelerated, and caused more than would be normal deaths, and in the elderly population, which has accounted for 81% of the deaths with respect to COVID-19, mostly in Long-Term Care facilities.⁴⁸

159. The Plaintiffs state and fact is that these Defendants, while purportedly relying on “advice” from their medical officers, are not transparent as to what the advice was, nor the scientific/ medical basis was, and in fact suppressing it. In fact, to date, they refuse to disclose where they are ultimately getting this ‘advice’’, and from whom, based on what medical evidence. The fact is that they are simply parroting the “advice” and dictates of the WHO without any scrutiny whatsoever,

⁴⁷ “All-Cause Mortality during COVID-19”. Denis G. RANCOURT PH.D., June 2nd, 2020, and all cited scientific and medical studies therein.

⁴⁸ “All-Cause Mortality during COVID-19”. Denis G. RANCOURT PH.D., June 2nd, 2020, and all cited scientific and medical studies therein.

and without ever addressing nor recognizing Canadian and international experts who took, and continue to take, a contrary view and criticism of those directives from the WHO.

160. The Plaintiffs state that such experts include, early on, but are not restricted to:
- (a) **Dr Sucharit Bhakdi**, a specialist in microbiology. He was a professor at the Johannes Gutenberg University in Mainz, Germany, and head of the Institute for Medical Microbiology and Hygiene and one of the most cited research scientists in German history.
 - (b) **Dr Wolfgang Wodarg**, a German physician specializing in Pulmonology, politician and former chairman of the Parliamentary Assembly of the Council of Europe. In 2009 he called for an inquiry into alleged conflicts of interest surrounding the EU response to the Swine Flu pandemic.
 - (c) **Dr Joel Kettner**, a professor of Community Health Sciences and Surgery at Manitoba University, former Chief Public Health Officer for Manitoba province and Medical Director of the International Centre for Infectious Diseases.
 - (d) **Dr John Ioannidis**, a Professor of Medicine, of Health Research and Policy and of Biomedical Data Science, at Stanford University School of Medicine and a Professor of Statistics at Stanford University School of Humanities and Sciences. He is director of the Stanford Prevention Research Center, and co-director of the Meta-Research Innovation Center at Stanford (METRICS).

- (e) **Dr Yoram Lass**, an Israeli physician, politician and former Director General of the Health Ministry. He also worked as Associate Dean of the Tel Aviv University Medical School and during the 1980s presented the science-based television show Tatzpit.
- (f) **Dr Pietro Vernazza** , a Swiss physician specializing in Infectious Diseases at the Cantonal Hospital St. Gallen and Professor of Health Policy.
- (g) **Frank Ulrich Montgomery** ,a German radiologist, former President of the German Medical Association and Deputy Chairman of the World Medical Association.
- (h) **Prof. Hendrik Streeck**, a German HIV researcher, epidemiologist and clinical trialist. He is professor of virology, and the director of the Institute of Virology and HIV Research, at Bonn University.
- (i) **Dr Yanis Roussel et. al.** – A team of researchers from the Institut Hospitalo-universitaire Méditerranée Infection, Marseille and the Institut de Recherche pour le Développement, Assistance Publique-Hôpitaux de Marseille, conducting a peer-reviewed study on Coronavirus mortality for the government of France under the ‘Investments for the Future’ programme.
- (j) **Dr. David Katz** , an American physician and founding director of the Yale University Prevention Research Center.

(k) **Michael T. Osterholm**, a regents professor and director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

(l) **Dr Peter Goetzsche** , a Professor of Clinical Research Design and Analysis at the University of Copenhagen and founder of the Cochrane Medical Collaboration.⁴⁹

And the Plaintiffs state, and fact is, that the above-noted experts are not alone in their contrary views and criticisms, but merely examples of a much bigger body of experts who take the same views, which contradict and criticize the WHO and current measures adopted by Canada and British Columbia.

161. These experts have expressed, early on, in summary, for example, the following opinions:

(a) By **Dr. Sucharit Bhakdi**:

“[that The government’s anti-COVID19 measures] are grotesque, absurd and very dangerous [...] The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society. All these measures are leading to self-destruction and collective suicide based on nothing but a spook.”

⁴⁹ <https://www.fort-russ.com/2020/03/coronavirus-skepticism-these-12-leading-medical-experts-contradict-the-official-government-media-narrative/>
https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/?__cf_chl_jschl_tk__=337111ad6d6d902b24b4e099f5281c65e3e4b9f4-1585388282-0-Af0o_edKyUgbHvh1VcWNkl9pmmKmNDple3t8p8AzOfNSL3KMq2f_1tyTqyj4i1RlgmD_uDh8P8ulAs_zAhs_nKe8fMcIO8scdWTV4Jf5xpZtzHt3Hg5mrz4twiZSnTJ3tojWZUi6Vu4pAcnuDnaZ4WVv7Da0CcEh38A0GuO5trR0zZOfPrwpXW5P7QIRjcNju5ST6yX4Ev7A09GNLFQRi bRI8X1HgEpCzf5fPIQtOchyiX9wWUG-oM4wlgZqVvKDyUdHNQO1ZpMAXQFtOaEb9VeapKfqawhowADQDFU00X9yL8VLExpR33YwWjprD7_zYCdPsl6xIOAZ06Js3balu9t35M7s2F9IrPgZUR0W5&fBritishColumbiaid=lwAR0ZWY2bg8_Hioqtuj-5xuOP8zKS-ds2-OqPxNL3MARzYJbwwEhrKImvnkA

(b) By **Dr Wolfgang Wodarg** that:

“what is missing right now is a rational way of looking at things. We should be asking questions like “How did you find out this virus was dangerous?”, “How was it before?”, “Didn’t we have the same thing last year?”, “Is it even something new?” That’s missing.”

(c) By **Dr Joel Kettner** that:

“I have never seen anything like this. I’m not talking about the pandemic, because I’ve seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don’t always know what they are. But I’ve never seen this reaction, and I’m trying to understand why. . . I worry about the message to the public, about the fear of coming into contact with people, being in the same space as people, shaking their hands, having meetings with people. I worry about many, many consequences related to that. . . In Hubei, in the province of Hubei, where there has been the most cases and deaths by far, the actual number of cases reported is 1 per 1000 people and the actual rate of deaths reported is 1 per 20,000. So maybe that would help to put things into perspective.”

(d) By **Dr John Ioannidis** that:

“Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future. . . The one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantine passengers. The **case fatality rate there was 1.0%**, but this was a largely elderly population, in which the death rate from Covid-19 is much higher. . . .Could the Covid-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates as high as 8% when they infect elderly people in nursing homes. If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to

“influenza-like illness” would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average. . . .“A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data”, *Stat News*, 17th March 2020.”

(e) **By Dr Yoram Lass** that:

“Italy is known for its enormous morbidity in respiratory problems, more than three times any other European country. In the US about 40,000 people die in a regular flu season. . . .In every country, more people die from regular flu compared with we all forget: the swine flu in 2009. That was a virus that reached the world from Mexico and until today there is no vaccination against it. But what? At that time there was no Facebook or there maybe was but it was still in its infancy. The coronavirus, in contrast, is a virus with public relations. . . .Whoever thinks that governments end viruses is wrong. – Interview in *Globes*, March 22nd 2020.”

(f) **By Dr Pietro Vernazza** that:

“We have reliable figures from Italy and a work by epidemiologists, which has been published in the renowned science journal *Science*, which examined the spread in China. This makes it clear that around 85 percent of all infections have occurred without anyone noticing the infection. 90 percent of the deceased patients are verifiably over 70 years old, 50 percent over 80 years. . . .In Italy, one in ten people diagnosed die, according to the findings of the *Science* publication, that is statistically one of every 1,000 people infected. Each individual case is tragic, but often – similar to the flu season – it affects people who are at the end of their lives. . . . **If we close the schools, we will prevent the children from quickly becoming immune. . . .We should better integrate the scientific facts into the political decisions.** – Interview in *St. Galler Tagblatt*, 22nd March 2020 .”

(g) **By Frank Ulrich Montgomery** that:

“I’m not a fan of lockdown. Anyone who imposes something like this must also say when and how to pick it up again. Since we have

to assume that the virus will be with us for a long time, I wonder when we will return to normal? You can't keep schools and daycare centers closed until the end of the year. Because it will take at least that long until we have a vaccine. Italy has imposed a lockdown and has the opposite effect. They quickly reached their capacity limits, but did not slow down the virus spread within the lockdown. – Interview in *General Anzeiger*, 18th March 2020.”

(h) By Prof. Hendrik Streeck that:

“The new pathogen is not that dangerous, it is even less dangerous than Sars-1. The special thing is that Sars-CoV-2 replicates in the upper throat area and is therefore much more infectious because the virus jumps from throat to throat, so to speak. But that is also an advantage: Because Sars-1 replicates in the deep lungs, it is not so infectious, but it definitely gets on the lungs, which makes it more dangerous. . . .You also have to take into account that the Sars-CoV-2 deaths in Germany were exclusively old people. In Heinsberg, for example, a 78-year-old man with previous illnesses died of heart failure, and that without Sars-2 lung involvement. Since he was infected, he naturally appears in the Covid 19 statistics. But the question is whether he would not have died anyway, even without Sars-2. – Interview in *Frankfurter Allgemeine*, 16th March 2020”.

(i) By Dr Yanis Roussel et. al. that:

“The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing. . . .This study compared the mortality rate of SARS-CoV-2 in OECD countries (1.3%) with the mortality rate of common coronaviruses identified in AP-HM patients (0.8%) from 1 January 2013 to 2 March 2020. Chi-squared test was performed, and the P-value was 0.11 (not significant)...it should be noted that systematic studies of other coronaviruses (but not yet for SARS-CoV-2) have found that the percentage of asymptomatic carriers is equal to or even higher than the percentage of symptomatic patients. The same data for SARS-CoV-2 may soon be available, which will further reduce the relative risk associated with this specific pathology. – “SARS-CoV-2: fear versus data”, *International Journal of Antimicrobial Agents*, 19th March 2020.”

(j) **By Dr. David Katz** that:

“I am deeply concerned that the social, economic and public health consequences of this near-total meltdown of normal life — schools and businesses closed, gatherings banned — **will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself**. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment and despair likely to result will be public health scourges of the first order. — “Is Our Fight Against Coronavirus Worse Than the Disease?”, *New York Times* 20th March 2020.”

(k) **By Michael T. Osterholm** that:

“Consider the effect of shutting down offices, schools, transportation systems, restaurants, hotels, stores, theaters, concert halls, sporting events and other venues indefinitely and leaving all of their workers unemployed and on the public dole. The likely result would be not just a depression but a complete economic breakdown, with countless permanently lost jobs, long before a vaccine is ready or natural immunity takes hold. . . [T]he best alternative will probably **entail letting those at low risk for serious disease continue to work, keep business and manufacturing operating**, and “run” society, while at the same time advising higher-risk individuals to protect themselves through physical distancing and ramping up our health-care capacity as aggressively as possible. With this battle plan, we could gradually build up immunity without destroying the financial structure on which our lives are based.

– “Facing covid-19 reality: A national lockdown is no”

cure”, *Washington Post* 21st March 2020

(l) **By Dr Peter Goetzsche** that:

“Our main problem is that no one will ever get in trouble for measures that are too draconian. They will only get in trouble if they do too little. So, our politicians and those working with public health do much more than they should do. . . .No such draconian measures were applied during the 2009 influenza pandemic, and they obviously cannot be applied every winter, which is all year

round, as it is always winter somewhere. We cannot close down the whole world permanently. . . .Should it turn out that the epidemic wanes before long, there will be a queue of people wanting to take credit for this. And we can be damned sure draconian measures will be applied again next time. But remember the joke about tigers. “Why do you blow the horn?” “To keep the tigers away.” “But there are no tigers here.” “There you see!”⁵⁰ “Corona: an epidemic of mass panic”, blog post on *Deadly Medicines* 21st March 2020

162. Expert criticism has also been levelled by Canadian experts, including:

(a) **By Dr Denis Rancourt, Ph.D.**, expert in public health and Researcher,

In stating that:

“Federal and provincial Canadian government responses to and communications about COVID-19 have been irresponsible.”“The approach being followed by governments is reckless.”“Justification for the early panic-response is not corroborated.”“Faith in epidemic-modelling of catastrophe-scenarios and mitigation strategies is not justified.”⁵¹

(b) **Dr. Richard Schabas**, Ontario’s former Chief Medical Officer who is of

the opinion that:

- “We have **fundamentally over-reacted and misjudged the magnitude of the problem.**”
- “lockdown measures are unsustainable”
- “the virus isn’t going anywhere”
- “In no country, including Italy, has the death toll come anywhere close to what we would expect in an average influenza year.” (CBC News, March 22, 2020)⁵²

⁵⁰ Another 10 experts have been added to this link. Total is 22 experts.
<https://www.europere-loaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/>

⁵¹ <http://ocla.ca/wp-content/uploads/2014/01/OCLA-Report-2020-1-Criticism-of-Government-Response-to-COVID19.pdf>

⁵² <https://www.youtube.com/watch?v=sm9alyH8x>
<https://ca.news.yahoo.com/virus-isnt-going-anywhere-says-121720522.html>

(c) Based on Dr. Richard Schabas' study of SARS and quarantine⁵³ Schabas

states:

“far more cases are out there than are being reported. This is because many cases have no symptoms and testing capacity has been limited. There have been about 100,000 cases reported to date, but, if we extrapolate from the number of reported deaths and **a presumed case-fatality rate of 0.5 per cent**, the real number is probably closer to two million – the vast majority mild or asymptomatic.”

“ **the number of deaths was comparable to an average influenza season.** That’s not nothing, but it’s not catastrophic, either, and it isn’t likely to overwhelm a competent health-care system. Not even close.” “Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. **Let’s not make our attempted cures worse than the disease.**”⁵⁴

(d) **Dr Joel Kettner** - former Chief Public Health Officer for Manitoba province; professor of **Community Health Sciences and Surgery at Manitoba University; Medical Director of the International Centre for Infectious Diseases.** In a phone interview on CBC Radio he stated:

“in 30 years of public health medicine **I have never seen anything like this**, anything anywhere near like this. I’m not talking about the pandemic, because I’ve seen 30 of them, one every year. It is called influenza. . . . But I’ve never seen this reaction, and I’m trying to understand why.

. . . **the data they are getting is incomplete to really make sense of the size of the threat.** We are getting very crude numbers of cases and deaths, very little information about testing rates, contagious analysis, severity rates, who is being hospitalised, who is in intensive care, who is dying, what are the definitions to decide

⁵³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2094974/>

⁵⁴ <https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/>

if someone died of the coronavirus or just died with the coronavirus. There is so much important data that is very hard to get to guide the decisions on how serious a threat this is.

The other part is **we actually do not have that much good evidence for the social distancing** methods. It was just a couple of review in the CDC emerging infectious disease journal, which showed that although some of them might work, we really don't know to what degree and the evidence is pretty weak.

The third part is the pressure that is being put on public health doctors and public health leaders. And that **pressure is coming from various places**. The first place it came from was the Director-General of the World Health Organization (WHO) when he said *"This is a grave threat and a public enemy number one"*, I have never heard a Director-General of WHO use terms like that."⁵⁵

163. Other pointed criticism and opposite views, early on, included:

(a) **Stanford University Team**—to the effect that the Evidence of Covid 19 mortality rate is low;⁵⁶

(b) **By Thomas Stavola**, Rutgers University Law School Relaxation of Lockdown via Quarantine of Symptomatics and Digital Contact Tracing, Experts Agree, indicating that:

“The latest scientific data indicates that mild and asymptomatic prevalence is much higher than previously thought, thus, **the true fatality rate is closer to 0.4%**, or possibly even lower. While SARS-CoV-2 can be severe in very small subset, these values indicate that the population-based severity burden is much lower

⁵⁵ https://off-guardian.org/2020/03/17/listen-cbc-radio-cuts-off-expert-when-he-questions-covid19-narrative/?_cf_chl_jschl_tk_=d3faf8dfba5018289da87f791a612c2495a7f86d-1585163840-0-AcjXr346mVjSnluV8YDpGpd_VknFDStnK_liia4dphot9-E3ukKrgN7sng4BA4LggYPkDzLCQ8JXC7G-hqZtf0BZ0LjgFi5mB5Wv34UJsPHJy6UbR0LM35V1nV98oiPR7t8pfCOhZ75WWrgS4NCn6vwzBMXALZw0UMU32u_sijPnsW531pHqSEyCnDdx9dfpJokTen28kaf0Is4UoNQMtfcXcbBpmxmdeFwYi6XWo-XQXWC4rA57a_cbclR54bfmC1imS1vPBIsHHqIjCg5N2joQ9spQUJCbf80IndWsmat8SOzlb2pDrtNdA9dCUd62LRszCWgTBrVxRFu7ziPABr3Ji0hvjtLLkniXq3AnMs1ICU0rIhPAGzHmXAsEvsRUw

⁵⁶ https://www.greenmedinfo.com/blog/stanford-team-finds-evidence-covid-19-mortality-rate-low-2-17-times-lower-whos-esta?utm_campaign=Daily%20Newsletter%3A%20Personal%20update%20%28VVNwqr%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWZpYXN0LWVudC3RAZ21haWwY29tliwglmX2NvbXBhbnlfaWQiOiAiSjJWEF5In0%3D

than initially considered months ago. Studies indicate that asymptomatic transmission is negligible[1]. Maria Van Kerkhove, who heads the World Health Organization’s emerging diseases and zoonoses unit, stated that asymptomatic cases are definitely not a major driver of transmission.”⁵⁷

(c) By **Knut Wittkowski** - German epidemiologist. **Mass Isolation Preventing Herd Immunity**, and concluding that:

“The lockdown prevents the normal progression of natural immunity that is key to protecting the wellbeing of the most vulnerable. The extended lockdown will increase the harm already done many fold including deaths.

Dr. Wittkowski said we must protect and quarantine the frail, sick and very elderly 10% of our population, while allowing the other 90% to acquire the virus with mild to no symptoms, thereby gaining true NATURAL herd immunity. He estimated this to be a 4 week process.

When people are allowed to go about their daily lives in a community setting, he argued, the elderly could eventually – sooner rather than later – come into contact with the rest of the population in “about four weeks” because the virus at this point would be “vanquished.”

*“With all respiratory diseases, the only thing that stops the disease is ‘herd immunity,’”*⁵⁸

(d) By **Martin Dubravec, MD** - Allergist/Clinical Immunologist Allergy and Asthma Specialists of Cadillac Cadillac, MI, concluding that:**The Answer is Herd Immunity**⁵⁹;

⁵⁷ <https://medium.com/@tomstavola/latest-science-on-covid-19-and-digital-contact-tracing-f58ee55b3b9b>

⁵⁸ https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/?fBritishColumbiaid=lwAR2ZuYv6Cbcsjiln2UJHXOk84KOjbSOWoxceTSiaNZdl_eZuhadppi25PnE
<https://ratical.org/PerspectivesOnPandemic-II.html>

⁵⁹ <https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-anti-american/>

(e) By **Dr. Dubravec's** whose advice on how to end this epidemic is:

"What can be done to end this epidemic? **The answer is herd immunity.** Let those who will not die nor become seriously ill from the disease get infected and immune to the disease. Don't close schools – open them up! Don't close universities – reopen them! Let those under the age of 65 with no significant health problems go to work. Their risk of death is very close to zero. They become the wall that stops the virus.

Our current strategy of isolating these healthy people from the virus: a. is not working – the virus is still spreading and b. for those who theoretically may be shielded from the virus, they will get exposed later. **Our current strategy is actually leading to a prolonged COVID-19 season!** Herd immunity works and despite our current efforts to mess it up, **herd immunity will be the ultimate reason the virus dies down.** We should promote the concept, not try to stop it. Unlike the influenza epidemics of the past, this virus is not attacking young people. We can use herd immunity to our collective advantage."

The bottom line is that herd immunity is what will stop the virus from spreading. Not containment. Not a vaccine. Not staying locked in our homes. It's time we had an honest conversation on how to move beyond containment.

(f) By **Professor Peter C. Gøtzsche** that: "The Coronavirus mass panic is not justified."⁶⁰

(g) By the Wall Street Journal in "Rethinking the Coronavirus Shutdown", that:

No society can safeguard public health for long at the cost of its economic health.⁶¹

⁶⁰ <https://www.deadlymedicines.dk/wp-content/uploads/G%C3%B8tzsche-The-Coronavirus-mass-panic-is-not-justified.pdf>

⁶¹ <https://www.wsj.com/articles/rethinking-the-coronavirus-shutdown-11584659154>

(h) **By the Professor Yitzhak Ben Israel** of Tel Aviv University, who **plotted** the rates of new coronavirus infections of the U.S., U.K., Sweden, Italy, Israel, Switzerland, France, Germany, and Spain, concluding that:

“The numbers told a shocking story: irrespective of whether the country quarantined like **Israel**, or went about business as usual like **Sweden**, **coronavirus peaked and subsided in the exact same way**. The professor believes this evidence - **actual evidence and data, not the projections of some model - indicate that there is no need for either quarantines or economic closures.**”⁶²

(i) **By Professor Stefano Montanari** that: "The Virus Vaccine is a Scam"⁶³;

(j) **By Virologist Hendrick Streeck** that: “There is no danger of infecting someone else while shopping”⁶⁴;

(k) **By:**

(i) **Sucharit Bakhdi:**⁶⁵

(ii) **John Ioannidis, Stanford:**⁶⁶

(iii) **John Lee:**⁶⁷

(iv) **Perspectives on the Pandemic | Professor Knut Wittkowski | Episode 2.**⁶⁸

⁶² https://www.afa.net/the-stand/culture/2020/04/shutdowns-were-pointless-all-along/#.XpnwkkhQ_ZA.facebook

⁶³ <https://europeansworldwide.wordpress.com/2020/04/02/the-virus-vaccine-is-a-scam/>

⁶⁴ <https://www.zuercher-presse.com/virologe-hendrick-streeck-gibt-keine-gefahr-beim-einkaufen-jemand-anderen-zu-infizieren/?cn-reloaded=1>

⁶⁵ https://www.youtube.com/watch?v=JBB9bA-gXL4&fBritishCumbialid=lwAR1XMZJdTEpe-9woCk7YIMd5WShxUms_loYZYLKVBR8CQICkG-VjD63Z5SY

⁶⁶ https://www.youtube.com/watch?v=d6MZy-2fcBw&fBritishCumbialid=lwAR1LCsQoUVv3dmZzn_2Uwzl85XgFofld0tnn8iSMTMAODv5N9_Dwsi7f3K4

⁶⁷ <https://www.spectator.co.uk/article/how-to-understand-and-report-figures-for-covid-19-deaths-/amp>

⁶⁸ <https://www.youtube.com/watch?v=IGC5sGdz4kg>

(v) “Medical Doctor Blows C Vi Rus Scamdemic Wide Open”

Andrew Kaufman M D in (Nederlands ondertiteld);⁶⁹

All indicating that the “pandemic” is **not** a pandemic and the modeling and measures unwarranted;

(l) **French researchers:** in COVID FEAR vs. DATA :

"Under these [first world] conditions, there does not seem to be a significant difference between the mortality rate of SARS-CoV-2 in OECD countries and that of common coronaviruses " which are responsible for 10 to 20 percent of all respiratory infections, including colds, worldwide.”⁷⁰

(m) In: Coronavirus COVID-19: Public Health Apocalypse or Panic, Hoax, and Anti-American?⁷¹;

(n) In: Stanford doctor says Fauci doesn't have the evidence to back up his claims;⁷²

(o) In: Questioning Conventional Wisdom in the COVID-19 Crisis, with **Dr. Jay Bhattacharya;**⁷³

(p) **By Dr M. I. Adil,** Corona Virus is a Hoax;⁷⁴

(q) In Resp therapist blowing the whistle on covid -19.⁷⁵

⁶⁹ <https://www.youtube.com/watch?v=S8JBg9H725E>

⁷⁰ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102597/?fBritish+Columbialid=lwAR29vpTe-Dk_xoVzVRbuAgVhil1k0DcZkGqYsak6lC-OBvjZcBRP6cyjc

⁷¹ <https://aapsonline.org/cornoavirus-covid-19-public-health-apocalypse-or-panic-hoax-and-anti-american/>

⁷² <https://www.youtube.com/watch?v=-UO3Wd5urgQ>

⁷³ <https://www.youtube.com/watch?v=J04YzligPvU>

⁷⁴ <https://www.youtube.com/watch?v=y9WeIOX1UuQ&feature=youtu.be>

⁷⁵ <https://www.youtube.com/watch?v=R0aDAM5LzWA>

164. Since the summer of 2020, to the present, the avalanche of the world “scientific” evidence and community of scientists and doctors continues to scream, which falls upon the deaf ears of the Defendants, that:

(a) Masks do **not** work to prevent the transmission of aerosol, airborne virus, in that:

(i) masks do not slow or stop the spread of viruses;⁷⁶

(ii) in fact, masks may help viruses spread;⁷⁷

(iii) most robust studies have found little to no evidence for the effectiveness of cloth face masks in the general population;⁷⁸

(iv) when masks (especially cloth masks) are worn improperly and over extended periods they can actually cause disease and other serious health issues;⁷⁹

⁷⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7707213/>
<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>
<https://www.aier.org/article/masking-a-careful-review-of-the-evidence/>
<https://www.aier.org/article/the-year-of-disguises/>
<https://www.smh.com.au/national/farce-mask-its-safe-for-only-20-minutes-20030427-gdgnvo.html>
https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7707213/pdf/aim-olf-M206817.pdf>

⁷⁷ <https://eurjmedres.biomedcentral.com/articles/10.1186/s40001-020-00430-5>

⁷⁸ https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article
<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>
<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>
<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>
<https://www.medrxiv.org/content/10.1101/2020.03.30.20047217v2>
<https://www.medrxiv.org/content/10.1101/2020.04.01.20049528v1>
<http://www.asahi.com/ajw/articles/13523664>
<https://bmjopen.bmj.com/content/5/4/e006577>
<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

⁷⁹ <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>

- (v) breathing in the microscopic particles from synthetic masks can cause health problems including cancer similar to asbestos. Some masks have been recalled because they have been found to contain toxic materials dangerous to lungs;⁸⁰
 - (vi) masks use leads to dry and irritated eyes, rashes, nosebleeds, pneumonia and other bacterial infections, damages to ear cartilages;⁸¹
 - (vii) Masks cause a rapid buildup of CO2 to levels, which are deemed unsafe by OSHA.⁸²
- (b) That “lock-downs” do not work, and in fact cause irreparable, devastating harm:
- (i) a French study of 160 countries found no association between stringency of government lockdowns/restrictions and Covid-19 mortality;⁸³
 - (ii) a peer-reviewed study, dated January 5, 2021 by eminent Stanford professors of medicine, infectious disease epidemiology and public health stated that the evidence:

https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y
<https://bmiopen.bmj.com/content/5/4/e006577>

⁸⁰ <https://www.ecotextile.com/2021040127603/dyes-chemicals-news/exclusive-chemical-cocktail-found-in-face-masks.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7537728/>

<https://www.science.news/2021-01-15-long-term-mask-use-breeds-microbes-lung-cancer.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362770/>

<https://link.springer.com/article/10.1007/s00266-020-01833-9>

⁸² <https://ohsonline.com/Articles/2016/04/01/Carbon-Dioxide-Detection-and-Indoor-Air-Quality-Control.aspx?Page=2>

⁸³ <https://www.frontiersin.org/articles/10.3389/fpubh.2020.604339/full>

"fails to find strong evidence supporting a role for more restrictive NPIs (Non-Pharmaceutical Interventions, such as lock downs) in control of Covid-19... We fail to find an additional benefit for stay-at-home orders and business closures";⁸⁴

(iii) another medical research paper states:

"This phenomenological study assesses the impacts of full lockdown strategies applied in Italy, France, Spain and United Kingdom, on the slowdown of the 2020 COVID-19 outbreak. Comparing the trajectory of the epidemic before and after the lockdown, **we find no evidence of any discontinuity in the growth rate, doubling time, and reproduction number trends**";⁸⁵

(iv) a New Zealand study found that government mandated lockdowns did not reduce Covid-19 deaths;⁸⁶

(v) another medical research paper states:

"closure of education facilities, prohibiting mass gatherings and closure of some non-essential businesses were associated with reduced incidence **whereas stay at home orders and closure of all non-businesses was not associated with any independent additional impact.**"⁸⁷

(vi) the Great Barrington Declaration signed thus far by 13,985 medical & public health scientists, 42,531 medical practitioners states:

"As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. **Current**

⁸⁴ <https://onlinelibrary.wiley.com/doi/10.1111/eci.13484>

⁸⁵ <https://www.medrxiv.org/content/10.1101/2020.04.24.20078717v1>

⁸⁶ <https://www.tandfonline.com/doi/full/10.1080/00779954.2020.1844786>

⁸⁷ <https://arxiv.org/pdf/2005.02090.pdf>

lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational

households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity."

This Declaration was authored and signed in Great Barrington, United States, on October 4, 2020, by: **Dr. Martin Kulldorff**, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations; **Dr. Sunetra Gupta**, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases; **Dr. Jay Bhattacharya**, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations;⁸⁸

⁸⁸ <https://gbdeclaration.org>

(vii) neither the long-established pandemic preparedness reports for Canada nor the World Health Organization included lockdowns as an evidence-based non-pharmaceutical measure in response to a pandemic⁸⁹;

(viii) the research study, “Effect of school closures on mortality from coronavirus disease 2019: old and new predictions” concluded:

"We confirm that adding school and university closures to case isolation, household quarantine, and social distancing of over 70s would lead to more deaths compared with the equivalent scenario without the closures of schools and universities;"⁹⁰

(ix) the research paper: “A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes" found:

Rapid border closures, full lockdowns, and wide-spread testing were not associated with COVID-19 mortality per million people;"⁹¹

(x) a news article found that the COVID-linked hunger is tied to 10,000 excess child deaths each month;⁹²

⁸⁹ <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf>
https://www.longwoods.com/articles/images/Canada_Pandemic_Influenza.pdf

⁹⁰ <https://www.bmj.com/content/371/bmj.m3588>

⁹¹ [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30208-X/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30208-X/fulltext)

⁹² <https://apnews.com/article/virus-outbreak-africa-ap-top-news-understanding-the-outbreak-hunger-5cbee9693c52728a3808f4e7b4965cbd>

(xi) a research study found:

“Substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays due to the COVID-19 pandemic in the UK;”⁹³

(xii) as a result of COVID-19 measures there is significant collateral

damage to the healthcare system with respect to issues such as

delayed diagnosis⁹⁴, impacts on cancer patients,⁹⁵ impacts on disabled

persons,⁹⁶ and further issues;

(xiii) COVID-19 lockdowns have imposed substantial economic costs on countries in Africa, and other countries around the world.⁹⁷

(c) That the PCR testing, at over 35 cycles, is a fraudulent and useless manner to “test”, calculate and count “cases” and “infections”. A PCR test alone cannot indicate whether the virus in that person is either virulent or infectious. PCR tests require further culturing tests where the virus is injected into other cells and then monitored to see if it infects other cells. Peer-reviewed scientific journals from prestigious sources indicate that at 35 cycles, less than 3% of PCR confirmed “cases” of viral cultures are positive and therefore actually virulent and infectious.⁹⁸

⁹³ [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30388-0/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext)

⁹⁴ <https://www.sciencedirect.com/science/article/pii/S0923753420398252>

⁹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534993/>

⁹⁶ <https://pesquisa.bvsalud.org/controlecancer/resource/pt/mdl-32383576?src=similardocs>

⁹⁷ <https://ideas.repec.org/h/fpr/ifpric/133835.html>

⁹⁸ Peer-Reviewed Medical Paper: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>; and

165. That alternative, recognized early treatments like HCQ and Ivermectin, exist, but the Defendants banned their use:

(a) the use of a five-day course of Ivermectin is associated with lower mortality in hospitalized patients with coronavirus disease.⁹⁹ There are 89 studies, 48 of which are peer reviewed, to date, which review the efficacy of ivermectin.¹⁰⁰

(b) Hydroxychloroquine (HCQ) is effective both as a pre-exposure prophylaxis and as early post-exposure treatment, when administered in appropriate doses, especially when started within the first five days of symptom onset.¹⁰¹ There are 285 studies with respect to the efficacy of using HCQ as a treatment, including 213 which are peer-reviewed.¹⁰²

(c) Vitamin D deficiency is associated with higher risk of COVID-19, and vitamin D may be used to help treat COVID-19.¹⁰³

166. That the Defendants, Trudeau, Tam, Henry, and other Public Health Officers have publicly stated and represented that the Covid-19 “vaccines” will **not** result in immunity nor protect against transmission from and to the vaccinated, and

Peer-reviewed paper: [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30172-5/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30172-5/fulltext).

⁹⁹ <https://www.sciencedirect.com/science/article/pii/S0012369220348984>
<https://www.sciencedirect.com/science/article/pii/S1201971220325066>
<https://www.sciencedirect.com/science/article/pii/S2589537020304648>

¹⁰⁰ <https://c19ivermectin.com>

¹⁰¹ <https://www.sciencedirect.com/science/article/pii/S0924857920303423>;
[https://www.ejinme.com/article/S0953-6205\(20\)30335-6/fulltext](https://www.ejinme.com/article/S0953-6205(20)30335-6/fulltext)
<https://www.medrxiv.org/content/10.1101/2020.08.20.20178772v1>
[https://www.amjmed.com/article/S0002-9343\(20\)30673-2/fulltext](https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext)
<https://c19study.com>.

¹⁰² <https://c19study.com>

¹⁰³ Database of all vitamin D COVID-19 studies. <https://c19vitamind.com/>

that, despite the fact that Trudeau has announced the procurement of “booster” Covid-19 vaccines up to and including, **2024**, the other measures will have to be maintained, all of which is irrational, unscientific, non-medical, and utterly illogical. The Plaintiffs state, and fact is, that such admissions by the Defendants render the proposal of a “Vaccine Passport”, for any use, irrational, illogical, arbitrary, and contrary to ss.2,7 and 15 of the *Charter*.

•**COVID-Measures Worse than Virus**

167. Early on, and into the summer of 2020, another thematic point of sound scientific and medical criticism is that the COVID - measures are worse than the virus as reflected in, **inter alia**, the following:

(a) One study suggests the ultimate changes in contact patterns triggered by social distancing measures **could end up having a negative effect on the population** and, in some cases, even worsen the outcome of the “epidemic”.¹⁰⁴

(b) **Cost of Coronavirus cure could be deadlier than the disease.**¹⁰⁵, by Carpay who is president of the Justice Centre for Constitutional Freedoms;

(c) **California ER Physicians: Sheltering in Place Does More Harm than Good - Lowers Our Immune System.**

¹⁰⁴ J R Soc Interface. 2018 Aug; 15(145): 20180296.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127185/pdf/rsif20180296.pdf>
<https://www.greenmedinfo.com/blog/social-distancing-may-worsen-epidemic-outcomes>

¹⁰⁵ <https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/>

(d) Doctors Dan Erickson and Artin Massihi of Accelerated Urgent Care in Kern County, California say the longer people stay inside, the more their immune system drops. The secondary effects, the child abuse, alcoholism, loss of revenue – all of these are, in our opinion, significantly more detrimental thing to society than a virus that has proven similar in nature to the seasonal flu that we have every year.¹⁰⁶

(e) **Economic Consequences of Lockdown:**

“Our leaders must reopen our country immediately. We will survive this virus. We will not survive this economic lockdown.”¹⁰⁷

168. With respect to treatment measures, the Defendants further ignored, and continue to ignore, the following expert criticism and opposition;

(a) **Ventilators are not working and may be increasing harm.** New evidence reveals there is no ‘pneumonia’ nor ARDS with CV 19. Ventilators are not only the wrong solution, but high pressure intubation can actually wind up causing more damage than without. Ventilators are not working and may be increasing harm. Over 80% of individuals put on ventilators are dying.¹⁰⁸

¹⁰⁶ <https://vaccineimpact.com/2020/california-er-physicians-sheltering-in-place-does-more-harm-than-good-lowers-our-immune-system/>

<https://prepforthat.com/kern-county-california-doctors-coronavirus-end-shutdown/>

¹⁰⁷ <https://www.facebook.com/groups/221945012378955/>

¹⁰⁸ <https://web.archive.org/web/20200405061401/https://medium.com/@agaiziunas/covid-19-had-us-all-fooled-but-now-we-might-have-finally-found-its-secret-91182386efcb>

(b) **Managing the Flow.** The truth for any new virus is that most people will be exposed to it. If one's goal is to NEVER get COVID-19, one would pretty much need to live on lockdown for the rest of his/her life. The ONLY reason for the lockdown is to manage the flow of people through our hospitals so that those who have acute symptoms will get the care they need to hopefully not die. Is the desire to manage the flow of people through our hospitals worth shutting down our economy? Given most hospitals are operating at 50% or less of capacity, have we not over managed the flow?

(c) **No Evidence Masks Work.** No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public. Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.

(d) **Ineffectiveness of Masks & Respirators - D. G. Rancourt.**¹⁰⁹

¹⁰⁹https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy?BritishColumbiaid=IwAR3xOsnDOC2oRHau1k8F8_rA6CmfTvca6eZY1IS_BH0GRc5uHhKYPoWEmfk

- (e) **Conflicting Advice About Face Masks to Prevent CV 19.** There is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.¹¹⁰
- (f) **The surgeon general said not to wear a mask.**¹¹¹
- (g) **Over 3 times the risk of contracting influenza like illness if cloth mask is used versus no mask at all;**¹¹²
- (h) "Penetration of cloth masks by particles was almost 97% compared to medicalmaskswith44%";¹¹³
- (i) **Report on surgical mask induced deoxygenation during major surgery"**¹¹⁴ ;
- (j) **Co-Factors:** Not everyone is at equal risk of dying from COVID 19. CV 19 has spread unevenly around the world, clustered in several hot pockets, while leaving other areas with scant outbreaks. What other factors are contributing to the COVID 19 virus mortality?;
- (k) **Link Between Air Pollution and CV 19;**¹¹⁵
- (l) **Underlying Disease and COVID- 19.**¹¹⁶

¹¹⁰ https://thevaccinereaction.org/2020/04/face-masks-to-prevent-covid-19-conflicting-facts-advice/#_edn5

¹¹¹ <https://www.businessinsider.com/who-no-need-for-healthy-people-to-wear-face-masks-2020-4>

¹¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

¹¹³ <https://www.sciencedaily.com/releases/2015/04/150422121724.htm>

¹¹⁴ <https://www.ncbi.nlm.nih.gov/pubmed/18500410>

¹¹⁵ <https://thevaccinereaction.org/2020/04/study-shows-link-between-fine-particle-air-pollution-and-covid-19-mortality/>

169. The Plaintiffs state, and the fact is, that the evidence is that far many, more people have died as result of the “pandemic” measures themselves, than purportedly from the “COVID- deaths”, even if one takes the deaths “caused” by COVID as a given, through the following consequences of the measures:

- (a) Spikes in suicide rates resulting in intense clinical depression from the measures;
- (b) Spikes in drug over-dose attributable to measures;
- (c) Spikes in domestic violence and murder as a direct result of the measures;
- (d) Deaths resulting from the cancellation of over 170,000 medical surgeries;
- (e) Deaths from persons afraid to leave their homes to obtain medical diagnosis and treatments; and
- (f) Sub-space spikes in starvation, given the UN World- Food Bank warning that 130 Million additional people will be on the brink of starvation by end of 2020 due to disruption of supply chains due to COVID Measures.

170. It is to be noted that the above-noted criticism was early on in the outbreak which criticism has now intensified both in volume and accuracy, that the COVOD-measures are unwarranted, extreme, and not based on science and medicine.

171. Another pointed area of disagreement and criticism, which continues, along with the above-noted, which the Defendants refuse to acknowledge, ignore, and not

¹¹⁶ <https://thevaccinereaction.org/2020/04/covid-19-hospitalized-patients-and-underlying-chronic-disease/>

respond to, is the questioning of this as a “pandemic” rather than a typical seasonal viral respiratory illness, as reflected, inter alia, by the following:

(a) California has a 0.0003% Chance of Death from Covid 19”:

“Initial models were woefully inadequate. They predicted millions of cases of death. Not of prevalence or incidence but deaths. This is not materializing. What is materializing in California is 12% positives... This equates to 4.7 million cases in California. This is the good news.... We have seen 1,227 deaths. California has 0.0003% chance of death from Covid-19. Is this enough to justify a lock-down?”

"COVID-19 Antibody Seroprevalence in Santa Clara County, California" Conclusion: "The population prevalence of SARS-CoV-2 antibodies in Santa Clara County implies that the infection is much more widespread than indicated by the number of confirmed cases. Population prevalence estimates can now be used to calibrate epidemic and mortality projections." ¹¹⁷

(b) The above research, in (a) above, is ground-breaking and provides foundational support for narratives such as :

- (i) the initial models were incorrect;
- (ii) conflicts of interest (Gates/Fauci/Democrats) contributed to an over-hyped response and failure to revisit despite availability of new data (confirmation bias);
- (iii) we need to be rational here as the lock-down is hurting normal citizens - the 99% ;

¹¹⁷ <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1>

- (iv) no evidence exists to justify forceful solutions like mandatory Covid-19 vaccinations, community immunity passports, contact tracing, or increased domestic surveillance;
 - (v) we need to root out and remove all conflicts of interests in our public health institutions, both CDC and WHO; again
 - (vi) **Annual Influenza Deaths vs. CV 19 deaths.** It is claimed that 7 to 8,000+ Canadians die from season viral respiratory illness each year. The number of Canadians who have died from Covid-19 does not stray from annual season viral respiratory illness death total,¹¹⁸ notwithstanding the inflated, false “ covid-deaths”;
- (c) In 2009-2010, the world experienced the swine flu pandemic (H1N1). During that pandemic it is claimed that 203,000 people were killed worldwide by the virus. There was not a need to shut down our entire way of life in 2009. It is still unclear why this is the strategy being implemented today;
- (d) The CDC has tracked the total number of Americans who die every week from pneumonia. For the last few weeks, that number has come in far lower than at the same moment in previous years. How could that be? **It seems that doctors are classifying conventional pneumonia deaths as COVID-19 deaths.** That would mean this epidemic is being credited for

¹¹⁸<https://www.worldometers.info/coronavirus/?nsukey=8gR2B80EUvHglg1gz%2FFrRbGWu%2BhOoChcVMEV2tciD0%2FquhcnKIUPJ6Oevxq86h8W7SYtAC%2FYsoVycvKvhtVZgT%2FvREx1TON%2BritishColumbiaUTJ6uKZDsLJ4QDUYNOQG2n2ifAPsDuLBJZryuEWbYH8BsYmR4hzwToazvCLjqZsbV0YQAANZ46gHbo75f%2Beyzk1c3WND68j>

thousands of deaths that would have occurred if the virus never appeared here.

(e) Number of influenza cases and deaths according to WHO every year.¹¹⁹

(f) Are the numbers of CV deaths accurate?¹²⁰

(g) Montana physician **Dr. Annie Bukacek** discusses how COVID 19 death certificates are being manipulated;¹²¹

(h) **Italy: 99% who died from virus had other illness;**¹²² The Key Points being that :

- The cases and deaths of this new disease COVID19 are being described as "flu-like symptoms with pneumonia" but **there is NO data that shows SARSCov2 is present in all of these cases/deaths.** Only coronavirus of which there are many strains.
- This is because **the PCR test is not reliable enough** to identify the new strain - laboratory testing is only identifying coronavirus. This is the flaw in the CDC/WHO theory of causality for this "new" disease "COVID19". They haven't provided any data about the presence of this new strain (SARSCov2) in COVID19 and it is known that many influenza viruses and bacteria cause "flu-like symptoms with pneumonia".
- Until you have evidence to prove the causality of COVID19 disease as being to SARsCov2 by showing that it is present in every case of the disease then there is no

¹¹⁹ http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/seasonal-influenza/burden-of-influenza?BritishColumbialid=lwAR0ZDNTwTXKGve_oJVmtZsGKFAI44JYS06IAf4GkA47EYD8805b6FS-8Rkw

¹²⁰ <https://www.ctvnews.ca/health/coronavirus/why-the-exact-death-toll-for-covid-19-may-never-be-known-1.4881619>

¹²¹ https://www.youtube.com/watch?v=CnmMNdiCz_s

¹²² https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says?utm_campaign=pol&utm_medium=bd&utm_source=applenews&BritishColumbialid=lwAR0qN9k2HVrnAghrK-WrI72J7oBoNY1vFAGY3di-M7GWKirK6cfUeAI16yg

new disease. Koch's postulates need to be used to provide proof of causality.

- **Mathematical Modeling Flawed**
In March, UK epidemiologist Neil Ferguson from the Imperial College of London issued a mathematical “model” that predicted that as many as 500,000 in the UK would die from Covid-19. On March 24th Ferguson revised his modeling projections to read 20,000 deaths, and “likely far fewer.” On April 2nd Ferguson revised it again to read 5,700 deaths. The problem was that many world leaders used Ferguson’s original number to shut down most of the planet.¹²³

(i) The Canadian government implemented the lockdown on the basis of Neil Ferguson’s Imperial College mathematical modeling that was grossly flawed. Ferguson has drastically backtracked on his predictions which begs the question why is Canada now doubling down on the lockdown that will not be lifted until a vaccine is ready?

(j) **UK Decides CV 19 No Longer A ‘High Consequence Infectious Disease’** As of March 19, 2020, COVID-19 is no longer considered to be a high consequence infectious diseases (HCID) in the UK.¹²⁴

(k) High Consequence Infectious Disease Public Health England, have provided current information and regarding COVID-19 mortality rates as low. The Advisory Committee on Dangerous Pathogens (ACDP) in the UK

¹²³ <https://prepforthat.com/fear-mongering-covid-19-epidemiologist-says-he-was-wrong/>

¹²⁴ <https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/>

and is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease).¹²⁵

(l) Our World in Data researchers announced this week that they had stopped relying on World Health Organization data for their models.¹²⁶

(m) New Oxford study suggests millions have already built up coronavirus immunity.¹²⁷

(n) Lack of Good Data. If you are going to do something as draconian as shut down an economy, you better be right, and you better have good data. The government has neither.¹²⁸

(o) Dr Teresa Tam's incompetent virus response.¹²⁹

(p) **British Columbia health officer Dr Bonnie Henry admits They did not use science to impose restrictions.**¹³⁰

172. The measures have been also heavily criticized, on a legal basis, in Canada and abroad. Early on in the declaration, on March 26th, 2020 the UN Commissioner for Human Rights, Michelle Bachelet, took an opposite view to that of Dr. Teresa Tam, whose view is that it is appropriate to run rough-shod over these rights and worry about it later, where Bachelet early declared that:

¹²⁵ <https://www.gov.uk/topic/health-protection/infectious-diseases>

¹²⁶ https://fee.org/articles/oxford-based-group-stops-using-who-data-for-coronavirus-reporting-citing-errors/?fBritishColumbialid=IwAR1okWvqn-qe7zvbHxoUY_U-4Nlqe6A8mOVwGqw4_N3qk9TXsfs_P6eEMJA

¹²⁷ https://news.yahoo.com/oxford-study-suggests-millions-people-221100162.html?soc_src=hl-viewer&soc_trk=fb

¹²⁸ <https://www.foxnews.com/opinion/tucker-carlson-we-must-ask-the-experts-how-they-screwed-up-the-coronavirus-models-so-badly?fBritishColumbialid=IwAR0xrpFytibdv5JJLOR2fveTjvpj5b23tn7JFn2uemrXeu27GDFRpeuDLoI>

¹²⁹ <https://www.spencerfernando.com/2020/03/29/devastating-timeline-reveals-total-incompetence-of-theresa-tams-virus-response/>

¹³⁰ https://www.youtube.com/watch?v=SY8fcICOG4c&feature=youtu.be&fBritishColumbialid=IwAR0BmcUm4qk7BB3VUJRqvaJpyuB0VfyfkmVM6HLMF-u0KiKjBd_cdKQlls&app=desktop

“Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.”

173. Former UK Supreme Court Justice Lord Sumpton was an early opponent to the lock-down measures. In a BBC interview of May 18th, 2020, he re-iterated and stated, **inter alia**, as follows:

JS: because they seem to me to have no real purpose in continuing the lockdown other than to spare themselves public criticism. now one does understand why politicians don't want to be criticized but it's the mark of a statesman that you're prepared to stand up for the national interest and not simply to run away before public opinion. especially when you have in a sense created that public opinion yourself by frightening the daylights out of people over the over the last eight weeks and trying to persuade them that this is a much more virulent epidemic than it actually is.

....

LS: what i'm advocating now is that the lockdown should become entirely voluntary. it is up to us, not the state, to decide what risks we are going to take with our own bodies. now, the traditional answer that people give to that is: “well, but by going out or in the streets and in shops and things you are infecting other people”. but you don't have to take that risk you can voluntarily self-isolate. you don't have to go into the streets. you don't have to go to the shops. people who feel vulnerable can self-isolate, and the rest of us can then get on with our lives.

....

we have never lived in a risk-free world and we're never going to live in a risk-free world.

...

we are entitled to take risks with our own lives especially when basically life is only worth living if you are prepared to engage in social activities. which inevitably involve risk. that is part of life.

174. The Plaintiffs state, and fact is, that the above-noted **scientific and medical expert opinions**, against and in severe criticism of the “pandemic” declaration, and its draconian and un-necessary measures, **are not exhaustive, but examples**. The Plaintiffs state, and fact is, that the Defendants have never acknowledged, addressed, spoken to, nor responded to these contrary expert views, and further state that the Defendants, including the mega-social media, such as YouTube, Facebook, Amazon, Google, Yahoo and like, as well as CBC, have intentionally suppressed, censored, belittled and removed the publication of any such contrary views, contrary to the principles and methodology of science and medicine, with the acquiescence and actual support of the Canadian Federal government, which government threatens to add criminal sanctions to assist these media for what they irrationally, arbitrarily and unscientifically deem “misinformation” , and further violate the Plaintiffs’ rights to freedom of speech, expression, and the media, contrary to s.2 of the **Charter**, by the government’s acts and omissions in making threats of criminalizing speech, and doing absolutely nothing, by omission, to regulate this type of “Stalinist censorship”.
175. Since the summer of 2020, this factor of the measures being in force, and causing more devastation than the virus, has gone from severe to catastrophic as reflected by:
- (a) There are more suicides because of the measures and purported deaths by Covid-19;

- (b) There are more drug overdoses because of the measures and purported deaths by Covid-19;
- (c) There is more starvation caused by the measures and purported deaths by Covid-19;
- (d) There are far more deaths, from cancelled, necessary surgeries and fear to access medical treatment for fear of covid, than purportedly from Covid itself.
- (e) There are devastating mental health disorders caused by the measures;
- (f) Domestic violence, child, and sexual abuse have sky-rocketed;
- (g) Small businesses and livelihoods, to the tune of millions, have been obliterated.

- **D/ THE SCIENCE & MEDICINE OF COVID-19**

- **Summary (Overview)**

176. The Plaintiffs state, and the fact is, that the World Health Organization, (“WHO”), our federal, provincial, and municipal governments, and the mainstream media, propagate that we are facing the biggest threat to humanity in our lifetime. This is false.
177. The fact is that, false and baseless predictions of wide-spread infection with high rates of mortality persuaded governments that unprecedented containment measures were necessary to save us from certain peril.
178. The fact is that, while there is more about the SARS-CoV-2(“COVID-19”) coronavirus that needs to be understood, the scientific and medical evidence

clearly demonstrates that the mathematical modeling used to justify extreme containment measures were invalid. Further, that the vast majority of the population is not at serious risk of complications or mortality as a result of exposure to COVID-19.

179. The fact is that, the mass and indiscriminate containment of citizens, the restriction of access to our economy, courts, parliament and livelihoods, medical and therapeutic care, and the imposition of physical distancing and other restrictions are measures that have never before been implemented nor tested, nor have a scientific or medical basis.
180. The fact is that, the impact of these measures on physical, emotional, psychological, and economic well-being is profoundly destructive, unwarranted, and clearly not sustainable.
181. The fact is that, these drastic isolation measures are not supported by scientific or medical evidence. There is considerable agreement in the scientific community that such drastic measures are not sustainable nor warranted or justified, and while these measures may delay viral spread, they are unlikely to impact overall morbidity.
182. The fact is that, this over-hyped COVID-19 pandemic narrative is creating unnecessary panic and being used to justify systemic governmental violations of the rights and freedoms that form the basis of our society, including our constitutional rights, sovereignty, privacy, rule of law, financial security, and even our very democracy.

183. The fact is that, it is clear that significant violations of the Plaintiffs' rights and freedoms are being perpetrated by the federal, provincial and municipal governments and health authorities.

184. The fact is that, as a result of all of the above, the Plaintiffs have suffered and continue to suffer, severe violations of their constitutional rights which are justified on any measurement, including s. 1 of the **Charter**.

- **The Covid-Measures Unscientific, Non-Medical, Ineffective, and Extreme**

185. From the on-set of the declared emergency to summer of 2020, the Plaintiffs state and the fact is, that the Measures implemented lack scientific and medical evidence to support containment measures in that:

(a) Mass and indiscriminate lockdown of the general population has not been previously attempted in modern history, and has no scientific nor medical basis. In fact, Dr. Bonnie Henry, BRITISH COLUMBIA Chief Medical Officer, has flatly stated that the measures are not based on science or medicine.

(b) A 2011 review of the literature to evaluate the effectiveness of social distancing measures such as school closures, travel restrictions, and restrictions on mass gatherings to address an influenza pandemic concluded that "*such drastic restrictions are not economically feasible and are predicted to delay viral spread but not impact overall morbidity.*" ¹³¹

¹³¹ Social Distancing as a Pandemic Influenza Prevention Measure
https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf

- (c) There are no realistic and contextual studies of the negative social, family, psychological, and individual health consequences of extended general population lockdowns, nor the impact on the national economy.
- (d) The long-term impact of the broadly applied infringements of civil rights and freedoms is not known, including any permanent structural erosion of democracy itself due to increased authoritarianism and heightened regulatory or penal consequences for violating government directives.
- (e) The measures enacted by the federal, provincial and municipal governments are unprecedented.
- (f) The government has acted in diametrical opposition to the precautionary principle: *“Government shall not act with insufficient scientific knowledge, if the action has any likelihood of causing more harm than good”*.
- (g) Justification for the early panic response has not been corroborated.¹³²
- (h) Faith in epidemic-modeling and the resulting mitigation strategies are not justified.
- (i) Physicians globally are expressing alarm over the exponentially growing negative health consequences of the national shutdown.^{133 134}
- (j) Despite the importance given to physical distancing as a containment measure, there is a lack of scientific evidence on the effectiveness of such intervention on the long-term health of citizens.^{135 136}

¹³² <http://ocla.ca/wp-content/uploads/2014/01/OCLA-Report-2020-1-Criticism-of-Government-Response-to-COVID19.pdf>

¹³³ https://www.scribd.com/document/462319362/A-Doctor-a-Day-Letter-Signed#from_embed

¹³⁴ <https://www.forbes.com/sites/gracemarieturner/2020/05/22/600-physicians-say-lockdowns-are-a-mass-casualty-incident/#20248e5250fa>

- (k) There is no scientific evidence to substantiate the effectiveness of two meter ‘physical distancing’ as an intervention to reduce SARS-CoV-2 transmission and infection and to improve overall health.¹³⁷
- (l) Dr. Martin Dubravec, MD, a Clinical Immunologist states: *“The bottom line is that herd immunity is what will stop the virus from spreading. Not containment. Not a vaccine. Not staying locked in our homes. It’s time we had an honest conversation on how to move beyond containment.”*¹³⁸
- (m) A review of the scientific literature with regards to the use of masking concluded there is no scientific evidence to substantiate the effectiveness of masking of the general public to prevent viral infection and transmission.¹³⁹
- (n) Denis Rancourt, Ph.D. has identified the many unknowns regarding the potential harm from a broad public policy of masking. Rancourt concludes: *“In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a broad social-engineering intervention or allows corporations to exploit fear-based sentiments.”*¹⁴⁰

¹³⁵ Benjamin E Berkman. Mitigating pandemic influenza: the ethics of implementing a school closure policy. Journal of Public Health Management and Practice: JPHMP, 14(4):372–378, August 2008. PMID: 18552649.

¹³⁶ https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf

¹³⁷ <https://www.zuercher-press.com/virologe-hendrick-streeck-gibt-keine-gefahr-beim-einkaufen-jemand-anderen-zu-infizieren/?cn-reloaded=1>

¹³⁸ <https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-anti-american/>

¹³⁹ https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

¹⁴⁰ https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

- (o) A study of cloth masks cautions against the use of cloth masks. The study concludes: “As a precautionary measure, cloth masks should not be recommended.”¹⁴¹
- (p) According to Dr. Richard Schabas, former Chief Medical Officer for Ontario - “*Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. Let’s not make our attempted cures worse than the disease.*”¹⁴²
- (q) On May 20, 2020, Dr. Teresa Tam, Canada’s Chief Medical Officer, publicly advised the use of non-medical masks for the general public to provide an “*added layer of protection*” that could help prevent asymptomatic or pre-symptomatic Covid-19 patients from unknowingly infecting others. Dr. Tam’s advice is not supported by scientific evidence.¹⁴³
- (r) It would appear that any advice/requirement to use masks is for a purpose/agenda other than the prevention of viral infection and transmission.
- (s) A paper published on January 30, 2020 in *The New England Journal of Medicine (NEJM)* which appeared to confirm that individuals who are asymptomatic can transmit SARS-CoV-2 to others has subsequently proven to contain major flaws and errors.¹⁴⁴

¹⁴¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

¹⁴² <https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/>

¹⁴³ <https://www.politico.com/news/2020/05/20/canada-non-medical-masks-provinces-reopen-271008>

¹⁴⁴ <https://www.sciencemag.org/news/2020/02/paper-non-symptomatic-patient-transmitting-coronavirus-wrong>

- (t) The imposition of mass and indiscriminate self-isolation measures prevents the development of natural immunity necessary to secure herd immunity and end the epidemic. ¹⁴⁵
- (u) On April 6, 2020, German epidemiologist, Knut Wittkowski, released a statement warning that artificially suppressing the virus among low risk people like school children may “*increase the number of new infections*” as it keeps the virus circulating much longer than it normally would. ¹⁴⁶
- (v) On March 24, 2020 global medical experts declared that efforts to contain the virus through self-isolation measures would negatively impact population immunity, maintain a high proportion of susceptible individuals in the population, prolong the outbreak putting more lives at risk, damage our economy and the mental stability and health of the more vulnerable. ¹⁴⁷
- ¹⁴⁸
- (w) A review of recent literature pertaining to social distancing measures conducted by David Roth and Dr. Bonnie Henry of the British Columbia Centre for Disease Control concluded the following: a) widespread proactive school closures are likely not an effective prevention measure during an influenza pandemic; b) stringent travel restrictions and border control may briefly delay imminent pandemics, these approaches are

¹⁴⁵ <https://www.aier.org/article/herd-immunity-is-misleading/>

¹⁴⁶ Stand Up for Your Rights, says Bio-Statistician Knut M. Wittkowski. American Institute for Economic Research. April 6, 2020

<https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/>

¹⁴⁷ <https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/>

¹⁴⁸ <https://www.europereloaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/>

neither economically nor socially feasible; and c) there is no recent evidence outlining the effectiveness of the prohibition of mass gatherings.

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(x) According to a public statement issued by the British Columbia Ministry of Health: a) COVID-19 virus has a very low infection rate in children and youth; b) In British Columbia, less than 1% of children and youth tested have been COVID-19 positive; c) There is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults, and d) Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and youth.¹⁵⁰

(y) According to a May 21, 2020 letter from Dr. Mark Lysyshyn, MD, Deputy Chief Medical Health Officer with Vancouver Coastal Health: *“Although children are often at increased risk for viral respiratory illnesses, that is not the case with COVID-19. Compared to adults, children are less likely to become infected with COVID-19, less likely to develop severe illness as a result of infection and less likely to transmit the infection to others.”* Dr. Lysyshyn further states: *“Non-medical masks are not needed or recommended. Personal protective equipment such as medical masks and gloves are not recommended in the school environment.”*¹⁵¹

¹⁴⁹ https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf

¹⁵⁰ <https://www2.gov.bc.ca/assets/gov/health/about-British-Columbia-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf>

¹⁵¹ <http://www.vch.ca/Documents/COVID-VCH-Schools-May-21-2020.pdf>

- (z) On May 21, 2020, British Columbia’s Chief Health Officer, Dr. Bonnie Henry stated: “*We’re encouraging people [to wear masks] as a mark of respect, as a mark of politeness, and paying attention to the welfare of others.*” The recommendation to mask no longer is on the basis of effectiveness but instead is being promoted as a social grace.¹⁵²
- (aa) British Columbia’s Chief Health Officer, Dr. Bonnie Henry, when addressing a question regarding the inconsistency among the provinces of Canada on COVID-19 restrictions placed on Canadians stated: “*None of this is based on science.*”¹⁵³
- (bb) The reported number of deaths attributed to SARS-CoV-2 is demonstrably unreliable given the inclusion of “*presumptive*” deaths, and the failure of the medical establishment to differentiate between individuals dying *from* COVID 19 and those with co-morbidities dying *with* COVID 19.^{154 155}
- (cc) The failure to differentiate between individuals dying *from* COVID 19 and those with co-morbidities dying *with* COVID 19 inflates the risk of mortality from SARS-CoV-2 and undermines confidence in any response strategy based on mortality statistics.¹⁵⁶

¹⁵² <https://www.straight.com/covid-19-pandemic/may-21-coronavirus-update-British Columbia-resistance-health-measures-regional-restrictions-gender-differences-second-wave>

¹⁵³ https://www.youtube.com/watch?v=SY8fclCOG4c&feature=youtu.be&BritishColumbiaid=lwAR0BmcUm4qk7BB3VuJRqvaJpyuB0VfyfkvmVM6HLMF-u0KiKJbD_cdKQlls&app=desktop

¹⁵⁴ Why the exact death toll for COVID-19 may never be known. CTV News, April 3, 2020 <https://www.ctvnews.ca/health/coronavirus/why-the-exact-death-toll-for-covid-19-may-never-be-known-1.4881619>

¹⁵⁵ <https://www.cpsBritish Columbia.ca/for-physicians/college-connector/2020-V08-02/04>

¹⁵⁶ <https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says>

- (dd) Doctors globally are being pressured to issue death certificates that identify COVID 19 as the cause of death even when other co-morbidity issues are the more likely cause of death.
- (ee) The presentation of mortality data, expressed as a percentage of deaths of *tested and confirmed cases*, is distorting the risk and creating undue panic. This data fails to include a significant percentage of the population who contracted the virus but were not tested nor confirmed and who recovered without medical intervention.
- (ff) To date, the number of reported deaths attributed to SARS-CoV-2 is not out of “normal” range when compared to the annual mortality from influenza and pneumonia (seasonal viral respiratory illness) recorded through the last decade.^{157 158 159}
- (gg) According to Dr. Richard Schabas, former Chief Medical Officer of Ontario, strictly by the numbers, the coronavirus does not register as a dire global crisis.
- (hh) No data has been provided by the Government of Canada nor British Columbia to indicate that the total mortality in Canada has increased substantially from previous years.

¹⁵⁷ Strictly by the numbers, the coronavirus does not register as a dire global crisis. Richard Schabas. The Globe and Mail. March 9, 2020

<https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/>

¹⁵⁸ New Data Suggest the Coronavirus Isn't as Deadly as We Thought. WDJ/Opinion. April 17, 2020

<https://www.greenmedinfo.com/blog/stanford-team-finds-evidence-covid-19-mortality-rate-low-2-17-times-lower-whos-esta>
<https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2>

¹⁵⁹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102597/?fBritishColumbiaid=lwAR29vpTe-Dk_xoVzVRbuAqVhil1k0DcZkGqYsak6IC-OBjZcBRP6cyj

- (ii) Mortality modeling by the World Health Organization, Imperial College of London, and the US Institute for Health Metrics and Evaluation have all been drastically “downgraded”. Strategies and measures based on these original predictions are invalid.^{160 161}
- (jj) As of March 19, 2020, the status of COVID-19 in the United Kingdom was downgraded. COVID-19 is no longer considered a high consequence infectious disease (HCID). The Advisory Committee on Dangerous Pathogens (ACDP) in the UK is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease).^{162 163}
- (kk) **On March 26, 2020**, Dr. Anthony Fauci published an editorial in the *New England Journal of Medicine* stating that “*the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza with a case fatality rate of perhaps 0.1%.*”¹⁶⁴
- (ll) On April 9, 2020, Canadian public health officials stated: “In a best-case scenario, Canada’s total COVID-19 deaths can range from 11,000 to 22,000.” And “In the bad scenarios, deaths go well over 300,000.” As of May 21, 2020, the total reported deaths from

¹⁶⁰ How One Model Simulated 2.2 Million U.S. Deaths from COVID-19. Cato Institute. April 21, 2020

¹⁶¹ <https://www.cato.org/blog/how-one-model-simulated-22-million-us-deaths-covid-19>

¹⁶² <https://prepforthat.com/fear-mongering-covid-19-epidemiologist-says-he-was-wrong/>

¹⁶³ <https://www.gov.uk/topic/health-protection/infectious-diseases>

¹⁶⁴ <https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/>

¹⁶⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7121221/>

COVID 19 in Canada was 6,145. As of July 2, 2020, the total deaths attributed to COVID 19 in Canada was 8,642. In 2018, the mortality rate of the 2018 influenza/pneumonia in Canada which was **23 per 100,000**.¹⁶⁵ In a population of 37.7 M, this equates to approximately 8,671 deaths. This is the mortality even though a vaccine exists for both influenza and pneumonia and there is a high uptake rate in the senior population.

- (mm) The World Health Organization knew as early as February 28, 2020 that most people will have mild illness from SARS-CoV-2 infection and get better without needing any special care.¹⁶⁶
- (nn) The Canadian government has implemented a re-start strategy that continues to maintain the unsubstantiated narrative that the SARS-CoV-2 virus is extra-ordinarily dangerous and requires extra-ordinary social distancing measures never before implemented.
- (oo) The re-start strategy recommended by the federal and various provincial governments is based on ‘sector’ rather than ‘risk’. There is no evidence that a re-start based on sector has scientific merit.

¹⁶⁵ <https://www.statista.com/statistics/434445/death-rate-for-influenza-and-pneumonia-in-canada/>

¹⁶⁶ WHO Director-General's opening remarks at the media briefing on COVID-19 - 28 February 2020
<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---28-february-2020>

- (pp) According to a number of infectious disease experts, hospital capacity, rather than the number of infections should be the metric of choice for relaxing restrictions.¹⁶⁷
- (qq) There is no evidence that harms caused by the mass and indiscriminate containment of citizens was calculated and considered in the modeling and strategic planning response to SARS-CoV-2.¹⁶⁸
- (rr) SARS (2003), Swine Flu/H1N1 (2009), and MERS (2012) were all considered pandemics by the World Health Organization. Each of these pandemics were effectively contained without lockdowns, economic ruin, violations of privacy, and the indefinite loss of the right to work and personal freedoms. SARS and MERS dissipated on their own naturally without any vaccine intervention.¹⁶⁹
- (ss) Academic studies of media coverage during the 2003 Canadian SARS outbreak concluded that the media coverage was excessive, sensationalist, and sometimes inaccurate. Government health agencies were criticized for lacking a unified message and communications strategy, resulting in confusion and panic about

¹⁶⁷ <https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns>

¹⁶⁸ Rethinking the Coronavirus Shutdown. WSJ/Opinion. March 19, 2020
<https://www.wsj.com/articles/rethinking-the-coronavirus-shutdown-11584659154>

¹⁶⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2094974/>

the disease.¹⁷⁰ These same criticisms hold even more true for media and government response to SARS-CoV-2.

(tt) The suspension of our civil liberties is not justified by the known risk posed by SARS-CoV-2.

(uu) In a statement released on March 24, 2020, professor Peter Gotzsche states: “*The coronavirus mass panic is not justified.*” The suspension of our right to liberty, to work, to travel, and to conduct commerce is not justified by the known risk posed by SARS-CoV-2.¹⁷¹

(vv) There is no independent human rights oversight committee to track human rights violations associated with SARS-CoV-2 response measures in Canada.

(ww) Communications about SARS-CoV-2 by the Government of Canada and mainstream media have been exaggerated, distorted, irresponsible, and appear to have been purposely designed to evoke fear and panic. The fear is out of proportion to the actual risk of mortality.

(xx) Governments and media have repeatedly failed to properly distinguish between the ‘risk of infection’ and ‘the risk of

¹⁷⁰ <https://www.thecanadianencyclopedia.ca/en/article/sars-severe-acute-respiratory-syndrome>

¹⁷¹ The Coronavirus mass panic is not justified. Professor Peter C. Gøtzsche 24 March 2020

<https://www.deadlymedicines.dk/wp-content/uploads/G%C3%B8tzsche-The-Coronavirus-mass-panic-is-not-justified.pdf>

mortality'. For the vast majority of the population the risk of mortality is extremely low.

- (yy) Prevalence of SARS-CoV-2 in the entire Canadian population is very low. Extreme social controls should never be used in low prevalence epidemics.
- (zz) As presented by PHAC, the modelling techniques used to establish probabilities of the epidemic trends and thus “inform” policy decisions have no basis in evidence, are completely inflated, and essentially amount to statistical chicanery.
- (aaa) Using total case numbers as though they represent the risk of being infected with SARS-CoV-2 is perception management. While these numbers may be of interest for epidemiological study, they have little bearing on the true risk facing citizens.
- (bbb) Severity of SARS-CoV-2 is estimated by infection fatality rates. Infection fatality rates cannot be established until the total number of cases, both symptomatic and asymptomatic, in the entire population can be estimated.
- (ccc) The Canadian government failed to perform a national random sample test to establish a SARS-CoV-2 baseline across the entire population to justify the restrictions and violations of rights and freedoms.

- (ddd) Exaggerated claims and distorted messages have contributed to an atmosphere of fear and uncertainty that is destructive to the well-being of Canadians. It would appear that the real epidemic is an epidemic of fear.
- (eee) The evoked fear and panic is so entrenched amongst a large proportion of Canadians that it is extremely difficult to reverse that message even when the scientific data does not support such panic.
- (fff) As recent as May 22, 2020 Prime Minister Justin Trudeau told reporters that contact tracing needs to be ramped up across the country. Trudeau stated that he “strongly recommends” provinces use cell phone apps when they become available, and that this use would likely be mandated. Use of surveillance technologies to monitor citizens constitutes a clear violation of our right to privacy.
- (ggg) As of May 24, 2020, the Prime Minister of Canada had not invoked the *Emergencies Act*, nor has he to date. Therefore, emergency measures announced by the Prime Minister and his public statements to Canadians to “just stay home” have no legal basis or authority, are an abuse of power, and is resulting in confusing, dangerous and unlawful messaging.
- (hhh) The Prime Minister of Canada and British Columbia Premier John Horgan have repeatedly stated that “*life will not return to normal*”

until a vaccine is found". It is irresponsible to base a return to normal upon a vaccine when there is no guarantee that an effective and safe vaccine can be developed.

- (iii) There are significant risks to both individuals and to confidence in the health care system by accelerating the development of a SARS-CoV-2 vaccine by relaxing normal and prudent safety testing measures.
- (jjj) Health Canada approved human trials of a SARS-CoV-2, under an Interim Order, of a SARS-CoV-2 vaccine (May 19, 2020) without clear evidence that prior animal testing to identify the potential risk of pathogenic priming (immune enhancement) has been conducted. Pathogenic priming has prevented the development of an effective and safe coronavirus vaccine to date.
- (kkk) Dr. Peter Hotez of Baylor College (who has previously tried to develop a SARS vaccine) told a US Congressional Committee on March 5, 2020 that coronavirus vaccines have always had a "unique potential safety problem" — a "kind of paradoxical immune enhancement phenomenon."¹⁷²
- (III) To impose through influence, mandate, or coercion an inadequately tested SARS-CoV-2 vaccine product upon all

¹⁷² <https://www.c-span.org/video/?470035-1/house-science-space-technology-committee-hearing-coronavirus&start=1380>

Canadians when 99% of the population is not at risk of mortality is reckless, irresponsible and immoral.

- (mmm) A SARS-CoV-2 vaccine ought to be targeted at the less than 1% of the population that is at risk of mortality, rather than the more than 99% that is not at risk.
- (nnn) There is no moral, medical or ethical justification to ignore prudent safety protocols and to suggest that the use of this yet to be developed medical product is necessary for life to return to normal.
- (ooo) Dr. Allan S. Cunningham, a retired pediatrician, has raised the possibility that a potential contributor to the current coronavirus outbreak is the seasonal influenza vaccine. A randomized placebo-controlled trial in children showed that the influenza vaccine increased fivefold the risk of acute respiratory infections caused by a group of non influenza viruses, including coronaviruses.^{173 174}
- (ppp) A study of US military personnel confirms that those who received an influenza vaccine had an increased susceptibility to coronavirus infection.¹⁷⁵
- (qqq) EU numbers show correlation between influenza vaccine and coronavirus deaths. The countries with highest death rates (Belgium, Spain, Italy, UK, France, Netherlands, Sweden, Ireland

¹⁷³ <https://www.bmj.com/content/368/bmj.m810/rr-0>

¹⁷⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/>

¹⁷⁵ <https://www.sciencedirect.com/science/article/pii/S0264410X19313647>

and USA) had all vaccinated at least half of their elderly population against influenza.¹⁷⁶

- (rrr) Canada continues to be one of only two G20 Nations which fails to compensate citizens who are injured and killed by government approved and recommended vaccine products. The other is Russia.
- (sss) The unwillingness of the Government of Canada to provide compensation for vaccine injury, while at the same time imposing vaccine products upon its citizens, is unconscionable.
- (ttt) To rely on a vaccine as the required strategy to returning life to normal is reckless, irresponsible and unwarranted.
- (uuu) Jonathan Kimmelman, director of McGill University's biomedical ethics unit stated: "Outbreaks and national emergencies often create pressure to suspend rights, standards and/or normal rules of ethical conduct. Often our decision to do so seems unwise in retrospect."
- (vvv) On June 8th, 2020 the WHO publicly announced that the risk of symptomatic spreading of the virus was "**very rare**". This statement removed by Facebook as "fake News", given its very early, prior contrary assessment, the WHO, the next day partially retracted this June 8th, 2020 statement by qualifying without details or explanation that

¹⁷⁶ <https://www.thegatewaypundit.com/2020/05/niall-mccrae-david-kurten-eu-numbers-show-correlation-flu-vaccine-coronavirus-deaths/>

modeling suggested Asymptomatic transmission is possibly as high as 40%: NO evidence or study was provided, nor the basis of the previous day's release. On July 4th, 2020 the WHO re-re paddled back to its original June 8th, 2020 position.

186. A posted report announcing the June 8th, 2020 WHO release, on Facebook, with respect that Asymptomatic transmission was very rare, which was immediately removed by Facebook as “Fake News” for, contradicting earlier WHO releases.
187. From the summer of 2020, to the present, the alarm and clarity that the Defendants have **not** been following the science, or medicine, has intensified, world-wide, and in Canada, while the Respondents continue to refuse to disclose the source and substance of whose and what science they are following, based on what?
188. British Columbia doctors have written Bonnie Henry, publicly, requesting she disclose and explain her “scientific” basis for the measures. She has consistently refused. In fact, doctor(s) doing so, or criticizing Covid-measures such as Dr. Stephen Malthouse, and other, have been pursued by their Regulatory College for simply asking questions of Bonnie Henry and the Covid measures. Directors from the College of Surgery and Physicians of British Columbia have issued, on the pain of discipline and removal of medical license, that no criticism of the official Public Health opinions, dictates, and treatment will be tolerated by the College.

189. This is not restricted to British Columbia. On April 20th, 2021 Ontario doctors demanded, of Ontario Premier Doug Ford, an open and public discussion and debate of his measures as they do not add up to science or medicine, like the measures in British Columbia.

• **E/ HYPER – INFLATED, DISTORDEDED TOTAL NUMBER OF CV-19 “CASES” & “DEATHS”**

190. Since the on-set of the “emergency”, and into the summer of 2020, the Plaintiffs state that the total number of Covid-19 cases is the basis for almost all of the Covid-19 data including deaths in those cases, recovery from those cases, hospitalizations and ICU admissions of those cases and total active cases.¹⁷⁷ Total case numbers are also used for other epidemiological metrics (e.g., virulence and transmission rates of Covid-19).

191. Yet the total case numbers are inflated by both RT-PRC testing and WHO coding definitions.

192. The Plaintiffs state that the WHO coding of cases allows ‘virus not identified’, i.e., probable cases to be counted as Covid-19 cases.¹⁷⁸ WHO coding also inflates death data numbers by requiring **all cases** where Covid-19 is “probable or confirmed” to be certified as a death due to Covid-19 regardless of

¹⁷⁷ Public Health Agency of Canada, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html> “Confirmed: A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g. real-time PCR or nucleic acid sequencing).

¹⁷⁸ WHO ICD-10 Coding <https://www.who.int/classifications/icd/COVID-19-coding-icd10.pdf?ua=1>]

comorbidities. Admonishing physicians to “always apply these instructions, whether they can be considered medically correct or not.”¹⁷⁹

193. RT-PCR was never intended as a diagnostic tool¹⁸⁰ and is not an antigen test¹⁸¹.
194. The Plaintiffs state that the PCR tests are based on an arbitrary cycling number (Ct) that is not consistent among testing laboratories.¹⁸² “Cycling too much could result in false positives as background fluorescence builds up in the PCR reaction.” Tests can show positive for minute amounts of RNA that are not causing illness and for non-infectious fragments of RNA.¹⁸³ RT-PCR tests cannot prove the pathogenic nature of the RNA.
195. RT-PCR tests have a specificity of 80-85%.¹⁸⁴ This means 15-20% of the time a positive test does not indicate the presence of RNA of SARS-CoV-2, but of some other RNA source. RT-PCR testing is not reliable for SARS-CoV-2 testing.¹⁸⁵
196. RT-PCR tests are more likely to be false positive than false negative.¹⁸⁶ In low prevalence countries like Canada: “Such [false positive] rates would have large

¹⁷⁹ WHO Cause of Death Guidelines https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19-20200420-EN.pdf?ua=1

¹⁸⁰ Dr. Judy Mikowitz <https://articles.mercola.com/sites/articles/archive/2020/05/03/is-the-new-coronavirus-created-in-a-lab.aspx> “Epidemiology is not done with PCR. In fact, Kary Mullis who invented PCR, Nobel Laureate, and others, said PCR was never intended for diagnostic testing.”

¹⁸¹ Not an Antigen Test: Prof Eleanor Riley, Professor of Immunology and Infectious Disease, University of Edinburgh and Dr Colin Butter, Associate Professor and Programme Leader in Bioveterinary Science, University of Lincoln <https://www.sciencemediacentre.org/expert-comment-on-different-types-of-testing-for-covid-19/>

¹⁸² Issues with the RT-PCR Coronavirus Test, David Crowe and Dr. Stephen Bustin, April 23, 2020 https://theinfectiousmyth.com/coronavirus/RT-PCR_Test_Issues.php]

¹⁸³ <https://www.independent.co.uk/news/world/asia/coronavirus-south-korea-patients-infected-twice-test-a9491986.html>

¹⁸⁴ RT-PCR Test 80–85% specificity per Dr. James Gill, Warwick Medical School, England <https://www.sciencemediacentre.org/expert-comment-on-different-types-of-testing-for-covid-19/>]

¹⁸⁵ Stability Issues of RT-PCR Testing of SARS-CoV-2, March 10, 2020 Abstract: <https://pubmed.ncbi.nlm.nih.gov/32219885/>
Full text: <https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25786>

“In our study, we found a potentially high false negative rate of RT-PCR testing for SARS-CoV-2 in hospitalized patients in Wuhan clinically diagnosed with COVID-19. Furthermore, the RT-PCR results showed a fluctuating trend. These may be caused by insufficient viral material in the specimen, laboratory error during sampling, or restrictions on sample transportation.”]

impacts on test data when prevalence is low. Inclusion of such rates significantly alters four published analyses of population prevalence and asymptomatic ratio. The high false discovery rate that results, when prevalence is low, from false positive rates typical of RT-PCR assays of RNA viruses raises questions about the usefulness of mass testing...¹⁰

197. The Plaintiffs state that the implications of false positive tests include the following: “There are myriad clinical and case management implications. Failure to appreciate the potential frequency of false positives and the consequent unreliability of positive test results across a range of scenarios could unnecessarily remove critical workers from service, expose uninfected individuals to greater risk of infection, delay or impede appropriate medical treatment, lead to inappropriate treatment, degrade patient care, waste personal protective equipment, waste human resources in unnecessary contact tracing, hinder the development of clinical improvements, and weaken clinical trials.”¹⁸⁷
198. A Chinese study¹⁸⁸ found, “In the close contacts of COVID-19 patients, nearly half or even more of the 'asymptomatic infected individuals' reported in the active nucleic acid test screening might be false positives.”¹⁸⁹

¹⁸⁶ . 10 False positives in reverse transcription PCR testing for SARS-CoV-2
<https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v1.full.pdf>]

¹⁸⁷ <https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v2>
<<https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v2>>

¹⁸⁸ Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients, March 23, 2020

<http://html.rhhz.net/zhlxbx/017.htm>

Full translation: <https://theinfectiousmyth.com/articles/ZhuangFalsePositives.pdf>

199. The Public Health Agency of Canada reports more than 1.4 million people have had PCR tests.¹⁹⁰ Considering the false positive rate, especially for contact tracing, this is not a good use of our resources (both dollars and testing staff).

200. As of June 15th, 2020 the COVID “statistics” are as follows:

(a) Population of Canada 2020--- 37,742,154;

(b) Total number of confirmed or probable cases as of June 15th -- 99,147;

(c) Therefore, 0.0026% of Canadians are testing positive;

(d) 0.00021% of Canadians are dying “with” or “of COVID” (there is no current differentiation between death “with” or “from” COVID statistically speaking). As of June 15,2020 the national death count from covid stands at 8,175, a completely inflated and distorted number, due to levels of gross mismanagement of patient care in institutions where outbreaks are reported, and death certificate mislabelling of dying “with” covid, as opposed to dying “from” covid. Meanwhile, the statistics (2018) for other causes of death, according to statistics Canada, in Canada were as follows:

(i) Suicides--- 3,811;

(ii) influenza and pneumonia (seasonal viral respiratory illness) --- 8,511*;

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https://www.reddit.com/r/COVID19/comments/fik54b/false_positives_among_asymptomatic/
<https://www.reddit.com/r/COVID19/comments/fik54b/false_positives_among_asymptomatic/>

¹⁹⁰ PHAC Daily Update, May 25: 1,454,966 total people tested

<https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf>

- (iii) accidents (unintentional injuries) ---13,290;
- (iv) medical error (including medications)--- 28,000;
- (v) heart disease--- 53,134;
- (vi) cancer--- 79,536.

201. The Plaintiffs state, and fact is that the US, UK, and Italy, through their public health officials have publicly admitted that a COVID death is tallied as such, simply where the COVID virus is found, **albeit** inactive, and regardless of whether the patient died from another **primary** cause of death, such as from cancer in palliative care. Thus a senior US Health official, on April 19th,2020, Dr. Ezike, Director of Public Health, put it this way:

That means, that if you were in hospice and had already been given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death.

‘‘It means technically if you died of a clear alternate cause but you had COVID at the same time, its still listed as a COVID death.

Everyone who is listed as a COVID death doesn’t mean that was the cause of the death, but they had COVID at the time of death.

The Plaintiffs state, and the fact is, that Canada uses the same system, mandated by the WHO, because the WHO collapsed three different ways of certifying and classifying death into one, in order to grossly inflate the number of deaths “attributable” to covid-19.

202. This includes someone like George Floyd who was killed (murdered) by four (4) Minneapolis police officers, who have been charged with murder, in that the official autopsy report stipulated that he had tested positive for COVID months

earlier. (Why George would be tested for COVID, in the circumstances, is beyond baffling).

203. The Plaintiffs state, and the fact is, that in many jurisdictions, such as New York City, a hospital is paid much more to deal with a “COVID-death”, than a non-COVID death.

204. The Plaintiff states, and the facts is, that the false and faulty manner and method of determining a “COVID-death”, is wholly and exclusively dictated by WHO guidelines and parroted by Chief Medical Officers in Canada, in furtherance of the WHO’s false “pandemic”, to instill baseless fears, in the WHO’s non-medical agenda, at the control and instigation of Billionaire, Corporate, and Organizational Oligarchs, who actually control the agenda of the WHO, to effect their plan to install a New World (Economic) Order by means of economic shut-down and mandatory vaccinations and surveillance of the planet’s population.

205. From the summer of 2020 to the present, the fraud, and fraudulent misuse of the PCR testing, which accounts for the “case-counts”, and in turn the panic and justification for **ALL** Covid-measures continues, without the explanation to the public that:

(a) The inventor of the PCR test, Nobel-Prize winner Kary Mullis, made it clear that the PCR test **cannot** and **does not** detect any virus that it can diagnose **any** virus but is merely a screening investigative test and that, in order to verify the existence of a virus you must:

(i) Do a culture test to isolate and identify the virus; and

- (ii) A concurrent blood-test to check for anti-bodies to verify that the virus is still infectious;
- (b) The PCR test, when used at a threshold cycle of 35 or over, in the “positive” cases, 96.5% are false positives, which has been judicially excepted by three (3) courts, and currently British Columbia tests at between 43-45 cycles and which means that every time British Columbia announces a positive case count it needs to be reduced by 96.5%;
- (c) That the PCR test will give a positive for all coronaviruses of which there are seven(7);
- (d) That the PCR test will register and count as positive dead, **non**-infectious virus fragments;
- (e) That dead, non-infectious virus fragments remain in the body for up to 80 days from the time the virus **ceases** to be infectious;
- (f) That the positive “case(s) count(s)” has no relationship to the **death count**.
- (g) In November 2020, a Portuguese court ruled that PCR tests are unreliable.¹⁹¹ On December 14, 2020, the WHO admitted the PCR Test has a ‘problem’ at high amplifications as it detects dead cells from old viruses, giving a false positives.¹⁹² On February 16th, 2021, BC Health

¹⁹¹ <https://unitynewsnetwork.co.uk/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful-media-blackout/>

¹⁹² <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem>

Officer, Bonnie Henry, admitted PCR tests are unreliable.¹⁹³ On April 8th, 2021, the Austrian court ruled the PCR was unsuited for COVID testing.¹⁹⁴ On April 8th, 2021, a German Court ruled against PCR testing stating, “the test cannot provide any information on whether a person is infected with an active pathogen or not, because the test cannot distinguish between “dead” matter and living matter”.¹⁹⁵ 9 On May 8th, 2021, the Swedish Public Health Agency stopped PCR Testing for the same reason.¹⁹⁶ On May 10th, 2021, Manitoba’s Chief Microbiologist and Laboratory Specialist, Dr. Jared Bullard testified under cross examination in a trial before the court of Queen's Bench in Manitoba, that PCR test results do not verify infectiousness and were never intended to be used to diagnose respiratory illnesses.¹⁹⁷

206. In fact, as of April 2021, the Canadian and British Columbia claim that approximately 23,000 Canadians have died “from” and “with” Covid which is a fraudulent and misrepresenting statistic in that this is over the equivalent of two (2) flu seasons which means that 11,500 purportedly died in 2019-2020 and another 11,500 purportedly died in the 2020-2021 flu season. Even accepting the questionable dying “with Covid”, 11,500 is not significantly higher than the

¹⁹³ <https://rumble.com/vhww4d-bc-health-officer-admits-pcr-test-is-unreliable.html>

¹⁹⁴ <https://greatgameindia.com/austria-court-pcr-test/>

¹⁹⁵ <https://2020news.de/sensationsurteil-aus-weimar-keine-masken-kein-abstand-keine-tests-mehr-fuer-schueler/>

¹⁹⁶ <https://tapnewswire.com/2021/05/sweden-stops-pcr-tests-as-covid19-diagnosis>

¹⁹⁷ <https://www.jccf.ca/Manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious>

8,500-9,100 who died from complications of the annual influenza, every year, prior to Covid-19. Vis-à-vis the population, it still amounts to a mere ¼ of 1% (0.0027%) of the population. To call this a “pandemic” is to engage in fraud and fear-mongering. The Plaintiffs state, and the fact is that an extremely exponential more people have died as a direct result of the Covid measures themselves.

- **F/ GLOBAL POLITICAL, ECONOMIC AGENDA BEHIND UNWARRANTED MEASURES**

- **The Non-Medical measures and Aims of The Declared Pandemic- The Global Agenda**

207. The Plaintiffs state, and the fact is that the WHO is not, nor ever has been, an objective, independent **medical** body, but is riddled with over-reaching socio-economic and political dictates of its funders who, inexplicably over and above the nation-states who fund-it, is heavily funded, and directed, through its “WHO Foundation”, and **GAVI**, by international Billionaire Oligarchs, and Oligarch organizations such as Bill Gates, GAVI, the World Economic Forum (“WEF”). The Plaintiff states, and the fact is, that WHO vaccination programs, funded by the Bill Gates and Melinda Foundation, have been accused, by the governments of various sub-Saharan African countries, as well as Nicaragua, India, Mexico and Pakistan, the Philippines, of conducting unsafe, damaging vaccine experiments on their children. In India, the Courts are investigating these vaccination experiments on children. The WHO has recently, in the context of the COVID-19, been expelled from various countries for lack of confidence,

corruption, and attempted bribery of their officials, up to, and including, head(s) of state. The Plaintiffs further state, and fact is:

- (a) There is a declared agenda to impose global mandatory vaccination, ID chipping, testing and immunity certification on all citizens. This global agenda has been in the works for decades;¹⁹⁸
- (b) Bill Gates, through his Foundation and Organization(s), is the largest private funder to the World Health Organization, is a leading proponent of keeping the economy locked down until a vaccine is developed. Gates is also a major advocate behind the contact tracing initiative.¹⁹⁹ Gates is a major investor in developing a SARS-CoV-2(COVID-19) vaccine and in tracking technology. Gates has a clear financial conflict of interest in advocating for a vaccine and contact tracing;
- (c) Bill Gates has no medical or scientific training or credentials and holds no elected office. He should not be determining the fate of mankind.²⁰⁰
- (d) The Gates Foundation (along with other partners) helped launch the Global Alliance for Vaccines and Immunization (GAVI). The foundation has given \$4.1 billion to GAVI over the past 20 years;²⁰¹
- (e) These self-propelling agenda personally benefit Gates and other Billionaires, Corporations, and Organizations, particularly vaccines and computer and wireless technology, in his pharmaceutical (vaccine)

¹⁹⁸ <https://childrenshealthdefense.org/news/a-timeline-pandemic-and-erosion-of-freedoms-have-been-decades-in-the-making/>

¹⁹⁹ <https://www.lifesitenews.com/news/bill-gates-life-wont-go-back-to-normal-until-population-widely-vaccinated>

²⁰⁰ <https://childrenshealthdefense.org/news/government-corruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/>

²⁰¹ <https://www.vox.com/future-perfect/2020/4/14/21215592/bill-gates-coronavirus-vaccines-treatments-billionaires>

holdings and agenda, as well as IT and internet holdings and concerns in that, overnight , a vast majority of socio-economic activity has been dislocated to a “virtual”, “new normal” whereby everything from commerce, schools, Parliament, Courts, are converting to “virtual”, not to mention the electronic surveillance through cellphone applications for contract tracing;

(f) The Gates Foundation project to develop at-home testing evolved from a two-year-old research project from the University of Washington that was intended to track the spread of diseases like influenza. All told, the Gates Foundation has poured about \$20 Million into the effort. A project funded by the Gates Foundation announced it would begin issuing at-home specimen collection kits for the novel coronavirus, COVID-19, according to a report in the Seattle Times;²⁰²

(g) Dr. Joel Kettner, former Chief Medical Officer revealed that pressure is being put on public health doctors and public health leaders by the Director-General of the World Health Organization (WHO) when he said, “*This is a grave threat and a public enemy number one*”. Kettner states – “I have never heard a Director-General of WHO use terms like that.”²⁰³;

²⁰² <https://www.seattletimes.com/seattle-news/health/gates-funded-program-will-soon-offer-home-testing-kits-for-new-coronavirus/>

²⁰³ <https://off-guardian.org/2020/03/17/listen-cbc-radio-cuts-off-expert-when-he-questions-covid19-narrative/>

- (h) While these initiatives are presented as measures to address health, they significantly increase control by governments over their citizens, violate privacy, and are part of an agenda to impose vaccination by mandates and other forms of coercion;
- (i) Contact tracing applications are being installed in cell phone software upgrades without the express knowledge or permission of consumers;
- (j) The Centre for Disease Control in the United States is actively lobbying for increased masking and physical distancing measures, without substantive evidence to justify these measures., while in Canada compulsory masking has also emerged;
- (k) Alan Dershowitz, a Harvard Law school professor has declared: *“If a safe vaccine is to be developed for Covid-19, I hope it’s mandated, and I will defend it, and we’ll argue that in the Supreme Court of the United States.”*²⁰⁴;
- (l) Social media platforms such as Facebook, Pinterest, Instagram, Twitter, YouTube and others, under the direction of governments, are actively censoring information that challenges the SARS-CoV-2(COVID-19) pandemic narrative. Public debate on this topic is not being permitted, where Canada is no exception, and even worse, with the Canadian government threatening to enact **Criminal Code** provisions for those who

²⁰⁴ https://www.forbes.com/sites/christopherrim/2020/05/20/more-than-stimulus-checks-how-covid-19-relief-might-include-mandated-vaccines/?fBritishColumbialid=IwAR2nrvg0WDTdv_KwjL_wedTNWBe3pxbqQeQAvQIK4m8OfSctLGFhAU9rGYE#1d19b0d57992

utter or publish “misinformation” on COVID-19, including expert opinion;

(m) The voices of highly credentialed and respected scientists and medical doctors have been censored by the government and media, preventing them from providing critical information from their decades long experience in dealing with infectious diseases and epidemics. Even our own public health experts’ experience and advice, gathered over many decades has been ignored. This includes Dr. Joel Kettner, former Chief Medical Officer of Manitoba and Dr. Richard Schabas, former Chief Medical Officer of Ontario;

(n) Scientists have been involved in “gain-of-function” (GOF) research since 2002 that seeks to generate viruses “*with properties that do not exist in nature*” and to “*alter a pathogen to make it more transmissible (to humans) or deadly.*”²⁰⁵ ²⁰⁶;

(o) Rather than instruct people on how to improve their overall health or boost their immunity with healthy foods, quality supplements, and physical activity, governments are telling citizens that the only way to survive the coronavirus crisis is to rush the development of a vaccine and then inject all seven billion humans on the planet;

(p) Many scientists and doctors have expressed confidence in high dose Vitamin C, Vitamin D supplementation, and other generic, inexpensive,

²⁰⁵ <https://www.ncbi.nlm.nih.gov/books/NBK285579/>

²⁰⁶ <https://www.sciencemag.org/news/2014/10/us-halts-funding-new-risky-virus-studies-calls-voluntary-moratorium>

and readily available medications and treatments to assist recovery. To state that there is no cure to SARS-CoV-2 (COVID-19) is dishonest;

- (q) The “no cure” agenda devolves directly from the pharmaceutical industry, which is receiving billions of dollars from governments to develop expensive and, so far, unproven as safe and effective “cures”. Yet safe, effective and inexpensive remedies that help with recovery from Covid-19 already exist;
- (r) Research in 2005 demonstrated that Chloroquine is a potent inhibitor of SARS coronavirus infection and spread, thus negating the urgent need for a vaccine;²⁰⁷
- (s) Some governments are actively restricting access to treatments that have been proven to alleviate the symptoms of SARS-CoV-2(COVID-19) including VITAMIN C and D, zinc, HCQ, GTH precursors, and oxygen treatments, including hyperbaric chambers;
- (t) The decision by governments globally to institute social controls and severe containment measures will prolong the epidemic and guarantee successive waves of infection. As social controls are lifted, susceptible individuals previously cocooned from infection will become exposed. Successive waves of infection is a certainty as a result of severe containment measures that prevented the development of natural immunity;

²⁰⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

- (u) Prime Minister Trudeau and Premiers, including the Respondents, have stated that “life will not return to normal until we have a vaccine”, parroting Bill Gates and Gates’ mantra and agenda, and has failed to take “mandatory vaccination” off the table as a potential action of the government.²⁰⁸ It would appear that the Prime Minister and Premier are not considering any alternative plan to ending this lockdown;
- (v) The Government of Canada has not assumed legal and financial liability for any injury or death resulting from containment measures or the use of any vaccine;
- (w) When a government uses its power to force ordinary citizens to give up their freedoms, that nation is in great danger of moral and economic collapse.²⁰⁹

208. The Plaintiffs state, and the fact is, that the non-medical aims and objectives to declare the “pandemic”, for something it is not beyond one of many annual seasonal viral respiratory illnesses, was to, **inter alia**, effect the following non-medical agendas, by using the COVID- 19” as a cover and a pretext:

- (a) To effect a massive bank and stock market bail-out needed because the banking system was poised to again collapse since the last collapse of 2008 in that the World debt had gone from \$147 Trillion dollars in 2008 to \$321 Trillion dollars in January, 2020 and that;

²⁰⁸ <https://nationalpost.com/news/canada/coronavirus-live-updates-covid-19-covid19>

²⁰⁹ <https://www.chp.ca/commentary/free-injections-or-mandatory-vaccinations>

- (i) With 10 days of the declared pandemic European and North American banks were given \$2.3 Trillion dollars and further amounts to hold up stuck markets and corporations, for a total of approximately \$5 Trillion dollars, largely going un-noticed in the face of the “pandemic”, with this number progressively climbing ;
 - (ii) The shutting of virtually **all**, small independent businesses, with the bizarre, **but intended** consequence that a local, street-level clothing-store, or hardware store, or any store not selling food or medicine, is forced shut down but a Walmart or Costco could sell anything and everything in its stores because one section of the store sold food (an essential service);
 - (iii) Other stores unable to sell, had to close with the consequence that all small hardware shops, and the like, were closed but the large corporations such as Home Depot, and the like, were equipped to take on-line orders and have drive-by pick up;
- (b) The fact is that the pandemic pretense is there to establish a “new normal”, of a New (Economic) World Order, with a concurrent neutering of the Democratic and Judicial institutions and an increase and dominance of the police state;
- (c) A massive and concentrated push for mandatory vaccines of every human on the planet earth with concurrent electronic surveillance by means of proposed:

- (i) Vaccine “chips”, bracelets”, and “immunity passports”;
- (ii) Contract- tracing via cell-phones;
- (iii) Surveillance with the increased 5G capacity;
- (d) The elimination of cash- currency and the installation of strictly digital currency to better-effect surveillance;
- (e) The near-complete revamping of the educational system through “virtual” learning and closure of schools, particularly at the University levels.

209. The Plaintiffs state, and the fact is, that the benefactors of these goals and agendas are the global oligarchs who control and profit from vaccines and the technical infrastructure of information and communication such as Bill Gates, and his companies and Organizations, who pursues global vaccination and profits from a global shift to “virtual economy” along with the other corporate oligarchs and their “on-line” sale and distribution infrastructure of globalization, and by-passing of effective national governance of nation-states under their own respective Constitutions, including Canada.

210. The Plaintiffs state, and the facts is, that this agenda is well on its way to “virtualizing”, “corporatizing”, and “isolating” even Parliament and the Courts to an embarrassing and debilitating degree as reflected, *inter alia* by:

- (a) Virtual Parliamentary Committees and sittings become the “new normal” because a declared “pandemic”, is available every year, with projected “2nd and 3rd waves;

(b) The Supreme Court of Canada, on June 3rd, 2020 announced virtual, “Zoom” hearing of its appeals with its first virtual appeal hearing on or about June 10th, 2020;

(c) The Chief Justice of the Ontario Superior Court, Justice Justice Geoffrey Morawetz, embarrassingly declared, on May 29th, 2020 that :

“there is no real return to full-scale, what I will call normal operations, to pre-March operations, until such time that there’s a vaccine available”.

Whether the Chief Justice is aware, or not aware, that he was echoing a mantra originated by Bill Gates, and an agenda Gates has been pursuing for decades, which serves Bill Gates and his associates, is unknown.

211. The Plaintiffs further state, and the fact is, that this agenda executed under the pretext of the COVID-19 has been long in the planning and making, as reflected and borne out by, **inter alia** the following facts and documents:

(a) (i) “decade of vaccines” declared by Bill Gates, and its funding with the full support of the Canadian government, under a Memorandum of Understanding in 2020 up to including PM Trudeau, and further, on or about May 18th, 2020, gifting Bill Gates another \$800 Million dollars of Canadian Taxpayer dollars in addition to prior millions already gifted;

(ii) The public statements made by Bill Gates and others for mandatory vaccination of the globe, with vaccine-chips, chip-

bracelets, smart-phone tracing, covid-testing, and surveillance of everyone;

(iii) The criminal vaccine experiments causing horrific damage to innocent children in India, Pakistan, Africa and other developing countries;

(b) The Rockefeller Foundation Report, issued on May 2010, and leaked, in which report a hypothetical scenario and hypothetical is laid out with the effect of “ how to obtain global governance during a pandemic”, and which report, posits an unknown virus escaping Wuhan, China;

(c) **The 2010** Canadian Film Board documentary in which Dr. Theresa Tam, an ex-WHO committee member, is featured and quoted to have stated, with respect to a potential pandemic;

Transcript (of Film Documentary):

1:25 – 1:32 - “Large epidemics and pandemics occur on a regular basis through-out history, and it will occur again. It definitely will.”

57:00 - 58:00 - “If there are people who are non-compliant, there are definitely laws and public health powers that can quarantine people in mandatory settings.”

“It’s potential you could track people, put bracelets on their arms, have Police and other set-ups to ensure quarantine is undertaken.”

“It is better to be pre-emptive and pre-cautionary and take the heat of people thinking you might be overreacting, get ahead of the curve, and then think about whether you’ve over-reacted later. It’s such a serious situation that I think decisive early action is the key.”

Narrator Colm Feore states: “Police checkpoints are set up on all the bridges and everyone leaving the city is required to show proof

of vaccination. Those who refuse to cooperate are taken away to temporary detention centers.”

1:22 – “What is certain is an epidemic or pandemic is coming.”²¹⁰

- (d) Gates, through the Bill and Melinda Gates Foundation, between 2003 and 2017, vaccine program killing thousands of children and severely injuring 486,000-plus in India, Pakistan, and Africa in administering vaccines, as exposed by Robert Kennedy Junior and his Defense of Children Foundation, and others, and the fact that in India the Courts are investigating this conduct, and an unsuccessful motion brought in the Italian Parliament to have Gates indicted and extradited for crimes against humanity , and further that developing nation states declaring that they have been “guinea pigs”, mostly children, in furtherance of global vaccination;
- (e) A study by Dr. Peter Aaby in Africa, **DTP Vaccine Increases Mortality 5-Fold, In Study Without Healthy User Bias** concluded: "**DTP was associated with 5-fold higher mortality than being unvaccinated. *No prospective study has shown beneficial survival effects of DTP. All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or***

²¹⁰ NFB Website: <http://onf-nfb.gc.ca/en/our-collection/?idfilm=55974>

Toronto Sun article: <https://torontosun.com/news/national/warmington-tam-talked-of-tracking-bracelets-in-2010-epidemic-film>

pertussis.”²¹¹ DTP while discontinued North America is still administered in the developing World.

- (f) All the facts pleaded, in the above statement of claim with respect to Bill Gates, the Gates Foundation, GAVI, the WEF, Gates’entrenchment in vaccinating, mandatorily the entire planet, and his vaccine-chip pursuits with smart-phone surveillance, covid-testing, acquisition of 5G companies for maximum contact tracing and surveillance, his relationship with the WHO and its funding;
- (g) A UN report, commissioned and released, in September, 2019, prepared by the “Global Preparedness Ministry Board”, in which an “Apotyliptic Pandemic” is predicted killing as many as 80 million people;
- (h) “Event 201”, an exercise, simulating a pandemic, prior to October 18th, 2019, organized by Gates, GAVI, which included the “World Economic Forum”, on invitation only;
- (i) The Government of Canada’s, minutely detailed 67- page Report, entitled“ Government of Canada Response Plan COVID-19”, final version 3.1”, with previous versions unavailable, which could not

²¹¹ <http://vaccinepapers.org/high-mortality-dtp-vaccine/>

have been researched and written a mere couple of weeks prior to the declaration of lock-downs and emergency in Canada;

- (j) The heavily censored UK “Sage Report” of late-May, 2020;
- (k) The International Lobby, spear-headed by Bill Gates and others as set out in the within Statement of Claim;
- (l) The Suppressed German government 93-page, May, 2020, report which was eventually and recently leaked, which clearly and conclusively determined that the “pandemic” and measures are unjustified. The salient summary of which reads:

cs. KM4 – 51000/29#2

KM4 Analysis of Crisis Management (Brief Version)

Remarks: It is the task and aim of crisis management groups and any crisis management to recognize **extraordinary threats** and to fight them until the **normal state** is re-established/regained. A normal state cannot therefore be a crisis.

Summary of the results of this analysis

1. In the past the crisis management did not (unfortunately against better institutional knowledge) build up adequate instruments for danger analysis. The situational reports, in which all information relevant for decision-making should be summarized in the continuing/current crisis, today still only cover a small excerpt of the looming spectrum of danger. An assessment of danger is in principle not possible on the basis of incomplete and inappropriate information. Without a correctly carried out assessment of danger, no appropriate and effective planning of measures is possible. The deficient methodology has an effect on a higher plane with each transformation; politics so far has had a strongly reduced chance to make factually correct decisions.

2. The observable effects of COVID-19 do not provide sufficient evidence that there is – in relation to the health consequences of all of society – any more than a **false alarm**. **At no point in time, it is suspected, was there a danger as a result of this new virus for the population (comparison is the usual death rate in Germany)**. Those who die of corona are essentially those who statistically die this year, because they have arrived at the end of their lives and their weakened bodies cannot any longer fight coincidental everyday challenges (including the approximately 150 circulating viruses). **The danger of COVID-19 was overestimated. (In a quarter of a year worldwide no more than 250,000 deaths with COVID-19, as opposed to 1.5 million deaths during the 2017/18 influenza season). The danger is obviously no larger than that of many other viruses. We are dealing with a global false alarm which has been unrecognized over a longer period of time. - This analysis was reviewed by KM4 for scientific plausibility and does not fundamentally oppose the data and risk assessments provided by the RKI [Robert Koch Institute].**

3. A fundamental reason for not discovering the suspected false alarm is that the existing policies for the actions of the crisis management group and the crisis management during a pandemic do not contain appropriate instruments for detection which would automatically trigger an alarm and the immediate cancellation/abandonment of measures, as soon as either a pandemic proves to be a false alarm or it is foreseeable that the collateral damage – and among these especially the parts that destroy human lives – threatens to become larger than the health effects of and especially the deadly potential of the illness under consideration.

4. In the meantime, the collateral damage is higher than the recognizable benefit. The basis of this assessment is not a comparison of material damages with damage to persons (human lives). Alone a comparison of deaths so far due to the virus with deaths due to the measures decreed by the state (both without certain data). Attached below is an overview-type summary of collateral health damages (incl. Deaths), reviewed by scientists as to plausibility.

5. The (completely useless) collateral damage of the corona crisis is, in the meantime, gigantic. A large part of this damage

will only manifest in the nearer and more distant future. This cannot be avoided anymore, only minimized.

6. Critical infrastructures are the lifelines necessary for the survival of modern societies. As a result of the protective measures, the current security of supply is no longer a given as it usually is (so far gradual reduction of the basic security of supply, which could result in a fallout in future challenging situations). The resilience of the highly complex and strongly interdependent complete system of critical infrastructure has been reduced. Our society lives, from now on, with increased vulnerability and a higher risk of failure of infrastructures necessary for life. This can have fatal consequences, if on the in the meantime reduced level of resilience of KRITIS a truly dangerous pandemic or other danger should occur.

Four weeks ago, UN-general Secretary Antonio Guterres of a fundamental risk. Guterres said (according to a report in the Tagesschau on April 4, 2020): “The weaknesses and insufficient preparation which are becoming apparent through this pandemic give insight into how a bioterrorist attack could look – and these weaknesses possibly increase a risk thereof.” According to our analysis, in Germany a grave deficiency is the lack of an adequate system for the analysis and assessment of danger.

7. the protective measures decreed by the state, as well as the manifold societal activities and initiatives which, as initial protective measures cause the collateral damage, but have in the meantime lost any purpose, are largely still in effect. It is urgently recommended to abolish these immediately, to avert damage to the population – especially unnecessary additional deaths -, and to stabilize the situation around critical infrastructure, which is possibly becoming precarious.

8. The deficits and failures in crisis management consequently lead to communication of information that was not well-founded. (A reproach could be: The state showed itself to be one of the biggest fake-news-producers in the corona crisis).

From these insights it follows:

a) The proportionality of interference with the rights of eg. Citizens is currently not given, since the state did not carry out

an appropriate consideration with the consequences. The German constitutional court demands an appropriate balancing of measures with negative consequences. (PSPP judgement of May 5, 2020).

b) The situational reports of the crisis management group BMI-BMG and the communications from the state to the provinces regarding the situation must there fore henceforth
-conduct an appropriate analysis and assessment of dangerous
-contain an additional section with meaningful, sound data regarding collateral damage (see remarks in the long version)
-be freed of irrelevant data and information which are not required for the assessment of danger, because they make it difficult to see what is going on
-an index should be formed and added at the beginning

c) An appropriate analysis and assessment of danger is to be performed immediately. Otherwise the state could be liable for damages that have arisen.²¹²

212. The Plaintiffs further state, and fact is, that in a study issued by Stefan Homburg, Christof Kuhbandner, at the Leibniz University Hannover, Germany, **post-June 8th, 2020**, these authors soundly concluded in their study that the lock-down measures as modelled and executed were Not effective, globally comparing countries following the WHO protocols and countries that did not.²¹³

213. The Plaintiffs state, and the fact is, that this agenda includes the “World Economic Forum (“WEF”)”. The Plaintiffs state and fact is that the WEF;

(a) Consistently promotes a “New Economic World Order” ,which is a vision in the process of being rolled out under the auspices of the

²¹² <https://human-synthesis.ghost.io/2020/05/31/km4-analysis-of-crisis-management-short-ver/>

<<https://human-synthesis.ghost.io/2020/05/31/km4-analysis-of-crisis-management-short-ver>

²¹³ http://diskussionspapiere.wiwi.uni-hannover.de/pdf_bib/dp-671.pdf

World Economic Forum, of which one of the main sponsors is **The Bill & Melinda Gates Foundation**.

(b) The World Economic Forum is the International Organization for Public-Private Cooperation. **The Forum engages the foremost political, business, cultural and other leaders of society to shape** global, regional and industry agendas.

(c) The World Economic Forum is committed “to the launch of the Great Reset - a project to bring the world's best minds together to seek a better, fairer, greener, healthier planet as we rebuild from the pandemic.” "The COVID-19 crisis has shown us that our old systems are not fit any more for the 21st century," said World Economic Forum Executive Chairman Klaus Schwab. "In short, we need a great reset."²¹⁴

(d) Since its launch on March 11th, 2020, the Forum’s COVID Action Platform has brought together 1,667 stakeholders from 1,106 businesses and organizations to mitigate the risk and impact of the unprecedented global health emergency that is COVID-19. The platform is created with the support of the **World Health Organization**.²¹⁵

²¹⁴ <https://www.weforum.org/agenda/2020/06/the-great-reset-this-weeks-world-vs-virus-podcast/>

²¹⁵ <https://cepi.net/about/howweare/>

- (e) **The WEF sponsors have big plans:** "...the world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions. Every country, from the United States to China, must participate, and every industry, from oil and gas to tech, must be transformed. In short, we need a **"Great Reset" of capitalism.**" **"The World Economic Forum is launching a new Davos Manifesto**, which states that companies should pay their fair share not taxes, show zero tolerance for corruption, uphold human rights throughout their global supply chains, and advocate for a competitive, level playing field." Klaus Schwab, Founder and Executive Chairman, World Economic Forum.²¹⁶
- (f) In 2017 Germany, India, Japan, Norway, the Bill & Melinda Gates Foundation, the Wellcome Trust and the World Economic Forum founded the Coalition for Epidemic Preparedness Innovations (CEPI) to facilitate **focused support for vaccine development to combat major health epidemic/pandemic threats.** As an organization, the Forum has a track record of supporting efforts to contain epidemics. In 2017, at the Annual Meeting, the **Coalition for Epidemic Preparedness Innovations (CEPI)** was launched – bringing together experts from government, business, health,

²¹⁶ <https://www.weforum.org/the-davos-manifesto>

academia and civil society to accelerate the development of vaccines. CEPI is currently supporting the race to develop a vaccine against this strand of the coronavirus.²¹⁷

(g) Event 201, the pandemic exercise in October 2019, was co-sponsored by the World Economic Forum and the Gates Foundation.²¹⁸

(h) As early as 2016, the president of the WEF, announced his and the WEF's intentions that, "within 10 years", humans would be microchipped, including in the brain, to integrate with technology;

(i) In the Fall of 2020, the WEF commissioned a study written by two (2) McGill University professors, entitled: Transhumanism : How to make the Human Body an effective Information Platform" with volunteer, body-microchipped study groups;

214. Further with respect to global vaccination, in the context of Covid, the WEF has stated:

(a) That:

"The COVID-19 crisis is affecting every facet of people's lives in every corner of the world. But tragedy need not be its only legacy. On the contrary, the pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future. Interactive diagram."²¹⁹

²¹⁷<https://cepi.net/about/whoweare/> https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf pg 19

²¹⁸ <https://www.centerforhealthsecurity.org/event201/>

²¹⁹ <https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset>

(b) And that:

“The changes that are underway today are not isolated to a particular country, industry, or issue. They are universal, and thus require a global response. Failing to adopt a new cooperative approach would be a tragedy for humankind. **To draft a blueprint for a shared global-governance architecture**, we must avoid becoming mired in the current moment of crisis management.

Specifically, this task will require two things of the international community: wider engagement and heightened imagination. The engagement of all stakeholders in sustained dialogue will be crucial, as will the imagination to think systemically, and **beyond one’s own short-term institutional and national considerations.**”²²⁰

215. In early July, 2020, Trudeau announced the massive expenditure of post-COVID-19 infrastructure spending to re-align the economy, in concert with the WEF agenda, in tandem with private sector partnership whereby the anticipated privatization of public assets is a given. In September 2020, Trudeau announced his support for the “Great [2030] Reset”.

216. The Plaintiffs state, and the fact is, that:

(a) This agenda, is spear-headed by Bill Gates, and other Billionaire, Corporate, and Global Organizational Oligarchs, which include vaccine, Pharmaceutical, and Technology Oligarchs, through the WHO, GAVI, and the WEF, whom they fund and effectively direct and control;

²²⁰ <https://intelligence.weforum.org/topics/a1G0X000006OLciUAG?tab=publications>
<https://www.weforum.org/agenda/2018/11/globalization-4-what-does-it-mean-how-it-will-benefit-everyone/>

- (b) National and Regional Leaders who are simply, knowingly and/ or unknowingly, as duped partners, partaking in this agenda by simply declaring a “pandemic”, “emergency”, and delegating decisions to their Chief medical officers who are simply following the dictates and guidelines without question nor concern for the world expert opinions against such measures, of the WHO;
- (c) In effect there are less than a hand-full of people dictating the virtual fate of the planet whereby sovereign Parliaments, Courts, and Constitutions are by-passed;
- (d) The “social media”, such as Google, Facebook, YouTube, Amazon owned and operated by the likes of Bill Gates, Mark Zuckerberg, and, in Canada, the CBC, funded and controlled by the Federal Government, are knowingly playing in concert with this over-arching conspiracy, and in fact over-lapping conspiracies.

208. The Plaintiffs further state that through their conduct, communication, agreement, and functions of their intertwined respective public and private offices, the Defendants, knowingly and unknowingly, intentionally and unintentionally, as outlined, *inter alia*, by the Supreme Court of Canada in the test set out in *Hunt v. Carey* and jurisprudence cited therein, have and to continue to:

- (a) engage in an agreement for the use of lawful and unlawful means, and conduct, the predominant purpose of which is to cause injury to the Plaintiffs, through the declaration of a false pandemic and

implementation of coercive and damaging measures including the infliction of a violation of their constitutional rights as set out above in the within statement of claim; and/or

- (b) to engage, in an agreement, to use unlawful means and conduct, whose predominant purpose and conduct directed at the Plaintiffs, is to cause injury to the Plaintiffs, through the declaration of a false pandemic and implementation of coercive and damaging measures including the infliction of a violation of their constitutional rights as set out above in the within statement of claim, that Defendants and officials and employees, should know, in the circumstances, that injury to the Plaintiffs , is likely to, and does result.

217. The Plaintiffs state, and the fact is, that Canada's , and Trudeau's, connection to Gates, Gates' foundation, and various companies , and the global vaccine industry, is **inter alia**, as follows:

- (a) PM Trudeau has echoed Bill Gates' sentiments that mass mandatory vaccination of people is necessary for any sense of normalcy to return.
- (b) Gates uses proxies to successfully lobby the Canadian Government.
- (c) The Gates Foundation founded GAVI, the Global Vaccine Alliance in 1999 with \$750 million and continues to run it and fund it. The Global Vaccine Alliance, is an organization devoted to pushing vaccinations on the public all across the world.

- (d) GAVI hired a lobbying firm called Crestview Strategy, a public affairs agency. Their Mission Statement is: “We make, change, & mobilize opinion.”
- (e) Canada has gifted Bill Gates, and his related Foundation and companies well over \$1 Billion dollars in pursuit of his agenda, \$800 Million recently by Justin Trudeau;
- (f) Crestview has lobbied the Canadian Government on at least 19 occasions since 2018 on various “health” matters, all on behalf of GAVI.

•**Bill Gates- Vaccines, Pharmaceuticals & Technology**

218. The Plaintiffs state, and the fact is, as set out in the within Statement of Claim, that Bill Gates companies, and associates, manifest a clear agenda, for himself and his associates in the vaccine, pharmaceutical and technology, industries, through the **de facto** control of the WHO, influencing and dictating its agenda, to:

- (a) Effect a mandatory, global, vaccine policy and laws, which would net an approximately \$1.3 Trillion per year, in which vaccine industry he is major proponent and investor;
- (b) To effect surveillance, through his vaccination agenda, as outlined in their public statement, and the MIT developed smart-phone application to embed nanocrystal beneath the skin which can be read by a smart-phone

through smart-phones, and 5-G capacity, in which industries Gates is a major stake-holder and investor;

(c) Using the above to “virtualize” and globalize the World economy , in which virtual and global New World (Economic) Order in which Gates further sits in the centre, along with the other Billionaire and corporate oligarchs;

(d) All of which is being effected and accelerated through the false pronouncement of a COVID-19 ‘pandemic’’, and implementation of baseless and false, draconian measures.

219. The Plaintiffs state, and the fact is, that Bill Gates’ statements, and conduct, in the above-noted facts, has been documented, as reflected in the within Statement of Claim.

- **The WHO / Gates/ Trudeau/Dr. Teresa Tam/ and Dr. Bonnie Henry**

220. The Plaintiffs state and fact is, that the connection and common agreement between Gates-Trudeau-Tam, in addition to their statements and actions in furthermore of that agreement as outlined above in the within Statement of Claim, is further manifested by the following:

(a) On April 9, 2020 just before Easter, [Trudeau announced that:](#)

“We will not be coming back to our former normal situation; we can’t do that until we have developed a vaccine and that could take 12 to 18 months.....

[and]....This will be the new normal until a vaccine is developed.”²²¹

- (b) Trudeau’s statement is a script lifted straight from Bill Gates’ echoing almost word for word, the message Gates has been pushing since the coronavirus in North America earlier this winter. The April 9th **Highwire video clip at 2:07** captures Gates stating:

“Things won’t go back to truly normal until we have a vaccine that we’ve gotten out basically to the entire world.”²²²

- (c) Instead of following the recommendations of leading scientists, doctors and epidemiologists, Trudeau is foisting the Gates/WHO/ GAVI/ WEF globalist agenda which he knows or ought to know, will result in financial ruin for millions of Canadians including the Plaintiffs.
- (d) Despite the prevailing global consensus on natural herd immunity, Bill Gates is determined however, to prevent natural immunity so he can mandate his new vaccine(s) for everyone. Noted scientist and journalist. Rosemary Frei, shows Bill Gates does not want people to acquire immunity to COVID-19. Rather, Bill Gates prefers that we suffer the ‘economic pain’ of lockdown in order to prevent us from acquiring natural immunity as Gates has stated:

“We don’t want to have a lot of recovered people [...] To be clear, we’re trying – through the shut-down in the United States – to not get to one percent of the population

²²¹ <https://nationalpost.com/news/canada/coronavirus-live-updates-covid-19covid19>

²²² Blowing the Whistle on Covid-19, April 9, 2020: https://www.youtube.com/watch?v=5g4u1LJQ7_k

infected. We're well below that today, but with exponentiation, you could get past that three million [people or approximately one percent of the U.S. population being infected with COVID-19 and the vast majority recovering]. I believe we will be able to avoid that with having this economic pain.”²²³

(e) In her latest compelling article, **Covid-19 Meltdown and Pharmas' Big Money Win**, Barbara Loe Fisher delves into the many disturbing angles of this epic viral/political war unleashed on humanity, the havoc caused by the Gates & Fauci lockdown policy and the economic spinoffs spawned by the pandemic.²²⁴

(f) Covid-19 has sparked the hottest new market in town – vaccine development. A staggering number of coronavirus vaccines are under development right now with astronomical piles of money being thrown at it. Gates is in the thick of it along with Tony Fauci, director of the National Institute for Allergy and Infectious Diseases (NIAID). Both are on record stating they don't want people developing natural immunity, in stating:

“Now, I hope we don't have so many people infected that we actually have that herd immunity, but I think it would have to be different than it is right now”, says Fauci.²²⁵

²²³ Did Bill Gates Just Reveal the Reason for the Lockdowns: By Rosemary Frei, Off-Guardian, April 4, 2020 https://off-guardian.org/2020/04/04/did-bill-gates-just-reveal-the-reason-behind-the-lockdowns/?_cf_chl_jschl_tk__=8a31c96b7b831b06c6631d2d800e39e274fdb4c5-1593827339-0AbbQnElw4gYMqoe14KfV-9sVWpJ8_IO6ZguVbep6dVylwrKGMbqfHkxidxl_3uCK08NImuk8B5fJzKB4cL3viT1qQYvV8722SeZLNTHOWUovzpcIffZQcDifxvg3QQ6jPmpZkNGtNlwGs874a0MhuRY9_t7yNj8TyeXmeBXidqKFHOtCmuLJEmS9ZGcLDsNGb5WKidfnHO7DSzIQ110eNBgHMLXerbjPrKsESdGllhwd3LjoY6FiHbJu4U1bTEJMbsKQFlq5XIIotoLGY2e7fThzjnbUBrcjpv76AL5aOYmAQAlICC3ttqOt_k21mLMgHNFaf12gWSlla4a2SUAi8lzoKXLcbkuTr0lvpKrbjKF8B4ij3p8MdQOK0DZHcW

²²⁴ Covid-19 Meltdown and Pharma's Big Money Win: <https://thevaccinereaction.org/2020/04/covid19-meltdown-and-pharmas-big-money-win/>

²²⁵ Covid-19 Meltdown and Pharma's Big Money Win: <https://thevaccinereaction.org/2020/04/covid19-meltdown-and-pharmas-big-money-win/>

(g) Natural immunity would disrupt Bill Gates expressed intention to

“vaccinate everything that moves”. In a [video](#) interview Gates says:

“Eventually, what we’ll have to have is certificates of who is a recovered person, who’s a vaccinated person, because you don’t want people moving around the world where you’ll have some countries that won’t have it under control...”²²⁶

(h) The Gates foundation has invested tens of \$billions in vaccine development which includes a decades long vicious propaganda war against anyone questioning vaccine safety. Gates’ *‘decade of vaccines’* from 2010-20 captured the global media and social media giants that have demonized and ruthlessly censored the ‘vaccine risk aware’ movement comprised mostly of vaccine injured families trying to protect their children and the basic human right to informed consent and exemption rights. This has been documented by various publications, which explore the massive influence and control with which the Gates’ empire manipulates global health and vaccine policies.²²⁷

(i) In one article Canadian medical journalist, Celeste McGovern investigates the upcoming vaccine and microchip technologies Gates is funding.²²⁸

²²⁶ 6 How we must respond to the coronavirus epidemic, Youtube video March 25, 2020:<https://www.youtube.com/watch?v=Xe8fljxicoo#t=33m45s>

²²⁷ Bill Gates search-Covid -19 Global Pandemic, Vaccine Impact News: <https://vaccineimpact.com/?find=bill+gates>

²²⁸ Bill Gates and Intellectual Ventures Funds Microchip Implant Technology, By Celeste McGovern, April 14, 2020: https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-funds-microchipimplant-vaccine-technology1?utm_campaign=Daily%20Newsletter%3A%20Bill%20Gates%20and%20Intellectual%20Ventures%20Funds%20Microchip%20Implant%20Vaccine%20Technology%20%28TCCz3V%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWFpBritishColumbia6lCjLm1jZ292ZXJuQGHvdG1haWwuY29tliwglmtsX2NvbXBhbnlfaWQiOiAiSzJWEF5ln0%3D

- (j) In another, Robert F. Kennedy Jr. exposes the Gates/WHO agenda listing their deadly vaccine experiments in the developing world. Kennedy explains:

“In 2010, when Gates committed \$10 billion to the WHO, he said “We must make this the decade of vaccines.” A month later, Gates said in a TED Talk that new vaccines “could reduce population.” And, four years later, in 2014, Kenya’s Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a “tetanus” vaccine campaign.²²⁹

- (k) Another expose is that of Vera Sharav, a Holocaust survivor and founder of the Alliance for Human Research Protection. She examines how Gates’ table top ‘Event 201’ pandemic exercise in October, 2019, set the stage for how the coronavirus pandemic would be handled. It predicted the pandemic would end ONLY after an effective vaccine had been brought to market. It is no coincidence that the coronavirus pandemic was unleashed just weeks after Gates’ pandemic ‘war games’ rehearsal and is now playing out, as lockdown scenario threatens to continue until the new vaccine arrives?²³⁰

- (l) Sharav also delves into Gates’ vast business ventures related to enhancing pharmaceutical products and vaccines. His [ID2020](#) is a digital ID program

²²⁹ Bill Gates’ Globalist Agenda: A Win-Win for Pharma and Mandatory Vaccination by Robert F. Kennedy Jr. April 9, 2020, Children’s Health Defense: <https://childrenshealthdefense.org/news/governmentcorruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/>

²³⁰ Bill Gates & Intellectual Ventures Funds Microchip Implant Vaccine Technology by Celetes McGovern, April 14, 2020: https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-fundsmicrochip-implant-vaccinetechnology1?utm_campaign=Daily%20Newsletter%3A%20Bill%20Gates%20and%20Intellectual%20Ventures%20Funds%20Microchip%20Implant%20Vaccine%20Technology%20%28TCCz3V%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWFpBritishColumbia61CJlM1jZ292ZXJuQGHvdG1haWwuY29tliwglmtsX2NvbXBhbnlfaWQiOiAiSzJ2WEF5In0%3D

aimed at identifying 1 billion + people lacking identity documents. Also in development are several ID devices that people could be forced to have implanted into their body to identify their vaccine and birth-control status.²³¹

221. With respect to the Defendants Trudeau and Tam, the Plaintiffs state, and the fact is that:

(a) Theresa Tam, Canada's chief public health officer and longtime loyal servant of the WHO, serves on multiple international committees and related organizations that dictate global health policies. Her main job is to make sure that Trudeau follows the WHO/Gates lockdown policy until the new Covid-19 vaccine arrives in 18 months.

(b) Molly Chan, author of a **probing analysis** of Dr. Tam's career thinks it's evident from her background that:

“Theresa Tam works with the world's most powerful globalist entities that have tremendous say in how the world deals with disease and immunization. This power enables them to have a grip on the entire planet, and to decide which measures are put into place to control the behaviour of people in any event they choose to cause a panic over. With COVID-19, we have a perfect example of how the decisions of this small group of people can lead to global hysteria and unprecedented societal changes.”²³²

²³¹ Coronavirus provides dictators and oligarchs with a dream come true, By Vera Sharav, Alliance for Human Research Protection, March 26, 2020: <https://ahrp.org/coronavirus-provides-oligarchs-with-adream-come-true/>

²³² Dr. Theresa Tam, Queen of the Vaccine by Molly Chan, Civilian Intelligence Network, March 31, 2020: <https://civilianintelligencenetwork.ca/2020/03/30/dr-teresa-tam-queen-of-the-vaccine/>

(c) Molly Chan asks important questions on Tam’s career and extensive influence:

“Does this make Theresa Tam a puppet or master? How is it possible to not follow WHO recommendations, when you’re the one making them? She is on powerful committees!”

(d) Considering the multiple numerous high-level positions Dr. Tam holds on the international stage, Tam’s first loyalty is not to the wellbeing of Canadians , or the Plaintiffs, but to the globalist policies so generously funded by Gates and Big Pharma.

(e) Chan dubs Tam as the ‘*Queen of Vaccine*’ and explains:

“convened public health leaders and parents to collaborate on the effort to shut down any hint of anti-vaccine thought. Governments, including Canada and the U.S. are also working with social media companies to remove vaccine misinformation and promote scientific literacy. She wants to make sure that people are not allowed to publicly say anything against vaccinations, and establish them as just a normal part of life, no questions asked.”²³³

(f) While flexing her expansive influences, it seems a ‘no brainer’

Theresa Tam has been instrumental in controlling the CBC’s narrative about the need to snuff out ‘*vaccine hesitancy*’ which includes the ruthless censorship of any voices that would question vaccine safety in mainstream media.

²³³Dr. Theresa Tam, Queen of the Vaccine by Molly Chan, Civilian Intelligence Network, March 31, 2020: <https://civilianintelligencenetwork.ca/2020/03/30/dr-teresa-tam-queen-of-the-vaccine/>

(g) Tam is accused of “**total incompetence**” in having botched the Canadian response to the COVID-19 pandemic:

“Tam has failed miserably, putting political correctness, and virtue-signalling lecturing ahead of doing her job. She couldn’t grasp the situation in time, and when she grasped the seriousness of it was far too late to stop it.”²³⁴

(h) The Toronto Sun’s **cutting review** of Theresa Tam’s incompetence says:

“Our country is now run by ‘healthcrats’. Dr. Theresa Tam is the Healthcrat who runs the federal government. **Her record on being wrong is spotless.**”²³⁵

(i) In a **recent interview** in Chatelaine magazine, Tam bashes vaccine resisters and accuses them of causing measles outbreaks. Her cryptic statement, “*I always think we do a really good job, when no one knows what we’re doing*”, reveals the federal health agency’s lack of transparency and inability to provide crucial epidemiological data during this crisis.

222. Since the summer of 2020, to the present, this agenda has been made the clear by, but not limited to, the following:

(a) Admission and boasting by the likes of Gates and the WEF of what their plan is, including admission and promotion of the “2030 re-set” by Trudeau, as well as by the WEF stating that: “by 2030 you will own nothing, but you will be happy”;

²³⁴Devastating timeline reveals complete incompetence of Theresa Tam’s Virus Response
<https://spencerfernando.com/2020/03/29/devastating-timeline-reveals-total-incompetence-of-theresatams-virus-response/>

²³⁵ The healthcrats cure is proving worse than the disease, Toronto Sun, April 10, 2020:
<https://torontosun.com/opinion/columnists/snobelen-the-healthcrats-cure-is-proving-worse-than-the-disease>

- (b) By the censorship of social and mainstream media of anything, and everyone critical of the Covid-measures;
- (c) By the banning of alternative medical treatment and prosecution and persecution of Doctors who advocate alternative medical treatment to the awaited vaccine such as British Columbia doctors Stephen Malthouse, David Code, Dr. Dorle Kneifel, and Ontario doctors Dr. Patrick Phillips, Dr. Kulvinder Gill, Dr. Caroline Turek;
- (d) By the economic devastation of independent businesses to the corresponding increased and doubling of profits by the billionaire oligarchs and corporate oligarchs;
- (e) By the “emergency” approval of vaccines, that did not comply with the necessary animal and human trials without which approval normally could not ensue and whereby approval of such experimental medical vaccines could not only see approval if no existing alternative medical treatment available could assist or alleviate with respect to the virus, which explains why such medicine as HCQ, Ivermectin, etc... was banned for use for treating Covid-19;

• **Dr. Bonnie HENRY – History and Conduct as British Columbia Chief Medical Officer – Ignoring the Science**

223. Dr. Henry worked internationally with the WHO/UNICEF polio eradication program in Pakistan and with the WHO to control the Ebola outbreak in Uganda.²³⁶
224. Dr. Henry helped to establish the Canada Pandemic Influenza Plan, which contains recommendations for health-related activities during the spread of a virus.²³⁷ Canada Pandemic Influenza Preparedness Task Group (CPIPTG) members: B Henry (Chair), Canada’s pandemic vaccine strategy Acknowledgements.²³⁸
225. In 2012, Health Canada demanded that nurses who refused to take a vaccine would be mandated to wear a mask throughout the 6-month flu season; it was known as VOM (Vaccinate or Mask). The Ontario Nurses Union filed a grievance against St. Michael’s Hospital’s VOM policy. The result was a precedent setting win for nurses across the country. The arbitrator in the case ruled that wearing masks “was not supported by science and was most likely an attempt to drive up vaccination rates among staff.”
226. Dr. Henry was one of the expert witnesses who was instrumental in overturning the mask mandate and testified in the 2015 case saying, “there’s very scant

²³⁶ <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/biographies>

²³⁷ https://en.wikipedia.org/wiki/Bonnie_Henry

²³⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5764724/>

evidence about the value of masks in preventing the transmission of influenza.”

Dr. Henry goes on to say that there is no data to support wearing masks and,

“When we look at individual strains circulating and what’s happening, I think we need it to be consistent with the fact that there was nothing that gave us support that providing a mask to everybody all the time was going to give us any additional benefit over putting in place the other measures that we have for the policy.”

227. In December 2019, Dr. Henry supported the arbitrator’s 2015 decision on behalf of British Columbia Nurses.

228. In May 2020, Dr. Henry unequivocally states, “there is no evidence that if you’re not ill wearing a mask, particularly wearing a mask outside or out in public, that provides much protection or any benefit at all.” Dr. Henry further admits that asymptomatic people do not spread the virus, “we have not seen anybody not showing any symptoms passing it on to anyone else.”²³⁹ **Henry also admits there is “no real science behind the decisions she is making.”**²⁴⁰

229. Throughout 2020, Dr. Henry is on record repeatedly saying that masks are not effective and yet in March of 2021, Dr. Henry once again lies to the public claiming she has never said that masks do not work.²⁴¹

²³⁹ <https://rumble.com/vbdsmb-bonnie-henry-admits-no-evidence-masks-work-for-those-not-sick.html>

²⁴⁰ https://canucklaw.ca/wp-content/uploads/2020/07/COVID-19_-B.C.-health-officer-explains-50-vehicle-limit-for-events.mp4

²⁴¹ <https://action4canada.com/masks/>

230. Henry is duty bound to make decisions based on science and facts, and yet it is very evident that she intentionally ignored the information available to her on masking, asymptomatic spread, social distancing and lockdowns, and instead implemented the draconian measures that destroyed people's livelihoods and put the public in harm's way on multiple levels.
231. On June 28, 2012, Dr. Henry worked for BCCDC Emergency - Management and Environmental Health and was a presenter at the Public Health Ethics and Pandemic Planning. Dr. Henry listed the goals of the CPIP (Canadian Pandemic Influenza Plan) and ensured that, were there a pandemic, the plan must account for minimizing serious and overall deaths and minimize societal disruption amongst Canadians. She also lists the risks to schoolchildren of closing schools, and the fact that children are at very low risk of contracting or transmitting viruses. However, Dr. Henry supports that government restrictions are acceptable, including forced quarantine and personal autonomy being effected by forced vaccinations. Dr. Henry, along with her fellow presenter, Dr. Unger, believe this is the right, moral and ethical thing to do.²⁴²
232. As a result of Dr. Henry's previous involvement with the CPIP, BCCDC, Dr Fauci, and the WHO, and as she currently holds the position of British Columbia's Chief Health Officer, there is reason to be concerned that Dr. Henry's actions are calculated and possibly pre-mediated based on the level of training

²⁴²

<https://mediasite.phsa.ca/Mediasite/Showcase/bccdc/Presentation/e4823d251a8c40a38cdc80666f7d0fa71d>

Dr. Henry has participated in. Of great concern is, Dr. Henry's willingness to openly and aggressively violate the public's "guaranteed" *Charter* Rights. Specifically, their right to bodily autonomy, security of the person, to be employed and provide for one's family, the freedom of mobility, the freedom of speech and to assemble, the freedom to access medical care and the right to live without being subjected to discrimination and hate.

233. To date, Dr. Bonnie Henry, along with the other British Columbia Defendants have engaged in illegal and unconstitutional actions as set out below:

234. To begin with, the emergency measures are based on the claim that we are experiencing a "public health emergency." There is no evidence to substantiate this claim. In fact, the evidence indicates that we are experiencing a rate of infection consistent with a normal influenza season.²⁴³

235. The purported increase in "cases" is a direct consequence of increased testing through the inappropriate use of the PCR instrument to diagnose so-called COVID-19. It has been well established that the PCR test was never designed or intended as a diagnostic tool and is not an acceptable instrument to measure viral infections. Its inventor, Kary Mullis, has clearly indicated that the PCR testing device was never created to test for coronavirus.²⁴⁴ Mullis warns that, "the PCR Test can be used to find almost anything, in anybody. If you can amplify one

²⁴³ <https://www.bitchute.com/video/nQgq0BxXfZ4f>

²⁴⁴ <https://rumble.com/vhu4rz-kary-mullis-inventor-of-the-pcr-test.html>

single molecule, then you can find it because that molecule is nearly in every single person.”

236. In light of this warning, the current PCR test utilization, set at higher amplifications, as in British Columbia, for example is using it at cycles of 35+, is producing up to 97% false positives.²⁴⁵ Therefore, any imposed emergency measures that are based on PCR testing are unwarranted, unscientific, and fraudulent. An international consortium of life-science scientists has detected 10 major scientific flaws at the molecular and methodological level in a 3-peer review of the RTPCR test to detect SARS-CoV-2.²⁴⁶
237. In November 2020, a Portuguese court ruled that PCR tests are unreliable, and when run at 35 threshold cycles are or, produce a 96.5% false positive rate. British Columbia runs them at 43-45 cycles.²⁴⁷
238. On December 14, 2020, the WHO admitted the PCR Test has a ‘problem’ at high amplifications as it detects dead cells from old viruses, giving a false positive.²⁴⁸
239. On February 16, 2021, **Dr. Henry herself admitted that PCR tests are unreliable, yet still continued to use them to identify cases.**²⁴⁹
240. On April 8, 2021, the Austrian court ruled the PCR test was unsuited for COVID testing.²⁵⁰

²⁴⁵ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

²⁴⁶ <https://cormandrostenreview.com/report/>

²⁴⁷ <https://unitynewsnetwork.co.uk/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful-media-blackout/>

²⁴⁸ <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/>

²⁴⁹ <https://rumble.com/vhww4d-bc-health-officer-admits-pcr-test-is-unreliable.html>

²⁵⁰ <https://greatgameindia.com/austria-court-pcr-test/>

241. On April 8, 2021, a German Court ruled against PCR testing stating, “the test cannot provide any information on whether a person is infected with an active pathogen or not, because the test cannot distinguish between “dead” matter and living matter.”²⁵¹
242. On May 8, 2021, the Swedish Public Health Agency stopped PCR testing for the same reason.²⁵²
243. On May 10th, 2021, Manitoba’s Chief Microbiologist and Laboratory Specialist, Dr. Jared Bullard, testified under cross-examination in a trial before the Court of Queen's Bench in Manitoba, that PCR test results do not verify infectiousness and were never intended to be used to diagnose respiratory illnesses.²⁵³
244. On July 21, 2021 - Innova Medical Group Recalled Unauthorized SARS-CoV-2 Antigen Rapid Qualitative Test with Risk of False Test Results. The FDA has identified this as a Class I recall, the most serious type of recall. Use of these devices may cause serious injuries or death.²⁵⁴
245. On July 21, 2021 the CDC sent out a “Lab Alert revoking the emergency use authorization to RT-PCR for COVID-19 testing and encourages laboratories to adopt a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses”. The CDC is admitting that the RT-PCR test

²⁵¹ <https://2020news.de/sensationsurteil-aus-weimar-keine-masken-kein-abstand-keine-tests-mehr-fuer-schueler/>

²⁵² <https://tapnewswire.com/2021/05/sweden-stops-pcr-tests-as-covid19-diagnosis/>

²⁵³ <https://www.jccf.ca/Manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/>

²⁵⁴ <https://www.fda.gov/medical-devices/medical-device-recalls/innova-medical-group-recalls-unauthorized-sars-cov-2-antigen-rapid-qualitative-test-risk-false-test>

'cannot' differentiate between SARS, influenza or the common flu. This is confirmation of what was stated in Section 7 and reported since the onset of the so-called pandemic.²⁵⁵

246. On July 21, 2021 an FDA document admits the “COVID” PCR test was developed without isolation Covid samples for test calibrations, effectively admitting it's testing something else. In the FDA document, it is clearly stated that ordinary seasonal flu genetic material was used as the testing marker in the PCR test kits. The authorities would have known that many people would test “positive” for it, thus allowing them to use these results to create the “covid” narrative.²⁵⁶
247. Prior to COVID-19, the definition of a case (in a medical sense) has been a patient with significant symptoms. With the implementation of the PCR test, cases are now being defined as someone who tests positive regardless of whether they have any symptoms or not.
248. Dr. Henry has been knowingly conflating positive PCR test result with the actual disease, thereby deliberately misleading the public into believing the infection is far more serious and widespread than it actually is. At no time in history have we ever encouraged asymptomatic people to get tested, yet Dr. Henry allowed this to happen to keep the case numbers high.

²⁵⁵ https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

²⁵⁶ <https://www.naturalnews.com/2021-08-01-fda-covid-pcr-test-fraud.html>

249. The British Columbia government is reportedly decreasing the amplifications of the PCR test in order to lower the number of COVID-19 cases to deceive the public into believing that the decline in cases is a result of people being “vaccinated.” The government is now testing the vaccinates at much lower threshold rates, but the **unvaccinated** at 43-45.
250. Dr. Henry has been instrumental in disseminating information to the public that is knowingly false, deceptive and/or misleading. To knowingly disseminate false information is a violation of the *Health Professions Act*.
251. It is evident that the government, with the recommendations and support of Dr. Henry, have imposed the emergency measures based on the fraudulent, unwarranted and unscientific use of the PCR test.
252. Based on this compelling and factual information, the emergency measures, as well as the use of the COVID-19 experimental injection (“vaccine”), were not, and are not required or recommended. In fact, warnings around the world are calling for the immediate halt of the experimental 'vaccines' due to the volume of extreme adverse reactions, including death.
253. Furthermore:
- a) The Nuremberg Code,²⁵⁷ to which Canada is a signatory, states that it is essential before performing medical experiments on human beings, there is voluntary informed consent. It also confirms, a person involved should have legal capacity to give consent, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to

²⁵⁷ https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf

enable him/her to make an understanding and enlightened decision. This requires, before the acceptance of an affirmative decision by the experimental subject, that there should be made known to him/her the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his/her health or person which may possibly come from participation in the experiment.

- b) All the treatments being marketed as COVID-19 “vaccines”, are still in Phase III clinical trials until 2023,²⁵⁸ and hence, qualify as a medical experiment. People taking these treatments are enrolled as test-subjects and are further unaware that the injections are not actual vaccines as they do not contain a virus but instead an experimental gene therapy.
- c) None of these treatments have been fully approved; only granted emergency use authorization by the Food and Drug Administration (FDA), which Health Canada^{259 260 261} is using as the basis for approval under the interim order, therefore, fully informed consent is not possible.
- d) Most vaccines are trialed for at least 5-10 years,²⁶² and COVID-19 treatments have been in trials for less than a year.
- e) No other coronavirus vaccine (i.e., MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement, resulting in severe illness and death in animal models.²⁶³
- f) Numerous doctors, scientists, and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 injections, including, but not limited to, death, blood clots, infertility, miscarriages, Bell’s Palsy, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, inflammation of the heart,²⁶⁴

²⁵⁸ <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

²⁵⁹ <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

²⁶⁰ <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/authorization/applications.html>

²⁶¹ https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine

²⁶² <https://hillnotes.ca/2020/06/23/covid-19-vaccine-research-and-development/>

²⁶³ <https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688>

²⁶⁴ <https://www.nbccconnecticut.com/news/coronavirus/connecticut-confirms-at-least-18-cases-of-apparent-heart-problems-in-young-people-after-covid-19-vaccination/2494534/>

and antibody dependent enhancement leading to death. This includes children ages 12-17 years old.²⁶⁵

Dr. Byram Bridle, a pro-vaccine Associate Professor on Viral Immunology at the University of Guelph, gives a terrifying warning of the harms of the experimental treatments in a peer reviewed scientifically published research study²⁶⁶ on COVID-19 shots. The added Spike Protein to the “vaccine” gets into the blood, circulates through the blood in individuals over several days post-vaccination, it accumulates in the tissues such as the spleen, bone marrow, the liver, the adrenal glands, testes, and of great concern, it accumulates high concentrations into the ovaries. Dr. Bridle notes that they “have known for a long time that the Spike Protein is a pathogenic protein, it is a toxin, and can cause damage if it gets into blood circulation.” The study confirms the combination is causing clotting, neurological damage, bleeding, heart problems, etc. There is a high concentration of the Spike Protein getting into breast milk and reports of suckling infants developing bleeding disorders in the gastrointestinal tract. There are further warnings that this injection will render children infertile, and that people who have been vaccinated should NOT donate blood.

254. Minors are at nearly zero percent risk of contracting or transmitting this respiratory illness and are, instead, buffers which help others build their immune

²⁶⁵ <https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>

²⁶⁶ <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>

system. The overall survival rate of minors who have been infected with the SARS-CoV-2 virus is 99.997%.²⁶⁷ **In spite of these facts, the British Columbia government and Dr. Henry are pushing the experimental treatment , to be applied to minors, without parental consent, with the tragic outcome of a high incidence of injury and death.**

255. According to Health Canada's Summary Basis of Decision,²⁶⁸ updated May 20, 2021, the trials have not proven that the COVID-19 treatments prevent infection or transmission. **The Summary also reports that both Moderna and Pfizer identified that there are six areas of missing (limited/no clinical data) information: “use in pediatric (age 0-18)”, “use in pregnant and breastfeeding women”, “long-term safety”, “long-term efficacy” including “real- world use”, “safety and immunogenicity in subjects with immune-suppression”, and concomitant administration of non-COVID vaccines.”**

Furthermore:

- a) Under the Risk Management plan section of the Summary Basis of Decision, it includes a statement based on clinical and non-clinical studies that “one important potential risk was identified being vaccine-associated enhanced disease, including VAERD (vaccine-associated enhanced respiratory disease).” **In other words, the shot increases the risk of disease and side-effects, and weakens immunity toward future SARS related illness.**
- b) The report specifically states, “**The possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2, has been**

²⁶⁷ <https://online.anyflip.com/inblw/ufbs/mobile/index.html?s=08>

²⁶⁸ <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

flagged as a potential safety concern that requires particular attention by the scientific community, including the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Coalition of Medicines Regulatory Authorities (ICMRA).”²⁶⁹

In spite of this information, Dr. Henry, with the support of John Horgan, Adrian Dix and Mike Farnworth, has intentionally and consistently mislead the public by insisting the COVID injection is safe, and goes further to highly recommend the “vaccine” as safe for pregnant women, nursing infants and children.

256. As reported in the United States to the Vaccine Adverse Events Reporting System (VAERS), there have been more deaths from the COVID-19 injections in five months (Dec. 2020 – May 2021) than deaths recorded in the last 23 years from all vaccines combined.²⁷⁰ Furthermore:

- a) It is further reported that only one percent of vaccine injuries are reported to VAERS,²⁷¹ compounded by several months delay in uploading the adverse events to the VAERS database.²⁷²
- b) On July 2, 2021, VAERS data release showed 438,441 reports of adverse events following COVID-19 injections, including 9,048 deaths and 41,015 serious injuries, between December 14, 2020, and July 2, 2021, and that adverse injury reports among 12-17-year old’s more than tripled in one week.²⁷³
- c) Dr. McCullough, a highly cited COVID-19 medical specialist, came to the stunning conclusion that the government was “...scrubbing unprecedented

²⁶⁹ <https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>

²⁷⁰ <https://vaccineimpact.com/2021/CDC-death-toll-following-experimental-covid-injections-now-at-4863-more-than-23-previous-years-of-recorded-vaccine-deaths-according-to-vaers/>

²⁷¹ https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/

²⁷² <https://vaxoutcomes.com/thelatestreport/>

²⁷³ <https://childrenshealthdefense.org/defender/cdc-vaers-deaths-reported-covid-vaccines/>

numbers of injection-related-deaths.” He further added, “...a typical new drug at about five deaths, unexplained deaths, we get a black-box warning, your listeners would see it on TV, saying it may cause death. And then at about 50 deaths, it’s pulled off the market.”²⁷⁴

257. Canada’s Adverse Events Following Immunization (AEFI) is a passive reporting system and is not widely promoted to the public, hence, many adverse events are going unreported. Historically, in Canada, only about 1% of adverse effects are actually reported.
258. Dr. Joss Reimer, medical lead for Manitoba’s Vaccine Implementation Task Force, says that new vaccine recommendations from the National Advisory Committee on Immunization on mixing mRNA vaccines will be a form of trial and error. Reimer stated, “Well in some ways, during a pandemic everything we do is a big human experiment.”²⁷⁵ However, according to Health Canada's Summary Basis of Decision Pfizer and Moderna warn that the interchangeability of the injections is unknown and recommend first and second dose of the same shot. The World Health Organization also warns that mixing the vaccines is dangerous.
259. Safe and effective treatments, Hydroxychloroquine and Ivermectin, and preventive measures, Vitamin D and Zinc, exist for COVID-19, apart from the

²⁷⁴ <https://johnbwellsnews.com/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths-by-leo-hohmann/>

²⁷⁵ https://www.ctvnews.ca/politics/manitoba-vaccine-lead-says-mixing-vaccines-is-part-of-pandemic-s-big-human-experiment-1.5457570?fbclid=IwAR0sYVZiRZgkhAjPn_9q3IRuFdBfTvWli_nolNrhe69Aefzf8NxIKR_iXsl

experimental shots, yet the British Columbia government and Dr. Henry are prohibiting their use.^{276 277}

260. Messaging from the British Columbia government and Dr. Henry has placed pressure on the public to receive “vaccines” in exchange for the loosening of implemented lockdowns, restrictions, and infringements of various freedoms. This includes an inability to make income or see family members as a result of these restrictions, which adversely affects people’s ability to meet basic needs and care for themselves and their families.
261. The British Columbia government and Dr. Henry have incentivised the receiving of injections, measuring the public’s compliance against the degree, prevalence and severity of lockdowns and restrictions. This is a form of coercion, **and in fact criminal extortion**, as it makes clear specific consequences of non-compliance, which includes continued difficulty to make income, to maintain businesses, to maintain living standards and meet personal/familial responsibilities due to the continuation of these lockdowns and restrictions. This has also impacted the medical and homecare system wherein family members are not permitted to visit their family members. This is likely to continue due to the unconscionable mandate to vaccinate healthy people. This, all in the face of the

²⁷⁶ <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine>

²⁷⁷ https://www.ctvnews.ca/politics/manitoba-vaccine-lead-says-mixing-vaccines-is-part-of-pandemic-s-big-human-experiment-1.5457570?fbclid=IwAR0sYVZiRZgkhAjPn_9q3IRuFdBfTvWli_nolNrhe69Aefzf8NxIKR_iXsl

fact that the Supreme Court of Canada has established that it is a s.7 *Charter* right to refuse **any** medical treatment without informed, **voluntary**, consent.

262. The elderly have been treated cruelly and inhumanely by forcing the harmful experimental injection on them and also withholding loved ones from being “permitted” to visit them. Many elderly people died alone with no one by their side in their final hours to comfort and console them. The isolation of the elderly has been comparable to convicted criminals in solitary confinement. The elderly have been isolated for up to a month at a time, and now going on 16 months. Criminals subjected to this kind of isolation were compelled to choose a lethal injection over being subjected to the intense feelings of separation from human contact. Therefore, it sadly comes as no surprise that the elderly are choosing euthanasia over further lockdowns.²⁷⁸

263. Over 80% of all deaths occurred in care-homes and were people over the age of 80. The majority had multiple existing comorbidities.

264. As for children, they have been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, bullying, and segregation through the COVID-19 measures²⁷⁹ and, are therefore, even more susceptible to being influenced by those in authority than their developmental stage would usually entail. Children have experienced extreme depression and anxiety due to the COVID-19 measures and are at the highest scale of suicide ideation of all age

²⁷⁸ <https://www.ctvnews.ca/health/facing-another-retirement-home-lockdown-90-year-old-chooses-medically-assisted-death-1.5197140>

²⁷⁹ <https://action4canada.com/student-mask-covid-exemptions/>

groups. The “pandemic” has taken a heavy toll on children's mental health.^{280 281}

The “extra” suicides and drug over-doses undisputedly tied to Covid-measures constitutes criminal negligence causing death.

265. The curriculum, and indeed all government narratives, exclude full disclosure of the growing risks (adverse reactions and death) of the experimental treatments, and the emerging evidence that the shots do not provide protection, as claimed. Informed consent with FULL disclosure is mandatory and yet, due to lack of research data, “full” disclosure cannot be provided.

266. As a result of the British Columbia government and Dr. Henry's push to vaccinate the masses, ‘medically unqualified’ people such as politicians, teachers, and business owners, have also placed pressure on the public to receive an injection that might (according to medical specialists) jeopardize their health by harming or even killing them.

267. Recommendations/mandates from the British Columbia government and Dr. Henry, that people take COVID-19 injections, are being made in complete contradiction to statements, recommendations, and findings of qualified medical practitioners and world-renowned scientist and virologist, including the inventor of the mRNA technology, Dr. Robert Malone, who is calling for “an immediate

²⁸⁰ <https://www.thestar.com/news/gta/2021/07/08/very-very-concerning-pandemic-taking-heavy-toll-on-childrens-mental-health-sick-kids-study-shows.html>

²⁸¹ <https://toronto.ctvnews.ca/most-ontario-youth-experienced-depression-during-pandemic-early-data-suggests-1.5501275>

halt of the COVID-19 “vaccines” due to the severe adverse reactions; in particular, the extreme danger it poses to young people.”²⁸²

268. Researchers in Britain have also called on the government to halt their use of the coronavirus “vaccine” immediately after discovering potentially “toxic” side-effects.²⁸³

269. Dr. Vladimir Zev Zelenko, MD, called child vaccine mandates “coercive human experimentation,” calling for those responsible for such policies to be tried for “crimes against humanity.”

270. “According to the CDC, healthy kids 18 or younger have a 99.998% rate of recovery from COVID-19 WITHOUT any treatment,” Zelenko told America’s Frontline Doctors (AFLDS). “There is NO medical necessity for any vaccines. Especially, an experimental and unapproved mRNA injection that has shown to have many dangerous side effects.”

271. He continued: “Any government or individual that forces or mandates children to get this experimental injection is in direct violation of the Geneva convention’s prohibition against coercive human experimentation. These are criminals of the highest order and must be brought to justice for crimes against humanity.”²⁸⁴

272. On June 25, 2021, Spanish researchers are conducting studies of the mRNA vaccines and the preliminary analysis of vaccination vials confirms the presence

²⁸² <https://gospelnewsnetwork.org/2021/06/29/mrna-inventor-says-to-stop-covid-vaccines-now/>

²⁸³ <https://www.oann.com/chinese-virus-vaccine-produces-toxic-effects-british-researchers-call-on-govt-to-halt-use-immediately/#>

²⁸⁴ <https://americasfrontlinedoctors.org/frontlinenews/dr-zelenko-calls-child-vaccine-mandate-coercive-human-experimentation-crimes-against-humanity/>

of graphene nanoparticles. Graphene oxide is a highly toxic substance. The discovery made here by La Quinta Columna is being referred to as a full-fledged attack of State bioterrorism, or at least with the complicity of governments to the entire world population, now constituting crimes against humanity.²⁸⁵

273. On July 3, 2021, CTV News is spewing propaganda to support the governments' objective to force the experimental injection on the healthy Canadians who choose to reject the injection. The propaganda further incites discrimination, unreasonable fear and intolerance (hate) towards the unvaccinated.²⁸⁶

274. The injections being heavily promoted by Dr Henry have not been through the strict protocol normally assigned to new drugs or treatments. They were only approved by the FDA to be used under emergency authorization. This FDA approval was the basis for the "interim" approval by Health Canada. One of the main criteria for that authorization was that there are no alternative treatments available. This is the reason why Dr. Henry has withheld crucial information regarding other proven treatments for COVID-19, such as Hydroxychloroquine and Ivermectin. If she admitted that there were other treatments, then that criterion would no longer be met and the injections would have to be pulled and subjected to more in-depth study to be able to justify their use.

275. Dr. Henry is using her position to promote this experimental genetic technology of unknown efficacy and safety. With the knowledge of Premier Horgan,

²⁸⁵ <https://www.orwell.city/2021/06/covid-19-is-caused-by-graphene-oxide.html>

²⁸⁶ <https://www.ctvnews.ca/health/coronavirus/unvaccinated-people-are-variant-factories-infectious-diseases-expert-says-1.5495359>

Minister of Safety Mike Farnworth, and Minister of Health Adrian Dix, she is deliberately misleading the public causing further harm and death. Everyone who takes these injections has the right to informed consent regarding the nature of the authorization, and to know that by taking it they are themselves becoming the test subjects in the Phase III trials. She is abusing the trust and duty that people naturally have towards someone who presents themselves as a physician.

276. She is even going so far as to tell minors that they do not need parental consent when she is fully aware there is even less safety data to warrant risking the lives of children who are at extremely low risk from COVID-19.
277. Dr. Henry is on record recommending the “vaccine” for pregnant women. She is therefore responsible and duty bound to know the harms and alert people to them. She is using her trusted position to manipulate women into taking a harmful shot.
278. On April 26, 2021, Dr. Henry made a public announcement and claimed that when the vaccine was originally tested and introduced, there were some concerns about whether women who were pregnant should receive it, but then states, "now there is more substantial data supporting it is safe and effective in pregnancy" ... and adds, "A new study released last week showed protected antibodies are transmitted through breast milk to the infant as well."²⁸⁷ ²⁸⁸ Dr. Bridle’s report

²⁸⁷ <https://globalnews.ca/news/7813885/b-c-encourages-pregnant-women-to-get-vaccinated-but-wont-move-them-up-the-list/>

²⁸⁸ <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2021/75959a-eng.php>

warned of infants with gastrointestinal bleeding. There are further reports of infant deaths associated with nursing mothers who had taken the shot.

279. Dr. Henry is once again outright lying because according to Health Canada's Summary Basis of Decision, **updated May 20, 2021**, it maintained what it had since the onset: that both the Moderna and Pfizer manufacturers identified that there are six areas of missing (limited/no clinical data) information. Listed as follows: **"use in paediatric (age 0-18)", "use in pregnant and breastfeeding women"**, "long-term safety", "long-term efficacy" including "real world use", "safety and immunogenicity in subjects with immune-suppression", and "concomitant administration of non-COVID vaccines."
280. **This is on Health Canada's website and was part of the Health Canada approval process, to which Dr. Henry has full access.**
281. In mid-June, the *New England Journal of Medicine* published a study called ["Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons"](#) by Tom T. Shimabukuro and others from the Center of Disease Control's "v-safe COVID-10 Pregnancy Registry Team." The team wrote that there were "no obvious safety signals among pregnant [women] who received Covid-19 vaccines" even though it published a table which showed that **82% of women in the study who were injected with either the Pfizer or the Moderna vaccine during early pregnancy, lost their babies (miscarried).** ²⁸⁹

²⁸⁹ https://www.breakingchristiannews.com/articles/display_art.html?ID=33214

282. On April 19, 2021, Dr. Henry uses the single death of an infant as more fodder to manipulate compliance of the masses. Dr. Henry says that the infant's tragic death "reminds us of the vicious nature of this virus." The reality was that this infant was already a patient at the British Columbia Children's Hospital for a pre-existing condition.²⁹⁰
283. The same article goes on to say that this was the very first death under the age of 30 in the entire province of British Columbia (population 5 million). More than a year (and two "waves") into the pandemic. That in itself highlights just how NOT dangerous this virus is to young people under the age 30.
284. In a news report on May 14, 2021, after numerous reports of adverse effects from the AstraZeneca injection, Dr. Henry continued to manipulate and coerce the public into taking the jab by only reporting on cases, **not deaths**, by PCR based cases. She further claims in her public announcement that youth are now at great risk for contracting COVID-19. Dr. Henry makes this claim with no evidence to substantiate it. Dr. Henry blatantly lies about youth getting COVID-19 saying, "especially young people are having severe disease with Covid-19." The facts are that young people are at nearly zero percent risk of contracting or transmitting this virus and if they do get it, they have mild symptoms.

²⁹⁰ <https://web.archive.org/web/20210420021347/https://vancouversun.com/news/local-news/infant-dies-from-covid-19-at-b-c-childrens-hospital>

285. Dr. Henry's May 14, 2021, news update included a Langley man, Mr. Mulldoon,²⁹¹ who was hospitalized and had to undergo surgery to remove six feet of his small intestines due to a severe reaction to the AstraZeneca shot. Dr. Henry sidestepped the issue and minimized the fact that this man's life has been permanently impacted by referring to his blood clot as "very rare." Statistics prove otherwise.
286. The fact is, there can be no "informed" consent since this experimental "vaccine" is still in the trial phase. All the potential side-effects are unknown. Anyone involved in this experiment is equivalent to a lab rat, at this point.
287. When countries around the world, including several provinces in Canada, were banning AstraZeneca due to the serious adverse reactions including death, Dr. Henry is on record continuing to not only make it available to the public but promote it and claiming it is "perfectly safe."
288. The duty of disclosure for informed consent is rooted in an individual's right to bodily integrity and respect for patient autonomy. A patient has the right to understand the consequences of medical treatment regardless of whether those consequences are deemed improbable, and have determined that, although medical opinion can be divided as to the level of disclosure required, the standard is simple, "A Reasonable Person Would Want to Know the Serious Risks, Even

²⁹¹ <https://www.msn.com/en-ca/news/canada/covid-19-bc-man-hospitalized-with-astrazeneca-vaccine-induced-blood-clot/ar-BB1gHW5y>

if Remote.” *Hopp v Lepp, supra; Bryan v Hicks, 1995 CanLII 172 (BCCA); British Columbia Women’s Hospital Center, 2013 SCC 30.*²⁹²

289. Vaccination is voluntary in Canada, yet, some federal, provincial, municipal officials have incentivised the taking of COVID-19 injections, even suggesting that lockdowns and lockdown measures will not end until enough of the population has received these injections. This is despite the negative impacts lockdowns have had on the health and well-being of the citizenry. Canadian law has long recognized that individuals have the right to control what happens to their bodies; law which is being directly infringed upon by these officials.
290. Dr. Henry has been instrumental in disseminating information to the public that is knowingly false, deceptive and/or misleading, resulting in egregious crimes against humanity, the division of families and society, abuse and mistreatment of our elderly and children, the destruction of our economy, employment and businesses, prohibiting medical care, and all of these things contributing to increased drug overdoses, suicide, depression, excess deaths and an overall breakdown of society.
291. Dr. Henry persists, in the face of mounting evidence, to misrepresent COVID-19 as a deadly condition when this condition produces only mild or no symptoms for the greatest percentage of the population (99.997%).

²⁹² <https://www.canlii.org/en/ca/scc/doc/2013/2013scc30/2013scc30.html?resultIndex=1>

- **Dr. Bonnie HENRY – Vaccines and the WHO**

292. As per her Biography, Bonnie Henry has worked with the WHO and UNICEF Polio eradication program, as well as with the WHO to manage Uganda’s Ebola outbreak²⁹³.
293. Bonnie Henry was in Pakistan working with the WHO to purportedly eradicate polio in 2000. This through a vaccination program, without informed consent of the recipients, and this notwithstanding the fact that, according to the WHO, every Polio case since 1979 has been a result of the Polio vaccine itself and not naturally occurring.²⁹⁴
294. The Bill and Melinda Gates Foundation is a member, and funding organization of the WHO, specifically when it comes to the topic of developing vaccines, and delivering them to the “developing world”²⁹⁵
295. The Bill and Melinda Gates Foundation developed a highly comprehensive campaign to dispel “misinformation”, and coerce Pakistani families to vaccinate their infants by implying that all infants should receive the vaccine unless there was a reason not to.²⁹⁶
296. The World Bank released a project appraisal document naming all of the sponsors on the project for a polio eradication project in Pakistan, that named the

²⁹³ [Biographies - Province of British Columbia \(gov.British Columbia.ca\)](http://gov.British Columbia.ca)

²⁹⁴ [Bonnie Henry – National Collaborating Centre for Infectious Diseases \(nccid.ca\)](http://nccid.ca)

²⁹⁵ WHO | Bill & Melinda Gates Foundation

²⁹⁶ [Polio: Questions and Answers \(immunize.org\)](http://immunize.org)

Bill and Melinda Gates Foundation as a sponsor, and the WHO as one of the major planning organizations on the project.²⁹⁷

297. As recently as May 2018, children have been not only experiencing injury, but also death at the hands of the Polio vaccine that has seen mass campaigns across even the most remote parts of their nation, including invasive door-to-door vaccination campaigns, since 1998, yet these deaths are often brushed aside. These massive injuries and deaths have been documented in South Asia (India and Pakistan) as well as Africa.²⁹⁸

298. Also per her biography, Bonnie Henry has been heavily involved, in the past, in the management of “mass gatherings” in Canada and abroad²⁹⁹. This included the Vancouver 2010 Olympic, and Paralympic Winter Games. Incidentally, Todd Dennett, former employee at the Bill and Melinda Gates foundation was appointed to be responsible for overseeing the medal ceremonies³⁰⁰. Todd Dennett was the manager of scheduling and trip operations at the Bill and Melinda Gates Foundation from March 2005-April 2008³⁰¹. Todd Dennett is now the CEO and founder of Tiller Global, a company that boasts of a portfolio including having worked with: Bill and Melinda Gates Foundation, Microsoft, HIV Vaccine Trials Network³⁰².

²⁹⁷ [World Bank Document](#)

²⁹⁸ [Deaths of children after getting polio vaccine panic people - Pakistan - DAWN.COM](#)

²⁹⁹ [Biographies - Province of British Columbia \(gov.British Columbia.ca\)](#)

³⁰⁰ [Making the Olympic medal moment perfect: it's all in the details | The Seattle Times](#)

³⁰¹ [Todd Dennett | LinkedIn](#)

³⁰² [Portfolio – Tiller Global](#)

299. The Plaintiffs state, and fact is, that administrating medical treatment without informed consent constitutes experimental medical treatment and contrary to the *Nuremberg Code* and *Helsinki Declaration* of 1960, still in vigor, and further and thus constitutes a crime against humanity under the *Criminal Code* of Canada.
300. On May 21st, 2021, Dr. Bonnie Henry, and her department announced the availability of the Covid vaccines for twelve (12) to seventeen (17) year olds, without the need for their parents consent, notwithstanding:
- (a) That the Vaccines have **NOT** undergone required trial and safety protocols but were all made under an “emergency” basis;
 - (b) That there has **NOT** been a recorded death or life-threatening case of any twelve (12) to seventeen (17) year old in Canada;
 - (c) That twelve (12) to seventeen (17) year olds are not at risk of Covid-19;
 - (d) That, in the absence of informed consent, it constitutes medical experimentation and thus constituted a “crime against humanity” emanating from the Nuremberg trials, and principles following the medical experimentations by the Nazi regime and codified in Canada, as a Criminal act, pursuant to the *War Crime and Crimes Against Humanity Act*;
 - (e) And that on June 5th, 2021 Dr. Joss Reimer, Medical Lead for the Manitoba Vaccine Implementation Task Force, in asserting that the

various vaccines can be mixed, publicly declared that the Covid-19 vaccinations are a “big human experiment”;

(f) That many twelve (12) to seventeen (17) year olds do not possess the intellectual capacity to give informed consent;

(g) And by doing so Dr. Bonnie Henry, and the Province of British Columbia are violating the s.7 *Charter* protected right of the parent-child relationship and in contempt and subversion of the “mature minor” doctrine of the *Supreme Court of Canada*.

- **G/ CONSEQUENCES OF MEASURES TO THE PLAINTIFFS AND OTHER CITIZENS, AND VIOLATION OF CONSTITUTIONAL RIGHTS**

301. The Plaintiffs state, and the facts is, that the impact of containment measures to Plaintiffs is, **inter alia** that:

(a) Mass containment measures negatively impacts the development of herd immunity, artificially prolongs the epidemic, extends the period of confinement, and contributes to maintaining a high proportion of susceptible individuals in the population.

(b) California emergency room physicians stated that “*sheltering in place does more harm than good and lowers our immune system.*”³⁰³

³⁰³ <https://vaccineimpact.com/2020/california-er-physicians-sheltering-in-place-does-more-harm-than-good-lowers-our-immune-system/>

- (c) The measures employed to achieve the objective of “*flattening the curve*” so as not to overwhelm the health care system were disproportionate to the objective. Our health care system has consistently operated at 40 – 50% **below** capacity since the introduction of these measures.
- (d) The suspensions of rights to participate in community and in commerce has caused substantial and irreparable harm to the economy, livelihoods, communities, families, and the physical and psychological well-being of Canadians and the Plaintiffs. These include:
- (i) A dramatic increase in reports of domestic violence (30%).
 - (ii) Over six million Canadians have applied for unemployment benefits and 7.8 million Canadians required emergency income support from the Federal government (as of May 2020).³⁰⁴
 - (iii) The deepest and most rapid loss of jobs, savings and income in the history of Canada.³⁰⁵
 - (iv) Numerous citizens have been forced into unemployment and poverty, the loss of their business, and bankruptcy.
 - (v) Estimates of the Federal deficit resulting from their response to SARS-CoV-2 ranges up to \$400 billion (May 2020).³⁰⁶

³⁰⁴ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

³⁰⁵ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

³⁰⁶ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

- (vi) Leading Economic Indicators show the Canadian economy is now in “*freefall*”.³⁰⁷
- (vii) Illnesses and conditions not related to SARS-CoV-2 have gone untreated and undiagnosed.
- (viii) Dramatic increase in number of individuals dying at home due to lack of medical care and for fear of visiting emergency wards despite the fact that most hospitals have capacity.
- (ix) Denial of access to health care professionals including doctors, dentists, chiropractors, physiotherapists, naturopaths, homeopaths, physiotherapists, massage therapists, optometrist, and osteopaths.
- (x) Denial of access to health care services including cancer treatments, elective surgeries, testing, diagnosing, and treatment.
- (xi) Regulated health care practitioners, including chiropractors, Naturopaths, and Homeopaths have been directed to refrain from providing health care knowledge to individuals concerned about SARS-CoV-2. This is an unwarranted infringement on the right to therapeutic choice.
- (xii) Dramatic Increase in mental health challenges including suicide.
- (xiii) The significant potential for the traumatizing children due to the disproportionate fear of contracting a virus for which the risk of death is virtually zero.

³⁰⁷ <https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/>

- (xiv) Significant increase in alcohol consumption and drug use.
- (xv) Denial of access to healthy recreation including parks, beaches, camping, cottages, and activities as golf, tennis, swimming, etc.
- (xvi) Denial of a public education for children.
- (xvii) Denial of access to consumer goods and services.
- (xviii) Individuals dying alone in hospital and extended care facilities without the support of family and friends.³⁰⁸
- (xix) Fathers denied access to be present for the birth of their child.
- (xx) Elderly parents in supportive care are denied access to the support of their family and friends.
- (xxi) The effective closure of Courts of Law is unprecedented, illegal, unconstitutional, undemocratic, unnecessary, and impedes the ability of Canadians to hold our governments accountable.
- (xxii) The effective closure of Parliaments is unprecedented, illegal, unconstitutional, undemocratic, unnecessary, and impedes the ability of Canadians, including the Plaintiffs, to hold governments accountable.

302. The Plaintiffs further state, and fact is, that:

- (a) To combat COVID-19, “Canada’s federal government initially committed to measures totaling around \$400 billion, of which about two-fifths constitutes direct spending.” Currently, the deficit for

³⁰⁸ <https://globalnews.ca/news/6866586/British-Columbia-woman-disability-dies-covid-19/>

2019-2020 is expected to be well over \$1.2 Trillion. This is seven times larger than the previous year's deficit.³⁰⁹

(b) There is no evidence that the impact of these negative consequences were calculated, much less fully considered in the government's response to SARS-CoV-2.

(c) John Carpay, president of the Justice Centre for Constitutional Freedoms in Canada has stated there is reason to conclude that the government's response to the virus is deadlier than the disease itself.

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(d) The cost of combatting SARS-CoV-2 is placed disproportionately on the young and blue collar and service workers who cannot work from home, as opposed to white collar workers who often can.

(e) The results from Sweden, and other countries that did not engage in mass and indiscriminate lockdowns, demonstrates that other more limited measures were equally effective in preventing the overwhelming of the health care system, and much more effective in avoiding severe economic and individual health consequences.

(f) The Ontario government took the "extraordinary step" to release a database to police with a list of everyone who has tested positive for COVID-19 in the province.³¹¹

³⁰⁹ https://www.huffingtonpost.ca/entry/canada-budget-deficit-covid19_ca_5e85f6BritishColumbia5b60bbd735085f4

³¹⁰ <https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/>

³¹¹ https://toronto.ctvnews.ca/mobile/ontario-takes-extraordinary-step-to-give-police-list-of-all-covid-19-patients-1.4910950?BritishColumbiaid=lwAR10jfu_5OYq5BPZJKMyyqiN2P47dK_wbZzFMqC8WEpFxihEFt81cGnfgc

303. Furthermore, while upon the declaration of the pandemic, based on a totally erroneous modeling, postulated that, as opposed to regular 650, 000 deaths every year from seasonal viral respiratory illness , world-wide, that 3.5 Million may or would die, the erroneous COVID implemented measures have proven to be more devastating than the “pandemic” at its posited worse in that:

- (a) In Canada, as elsewhere, 170,000+ medical, surgical, operations are canceled, with the numbers climbing, as well as closure of other medical services at hospital, which have caused deaths;
- (b) With the fear of lock-downs and self-isolation, patients have not accessed their doctor for diagnosis of medical problems;
- (c) Documented spikes of domestic violence and suicides have been recorded;
- (d) Inordinate spike in alcoholism, drug use, and clinical depression;
- (e) Moreover, and most-shocking, the UN through an official of the World Food Bank, on April 22nd,2020, had published a document stating that, because of COVID-19 (measures)and the disruption of supply chain, it estimates that **130 Million “additional people”** “on the planet could be on the brink of **starvation by end of year 2020** which, begs the question: why is it justifiable to add 130 Million deaths to purportedly save 3.5 Million?

304. The Plaintiffs state, and the facts is, that the purported, and false, goals of the WHO measures and its purveyors, such as the Defendants, are a perpetual moving target, and purposely shift to an unattainable goals, in that:

- (a) The initial rationale for the mass lockdown of Canadian society was to “flatten the curve” to avoid overwhelming health care services. It was never about preventing the coronavirus from spreading altogether, but rather to render its spread manageable.
- (b) It appears now that the goal has changed. Government appears to have shifted the goal to preventing the virus from infecting any and all Canadians. If so, this ought to be made clear, as should the justification for the change. ³¹²
- (c) Yoram Lass, the former director-general of Israel’s Ministry of Health is of the opinion that “lockdown cannot change the final number of infected people. It can only change the *rate* of infection.” ³¹³
- (d) There are warnings of an imminent “second wave.” But if the “first wave” has been flattened, planked or buried to the extent that in vast areas of the country very few people have been exposed to the virus at all, then the “second wave” is not really a second wave at all, but a delayed first wave.
- (e) Minimizing the total spread of the coronavirus until a vaccine is available will be the most expensive goal in the history of human governance.
- (f) There is no scientific evidence to substantiate that the elimination of the virus through self-isolation and physical distancing is achievable or medically indicated.

³¹² <https://nationalpost.com/opinion/raymond-j-de-souza-on-covid-19-a-lockdown-without-a-clear-goal>

³¹³ <https://www.spiked-online.com/2020/05/22/nothing-can-justify-this-destruction-of-peoples-lives/#.XsgqiN6D0uQ.facebook>

- (g) According to four Canadian infectious disease experts, Neil Rau, Susan Richardson, Martha Fulford and Dominik Mertz - *“The virus is unlikely to disappear from Canada or the world any time soon”* and *“It is unlikely that zero infections can be achieved for COVID-19.”*³¹⁴
- (h) There is no compelling reason to conclude that the general-population lockdown measures (first requested by the Trudeau government on 17 March) had a detectable effect in Canada. The lockdown measures may have been implemented after “peak prevalence” of actual infections, which renders mitigation measures entirely without effect.
- (i) The Government of Canada has been slow to endorse the re-opening of the economy even as hospitals remain well below capacity – the metric that was initially used to justify the restrictions.

305. Since the summer of 2020, the above-noted consequences have exponentially multiplied, magnified, and chronically festered to the large point of deprivation and deaths, caused by the measures.

- **H/ THE COVID-19 VACCINE- “WE DO NOT GET BACK TO NORMAL UNTIL WE HAVE A VACCINE”**

306. From the on-set of the declared “emergency”, the Plaintiffs state, and the fact was, that the narrative and mantra created and propagated by Bill Gates that “we do not get back to normal until we have a vaccine” has been accelerated by a

³¹⁴ <https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns>

falsely declared “pandemic” to what has been a persistent push for **mandatory** vaccination of every human being on the planet, along with “global governance” as propagated by Bill Gates, Henry Kissinger, the Rockefeller Foundation, GAVI, the WEF, and their likes.

307. With respect to (mandatory) vaccines and the COVID-19, the Defendants, in addition to pushing the ultimate aim of mandatory vaccines, spear-headed by Bill Gates, and others, have also ignored and refuse to address the issues in the context of COVID-19, let alone vaccines at large, as reflected in, inter alia, the following:

(a) **Intention to Create Vaccine Dependency:** Is it ethical to deny children, young people and most of the population who are at low risk of mortality the opportunity to develop natural immunity when we know natural immunity is lifelong in most cases? Are we going to create another condition where we become ‘vaccine dependent’ or will we recognize the value of natural herd immunity? Advocates of the natural herd immunity model are of the opinion that rather than the mass isolation of billions of people, only the most at-risk people and their close associates should be isolated. The forced mass quarantine of an entire, mostly low-risk population is disproportionate and unnecessary. This is the position being utilized by Sweden.³¹⁵

(b) **Will A COVID 19 Vaccine Be Safe?**

³¹⁵ <https://vaccinechoicecanada.com/in-the-news/will-a-covid-19-vaccine-save-us/>

- (i) **Dr. Anthony Fauci** – is the director of the National Institute of Allergy and Infectious Diseases in the United States. Fauci has stated: *“We need at least around a year and a half to make sure any new vaccine is safe and effective.”* [1]
- (ii) **Dr. Paul Offit** - Offit warns, *“Right now you could probably get everyone in this country to get this (CV) vaccine because they are so scared of this virus. I think we should keep remembering that most people who would be getting this vaccine are very unlikely to be killed by this virus.”*
- (iii) **Dr. Peter Hotez** - dean of the National School of Tropical Medicine at Baylor College of Medicine, told Reuters, *“I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with.”*
- (iv) **Pathogenic Priming**³¹⁶;
- (c) **Jonathan Kimmelman**, a biomedical ethics professor at McGill University in Montreal, is watching how both scientific and ethical standards are maintained while the pandemic vaccine trials progress at breakneck speed.

"My concern is that, in the fear and in the haste to develop a vaccine, we may be tempted to tolerate less than optimal

³¹⁶ <https://www.sciencedirect.com/science/article/pii/S2589909020300186?via%3Dihub=&=1>

science," Kimmelman said. "That to me seems unacceptable. The stakes are just as high right now in a pandemic as they are in non-pandemic settings. "To show how long the process can take, Kimmelman points to the example of the ongoing search for an effective HIV vaccine that began in the 1990s. Before healthy people worldwide receive a vaccine against SARS-CoV-2, the risk/benefit balance needs to tip in favor of the vaccine's efficacy in offering protection over the potential risks, he said. The balance still exists even in the face of a virus wreaking an incalculable toll on human health and society."³¹⁷

(d) CBC News March 24, 2020 reported by Amina Zafar;³¹⁸

(e) Moderna's vaccine uses genetic material from the virus in the form of **nucleic acid**. That tells the human body how to make proteins that mimic viral proteins and this should provoke an immune response. Denis Leclerc, an infectious diseases researcher at Laval University in Quebec City, said the advantage of nucleic acid vaccines like Moderna's is that they're much faster to produce than other types. While relatively safe, **nucleic acid vaccines are generally not the preferred strategy**, Leclerc said, because they **don't have the same safety record** as the traditional approach.

(f) **Will a COVID 19 vaccine be effective? Ian Frazer** - Immunologist Ian Frazer has downplayed the role of a vaccine in overcoming the coronavirus pandemic, saying it may "not stop the spread of the virus in the community". That's if a vaccine can be developed at all. Frazer, a

³¹⁷ <https://www.cbc.ca/news/canada/coronavirus-covid19-april16-canada-world-1.5534020>

³¹⁸ <https://www.cbc.ca/news/health/covid-19-vaccine-research-1.5497697>

University of Queensland scientist who was recognized as Australian of the Year in 2006 for his contribution to developing [HPV](#) vaccines, said a COVID-19 vaccine may not be the end-all to the current crisis.³¹⁹

- (g) **Role of Influenza Vaccination to Current Outbreak - Allan S. Cunningham**, Retired pediatrician The possibility that **seasonal flu shots are potential contributors** to the current outbreak. A randomized placebo-controlled trial in children showed that flu shots increased fivefold the risk of acute respiratory infections caused by a group of non influenza viruses, including coronaviruses.³²⁰

(h) **Mandatory Vaccination**

- (i) **Diane Doucet** – Message to New Brunswick Committee on Law Amendments“Mandatory vaccination may soon be imposed on the entire population. Eventually, every person will have to decide between attending school, keeping their job, their home and their ability to participate in society and their so-called freedom to choose. People will also be at risk of losing their jobs if they speak out against mandatory vaccinations.

We are not talking about quarantining individuals infected by a disease. We are talking about the segregation of healthy children and adults from participating in society. Their crime is that they do not consent to handing over their bodies to the tyrannical will of a vaccine cartel which is accountable to no one.

The policy makers look down upon the citizenry with arrogance. We live in a system that views the common people as being too ignorant to decide what’s best for themselves and their children. When corporations, health agencies and government institutions treat people like chattel and punish those who do not submit, you

³¹⁹ <https://7news.com.au/lifestyle/health-wellbeing/coronavirus-australia-immunologist-ian-frazer-expresses-doubt-around-role-of-vaccine-in-pandemic-c-983647>

³²⁰ <https://www.bmj.com/content/368/bmj.m810/rr-0>

have slavery. If an institution can take it upon itself and do what it wants to people's bodies against their will, then you live in a slave system. We find ourselves here today, wondering how we managed to slip this low."

- **Microchipping /Immunity Passports/ Social Contact Vaccine Surveillance & 5G**

308. The Plaintiffs state that, and fact is, this global vaccination scheme which is being propelled and pushed by the Defendants, is with the concurrent aim of total and absolute surveillance of the Plaintiffs and all citizens.

309. In addition to the facts, pleaded with respect to Gates' vaccine-chip, nanocrystal "app" already developed, in late June, 2020, cell-phone companies, at the request of Justin Trudeau that the 30-Million eligible Canadians "voluntarily" load up "contract-tracing apps" now available from the phone-tech giants. These companies began dumping the apps on to customers without **informed** consent.

310. On June 30th, 2020, Canada announced that it was participating, to be included, as one of an initial fifteen (15) countries, to require "immunity passport", a cell-phone application disclosing medical vaccination history.³²¹ Canada is one of an initial fifteen (15) countries to enter into a contract to deploy "immunity passport" technology. The technology would utilize a cell-phone application to disclose medical vaccination history.³²²

³²¹<https://www.mintpressnews.com/mass-tracking-covi-pass-immunity-passports-slated-roll-15-countries/269006/>

³²² <https://www.mintpressnews.com/mass-tracking-covi-pass-immunity-passports-slated-roll-15-countries/269006/>

311. The Plaintiffs further state, and the fact is, that above and beyond what is set out above in the within Statement of Claim, mandatory vaccination, for any disease, let alone a **virus**, is a flagrant violation of the Plaintiffs' **Charter**, and written constitutional rights, under s. 2 and 7 of the **Charter**, to freedom of belief, conscience, religion, and life liberty and security of the person as a violation of physical and psychological integrity, where informed medical consent is absent in a mandatory scheme.
312. Furthermore, and more importantly, the Plaintiffs state that public officials, including the relevant Defendants, Trudeau, Tam, and Henry have warned that, despite the anticipated five (5) years of the Covid-19 "vaccines", the vaccines will **not** result in immunity: do not prevent transmission of the virus to and from the recipient: and that the other measures, lockdowns, masks and useless PCR tests must be maintained indefinitely. This all begs the question: why then roll out an experimental "vaccine" by-passing the safety protocols?

Version April 29/21

- **Authorized COVID "Vaccines"**

313. Since the Summer of 2020, with respect to the Covid "vaccines", the events have unfolded as set out below.

314. There are four COVID-19 vaccines which have received emergency use authorization in Canada:³²³

- (a) The **Pfizer-BioNTech** COVID-19 vaccine was authorized for use in Canada on December 9, 2020.
- (b) The **Moderna** COVID-19 vaccine was authorized for use in Canada on December 23, 2020.
- (c) The **AstraZeneca** COVID-19 vaccine was authorized for use in Canada on February 26, 2021.
- (d) The **Janssen** COVID-19 vaccine was authorized for use in Canada on March 5, 2021.
- (e) Merck, a major pharmaceutical company, which was developing two (2) potential vaccines, abandoned their development and publicly announced, that it is **more** effective for people to simply contract the virus and let the natural immune system deal with it.

Note: Health Canada authorized two manufacturers to produce this vaccine developed by AstraZeneca and Oxford University: AstraZeneca and Serum Institute of India (SII). NACI has not specifically reviewed evidence for the SII vaccine, but Health Canada has deemed SII and AstraZeneca vaccines to be comparable. Authorization of the SII COVID-19 vaccine (COVISHIELD) was based on its comparability to the AstraZeneca COVID-19 vaccine as

³²³ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

determined by evaluation and direct comparison of manufacturing processes and controls and the quality characteristics of the two products. The results of this comparison by Health Canada determined that the two products were sufficiently similar and that the efficacy, immunogenicity and safety of COVISHIELD could be inferred from the non-clinical and clinical studies from the AstraZeneca COVID-19 vaccine.

315. These “vaccines” constitute experimental Medical Devices in that:
- (a) Canadians have been led to believe that the COVID 19 vaccines have undergone robust clinical trials and have proven these products to be both safe and effective. That belief is simply untrue. In fact it is a bald and intentional lie.
 - (b) Those partaking in the COVID 19 vaccines are test subjects in ongoing clinical trials.³²⁴
 - (c) The COVID-19 vaccines have not received full Health Canada approval. They have only been granted ‘interim use’; i.e. ‘emergency use authorization’. This means that these medical products are considered ‘experimental’. Those partaking in these products are subjects in human clinical trials. In order to obtain emergency use, it must be established that no other recognized and approved medical treatment or drugs are available to mitigate, assist, or avert the disease which explains the

³²⁴ <https://off-guardian.org/2021/01/03/what-vaccine-trials>

banning and use of such drugs as HCQ, Ivermectin, Vitamin D, Zinc, and Magnesium in combination, treatments that have been proven effective.

- (d) These “vaccine” products are unlike any previous vaccine. The most significant difference with the Pfizer and Moderna vaccines is the introduction of ‘messenger RNA/DNA technology’. This technology has never before been injected into humans on a mass scale to function as a vaccine.
- (e) The AstraZeneca and Janssen vaccines use a genetically modified virus to carry genes that encode SARS-CoV-2 spike proteins into the host cells. Once inside the cell, the spike protein genes are transcribed into mRNA in the nucleus and translated into proteins in the cytosol of the cell.
- (f) The long-term consequences of injecting genetic technology into humans on a mass scale is, quite simply, unknown.

316. Safety Trials have not been completed with these vaccines and furthermore:

- (a) None of the vaccines authorized for COVID-19 have completed Phase III clinical trials. Clinical trials are still ongoing.
- (b) Phase III safety results will not be concluded until 2022 - 2024 depending upon the manufacturer.
- (c) Long-term safety data does not exist for these products.³²⁵

³²⁵ <https://www.fda.gov/media/144416/download>

- (d) The normal development timeline to determine the safety of a vaccine is 5 - 10 years. It is impossible to know the safety and efficacy of a new medical product in the few months these products have existed.
 - (e) It is also important that Canadians know that these ‘vaccines’ are unlike any previous vaccine.
 - (f) There are significant concerns related to the fast tracking of a COVID 19 vaccine, with safety being first and foremost.
 - (g) Vaccine manufacturers have been working on a coronavirus vaccine for more than fifty (50) years with no success.
 - (h) A coronavirus vaccine carries the risk of what is known as ‘pathogenic priming’ or ‘disease enhancement’, whereby instead of protecting against infection, the vaccine makes the disease worse in vaccinated individuals.
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- (i) The mechanism that causes disease enhancement is not fully understood and has prevented the successful development of a coronavirus vaccine to date.
 - (j) Disease enhancement occurred with the dengue fever vaccine. Vaccines developed for other coronaviruses, SARS-1 and MERS, resulted in a high rate of death in test animals.
 - (k) Normal protocols to test the safety of vaccines include testing in animals prior to testing in human subjects.

³²⁶ <https://www.reuters.com/article/us-health-coronavirus-vaccines-insight-idUSKBN20Y1GZ>

- (l) Animal testing prior to human trials is even more necessary for a coronavirus vaccine as all previous efforts to develop a coronavirus vaccine have failed because the vaccine caused an exaggerated immune response upon re-exposure to the virus.³²⁷ Vaccinated animals suffered hyper-immune responses including inflammation throughout their bodies, especially in their lungs. Consequently, those vaccines were never approved.
- (m) In the rush to develop a COVID vaccine, Health Canada has permitted vaccine makers to either bypass animal testing entirely or conduct animal testing concurrently with testing in humans.
- (n) Dr. Peter Hotez, dean of the National School of Tropical Medicine, was involved in previous efforts to develop a SARS vaccine. On March 5, 2020, Hotez told a US Congressional Committee that coronavirus vaccines have always had a “unique safety problem” — a “kind of paradoxical immune enhancement phenomenon.”³²⁸
- (o) Hotez has stated, "I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with."

³²⁷ childrenshealthdefense.org/defender/pfizer-COVID-vaccine-trial-pathogenic-priming/

³²⁸ <https://www.c-span.org/video/?470035-1/house-science-space-technology-committee-hearing-coronavirus&start=1380>

- (p) Vaccine manufacturers have yet to provide data that defines the vaccine's interaction with other vaccines or prescription medications.³²⁹
- (q) COVID-19 vaccines have not been tested for their ability to cause cancer, induce organ damage, change genetic information, impact the fetus of a pregnant woman or to impair fertility.
- (r) The product monograph for the AstraZeneca vaccine authorized for use in Canada states:³³⁰ "It is unknown whether AstraZeneca COVID-19 Vaccine may impact fertility. No data are available." "The safety and efficacy of AstraZeneca COVID-19 Vaccine in pregnant women have not yet been established." "It is unknown if AstraZeneca COVID-19 Vaccine is excreted in human milk. A risk to the newborns/ infants cannot be excluded." "The safety and efficacy of AstraZeneca COVID-19 Vaccine in children and adolescents (under 18 years of age) have not yet been established. No data are available." "Currently, there is limited information from clinical trials on the efficacy of AstraZeneca COVID-19 Vaccine in individuals ≥ 65 years of age."
- (s) William Haseltine, a former Harvard Medical School professor states that, "These protocols seem designed to get a drug on the market on a timeline arguably based more on politics than public health."³³¹

³²⁹ [COVID-vaccine.canada.ca/info/pdf/pfizer-biontech-COVID-19-vaccine-authorisation.pdf?fbclid=IwAR0vCv09_332PjR41OUBJOy1k1ESQg--_CbAqcGpk1ZWY71xBztuLDE05oE](https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-COVID-19-vaccine-authorisation.pdf?fbclid=IwAR0vCv09_332PjR41OUBJOy1k1ESQg--_CbAqcGpk1ZWY71xBztuLDE05oE)

³³⁰ <https://covid-vaccine.canada.ca/info/pdf/astrazeneca-covid-19-vaccine-pm-en.pdf>

³³¹ <https://www.washingtonpost.com/opinions/2020/09/22/beware-covid-19-vaccine-trials-designed-succeed-start/>

317. The Plaintiffs further state, and the fact is, that these Vaccines include never before used mRNA genetic technology in that:
- (a) The Pfizer and Moderna vaccines includes ingredients never before used in licenced vaccines, and function unlike any previous vaccine to date.
 - (b) These treatments are more accurately a medical device and includes synthetic genetic technology based on a computer generated “*spike glycoprotein antigen encoded by RNA and formulated in lipid nanoparticles*”.³³²
 - (c) According to the Canadian National Advisory Committee on Immunization (NACI) – Recommendations on the Use of COVID-19 Vaccines:³³³ “*mRNA vaccines that use messenger RNA (mRNA) platforms contain modified nucleotides that code for the SARS-CoV-2 spike protein. A lipid nanoparticle formulation delivers the mRNA into the recipient's cells. Once inside the cytoplasm of a cell, the mRNA provides instructions to the cell's protein production machinery to produce the trans-membrane spike protein antigen that becomes anchored on the cell's external surface.*”
 - (d) The NACI claims – “*The mRNA does not enter the nucleus of the cell and does not interact with, or alter, human DNA.*” and “*The mRNA, lipid nanoparticle, and spike protein are degraded or excreted within days to*

³³² <https://www.fda.gov/media/144416/download>

³³³ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

weeks from time of immunization.” (page 17) Evidence to substantiate these claims have not been provided.

- (e) The same document states: *“COVID-19 vaccines based on viral vector platforms use a modified virus to carry genes that encode SARS-CoV-2 spike proteins into the host cells. The vector virus is a type of adenovirus that has been modified to carry COVID-19 genes and to prevent replication. These modifications are intended to prevent the viral vector from causing disease (i.e., they are non-replicating). Once inside the cell, the SARS-CoV-2 spike protein genes are transcribed into mRNA in the nucleus and translated into proteins in the cytosol of the cell. The AstraZeneca vaccine uses a modified chimpanzee adenovirus vector (ChAd).*” (page 17) Again, evidence to substantiate these claims have not been provided.
- (f) This technology has never before been injected into humans on a mass scale.
- (g) The long-term consequences of injecting genetic technology into a human body is unknown.
- (h) A white paper produced by Moderna states: “DNA vaccines have a risk of permanently changing a person’s DNA.”³³⁴

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https://www.modernatx.com/sites/default/files/RNA_Vaccines_White_Paper_Moderna_050317_v8_4.pdf

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- (i) The Moderna White Paper also states: “As with all new vaccines, time is needed to establish the level and duration of immunogenicity and the safety profile of mRNA vaccines in larger, more diverse populations.”
- (j) The potential exists for significant consequences, not only for the person receiving the vaccine, but for future generations as it is highly possible that the mRNA/DNA in the vaccine will combine with the recipient’s own DNA and be transmitted to their offspring.
- (k) The mRNA vaccine uses the cell's own machinery to create a protein that is identical to the spike protein on the coronavirus. This protein is also found in the placenta and in sperm. If a constant immune response is initiated by the vaccine against this protein, it will likely attack these human tissues as well and prevent placentas and sperm from forming properly. This autoimmune cross-reactivity could cause infertility, miscarriages and birth defects.
- (l) The mRNA in the Pfizer vaccine was sequenced from the 3rd iteration of the original WUHAN published Genome SARS-CoV-2 (MN908947.3). The WHO protocols Pfizer used to produce the mRNA do not appear to identify any nucleotide sequences that are unique to the SARS-CoV-2 virus. When questioned Pfizer confirmed: “The DNA template does not come directly from an isolated virus from an infected person.”³³⁵

³³⁵ <https://off-guardian.org/2021/01/03/what-vaccine-trials>

318. The Plaintiffs state, and the fact is, that: Vaccines manufacturers have been given total immunity from liability, in that:

- (a) COVID-19 vaccine manufacturers have been granted total immunity from liability for any harm or injury caused by their products.
- (b) Federal procurement minister Anita Anand justified the indemnity in the following statement - *“All countries, generally speaking, are faced with the issue of indemnification of companies, especially in cases of novel technologies like this.”*³³⁶
- (c) Ordinarily, a ‘novel technology’ would demand a higher level of oversight and accountability, not less.
- (d) Without legal accountability, there is no financial incentive for manufacturers to make the safest vaccines possible, nor is there incentive to remove injurious vaccines from the marketplace.
- (e) Legal and financial indemnity does not exist with any other product licensed for use in Canada.
- (f) Experience in other countries reveals that eliminating or severely restricting manufacturer liability for injury or death result in an ever-expanding market of poorly tested vaccine products.
- (g) A 2017 study investigated the consequences in the United States of removing litigation risk related to vaccines. The researchers concluded that vaccines that were licensed after legislation that pre-empted most product

³³⁶ <https://globalnews.ca/news/7521148/coronavirus-vaccine-safety-liability-government-anand-pfizer/>

liability lawsuits are associated with a significantly higher incidence of adverse events than were vaccines that were licensed under a previous regime that permitted consumers to sue.³³⁷

319. The Plaintiffs further state, and the fact is, that there is **No Evidence** the Vaccine Prevents Infection or Transmission, and the Public Health officers warn of this very fact and further that:

(a) These medical devices have been declared ‘effective’ even though manufacturers have not demonstrated that their product prevents infection or transmission, nor whether the device will result in a reduction in severe illness, hospitalization, or death.^{338 339 340}

(b) According to a report in the British Medical Journal, “*Hospital admissions and deaths from COVID-19 are simply too uncommon in the population being studied for an effective vaccine to demonstrate statistically significant differences in a trial of 30,000 people. The same is true of its ability to save lives or prevent transmission: the trials are not designed to find out.*”³⁴¹

(c) Given these vaccines have not been proven to prevent infection or transmission, there is no evidence that they contribute to community protection/herd immunity.

³³⁷ <https://link.springer.com/article/10.1007/s11151-017-9579-7>

³³⁸ <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>

³³⁹ <https://www.nytimes.com/2020/09/22/opinion/covid-vaccine-coronavirus.html>

³⁴⁰ <https://stopmedicaldiscrimination.org/home#af86c044-aed2-496d-92bb-e1d76dca284e>

³⁴¹ www.bmj.com/content/371/bmj.m4037

- (d) What is being reported by vaccine manufacturers is relative risk reduction, not absolute risk reduction The absolute risk reduction appears to be less than 1%.³⁴²
- (e) On the Public Health Agency of Canada website, the National Advisory Committee on Immunization (NACI) “recommends that all individuals should continue to practice recommended public health measures for prevention and control of SARS-CoV-2 infection and transmission (wear a face covering, maintain physical distance, and avoid crowds) **regardless of vaccination with COVID-19 vaccines.**” (pg. 41)³⁴³
- (f) According to the ‘Recommendations on the use of COVID-19 vaccines’ on the Government of Canada website - *“There is currently insufficient evidence on the duration of protection and on the efficacy of these vaccines in preventing death, hospitalization, asymptomatic infection and reducing transmission of SARS-CoV-2.”*³⁴⁴
- (g) According to the National Advisory Committee on Immunization – Recommendations on the Use of COVID-19 Vaccines:³⁴⁵ *“Due to the availability of only short-term clinical trial data, the duration of*

³⁴² <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>

³⁴³ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

³⁴⁴ <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#a2>

³⁴⁵ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

protection provided by COVID-19 vaccination is currently unknown.”
(page 18) and *“Efficacy against hospitalization was not assessed in the clinical trials of the mRNA vaccines, but evidence from the clinical trials involving the AstraZeneca vaccine is suggestive of a protective effect against hospitalization.”* (page 20)

- (h) The data from Phase 1, 2, and 3 clinical trials presented to the High Consequence Infectious Disease Working Group and NACI are unpublished and have not been made available for independent third party review and verification.

320. The Plaintiffs further state, and fact is, that the British Columbia Health Information is not Congruent with Vaccine Manufacturer Information in that:

- (a) Information disseminated by BC Health and the BC Centre for Disease Control is not congruent with information taken directly from the Pfizer Emergency Use Authority request to the US FDA.

(b) The Pfizer Emergency Use Authorization request states the following:³⁴⁶

- **Under section 6.2 - Unknown Benefits/Data Gaps:**
- **Duration of protection**

It is not possible to assess sustained efficacy over a period longer than 2 months.

- **Effectiveness in certain populations at high-risk of severe COVID-19**

³⁴⁶ <https://www.fda.gov/media/144416/download>

The subset of certain groups such as immunocompromised individuals is too small to evaluate efficacy outcomes.

- **Effectiveness in individuals previously infected with SARS-CoV-2**

Available data are insufficient to make conclusions about benefit in individuals with prior SARS-CoV-2 infection.

- **Effectiveness in pediatric populations**

The representation of pediatric participants in the study population is too limited to adequately evaluate efficacy in pediatric age groups younger than 16 years.

- **Future vaccine effectiveness as influenced by characteristics of the pandemic, changes in the virus, and/or potential effects of co-infections**

The evolution of the pandemic characteristics . . . as well as potential changes in the virus infectivity, antigenically significant mutations to the S protein, and/or the effect of co-infections may potentially limit the generalizability of the efficacy conclusions over time.

- **Vaccine effectiveness against asymptomatic infection**

Data are limited to assess the effect of the vaccine against asymptomatic infection.

- **Vaccine effectiveness against long-term effects of COVID-19 disease**

At present it is not possible to assess whether the vaccine will have an impact on specific long-term sequelae of COVID-19 disease in individuals who are infected despite vaccination.

- **Vaccine effectiveness against mortality**

A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality.

- **Vaccine effectiveness against transmission of SARS-CoV-2**

Data are limited to assess the effect of the vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination.

- **Under Section 6.3 - Known Risks:**

The vaccine has been shown to elicit increased local and systemic adverse reactions as compared to those in the placebo arm.

Severe adverse reactions occurred in 0.0 - 4.6% of participants.

- **Under Section 6.4 - Unknown Risks/Data Gaps:**

- **Safety in certain subpopulations**

There are currently insufficient data to make conclusions about the safety of the vaccine in subpopulations such as children less than 16 years of age, pregnant and lactating individuals, and immunocompromised individuals.

- **Adverse reactions that are very uncommon or that require longer follow-up to be detected**

Use in large numbers of individuals may reveal additional, potentially less frequent and/or more serious adverse events not detected in the trial safety population.

- **Vaccine-enhanced disease**

Risk of vaccine-enhanced disease . . . remains unknown and needs to be evaluated further.

- **Under Section 7.0 - VRBPAC Meeting Summary:**

- **The Vaccines and Related Biological Products Advisory Committee**

convened on December 10, 2020 to discuss potential implications of authorization of the Pfizer vaccine. The committee members acknowledged the following:

- The importance of long-term safety data for the Pfizer-BioNTech COVID-19 Vaccine as it is made using a technology not used in previously licensed vaccines.
- The lack of data on how the vaccine impacts asymptomatic infection and viral shedding.
- FDA noted that the vaccine should not be administered to individuals with known history of a severe allergic reaction to any component of the vaccine.
- Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic

- FDA explained that there are insufficient data to inform vaccine-associated risks in pregnancy.
- Committee members raised concerns about the limited conclusions about the prevention of severe disease based on the study endpoints.
- Potential benefits that could be further evaluated but are not necessary to support an EUA include: prevention of COVID-19 in individuals with previous SARS-CoV-2 infection, prevention of mortality and long-term complications of COVID-19, reduction in asymptomatic SARS-CoV-2 infection and reduction of SARS-CoV-2 transmission.
- Known risks include: common local and systemic adverse reactions, (notably injection site reactions, headache, fever, chills, myalgia, and fatigue), all of which are usually mild to moderate and lasting a few days, with higher frequency in younger vaccine recipients.
- Potential risks that should be further evaluated include: uncommon to rare clinically significant adverse reactions that may become apparent with more widespread use of the vaccine.
- Since the roll-out of the vaccine, the following immediate, and identifiable reactions have included: death, blood clots, heart attacks, and strokes, as well as various less drastic side effects,

while the long-term adverse reactions will be revealed with the passage of time and completion of the human trials expected to be completed 2023.

(c) On the Public Health Agency of Canada website, the National Advisory Committee on Immunization (NACI) states:³⁴⁷

(i) “Currently, there is **insufficient evidence on the duration of protection of COVID-19 vaccines** and the effectiveness of COVID-19 vaccines in reducing transmission of SARS-CoV-2.”

(pg. 41)

(ii) “The immune response to SARS-CoV-2, including duration of immunity, is not yet well understood. Reinfections with SARS-CoV-2 have been reported.” (p. 41)

(iii) “Currently, there is a lack of evidence on potential differences in vaccine efficacy or safety between those with and without prior evidence of SARS-CoV-2 infection.” (p. 41)

(iv) “Currently, there are no data on COVID-19 vaccination in individuals who are immunosuppressed.”

(v) “NACI recommends that a complete COVID-19 vaccine series may be offered to individuals who are immunosuppressed . . . if

³⁴⁷ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

informed consent includes discussion about the limited evidence on the use of COVID-19 vaccines in this population.” (p. 42)

(vi) “It is currently unknown whether immunocompromised individuals will be able to mount an immune response to the authorized COVID-19 vaccines.” (p.43)

(vii) “Currently, there are no data on the safety and efficacy of COVID-19 vaccines in pregnancy or during breastfeeding. Pregnant or breastfeeding individuals were excluded from the mRNA and viral vector COVID-19 vaccine clinical trials.” (p. 45)

(viii) “Currently, there are no data to inform outcomes of inadvertent administration of COVID-19 vaccine to pregnant individuals or their developing fetus in clinical trials.” (p. 45)

(ix) “There is currently no evidence to guide the time interval between the completion of the COVID-19 vaccine series and conception. In the face of scientific uncertainty, it may be prudent to delay pregnancy by 28 days or more after the administration of the complete two-dose vaccine series of a COVID-19 vaccine.” (p. 45)

(x) “NACI recommends that a complete vaccine series with a COVID-19 vaccine may be offered to individuals in the authorized age group who are breastfeeding . . . if informed consent includes discussion about the limited evidence on the use of COVID-19 vaccines in this population. “ (p. 45)

(xi) “As no immunological correlate of protection has been determined for SARS-CoV-2, these cellular responses cannot be interpreted as corresponding with vaccine protection.” (p.50)

(xii) “There is limited data on the efficacy or effectiveness of mRNA vaccines against P.1 (variant of concern) and P.2 (variant of interest).” (p. 50)

(d) Information on the Health BC website states: “Vaccines are very safe. It is much safer to get the vaccine than to get COVID-19. Serious side effects due to the vaccines were not seen in the clinical trials.”³⁴⁸

(e) The BC Center for Disease Control website states: "The vaccine will help reduce the spread of COVID-19 in B.C. Vaccines save lives by preventing disease, especially for people most likely to have severe illness or die. If enough people get vaccinated, it makes it difficult for the disease to spread.”³⁴⁹ This information is not consistent with manufacturer statements.

(f) These statements above in (d) and (e), are **not supported** by the data, the information provided by Pfizer and the Vaccines and Related Biological Products Advisory Committee, nor the National Advisory Committee on Immunization (NACI).

³⁴⁸ <https://www.healthlinkbc.ca/healthlinkbc-files/covid-19-vaccines>

³⁴⁹ <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccines-for-covid-19>

(g) This distortion of the facts raises serious concerns of the integrity of Canadian regulatory agencies.

321. Furthermore, and more importantly, the Plaintiffs state that public officials, including the relevant Defendants, Trudeau, Tam, and Henry have warned that, despite the anticipated five (5) years of the Covid-19 “vaccines”, the vaccines will not result in immunity: do not prevent transmission of the virus to and from the recipient: and that the other measures, lockdowns, masking, and useless PCR tests must be maintained indefinitely. This all begs the question: why then roll out an experimental “vaccine” by-passing the safety protocols?

322. The Plaintiffs state, and the fact is that under the circumstances “emergency” improperly and negligently deficient, untested “Vaccines” are Not Warranted for the following reasons:

(a) Many individuals who intend to be at the front of the line for a COVID-19 vaccine will do so because they believe COVID-19 is an illness with a high rate of mortality. This fear creates a sense of panic that compels people to accept a medical product with an unknown safety and efficacy profile.

(b) Our federal and provincial governments and the mainstream media persist in describing COVID-19 as a “deadly” condition. This is not true for the vast majority of the population.

- (c) The risk of mortality is primarily to those over 80 years of age in poor health, residing in extended care facilities. LTC residents accounted for 81% of all reported COVID-19 deaths in Canada in 2020.³⁵⁰
- (d) For the greatest percentage of the population under 70 years in good health, COVID-19 poses a very low risk and the use of an experimental product is not warranted.
- (e) According to the CDC, the case survival rate of COVID-19 in patients ages 0 – 17 is 99.998%, 99.95% in patients 18 – 49 years, and 99.4% in patients 50 – 64 years. (as of March 19, 2021)³⁵¹
- (f) There is no evidence that the benefits of vaccination for COVID-19 outweigh the risks.
- (g) What is also rarely acknowledged by our government, public health officers, and the corporate media is that safe and effective drugs and vitamin and mineral supplementation for the prevention and treatment of COVID-19 have been identified.^{352 353 354 355 356 357}
- (h) Such treatments make illegal the use of an experimental product.

³⁵⁰ https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf?emktg_lang=en&emktg_order=1

³⁵¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

³⁵² <https://www.americasfrontlinedoctors.org/covid-19/treatments>

³⁵³ www.youtube.com/watch?v=BLWQtT7dHGE

³⁵⁴ <https://anthraxvaccine.blogspot.com/2021/01/first-country-bans-ivermectin-lifesaver.html>

³⁵⁵ <https://www.hsgac.senate.gov/imo/media/doc/Testimony-Kory-2020-12-08.pdf>

³⁵⁶ https://www.evms.edu/media/evms_public/departments/internal_medicine/Marik-Covid-Protocol-Summary.pdf

³⁵⁷ <https://covexit.com>

- (i) Canadians do not have access to treatments that have demonstrated effectiveness in treating COVID-19 including HCQ and Ivermectin.^{358 359}
360
- (j) The only Health Canada recommended treatment for COVID-19 is oxygen therapy and ventilation.³⁶¹
- (k) The province of British Columbia updated its COVID treatment guidelines on April 18, 2021 to include inhaled budesonide and colchicine for ambulatory outpatient and long-term care.³⁶²

323. The Plaintiffs state, and the fact is, that there has been No Individualized Risk-Benefit Analysis has been conducted by the Defendants, and further that:

- (a) The arguments used to legalize and implement COVID-19 vaccination are political and ideological rather than evidence-based.
- (b) In the rush to approve a COVID-19 vaccine a robust analysis of the risks vs benefits has not been conducted. Indeed, how does one conduct a risk-benefit analysis when both the risks and the benefits are unknown?
- (c) Some researchers have described the use of a COVID-19 vaccine in the general population as *“the most reckless and brazen experiment in the history of humanity.”*

³⁵⁸ <https://www.americasfrontlinedoctors.org/covid-19/treatments>

³⁵⁹ <https://covexit.com/first-ambulatory-treatment-recommended-for-covid-19-in-canada/>

³⁶⁰ <https://covexit.com/wp-content/uploads/2021/04/Antimicrobial-Immunomodulatory-Therapy-adults.pdf>

³⁶¹ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/clinical-management-covid-19.html>.

³⁶² <https://covexit.com/first-ambulatory-treatment-recommended-for-covid-19-in-canada/>

- (d) Implementing an ‘everyone should be vaccinated’ policy assumes the risk-benefit is the same for everyone. This is simply not true and fails to take into consideration the established fact that the risk of COVID-19 varies greatly depending upon several known variables, most especially age and pre-existing conditions. These variables must be considered when assessing the risk and benefit of utilizing these medical devices.
- (e) Deaths in the frail and elderly following COVID-19 vaccination have prompted health officials to recognize the need to assess individuals for their ‘fitness to be vaccinated’.³⁶³
- (f) As of April 16, 2021, Canada has reported 3,738 vaccine related adverse reactions including 19 deaths which are under investigation.³⁶⁴ As of April 16, 2021, VAERS reports 86,080 adverse events following COVID-19 vaccination, including 3,186 deaths. What is to be remembered is that, historically, VAERS reports about a small portion of all adverse effects and deaths actually reported. A mere 1% are reported.^{365 366}
- (g) We ought to have robust evidence that the benefits of vaccination clearly outweigh the risks. This has not been demonstrated.

³⁶³ <https://www.bmj.com/content/372/bmj.n167/rapid-responses>

³⁶⁴ <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

³⁶⁵

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

³⁶⁶

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>

- (h) The reporting of vaccine injury is subjective, voluntary, and there are no consequences for failing to report vaccine injury.
- (i) Physicians receive little to no training on how to recognize and diagnose vaccine injury, and open themselves up to criticism and reprimand if they do fill out the vaccine injury reports.
- (j) A Harvard Pilgrim Health Care study found that less than 1% of vaccine adverse reactions were reported.³⁶⁷
- (k) The real number of children and adults who experience vaccine injury is unknown. The Defendant government(s) are not tracking documents, nor reporting hospitalizations and deaths due to the Covid vaccines.

324. The Plaintiffs further state, and fact is, that with respect to the constitutionally established right to informed consent that:

- (a) It is not possible to give informed consent when the results of the clinical trials are unknown.
- (b) Informed consent is the most fundamental aspect of an ethical medical system and a free society.
- (c) It is imperative that any individual contemplating getting a COVID-19 vaccine be fully aware that these vaccines have not completed the most basic testing to demonstrate either safety or efficacy and that they are participating in a medical trial.

³⁶⁷ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

- (d) In a letter dated October 3, 2020, Dr. Michael Yeadon, a former Vice President of Pfizer stated – “*All vaccines against the SARS-CoV-2 virus are by definition novel. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.*”³⁶⁸
- (e) In a paper published in **The National Center for Biotechnology Information** entitled ‘Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease’, the authors state – “*COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated. The specific and significant COVID-19 risk of anti-body dependent enhancement (ADE) should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent.*”^{369 370}

325. The Plaintiffs further state, and the fact is that Health Canada Oversight has been and continues to be Insufficient in that:

³⁶⁸ <https://coronaversation.wordpress.com/2020/11/11/dr-mike-yeavons-open-letter-regarding-sars-cov-2-vaccine/>

³⁶⁹ <https://pubmed.ncbi.nlm.nih.gov/33113270/>

³⁷⁰ [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7645850/pdf/IJCP-9999-e13795.pdf?fbclid=IwAR1U-
vdWXpOG0SjB0VGR1KkmkqsioWKY8Ux-iOeWpyt0xxa7C5HwlhFBZnU](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7645850/pdf/IJCP-9999-e13795.pdf?fbclid=IwAR1U-
vdWXpOG0SjB0VGR1KkmkqsioWKY8Ux-iOeWpyt0xxa7C5HwlhFBZnU)

- (a) Many Canadians assume Health Canada provides rigorous oversight and would not permit a vaccine to be introduced to the Canadian public without robust testing to ensure both safety and effectiveness. The fact is that Health Canada does not conduct its own clinical trials to determine the safety and efficacy of a vaccine. Instead, Health Canada relies on the data provided by the vaccine manufacturers.
- (b) Vaccine manufacturers are not required to maintain a blinded, neutral placebo-control group, the gold standard for safety testing. This failure undermines the integrity of claims of vaccine safety. (page 53) ³⁷¹
- (c) Vaccine producers such as Pfizer, Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks, and false advertising. ^{372 373}
- (d) Moderna has never before produced a vaccine.
- (e) In 2009, Pfizer paid \$2.3 billion to resolve criminal and civil allegations in what was then the largest health care fraud settlement in history. ³⁷⁴
- (f) The Vaccine Injury Compensation Program in the United States has paid out more than \$4.4 B in compensation for vaccine injury and death since 1989. ³⁷⁵

³⁷¹ <https://www.fda.gov/media/144416/download>

³⁷² www.corp-research.org/merck

³⁷³ https://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals?CMP=share_btn_fb

³⁷⁴ <https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617>

- (g) Canada is one of only two G20 Nations without a national vaccine injury compensation program.
- (h) Canada is more than three decades behind other countries in acknowledging vaccine injury and providing financial compensation to those injured and killed by vaccination.
- (i) While Prime Minister Trudeau promised a COVID vaccine injury compensation program in December 2020, the details of the program have yet to be revealed, and a vaccine injury compensation program has yet to be implemented.
- (j) Vaccines are not benign medical products. Vaccination is an invasive medical procedure that delivers by injection complex biochemical drugs and now genetic modifying technology.
- (k) Because of this complexity and uncertainty, the level of safety testing for a COVID-19 vaccine ought to be even more rigorous. But this is not the case. The safety testing of the COVID-19 vaccine is less rigorous and more incomplete as compared with other vaccines and pharmaceutical drugs.
- (l) The consequences of rushing a novel and inadequately tested product can be serious, permanent, and even deadly.³⁷⁵
- (m) Data following the administration of the Pfizer vaccine reveals that 2.8% of test subjects experienced a ‘health impact’ significant enough such that

³⁷⁵ <https://crsreports.congress.gov/product/pdf/LSB/LSB10584>

³⁷⁶ <https://hvpv-vaccine-side-effects.com/covid-19-vaccine-side-effects-world-map/>

they were “unable to perform normal daily activities, unable to work, and required care from a health professional.”³⁷⁷

- (n) If the entire Canadian population were to be vaccinated with the Pfizer vaccine, more than 900,000 people could experience a ‘health impact’ of this significance.
- (o) There are significant conflicts of interest and a lack of transparency with COVID purchase contracts with the Government of Canada.
- (p) Moderna's research and development partner is the National Institute of Allergy and Infectious Diseases (NIAID), directed by Dr Anthony Fauci. Moderna shares joint ownership of vaccine patent with NIAID scientists.
³⁷⁸ ³⁷⁹
- (q) NIAID and Dr. Fauci are financially conflicted when recommending this product.
- (r) Health Canada lacks transparency by not releasing COVID purchase contract details or answering questions about leaked documents that raised questions about the integrity of the mRNA vaccines.³⁸⁰

³⁷⁷ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-Clark-508.pdf>

³⁷⁸ <https://www.documentcloud.org/documents/6935295-NIH-Moderna-Confidential-Agreements.html>

³⁷⁹ <https://www.statnews.com/pharmalot/2020/08/28/moderna-covid19-vaccine-coronavirus-patents-darpa/>

³⁸⁰ <https://www.physiciansweekly.com/covid-19-ema-leaks-raise-concerns-over-vaccine-mrna-integrity/>

- **Vaccines in General**

326. The Plaintiffs state, quite apart from the “Covid vaccines”, which are not “vaccines” as medically and historically understood and medically defined, that with previous vaccines in general, the fact is that:

- (a) it is undisputed that vaccines cause severe, permanent injury up to and including death in a certain percentage of those who are vaccinated, including physical, neurological, speech, and other disabilities;
- (b) that, as a result of this reality, risk, and severe injury, certain North American jurisdictions, such as the USA, and Quebec, as well as all G-7 countries except Canada, have established compensation schemes for those injured and killed by vaccines;
- (c) that British Columbia has no such compensation scheme;
- (d) that there is no individual pre-screening, to attempt to pre-determine, which individual may have a propensity to be so injured, even in cases where older siblings, in the same family have been injured, no investigation is undertaken or weighed with respect to the risks of their younger siblings being vaccinated;
- (e) the Plaintiffs state, and the fact is, that while peanuts and other nuts, as an absolute proposition, do not injure or kill, they do injure or kill those who are allergic to them. While schools have taken saturated and heightened steps to make their spaces “nut-free”, the

risks of vaccines to children, particularly those who are pre-disposed to injury and death from them, are completely ignored.

327. The individual, biological Plaintiffs state that compulsory vaccination, and or testing, schemes violates their rights, by act and omission. Mandatory vaccination removes the right to weigh the “risks” of vaccinating or not vaccinating, to allow for informed choice, in that vaccines can cause injury or death, is a violation of their rights as follows:

(a) an *in limine* compulsory vaccination scheme violates s.2(a) and (b) of the *Charter* in infringing the rights to freedom of conscience, religion, thought and belief, as well as infringing the rights to liberty and security of the person, in interfering with the physical and psychological integrity of the person and the right to make choices as to that integrity and autonomy, pursuant to s.7 of the *Charter*;

(b) that the failure and omissions of the Defendants, their officials and delegates, in the vaccination scheme, to transparently and honestly present the risks of vaccination, pro and con, and the failure and omissions to make individual assessments to pre-determine and pre-screen those children who may have a propensity and pre-disposed to being vaccine injured, constitutes a violation of the same *Charter* cited above, in depriving the right to an informed consent before medical treatment through vaccine is compulsorily administered, by way of omission as set out by the Supreme Court of Canada in, *inter alia*, *Vriend* in unnecessarily exposing children

and adults, to injury up to and including death, by an overly-broad, untailed, indiscriminate and blind vaccination scheme, notwithstanding the dire and pointed warnings in the manufacturers' own very inserts and warnings as to the risks.

328. The Plaintiffs state that the violations of their ss. 2(a) and (b) *Charter* rights are not justified under s.1 of the *Charter* and puts the Defendants to their onus of justifying the violations. The Plaintiffs further state that the violations of their s.7 *Charter* rights, as set out above in the statement of claim, are not in accordance with the tenets of fundamental justice in that the scheme and provisions suffer from overbreadth and that the protection of overbreadth in legislation has been recognized, by the Supreme Court of Canada, as a tenet of fundamental justice, and that further they cannot be saved under s.1 of the *Charter*, the onus of which lies with Defendants.

329. The Plaintiffs state that, with respect to facts pertinent to product safety testing, the facts and medical literature sets out that:

(a) Vaccines do not undergo the same level of safety testing as is required for all other drugs and medical products.

(b) None of the vaccines licensed for use in Canada have been tested for safety using long-term, double blind, placebo-controlled studies.

- (c) Vaccine products licensed for use in Canada are not evaluated for safety using a neutral placebo,³⁸¹ a requirement for all other pharmaceutical products.
- (d) Vaccines are an invasive medical intervention whose safety is determined primarily by the amount of injury or death reported *after* vaccination.
- (e) Pre-licensing safety monitoring of childhood vaccines, prior to the vaccines being administered, is not long enough to reveal whether vaccines cause autoimmune, neurological or developmental disorders.³⁸²
- (f) Studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the vaccination schedule have not been conducted.³⁸³
- (g) There are too few scientifically sound studies published in the medical literature to determine how many serious brain and immune system problems are or are not caused by vaccines.³⁸⁴
- (h) The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, is largely inadequate.³⁸⁵
- (i) Vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, ability to impair fertility, or for long-term adverse reactions.

³⁸¹ <https://www.icandecide.org/wp-content/uploads/2019/08/VaccineSafety-Version-1.0-October-2-2017-1.pdf>

³⁸² <https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf>

³⁸³ <https://www.nap.edu/catalog/13563/the-childhood-immunization-schedule-and-safety-stakeholder-concerns-scientific-evidence>.

³⁸⁴ <https://www.nvic.org/PDFs/IOM/2013researchgaps-IOMchildhoodimmunizationschedulea.aspx>

³⁸⁵ https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella

- (j) Health Canada does not conduct its own independent clinical trials to determine vaccine safety and efficacy and instead relies on the data provided by the vaccine manufacturers.
- (k) Studies comparing the overall health of vaccinated and unvaccinated children reveal that vaccinated children are significantly more likely to have neuro-developmental disorders and chronic illness.³⁸⁶
- (l) There is evidence that vaccines are contaminated with unintended ingredients and that the health impact of injecting these ingredients is unknown.³⁸⁷
- (m) Canada is the only G7 Nation without a national program to compensate those injured or killed by vaccination, and one(1) of two(2) G-20 Nations without a vaccine injury compensation program. The other nation being Russia.
- (n) The United States Vaccine Injury Compensation Program has awarded more than \$4.1 billion in compensation since 1989.
- (o) The published medical literature recognizes that vaccines can cause permanent injury including death.
- (p) The US government has acknowledged that vaccination can cause brain damage resulting in symptoms of autism in genetically susceptible children.³⁸⁸

³⁸⁶ <https://antivakcina.org/files/MawsonStudyHealthOutcomes5.8.2017.pdf>

³⁸⁷ <https://www.corvelva.it/it/speciale-corvelva/vaccinegate-en.html>

- (q) The US Centre for Disease Control (CDC) has acknowledged that every domestic case of polio that occurred after 1979 was caused by the vaccine strain of polio.³⁸⁹
- (r) Vaccines include ingredients that are classified as poisons, carcinogens, toxins, neurotoxins, immune-and-nervous-system disruptors, allergens, fertility inhibitors, and sterilizing agents.
- (s) Health Canada exposed children to cumulative levels of mercury and aluminum, in the incubation of the vaccines that exceeded the US FDA's safety guidelines.

330. The Plaintiffs state that, with respect to the facts pertinent to screening for susceptibility to vaccine injury, that:

- (a) Pre-screening to identify individuals who may be at increased susceptibility to vaccine injury and death does not occur in Canada.
- (b) Health Canada has not committed resources to identify those individuals who may have increased susceptibility to experience vaccine injury or death.
- (c) Policies to administer vaccines to "Mature Minors", often without the knowledge and consent of the parents and without the informed consent of the "Mature Minor", in schools and medical settings without the knowledge or consent of the parents has inadequate safety protocols to

³⁸⁸ <https://www.jeremyhammond.com/wp-content/uploads/2019/10/080226-Vaccine-Autism-Court-Documents-Kirby-HuffPost.pdf>.

³⁸⁹ <https://web.archive.org/web/20150103130229/http://www.cdc.gov/vaccines/vpd-vac/polio/dis-faqs.htm>.

fully consider the personal and family medical history prior to vaccination.

(d) This failure to fully consider personal and family medical history puts these youth at increased risk of vaccine injury.

331. The Plaintiffs state that, with respect to the facts pertinent to monitoring of adverse effects of vaccination, that:

(a) Doctors and health care workers are not trained to recognize and diagnose vaccine injury.

(b) There are no legal consequences when medical professionals fail to report vaccine injury.

(c) Parents' observations of health and behavioral changes following vaccination are routinely ignored and denied by doctors and rarely captured in adverse events reporting systems.

(d) It is recognized that fewer than 1% of vaccine adverse reactions are reported.³⁹⁰

(e) British Columbia's AEFI reporting system has no better record than the national one nor reporting rates than other provinces.³⁹¹

(f) The medical industry has failed to fully consider the combined toxicology of vaccine ingredients and the synergistic effect of combining vaccine ingredients.

³⁹⁰ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

³⁹¹ https://www.myhealthunit.ca/en/health-professionals-partners/resources/Health-Care-Professionals/adverse-events/Annual_Report_Vaccine_Safet.pdf

(g) Bonnie Henry has instructed people to mix vaccines for 1st and 2nd shot even though Moderna, for instance, has clearly stated that they do not know the effects of interchangeability and therefore only recommend first and second shot of the Moderna vaccine. Bonnie Henry has further advocated the immunization of twelve (12) to seventeen (17) year olds **without the consent of their parents.**

255. The Plaintiffs state that, with respect to the facts pertinent to safeguarding policy over patient health, that:

- (a) The primary metric used by Health Canada to measure the success of the vaccine program appears to be how many vaccines are delivered.
- (b) The goal of public health vaccine policy is to persuade parents to comply with the full vaccine schedule.³⁹²
- (c) The pursuit of the goal of persuading parents to comply with vaccination recommendations is incompatible with the goal of allowing parents to possess the knowledge they need to exercise their right to informed consent, and act in their child's best interests.
- (d) The right to informed consent has been recognized as one of the most fundamental ethics in medicine.
- (e) Public health professionals routinely fail to inform citizens of their legal right to personal, religious and medical exemptions where they exist.

³⁹² <https://cic-cci.ca/>

- (f) Health Canada, with respect to vaccines, places public policy over individual health considerations.
- (g) Government policy makers have refused to consider the fact that the risks of the target diseases are not the same for every child and that some children are at greater risk of being harmed by vaccines due to genetic or environmentally caused predispositions.
- (h) Government policymakers ignore that the fact that for informed consent to happen, the risk-benefit analysis must be conducted for *each* vaccine and *individually for each child*.
- (i) Antibody titre testing is rarely conducted in an effort to avoid unnecessary vaccination.
- (j) An increasing number of parents are choosing not to vaccinate because they recognize that public health vaccine policy poses a serious threat to both their health and liberty.

256. The Plaintiffs state that, with respect to the facts pertinent to lack of accountability for vaccine Injury, that:

- (a) Vaccine manufacturers and medical professionals are not held legally and financially accountable when vaccine injury and death occurs.
- (b) A consequence of this legal immunity is that there is no legal or financial incentive for the vaccine industry to make their products safer, even when there is clear evidence that vaccines *can* be made safer.

(c) Systemic corruption within the medical establishment is well recognized within the scientific community.^{393 394}

(d) Conflicts of interest in biomedical research are “very common”.³⁹⁵

257. The Plaintiffs state that, with respect to the facts pertinent to informed consent, that Consumers are rarely informed that:

- (a) vaccines do not confer life-long immunity;
- (b) not all vaccines eliminate susceptibility to infection;
- (c) not all vaccines are designed to prevent the transmission of infection;
- (d) most vaccines do not alter the safety of public spaces;³⁹⁶
- (e) Health Canada has acknowledged that vaccines are voluntary in Canada and cannot be made mandatory due to the Canadian **Charter** of Rights and Freedoms;
- (f) there is no scientific evidence that herd immunity can be achieved using vaccines due to the temporary nature of the immunity offered nor that vaccine herd immunity is more effective than natural herd immunity;
- (g) vaccine can and do cause permanent injury and death;
- (h) there is no scientific evidence that vaccines are primarily responsible for reduced mortality over the last century as is often claimed;
- (i) the human body has an innate capability to fight off infections and heal itself;

³⁹³ <https://www.nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/>

³⁹⁴ <https://doi.org/10.1111/eci.12074>

³⁹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1182327/>.

³⁹⁶ <https://childrenshealthdefense.org/news/why-you-cant-trust-the-cdc-on-vaccines/>

- (j) the pharmaceutical companies that produce almost all vaccines have been found guilty and paid billions of dollars in criminal penalties for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising ³⁹⁷;
- (k) Canadian children are among the most vaccinated children in the world
- (l) there is no compensation available in Canada, except for Quebec, should vaccination result in injury or death;
- (m) only two provinces in Canada (Ontario and New Brunswick) require exemptions to decline vaccination;
- (n) recommended/required vaccines vary by province, by state, and by country.

258. Consumers are rarely provided with the product monograph (product information insert) by health care providers. Vaccines monographs warn of limitations to vaccine safety testing as well as recognized adverse events following vaccination which include severe and permanent injury and death.

259. Vaccine mandates violate the medical and legal ethic of informed consent.

260. Vaccine mandates violate *'The Universal Declaration of Bioethics and Human Rights'*, the *Nuremberg Code*, professional codes of ethics, and all provincial health Acts.

³⁹⁷ **GlaxoSmithKline Fined \$3B After Bribing Doctors to Increase Drug Sales.**
https://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals?CMP=share_btn_fb
Merck: Corporate Rap Sheet
<http://www.corp-research.org/merck>

261. A review of the available literature of the vaccine education materials produced by the British Columbia government reveals that the risk of vaccine injury is discussed superficially, if at all, and that consumers are given insufficient information to make an informed decision.
262. A review of Public Health Agency of Canada recommended curriculum for school children reveals that education on the risk of vaccine injury is absent, as is education on the right to informed consent.³⁹⁸
263. The vaccine risk information provided to consumers varies by health region.
264. Vaccines are routinely administered to youth in medical clinics and school settings without the knowledge or consent of their parents.
265. Youth vaccinated in school-based clinics routinely report being intimidated into vaccination and being threatened with expulsion if they refuse vaccination.
266. Public health presents as if all vaccines carry the exact same risk/benefit assessment for all individuals.
267. Individual benefit versus individual risk of vaccination is rarely considered.
268. Indigenous people are required to receive vaccines other than those required for non-Indigenous people based on assumed risk, not upon medical evidence of risk.
269. On May 21st, 2021, Dr. Bonnie Henry, and her department announced the availability of the Covid vaccines for twelve (12) to seventeen (17) year olds, without the need for their parents consent, notwithstanding:

³⁹⁸ https://kidsboostimmunity.com/sites/default/files/reusable_files/kbi_British Columbia.pdf

- (a) That the Vaccines have **NOT** undergone required trial and safety protocols but were all made under an “emergency” basis;
- (b) Furthermore, Bonnie Henry is falsely claiming that the vaccine is safe and approved for children, despite Health Canada’s Summary Basis of Decision, updated May 20th, 2021, stating the trials have not proven that the Covid-19 treatments prevent infection or transmission, which trials will not be completed until 2023. The summary also reports that both Moderna and Pfizer identified that there are six areas of missing (limited/no clinical data) information: “use in paediatric (0-18)”, “use in pregnant and breastfeeding women”, “long-term safety”, “long-term efficacy” including “real world use”, and concomitant administration of non-Covid Vaccines”. The WHO, on June 20th, 2021 called for an immediate halt to the vaccination of children and adolescents.
- (c) That there has **NOT** been a recorded death or life-threatening case of any twelve (12) to seventeen (17) year old in Canada;
- (d) That twelve (12) to seventeen (17) year olds are not at risk of Covid-19;
- (e) That, in the absence of informed consent, it constitutes medical experimentation and thus constituted a “crime against humanity” emanating from the Nuremberg trials, and principles following the medical experimentations by the Nazi regime and codified in Canada, as a Criminal act, pursuant to the *War Crime and Crimes Against Humanity Act*;

- (f) And that on June 5th, 2021 Dr. Joss Reimer, Medical Lead for the Manitoba Vaccine Implementation Task Force, in asserting that the various vaccines can be mixed, publicly declared that the Covid-19 vaccinations are a “big human experiment”;
- (g) That many twelve (12) to seventeen (17) year olds do not possess the intellectual capacity to give informed consent, however the government of British Columbia has been encouraging youth to make appointments on their own, with friends, or with “trusted adults” by way of s.17 of the *Infants Act*. This propaganda aimed at children violates the parent-child relationship under s.7 of the *Charter*.³⁹⁹
- (h) And by doing so Dr. Bonnie Henry, and the Province of British Columbia are violating the s.7 *Charter* protected right of the parent-child relationship and in contempt and subversion of the “mature minor” doctrine of the *Supreme Court of Canada*.

- **I/ THE MEDIA**

270. From the time of the declaration of “emergency” to the present, the Plaintiffs state that the Defendant CBC, and other mainstream media, is purposely suppressing valid, sound, and sober criticism of recognized experts with respect to the measures that amount to censorship and violation of freedom of speech, expression and the media.

³⁹⁹ <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/youth>

271. The Plaintiffs state, and the fact is, that CBC, a completely publicly- funded news service, and national broadcaster, paid for by Canadian taxpayers, has been to the Trudeau government, and has acted as, PRAVDA did for the Soviet Union in the cold-war, with respect to coverage of the COVID-“pandemic”, “emergency”, and its draconian measures.

272. The Plaintiffs state that CBC, as the nationally and publicly-funded broadcaster under the public broadcasting policy for the Canadian public, under the **Broadcast Act**, owes:

- (a) a Fiduciary duty to the Plaintiffs and all citizens; and
- (b) a duty in Negligence (negligent investigation) to the Plaintiffs and all citizens;

To be independent, fair, balanced, and objective in its coverage of the “pandemic”, declared “emergency”, and the measures undertaken, which duties it has breached causing damages to the Plaintiffs.

- **Negligence**

273. The Plaintiff states that the Defendant, CBC, as a publicly-funded mandate to publicly broadcast on behalf of Canadians, owes a common-law, and statutory duty of care to the Plaintiffs, to fairly, independently, objectively report, and engage in responsible journalism, on the news and current affairs, and the Plaintiffs further state that:

- (a) the CBC breached that duty of care; and

(b) as a result of the breach of that duty of care, the Plaintiffs suffered damages.

274. The Plaintiff states and the fact is, this duty was breached by the CBC's negligent acts and omissions, including **inter alia**, the following:

- (a) The daily broadcasting of Trudeau's press-conferences, with absolutely no questions about the scientific and medical evidence behind the measures, and their source;
- (b) Whether contrary expert views exist, to the secret advice being followed;
- (c) If opposite, expert opinion exist, what is the government's response to it?;
- (d) The CBC further dumps, on a daily basis, the government numbers on COVID-positive rates, and death rates, without any investigation or scrutiny as to the basis of compiling those numbers, and who and how the parameters are determined in compiling those numbers nor any contextual analysis as to what they mean;
- (e) The CBC has done **no** independent investigation, nor asked any questions, on the scientific or medical basis of the COVID- measures but simply parrots the government line, and has not investigated, exposed, nor published the avalanche of Canadian and World experts who firmly hold an opposite view, and severe criticism of the measures, nor put those criticism to the Federal Defendants for response.

275. In short, the Plaintiffs state, and the fact is, that CBC has breached its duty of care to the Plaintiffs, and has not acted in a fair, independent, objective, and

responsible manner, but has acted in a manner more akin to a propagandistic state news agency serving a dictatorial regime.

276. The Plaintiffs state, and the fact is, that CBC has actually gone far beyond the above in that, in the rare instance CBC pretends to tackle an opposite view, CBC irresponsibly belittles, and in fact intentionally misleads, the Plaintiffs and viewers. For example, in a story published May 21st, 2020, written by CBC's Andrea Bellemere, Katie Nicholson and Jason Ho entitled **“How a debunked COVID-19 video kept spreading after Facebook and YouTube took it down”**, these “reporters” falsely and intentionally distort with respect to the video in question entitled **“Plandemic”**. In the story they refer, with a picture, to a person CBC describes as: “featuring controversial virologist Judy Mikovitz”. In the story, these three “reporters” choose to:

- (a) Delete the fact that it is **Dr. Judy Mikovitz, Ph. D.**, is a **recognized expert in virology** who worked at the Centre for Disease Control (CDC) with Anthony Fauci, with whom she had serious disagreement which she documented in her book entitled **“Plague Corruption”**;
- (b) That she continues to work in, and be recognized as an expert in virology;
- (c) The “reporters” do not give a hint as to by whom, when, on what medical basis her expert views were “debunked”;
- (d) Nor do the “reporters” investigate, nor pose any questions, about why it is appropriate to remove from Facebook, or YouTube, the views of a recognized, working World expert, of virology, with respect to issues of

COVID-19. This conduct by these “reporters” and CBC, is intentional at worst, and depraved and gross negligence at best.

- **Fiduciary Duty**

277. The Plaintiffs further state that the CBC further has a fiduciary relationship, and owed a corresponding fiduciary duty, to the Plaintiffs, as the national publicly-funded broadcaster to fairly, independently, objectively report, and engage in responsible journalism, on the news and current affairs for the following reasons:

- (a) The Defendant CBC is in a position of power over the Plaintiffs, with respect to what it covers and reports; and was able to use this power so as to control and affect the Plaintiff’s interests in their right to freedom of speech, expression, and the media for their national, publicly-funded broadcaster under the **Broadcast Act**, with respect to the covid - “pandemic”, “emergency” and measures;
- (b) The Plaintiffs are in a corresponding position of vulnerability toward CBC in depending on CBC to put out fair, balanced, responsible, objective and responsible reports on the reality of the “pandemic”, the declared “emergency” as well as measures undertaken;
- (c) CBC impliedly and statutorily undertakes to so, to act in the best interests of the Plaintiffs’, and the public, in its functions and work, in that:
 - (i) the Defendant CBC performs a public function, to operate as Canada’s national publicly-funded broadcaster under statute;

(ii) the Defendant CBC impliedly and statutorily undertakes to so to act in the best interests of the Plaintiffs’.

278. The Plaintiffs state that the Defendants breached this fiduciary duty as set out above in this Statement of Claim.

279. The Plaintiffs state, and the fact is, that CBC, Facebook, YouTube, Google, and other social media are viciously censoring, and removing any and all content that criticizes or takes issue with the WHO, and governments that follow WHO guidelines, with respect to covid-19, as purported “misinformation” contrary to “community standards” even when that content is posted by a recognized expert.

280. The Plaintiffs further state, and the fact is, that the Defendant Federal Crown is by way of act and omission, under **inter alia**, the **Broadcast Act**, and its Agencies such as the CRTC, legislatively and administratively violating the Plaintiffs’ rights under s. 2 of the **Charter**, to freedom of expression and the press in doing nothing to halt what has been described by members of the scientific community as “Stalinist censorship”, by government, along with media the likes of CBC, Facebook, and YouTube. In fact, the Federal Crown goes further, in following suit with these social media censors, to propose criminal sanctions for posting such deemed and anointed “misinformation” by all, including experts.

281. On or about end of May, 2020 the UK “Scientific Advisory Group for Emergency (SAGE) –COVID-19 Response, in response to the unwarranted

measures of redaction, and removing, all criticism in respect of COVID-Measures, from the Report, of this government advisory body, the body responsible for their SAGE report referred to the government redaction as “Stalinist Censorship”.

282. The Plaintiffs state, and the fact is, that CBC, Facebook, and YouTube, and other major social media, in their coverage of the COVID-19, have acted in the same fashion, by knowingly and intentionally suppressing and removing expert opinion not in line with the official dogma of the WHO, which is being blindly and deafly parroted and incanted by the Defendant governments (leaders) and their officials, to the detriment of the Plaintiffs and citizens at large, in violation of their constitutional rights.

- **J/ SUMMARY**

283. In summary, the Plaintiffs state that the COVID -19 Legislation, and Regulations By-Laws, and orders, violate, as follows, the Plaintiffs’ statutory and constitutional rights in:

- (a) That the conduct of Justin Trudeau, the British Columbia Premier John Horgan and the other Co-Defendants, constitute a dispensing of Parliament under the pretense of Royal prerogative contrary to the Plaintiffs’ constitutional rights to a Parliament;

- (b) That the declaration of an emergency by the Defendant John Horgan, in B.C, was **ultra vires** , and continues to be **ultra vires**, the **Act** in failing to meet the requisite criteria to declare an emergency;
- (c) That the declared emergency, and measures implemented thereunder are:
- (i) Not based on any scientific or medical basis;
 - (ii) Are ineffective , false, and extreme;
 - (iii) Contravene ss. 2, 6, 7,8,9, and 15 of the **Charter** ;
 - (iv) Contravene the same parallel unwritten constitutional rights, enshrined through the Pre-Amble of the **Constitution Act, 1867**;
 - (v) Contravene the same rights found in international treaties, read in, as a minimal standard of protection, under s. 7 of the **Charter**, as ruled by the Supreme Court of Canada, in, **inter alia**, the **Hape** decision;
- (d) That the “COVID- pandemic” was pre-planned, and executed, as a false pandemic, through the WHO, by Billionaire, Corporate, and Organizational Oligarchs the likes of Bill Gates, GAVI, the WHO, and their former and current associates such as Theresa Tam and Bonnie Henry, the WEF, and others, in order to install a New World (Economic) Order with:
- (i) **De facto** elimination of small businesses;
 - (ii) Concentration of wealth and the power to control economic activity in large global corporations;

- (iii) To disguise a massive bank and corporate bail-out;
- (iv) To effect global, **mandatory** vaccination with chip technology, to effect total surveillance and testing of any and all citizens, including the Plaintiffs;
- (v) To shift society, in all aspects into a virtual’’ world at the control of these vaccine, pharmaceutical, technological, globalized oligarchs, whereby the Plaintiffs, and all others, cannot organize nor congregate.
- (vi) To effectively immobilize resistance to the agenda by neutering Parliaments and the Courts, and by extension the Constitution and Constitutional Democracy and Sovereignty, in short to obtain “global governance”.

284. The Plaintiffs rely on:

- (a) the Statutory Schemes set out in the within statement of claim;
- (b) The Pre-Amble to the **Constitution Act, 1867** and jurisprudence thereunder;
- (c) ss. 2, 7,8,9, 15, and 24(1) of the *Charter*;
- (d) s. 52(1) of the *Constitution Act, 1982*;
- (d) the *Common Law*;
- (e) such further statutory or constitutional provisions as counsel may advise.

Part 2: RELIEF SOUGHT

285. Declarations that the “Covid-measures” and declaration of the “emergency” invoked by the Respondents:

- (a) do not meet the prerequisite criteria of any “emergency” as prescribed by ss.9-10.2 nor ss.12-13 of the *Emergency Program Act [RSBC 1996]*, nor is it within the jurisdictional purview s.52(2) of the *Public Health Act, SBC [2008]*, and further contravenes s.3(1) and s.120(1) of the *Public Health Act SBC [2008]*;
- (b) that the invocation of the measures, dealing with health and public health, breach the Plaintiffs’ right to consult and constitutional duty to consult, of the Respondents, both in procedure, and substance, with respect to broad sweeping public health measures both under administrative law, and the fundamental justice requirement under section 7 of the *Charter* as enunciated and ruled by the *SCC*;
- (c) that, in any event, if the pre-requisites of an “emergency” are met, as declared to be a national and international “emergency”, the jurisdiction, and constitutional duty, to deal with this “national emergency”, and its measures, is strictly with the Federal Parliament, under the *Federal Emergencies Act* and *Quarantine Act*, pursuant to s. 91(7) and (11) of the *Constitution Act, 1867*, as well as under the “Peace, Order, and

Good Government (“POGG”)” Power, under s.91 of the *Constitution Act, 1867* and not the jurisdiction of the provincial legislature;

(d) that quarantine is Federal jurisdiction and not within the jurisdiction of the Province;

(e) that “lock-downs”, and “stay at home orders”, and any curfews, in whole or in part, are forms of Martial law outside the Province’s jurisdiction under s. 92 of the *Constitution Act, 1867* and, subject to constitutional review and constraints, matters of Federal jurisdiction under the POGG power and s. 91(7) of the *Constitution Act, 1867*;

(f) that “lock-downs”, in any event, and the arbitrary and irrational means by which businesses have been ordered closed and/or restricted constitute an unreasonable seizure contrary to s.8 of the *Charter*;

286. As against the Crown (and Municipal) Defendants the Plaintiffs further claim:

(a) A Declaration that the purported order of the chief health officer, Dr. Bonnie Henry, dated April 30th, 2021, as well as June 30th, 2021, along with previous such orders, before and after June 30th, 2021 and any such duplicate future or extended orders, purportedly made under ss. 30, 31, 32 and 39(3) of the *Public Health Act*, S.B.C 2008 (“the Act”), are *ultra vires* that Act, and null and void, as an enveloping emergency order of national dimension; and the strict

jurisdiction of the Federal Government under s.91 (7) and (11) as well as the “POGG” power of the *Constitution Act, 1867*, which rests in the exclusive jurisdiction, subject to constitutional review and constraints, with the Federal Parliament.

(b) A further Declaration that ministerial order #M182 of April 30th, 2021, as well as the order of Bonnie Henry of June 30th, 2021, and the lockdown and travel restrictions are of no force and effect as constitutionally, Martial Law, pursuant to s.91(7) as well as the POGG Power;

287. A Declaration that the *Public Health Act*, and ss.30, 31, 32, and 39(3) of the *Act* is restricted to making orders of a local or regional scope and not of a completely provincial application in the context where the declared threat is not provincial in nature but national, and that the province is without jurisdiction to make such orders and measures as such orders and measures are the jurisdiction subject to constitutional review and constraints, of the *Federal Parliament under the Emergencies Act*, and under s. 91 under the POGG power, as well as ss.91(7) and (11) of the *Constitution Act 1867*.

288. A Declaration that the Province, in any event, while maybe having jurisdiction with respect to some localized measures which coincidentally may have consequential impact on liberty, movement and association, has no constitutional jurisdiction to restrict or target the physical/psychological liberty, expression, association, and/ or assembly of every individual in the Province and that, if such

jurisdiction exists, subject to constitutional review and constraint, it rests with the Federal Parliament and government pursuant to the *Federal Emergencies Act*.

289. A Declaration that the purported order, by Dr. Bonnie Henry, purportedly pursuant to s.52(2) of the *Public Health Act*, that “the transmission of the infectious agent SARS-CoV-2, based on high “case counts”, based on a PCR test, is *ultra vires* the *Act* and *non est factum*, in that:

- (a) It does not constitute a “regional event” but, by its purported terms constitutes a national and international event, and is *ultra vires* the authority of the British Columbia Parliament and government with jurisdiction, if any, subject to constitutional review and constraints, resting with the **Federal Parliament** under the *Emergencies Act*;
- (b) The classification as such is not scientifically nor medically based;
- (c) The evidence is lacking and contrary to the scientific and medical evidence;
- (d) That “cases” do not equate to “deaths” and that the purported death rate is no higher than complications from the annual influenza;
- (e) That the distorted “case” counts are fraudulent, based on the fraudulent use generating cases of “PCR” test, which is a test that:
 - a) At best was designed as a “screening test” which requires a follow-up culture and blood test to ensure the detection of

an **infectious virus**, and was **never** designed, nor equipped to be a diagnostic test;

- b) That is is fraudulently being used as a diagnostic test;
- c) That the PCR test has scientifically been debunked, as well as judicially determined, based on the scientific evidence, that when used at a “threshold cycle” of thirty five (35) or higher, to cause between 82% to 96.5% “false positives”;
- d) That British Columbia tests at a threshold cycle of well over forty (40) “threshold cycles”. In weekly meetings with Bonnie Henry, doctors reported that her second in command gave instruction to turn up the PCR for the sole purpose of creating increased cases.

290. A Declaration that the order of April 23rd, and June 30th, 2021 and previous such orders, and subsequent such orders or extensions, in any event, violate the ***Constitution Acts, 1867, 1982***, as follows:

- (a) That the restrictions on freedom of expression, conscience, association, and assembly, were recognized, and continue to apply, as unwritten constitutional rights, through the Pre-amble of the ***Constitutional Act, 1867***, and that the Province has absolutely no jurisdiction to curtail those rights, as set out by the Supreme Court of Canada, and that if such curtailment were to be effected, it rests, subject to constitutional review, and constraints, in the jurisdiction of the Federal Parliament;

(b) That these same rights, contained in ss. 2(a)(b), 7, 8, 9 and 15 of the *Charter* are also being violated by the Order(s) of Bonnie Henry and none of the violations are justified under a free and democratic society under s. 1 of the *Charter* that that:

- (i) The measures do not evidentially, scientifically, nor medically set out a valid legislative objective;
- (ii) Are not rational;
- (iii) Are not tailored to minimally to infringe the constitutional rights; and
- (iv) The measures' deleterious effects far outweigh the beneficial effects in that the number of deaths **caused by the measures** are at a ratio of deaths well above for every death purportedly attributed to COVID-19.

291. A Declaration that administrating medical treatment without informed consent constitutes experimental medical treatment and contrary to the *Nuremberg Code* and *Helsinki Declaration* of 1960, still in vigor, and further and thus constitutes a crime against humanity under the *Criminal Code of Canada*.

292. A declaration that the offering, promoting, and administering of Covid-Vaccines, or any other medical treatment to twelve (12) to seventeen (17) year olds without the informed consent of the parent(s) constitutes:

- (a) In the absence of informed consent, medical experimentation and thus further constitutes a “crime against humanity” emanating from the

Nuremberg trials and principles following the medical experimentations by the Nazi regime and codified in Canada, as a criminal act, pursuant to the *War Crime and Crimes Against Humanity Act*;

(b) And by doing so Dr. Bonnie Henry and the Province of British Columbia are violating the s.7 *Charter* protected right of the parent-child relationship and in contempt and subversion of the “mature minor” doctrine of the *Supreme Court of Canada*.

(c) A Declaration that s.17 of the *Infants Act [RSBC 1996] C. 223*, if it purports to grant (12) to (17) year olds, or children younger than (12), the ability to orally, or in writing, give informed, voluntary consent to any medical treatment, including vaccines, is of no force and effect as violating s.7 of the *Charter* in that:

(i) It interferes with the parent-child relationship which has been recognized by the SCC, to be constitutionally protected by s.7 of the *Charter*;

(ii) It violates s.7 of the *Charter* with respect to the minor by violating the minor’s physical and psychological integrity, in incurring a possible adverse reaction without the benefit of understanding the risk thereby vitiating the informed, voluntary consent required under s.7 of the *Charter*;

(iii) Given that the Covid vaccines have not been finally approved, with human trials not ending until the end of 2023 and the

concession by Public Health officers that the “Covid Vaccines” are thus medically “experimental” it violates s.7 of the *Charter* by contravention of the *Nuremberg Principles* and *Code*, as well as the *Helsinki Declaration* of 1960, both of which international instruments provide and are to be read in as the minimal protection under s.7 of the *Charter* as dictated by, *inter alia*, by the *SCC* in the *Hape* decision; and

(iv) Violates s.15 of the *Charter*, based on age, in not providing minors with the same constitutional protection of informed, voluntary consent provided and upheld under s.7 of the *Charter*, that adults have.

293. A Declaration that the measures imposed by Dr. Bonnie Henry constitute a crime against humanity contrary to s.7 and 15 of the *Charter* in the unjustifiable deaths directly caused by her measures, including suicides, deaths from cancelled surgeries, drug over-doses, and depraved abuse of children, especially the physically and neurologically disabled, in that she knows that her measures are worse than the purported “Covid-deaths”, and that Dr. Bonnie Henry has in fact been complicit in crimes against humanity in her dispersing and administered deadly and unsafe vaccines in India (Pakistan) in or about the year 2000. Bonnie Henry has further advocated the immunization of twelve (12) to seventeen (17) year olds without the consent of their parents.

294. A Declaration that the “COVID Measures” undertaken and orchestrated by Prime Minister Trudeau (“Trudeau”), Premier Horgan, the Federal Crown, Provincial Crown, and their named officials constitute a constitutional violation of “dispensing with Parliament, under the pretense of Royal Prerogative”, contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Amble of **the Constitution Act, 1867**, emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and Democracy , as enunciated by the Supreme Court of Canada in, **inter alia** , **Quebec Secession Reference**.
295. A Declaration that the **Public Health Act, [SBC 2008]** (the “Act”), and in particular vesting an indefinite emergency power in the Premier and Lt.-Governor, and further that the “COVID Measures”, undertaken and orchestrated by Premier John HORGAN (“Horgan”) as well as Bonnie Henry, Mike Farnworth, Jennifer Whiteside, Adrian Dix, and the Provincial Crown, constitute a constitutional violation of “dispensing with Parliament, under the pretense of Royal Prerogative”, contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Amble of **the Constitution Act, 1867**, emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and Democracy , as enunciated by the Supreme Court of Canada in, **inter alia** , **Quebec Secession Reference**;
296. A Declaration that the COVID Measures taken by both Trudeau, Horgan, Farnworth, Dix, Whiteside, and Henry, and their respective governments, at the

blind and unquestioned dictates of the World Health Organization (“WHO”) bureaucrats, in defiance and ignoring of the avalanche of scientific and medical evidence to the contrary, constitute a constitutional violation of the abdication of the duty to govern, as enunciated in, **inter alia**, the **Re Gray and Canada (Wheat Board) v. Hallett and Carey Ltd.** decisions of the Supreme Court of Canada;

297. A Declaration that, in the imposition of the COVID Measures, the Defendants have engaged in **ultra vires** and unconstitutional conduct and have acted in, abuse and excess of their authority;
298. A Declaration that the concept of “social distancing” is neither scientifically, nor medically based, and is an ineffective and a fictional concept, which has no scientific nor medical basis and hitherto unknown, with respect to a seasonal viral respiratory illness;
299. A Declaration that any **mandatory** vaccine scheme against any purported COVID-19, by way of **mandatory** vaccine, *or any coercive or extortive measures to force the Plaintiffs to “choose” to vaccinate, without informed, voluntary, consent*, such as the use of “vaccine passports” or any and all other coercive measures, is unconstitutional, and no force and effect in that:
 - (a) It infringes s. 2 of the **Charter** in violating freedom of conscience, religion and thought;

- (b) Infringes s. 7, life, liberty, and security of the person in violating physical and psychological integrity in denying the right to choose, based on informed, voluntary, medical consent;
- (c) Breaches the same parallel rights recognized prior to the **Charter**, as written constitutional rights through the Pre-Amble to the **Constitution Act, 1867**;
- (d) Breaches parallel international treaty rights to no medical treatment without informed consent, and right to bodily integrity, which international treaty rights are to be read in, as a minimal s. 7 **Charter** protection, as enunciated by the Supreme Court of Canada in, **inter alia** the **Hape** decision;
- (e) And that, under no circumstances are mandatory vaccines, nor coerced compliance to vaccines, in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter**;

300. A Declaration that:

- a) Social distancing, self-isolation, and limits as to the number of persons who can physically congregate, and where they can congregate, violates the unwritten rights contained, and recognized pre-**Charter**, by the SCC, through the pre-amble to the **Constitution Act, 1867** and that the Province has no jurisdiction to do so under s.92 of the **Constitution Act, 1867**, as ruled by the **SCC**, with respect to rights to freedom of association, thought, belief, and religion in banning association, including religious

gatherings, as well as violate s. 2 **Charter** and further restricting physical and psychological liberty and security of the person rights under s.7 of the **Charter**, and are not in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter**;

b) That prohibitions and obstacles to protest against COVID Measures in British Columbia, are a violation of the constitutional rights to freedom of expression, conscience, belief , and association, assembly, and petition, under s. 2 of the **Charter**, and not demonstrably justified by s. 1, as well as a violation of these constitutional rights, recognized **prior to the Charter**, through the Pre-Ambles to the **Constitution Act, 1867** and against international treaty rights protected by s. 7 of the **Charter**;

301. A Declaration that the arbitrary, irrational, and standard-less sweep of closing businesses and stores as “non-essential”, and the manner of determining and executing those closures, and “lock-downs”, constitutes unreasonable search and seizure contrary to s. 8 of the **Charter** and not demonstrably justified under s.1 of the **Charter**;

302. A Declaration that the declared rationales and motives, and execution of COVID Measures, by the WHO, are not related to a **bona fide**, nor an actual “pandemic”, and declaration of a **bona fide** pandemic, but for other political and socio-economic reasons, motives, and measures at the behest of global Billionaire, Corporate and Organizational Oligarchs;

303. A Declaration that any and all COVID Measures coercively restraining and curtailing the physical and psychological integrity of the Plaintiffs, and any and all physical and psychological restraints, including but not restricted to:

- (a) “self-isolation”;
- (b) no gatherings of more than five (5) and later ten (10) persons, or any set number;
- (c) the shutting down of children’s playgrounds, daycares and schools;
- (d) “social distancing”;
- (e) the compelled wearing of face-masks;
- (f) prohibition and curtailment of freedom of assembly, including religious assembly, and petition;
- (g) the imposition of charges and fines for the purported breach thereof;
- (h) restriction of travel on public transport without compliance to physical distancing and masking;
- (i) restrictions on shopping without compliance to masking and physical distancing;
- (j) restrictions on attending restaurants and other food service establishments without compliance to masking, physical distancing, and providing name/address/contact information for contact tracing purposes.
- (k) Crossing into and leave British Columbia and any and all subdivisions within British Columbia;

Constitute a violation of ss. 2,6,7,8, 9, and ss. 15 of the **Charter** , to freedom of association, conscience religion, assembly, and express on under s. 2, liberty and security of the person in violating the physical and psychological integrity of the liberty and security of the person, not in accordance tenets of fundamental justice, contrary to s.6(mobility rights) and well as s. 7(liberty), and further breach of the rights against unreasonable search and seizure contrary to s. 8, arbitrary detention under s. 9 of the **Charter** , and not demonstrably justified under s. 1, as well as breach of the unwritten parallel rights, recognized as constitutional rights, through the Pre-Ambles of the **Constitution Act, 1867** and affected by means of removing measures against the “Liberty of the Subject” by way of **habeas corpus** as well as constituting Martial Law measures outside the scope of the Province under s.92, and subject to constitutional constraints, the exclusive jurisdiction of the Federal Parliament under s.91 (POGG), s.91(7) and (11) and the *Federal Emergencies Act R.S.C. 1985*, and *Quarantine Act S.C. 2005*;

304. Further Declarations that:

- (a) the thoughtless imposition of “social distancing” and self-isolation at home breaches s. 2 of the **Charter**, in denying the right to freedom of association and further breaches the right to physical and psychological integrity, under s. 7 of the **Charter** (liberty) in curtailing and restricting physical movement, which measures are wholly unjustified on any

scientific or medical basis, and which are not in accordance with the tenets of fundamental justice in being vague, and suffering from overbreadth, and which cannot be justified under s. 1 of the **Charter**;

(b) That the measures themselves, and the arbitrary detention, by enforcement officers, in enforcing these vague and over-broad, and often **ultra vires**, and contradictory “orders”, is a violation of the right against arbitrary detention under s. 9 of the **Charter** and that, in the course of such “enforcement” the search and seizure of private information, including medical information, from individuals, being charged with purported violations of such orders, constitutes a violation of ss.7 and 8 of the **Charter**, and that neither violation of s. 7 or 8 are in accordance with the tenets of fundamental justice nor justified under s. 1 of the **Charter**;

(c) That the use of “contact-tracing Apps” constitutes a violation of s. 8 of the **Charter**, and further violates ss. 7 and 8 of the **Charter** with respect to the constitutional rights to privacy, under both sections, and that such breaches are not in accordance with the tenets of fundamental justice, and are further not justified under s. 1 of the **Charter**;

(d) That the compelled use of face masks breaches, in restricting the right to breath, at the crux of life itself, and the liberty to choose how to breath, infringes s. 7 to the **Charter** liberty, security of the person and is not in

accordance with the tenets of fundamental justice and not justified by s. 1 of the **Charter**;

(e) That the above-noted infringements under s. 2, 6, 7, 8, and 9, as well as the arbitrary decisions on what businesses to close, and which ones to be left open, constitutes a. 15 of the **Charter** violation based on:

(i) Conscience, belief, and religion;

(ii) Association, assembly and petition;

(iii) Trade and profession;

(iv) Mobility;

And further, that such measures are arbitrary, and discriminate before and under the law, contrary to s. 15 of the **Charter** (and not justified under s. 1 of the **Charter**), and are further a violation of the unwritten constitutional right to equality recognized before the **Charter**, as unwritten constitutional rights through the Pre-Ambles to the **Constitution Act, 1867** as emanating from the principles of Rule of Law, Constitutionalism, and Respect for Minorities as enunciated by the Supreme Court of Canada in **Quebec Secession Reference**;

305. A Declaration that the use of “vaccine passports” is a violation of ss. 2, 7, and 15 of the **Charter**, and that the use of “vaccine passports” and any and all other coercive measures to compel, as de facto mandatory, the constitutionally protected right to refuse medical procedure or treatment without informed consent, including vaccines further violates ss. 2, 7, and 15 of the **Charter**, as

well as those mirrored unwritten rights established pre-*Charter* under the *Constitution Act, 1867*.

306. A Declaration that the Vaccine propaganda being pushed to twelve (12) to seventeen (17) year olds by the British Columbia government by way of s.17 of the *Infants Act*, in fact, violates the child-parent relationship in s.7 of the *Charter*.
307. A Declaration that the unjustified, irrational, and arbitrary decisions of which businesses would remain open, and which would close, as being “essential”, or not, was designed and implemented to favor mega-corporations and to **de facto** put most small businesses and activities out of business;
308. A Declaration that:
- (a) the Defendant Federal Crown, and its agencies and officials, including but not restricted to the CRTC, have, by glaring acts and omissions, breached the rights of the Plaintiffs to freedom of speech, expression, and the press, by not taking any action to curtail what has been described by the UK scientific community as “Stalinist censorship”, particularly the CBC in knowingly refusing to cover/or publish the valid and sound criticism of the COVID measures, by recognized experts;
 - (b) a Declaration that the Federal Crown has in fact aided the suppressing and removing of “Facebook” and “YouTube” postings, even by experts, which in any way contradict or criticize the WHO and

government measures as “misinformation” “contrary to community standards”, by the federal Defendants threatening criminal sanction for such “misinformation”;

thus violating s. 2 of the **Charter** by way of act, and omission, as delineated and ruled by the Supreme Court of Canada in, **inter alia**, **Vriend**.

309. A further Declaration that the failure, and in fact intentional choice, by the British Columbia Defendants, as well as Federal Defendants, to ensure that the Plaintiffs constitutional rights are not violated by those public officials purporting to enforce the Covid measures, as well as private agents purporting to enforce Covid measures, is not prevented and not legislated, and in fact such violations are encouraged, constitute violations of the Plaintiffs delineated by the Supreme Court of Canada in, *inter alia*, *Vriend*.
310. A Declaration that the measures have a devastating impact on those with severe physical and neurological special needs, particularly children, and infringe s. 15 of the **Charter**, and are not justified under s. 1 of the **Charter**, and further violate the unwritten right to equality through the Pre-Amble to the **Constitution Act, 1867**, based on psychical and mental disability, and age;
311. A Declaration that the measures of masking, social distancing, PCR testing, and lockdowns of schools in British Columbia, by the Respondents, are:
- a) not scientifically, or medically, based;

- b) based on a false, and fraudulent, use of the PCR test, using a threshold cycle of 43-45 cycles in that once used above the 35 threshold cycles, of all the positives it registers, 96.5%, are “false positives”, resulting in an accuracy rate, **as a mere screening test**, of 3.5% accuracy;
- c) that all measures of masking, social distancing, and school “lockdown” (closures) are a sole and direct result of the mounting, or “rising” “cases”, being cases, which are 96.5% false positive;
- d) that the PCR test, in and by itself, as used, cannot distinguish between dead (non-infectious) vs. live (infectious) virus fragments;
- e) that (solitary confinement) isolation/quarantine of asymptomatic children, for any duration, is abusive, and constitutes violations under s.7 and 15, of the *Constitution Act, 1982* as violating the physical and psychological integrity, contrary to s. 7 of the *Charter*, and further constitutes cruel and unusual treatment under s. 7 of the *Charter*; and further violates s.7, by way of the International Law under the *The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the “Torture Convention”)* and the *Convention on the Rights of the Child*; and
- f) that such treatment of children is particularly egregious with respect to children with special needs, suffering physical and neurological

disabilities, in violating s.7 and s.15 of the *Charter* in that absolutely no particular or special provisions are made for them, to accommodate their disability(ies), with respect to the Covid measures.

312. A Declaration that the science, and preponderance of the scientific world community, is of the consensus that:

- a) masks are completely ineffective in avoiding or preventing transmission of an airborne, respiratory virus such as SARS-CoV-2 which leads to COVID-19;
- b) that prolonged use of masks results, especially for children, in irreparable physical, neurological, psychological, language development, and social development harms, some of which are irreversible;
- c) that “lockdowns”, quarantine and isolation are ineffective and cause more damage than they prevent;
- d) that Public Health officials, including the Defendants, as well as the WHO, have pronounced that the Covid “Vaccines” do **NOT** prevent transmission, in either direction, between vaccinated and non-vaccinated persons.

313. A Declaration that the mandatory use of masks, isolation and PCR testing, in the school context, violates children’s constitutional rights under:

- a) section 7 of the *Charter* in infringing their rights to physical and psychological safety, and integrity, as well as, medical procedure/treatment without informed consent;
 - b) section 7 in infringing their right to education, flowing from their right to education under the *Education Act*, and further under section 7 of the *Charter* as interpreted by the Canadian Courts, as well as under section 7 by way of the *International Convention on the Rights of the Child* as read in as a minimal protection under section 7 of the *Charter*, as enunciated, *inter alia*, by the Supreme Court of Canada in *Baker, Hape*, and the Federal Court of Appeal in *De Guzman*;
314. A Declaration that the notion of “asymptomatic” transmission, from children to adults, of an airborne respiratory virus, is “oxymoronic”, without scientific, or medical basis, and hitherto scientifically and medically unknown;
315. A Declaration that masking, social distancing and testing in school settings, particularly elementary school(s), is unscientific, non-medical, unlawful, and unconstitutional and should be halted forthwith;
316. A Declaration that children do not pose a threat with respect to Covid-19, to their teachers;
317. A Declaration that teachers who do not wish to mask have the statutory and constitutional right not to mask.

318. A Declaration that the masking of children is unscientific, non-medical, physically, psychologically, neurologically, socially, and linguistically harmful to them and that the masking of children be prohibited, regardless and despite their parents' requests and/or directions, because as children have their own independent rights under the *Education Act* , s. 7 and 15 of the *Charter*, as well as s.7 of the *Charter* as read in, and through, the international law under the *Convention on the rights of the Child*;
319. A Declaration that the mandatory vaccination of public service employees, or any citizens for that matter, without informed, voluntary, consent, is unconstitutional and of no force and effect as violating ss.2,7, and 15 as set out above in this statement of claim, in that compulsory medical treatment has been clearly ruled, by the Supreme Court of Canada, and other Appellate Courts, as violating s.7 of the *Charter*.
320. A Declaration that **none** of the above *Charter* violations are saved by s.1 of the *Charter*, as they fail to meet the test, thereunder, as enunciated in, inter alia, the *Oakes* decision, as the measures:
- (a) Are not pursuant to valid statutory objective;
 - (b) The measures are not rational;
 - (c) The measures are not tailored for minimal impairment of the **Charter** rights;

(d) The measures dilatory effects far outweigh their beneficial effects;

321. Orders, in (the nature of) **Prohibition**, prohibiting the Respondent(s) from:

- a) administering any PCR test that has above a 25 threshold cycle as a screening test only;
- b) registering a “case”, as “positive”, based on a positive PCR screen test, without following up with a culture test to determine that it is the SARS-CoV-2 virus, as well as a further con-current blood test to determine antibody activity to verify that the virus is alive (infections) and not dead (not-infections), which procedure **constitutes** scientifically accepted method to isolate, identify, and confirm the presence of an infectious virus in a person;
- c) “locking down” any school(s);
- d) requiring any masking or face covering of **any children**;
- e) Conducting classes and school by remote, online, distance learning over a computer which is not a statutory nor constitutionally acceptable alternative to in-person school learning, especially for children with physical and neurological disabilities and that the Respondents be

prohibited from conducting remote classrooms outside the physical school setting;

- f) requiring solitary confinement of children and barring contact with family members for any duration;
- g) deeming of two “positive” PCR result(s) in a school as an “outbreak”, which is absurd ad nauseam, and constitutes a violation of s.7 of the *Charter* in fraudulently creating undue panic and fear.

322. Orders, in the nature of **mandamus**, requiring the Respondent Ministers to:

- a) reveal the source and substantive advice received, from whom, based on what specific scientific and medical evidence for the measures imposed;
- b) reveal all data with respect to what threshold cycle rate **all** PCR tests are administered;
- c) provide a release of all data comparing “cases” and co-relating them to “all-cause mortality”, and the location(s) and ages of those purportedly dead “**from**” as opposed to “with”, Covid, as well as the demographic age groups of the deaths;
- d) Order the re-attendance of the Applicant children to return to their school without masks, and without PCR testing, for in-person learning.

323. The Plaintiffs, with respect to enforcements measures, of police, by-law, and health officers further seek:

(a) A Declaration that a “reception, or “informal gathering”, under s. 19 and 20 of *Order of the Provincial Health Officer – Gatherings and Events (March 24th, 2021)*, or any such subsequent order(s), pursuant to the *Public Health Act [SBC 2008]*, does **not** include a gathering whose obvious purpose is to assemble, associate and otherwise gather to exercise freedom of speech, expression and/or assembly and religion as constitutionally recognized under the *Constitution Act, 1867* as well as s.2 of the *Charter*;

(b) A Declaration that, with respect to the masking:

(i) that no police officer has the jurisdiction to apply the *Trespass Act, [RSBC 2018] c. 3* to a person who declares a legal exemption to a mask, and who enters a public place; and

(ii) that owners of places of business who refuse to comply with lawful exemptions may be charged with an offence pursuant to the *Emergency Program Act [RSBC 1996] c 111* and *Ministerial Orders* and *Regulations* thereunder;

(iii) that Police Officers are equally entitled to masking exemptions and to be free from coercion by their superiors to take a Covid vaccine,

or PCR test contrary to their constitutional right to refuse based on informed consent;

(iv) That Police officers, like any other citizen, are constitutionally entitled, as ruled by the *Supreme Court of Canada* and *Court of Appeal*, to refuse medical treatment without informed consent, including vaccines, and that Police officers should be free from coercion by superiors to be vaccinated;

(c) A Declaration that police, and/or a by-law, Provincial Offences, or Health Officer, with respect to an individual who fails and/or refuses to comply with any oral and written orders from any of the Provincial Respondents do not have the powers of arrest against that individual under Provincial *Regulations* such as those set out in Part 4, Division 6 of the *Public Health Act SBC [2008]*, and the closing summation of Bonnie Henry's *Orders*;

(d) That the bar of entry across "Provincial Borders", but for "essential travel" by residents/citizens coming from Alberta, as well as the **intra**-provincial travel bans without probable grounds of an offence being committed, which is a form of imposing Martial Law, without the jurisdiction to do so as per s.91(7) of the *Constitution Act 1867*. It is also contrary s.7 of the **Charter (Liberty)**, for vagueness and over-breadth as well as s.6 of the **Charter**, and thus compels the Police officer to breach their oath to uphold

the Constitution and further, that the RCMP has no jurisdiction to set up roadblocks at British Columbia's "borders" and refuse passage into British Columbia, as well as set out by the SCC, Pre-Charter, in *inter alia Winner*;

- (e) That the measures and enforcement of the measures under *Ministerial Orders 172/2021 and 182/2021*, as set out above in subparagraph (d) constitutes Martial Law, Police State measures outside the scope of the Province's jurisdiction under s.92 of the *Constitution Act, 1867*, and are within, subject to constitutional restraints, the jurisdiction of the Federal Parliament under s.91(7) and (1) and the "Peace, Order, and Good Government "(POGG)" Power on s.91 of the *Constitution Act, 1867*, and thus further compels the Police officer to breach their oath to uphold the Constitution;
- (f) A Declaration that failure and/or refusal to comply with Provincial Covid Measures does not constitute a "common nuisance" contrary to s.180 of the *Criminal Code* or constitute "obstruct peace officer" contrary to s. 129 of the *Criminal Code* thus granting the power of arrest to a police officer in the enforcement of a regulatory and/or municipal by-law as enunciated by the *SCC* in *R v. Sharma [1993] 1 S.C.R. 650*;
- (g) A Declaration that the RCMP has no jurisdiction to enforce Provincial Health nor "emergency" measures in the Province of British Columbia;

- (h) A Declaration that, in any event, the restriction of physical movement and travel bans based on “essential travel”, is a violation of s.7 liberty and security of the person, not in accordance with fundamental justice as being void for vagueness, as well as overbreadth, and impossible to enforce, in that it is nearly impossible to ascertain, while respecting an individual’s *Charter* right to remain silent, and right against arbitrary detention and questioning, to determine whether that person has, “on reasonable and probable grounds” committed an offence;
- (i) A Declaration that a police constable or by-law officer cannot, by way of general, blanket order(s), from his/her administrative supervisors, be directed how, when and in what circumstance, to lay a charge against an individual and thus dictate the discretion of that Police officer;
- (j) A Declaration that no politician should be directing nor commenting on how, whom or in what circumstances any police officer should enforce nor apply the applicable law;
- (k) A Declaration that the Covid emergency measures violate a police constable’s duty, as office-holder to Her Majesty the Queen, in that the enforcement of the provisions, and the enforcement provision(s) are of no force and effect and unconstitutional in in allowing, and being directed by superiors, to violate a citizen’s constitutional rights under the *Constitution Act 1867*, as well as the *Charter*, as follows:

- (i) Violation of freedom of expression, speech, association, assembly and religion contrary to those unwritten constitutional rights recognized by the Supreme Court of Canada through the Preamble to the *Constitution Act, 1867*, as well as s.2 of the *Charter*;
- (ii) Violation of the right to liberty and security of the person through the arbitrary and unreasonable detention, arrest, and interference with the physical liberty and movement of citizens, contrary to the Liberty of the Subject under *Habeas Corpus*, as well as ss. 7, 9, and 10(c) of the *Charter*;
- (iii) Violation of the protection against unreasonable search and seizure contrary to s.8 of the *Charter*;
- (iv) Placing police officers in the potential violation, with respect to religious gatherings and services, of committing an offence contrary to s. 176 of the *Criminal Code*.

323. Order(s), (in the nature of) **Prohibition** to:

- (a) all police administrative supervisor(s) to cease and desist in interfering with a police constable's discretion as to how to apply and enforce the law, following the investigation by that individual police constable;
- (b) all publicly elected politicians to cease and desist in interfering with a police constable's discretion as to how to apply and enforce the law, following the investigation by that individual police constable;

- (c) all “public health officers” to cease and desist in interfering with a police constable’s discretion as to how to apply and enforce the law, following the investigation by that individual police constable;
- (d) All Police administrative superiors to cease and desist from coercive and illegal conduct, directions, and/or orders geared to denying masking exemptions of officers, PCR testing and vaccines contrary to the Police officer’s constitutional rights to refuse any medical procedure and/or treatment with informed consent as enunciated and ruled by the *Supreme Court of Canada*;
- (e) All public officials, and the named Defendants, from implementing **any** mandatory vaccination measures, nor implementing any “Vaccine Passport” measures whatsoever.

324. The Plaintiffs seek the Declaratory and Prerogative/Injunctive relief set out in this Statement of Claim. In addition, the Plaintiffs seek damages, as set out below:

- (a) With respect to **Action4Canada** damages in the amount of \$1 Million for:
 - (i) A breach of s.2(a), (c), and (d) **Charter** rights to exercise freedoms of religion, peaceful assembly, and association via the limitations placed since the onset of the Covid-19 emergency measures.

(b) With respect to **Kimberly Woolman Damages** in the amount of \$2 Million for:

(i) a breach of their s.7 **Charter** right to not be subjected to cruel and unusual punishment, in that the Yucalta Lodge care home unconstitutionally separated them from visiting their elderly mother, and caring for her on a number of occasions in retaliation to their voicing opinions in relation to their mother Jaqueline Woolman's care, and further violation and interference with their s.7 protected right to the parent-child relationship;

(ii) Violation of their s. 2(c) and (d) **Charter** right to association, in that the Yucalta Lodge care home prevented them from visiting their mother individually, and together, and monitored their association, and assembly on a number of occasions when they picked their mother up.

(iii) Violation of their s.2(b) **Charter** fundamental freedom of thought, belief, opinion, and expression, in that the Yucalta Lodge care home prevented them from sharing an open dialogue with their mother in relation to the Covid-19 emergency measures in general, and the specific measures that the care home had put into place.

(c) With respect to the **Estate of Jaqueline Woolman** damages in the amount of \$2 Million for violations of the deceased, during her lifetime, recoverable by the estate for:

(i) Violation, during the deceased's lifetime of her s.7 **Charter** right to not be subjected to cruel and unusual punishment. The Yucalta Lodge care home repeatedly breached this right by subjecting Jaqueline Woolman to abusive quarantining measures, as well as the cruel, and anxiety-inducing separation from her children that she was made to endure, and interference of the s.7 Charter protected right to the parent-child relationship;

(ii) For a breach of the deceased's s.15 **Charter** equality rights to not face discrimination, which the Yucalta Lodge care home breached by taking advantage of Jaqueline Woolman's mental, physical disability, as well as her age by ignoring her wishes.

(iii) damages for a breach of her s.2 (c) and (d) **Charter** fundamental freedoms to associate with her own children, and in particular, her two (2) daughters Kimberly and Michelle Woolman.

(iv) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional violations.

(d) With respect to **Jane Doe #1** damages in the amount of \$200,000.00 for:

(i) a breach of her s.7 **Charter** rights to life, liberty, and security of the person in that the Covid-19 emergency measures enacted by Bonnie Henry have resulted in her employer enforcing the use of masks on their premises, including forcing Jane to wear a mask while at work.

(ii) The cause of anxiety and pain and suffering as a result.

(e) With respect to **Brian Edgar** damages in the amount of \$200,000 for:

(i) A breach of his s.7, 8, 9, and 10 **Charter** rights, as Brian, and his party were detained for questioning, and asked to produce identification documentation by the police after exiting a BC Ferries vessel, although their only allegedly suspicious behaviour had been associating with a group of people heading to the same event in Vancouver.

(ii) A breach of his s.2 (c) and (d) **Charter** rights to associate, which the BC Ferries infringed upon by targeting Brian and his party for peacefully assembling, and associating with each other, and another group on the vessel that were all attending the same event in Vancouver on that given date.

- (iii) A breach of his s.15 **Charter** right to be free from discrimination, which the BC Ferries staff infringed by specifically targeting Brian, and his party for the simple reason that they were attending a specific event in Vancouver on that given date.
- (f) With respect to **Amy Muranetz** damages in the amount of \$200,000 for:
- (i) A breach of her s.7 **Charter** rights to life, liberty, and security of the person as she was stopped, and questioned about her mask prior to entering a BC Ferries vessel, and several times while aboard the vessel, by the BC Ferries staff.
- (ii) A breach of her s.15 **Charter** right to be free from discrimination, which the BC Ferries staff infringed by specifically targeting her for not wearing a mask.
- (iii) A breach of her s.8, 9 and 10 **Charter** rights to remain secure against unreasonable search and seizure, as well as not be arbitrarily detained, and be informed of the reason for detention. BC Ferries staff stopped, detained, and questioned Amy at length and leisure without reasonable explanation.
- (iv) A breach of her s.6 **Charter** mobility rights, as Amy, was banned by BC Ferries staff indefinitely from travelling back home on the BC Ferries.

- (v) A breach of her s.7 *Charter* right to be free from cruel and unusual treatment, and punishment. Amy was treated inhumanely by BC Ferries staff in that they continued to detain, and mistreat her while she experienced a Post-traumatic Stress Disorder (“PTSD”) episode while under their watch. It was also an excessive punishment, for the BC Ferries staff to prevent Amy from returning home on the ferries, for simply exercising a medical masking exemption.
- (vi) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional violations.
- (g) With respect to **Jane Doe #2** damages in the amount of \$2 Million for:
 - (i) A breach of her s.15 *Charter* right to be free from discrimination, which the Hospital staff infringed upon by specifically targeting her for not wearing a mask, and deciding to deny her imminent medical treatment based on such.
 - (ii) A breach of her s.7 *Charter* rights to life, liberty, and security of the person as she was stopped, and questioned about her lack of mask throughout her time at the hospital, and this took precedence over carrying out her imminent and necessary medical treatment.

- (iii) A breach of her s.7 *Charter* right to be free from cruel and unusual treatment, and punishment. Jane was punished, and denied critical medical treatment for a life-threatening illness for exercising a valid, medical masking exemption.
 - (iv) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional violations;
 - (v) For endangering her very life.
- (h) With respect to **Valerie Ann Foley** damages in the amount of \$2 Million for:
- (i) A breach of her s.7 *Charter* rights to life, liberty, and security of the person as she was stopped, and questioned about her lack of mask, for which she carried a medical exemption.
 - (ii) A breach of her s.8, 9 and 10 *Charter* rights to remain secure against unreasonable search and seizure, as well as not be arbitrarily detained, and be informed of the reason for detention. The Vancouver Skytrain Transit Officer not only lacked the jurisdiction to do so, but went on to verbally, and physically harass, and viciously assault, and subsequently handcuff Valerie while failing to provide any reasonable explanation for the severity of his actions.

- (iii) A breach of her s.7 *Charter* right to be free from cruel and unusual treatment, and punishment. Valerie was disproportionately treated, including being physically assaulted by the Vancouver Skytrain Transit Officer, for the alleged crime of being un-masked with a valid medical exemption.
 - (iv) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional violations.
- (i) With respect to **Linda** and **Gary Morken** damages in the amount of \$250,000 each for:
- (i) A breach of their s.7 *Charter* rights to life, liberty, and security of the person as they were stopped, and questioned about their lack of masks, for which they carried valid medical exemptions.
 - (ii) A breach of Linda's s.8, 9 and 10 *Charter* rights to remain secure against unreasonable search and seizure, as well as not be arbitrarily detained, and be informed of the reason for detention. The store staff, and RCMP Officers failed to provide the explicit, and reasonable causes behind Linda's search, and detention.
 - (iii) A breach of both Linda, and Gary's s.15 *Charter* right to be free from discrimination, which the store staff, and RCMP Officers infringed upon by specifically targeting them for being un-

masked, and going above and beyond the reasonable protocol that the situation had called for, simply for that reason;

(iv) Unlawful detention and confinement.

(j) With respect to **Pastor Randy Beatty** damages in the amount of \$500,000 for:

(i) A breach of s.2 (a), (b), (c), and (d) rights for Randy to exercise his freedom of expression, religion, peaceful assembly, and association, as the result of emergency measures that not only limited his church services, but at times saw them close entirely, despite following strict safety protocols;

(ii) A breach of Randy's s.15 *Charter* right to be free from discrimination due to religious beliefs, and many Covid-19 measures discriminate upon religious peoples, including Christians to refrain from engaging with the measures and mandates due to their religious beliefs.

(k) With respect to **Ilona Zink** damages in the amount of \$500,000 for:

(i) A breach of her s. 6(2)(b) *Charter* right to gain a livelihood, which becomes difficult and next-to-impossible when covid-19 mandates involve the closure of specific businesses, calling some essential, and others "non-essential";

(ii) Unreasonable seizure contrary to s.8 of the *Charter*.

(l) With respect to **Federico Fuoco** damages in the amount of \$750,000 for:

- (i) A breach of his s. 6(2)(b) *Charter* right to gain a livelihood, which becomes difficult when covid-19 mandates involve the closure of specific businesses, calling some essential, and others “non-essential”.
- (ii) A breach of Federico’s s.15 *Charter* right to be free from discrimination due to his beliefs, and his masking exemption, yet he was discriminated against by the city of Vancouver who denied him the attempt to open his restaurant safely, and served him with closure notices, and revocation of his licensing in relation to his business.
- (iii) For the slanderous, and baseless attacks on his business as the result of the rampant environment of division that has been created in British Columbia due to the Covid-19 emergency measures, and this has impacted not only public opinion on Federico, a well-known restaurateur in Vancouver, but also his restaurant business.

(m)With respect to **Fire Productions Limited**, and **F2 productions Incorporated**, damages in the amount of \$750,000.00 for:

- (i) Violation of s.8 of the *Charter* in the unreasonable seizure of the businesses as a result of “lock-downs”;
 - (ii) Damages, to be calculated at trial, for loss of income as a result of the unconstitutional lock-downs and violations of s.8 of the *Charter*.
- (n) With respect to **Michael Martinz** damages in the amount of \$250,000 for:
- (i) A breach of his s.7 *Charter* rights to life, liberty, and security of the person as he was stopped, from passing through airport security, despite holding a Canadian passport so that he could be forced to take a PCR test, contrary to s.14(1) of the *Quarantine Act*.
 - (ii) A breach of Michael’s s.8, and 9 *Charter* rights to remain secure against unreasonable search and seizure, as well as not be arbitrarily detained, as he was stopped from leaving the airport, and detained for a lengthy time period as airport staff, and a nurse made attempts to force him to take the penetrative PCR test against his will and contrary to s.14(1) of the *Quarantine Act*.

(o) With respect to **Makhan S. Parhar** damages in the amount of \$250,000

for:

- (i) A breach of his s.7 *Charter* rights to life, liberty, and security of the person as he was stopped, from passing through airport security, despite holding a Canadian passport so that he could be forced to take a PCR test.
- (ii) A breach of Makhan's s.8, 9, 10(c) and 11 *Charter* rights to remain secure against unreasonable search and seizure, as well as not be arbitrarily detained, and be informed of the reason for detention. For much of the time that Makhan was detained, his questions as to why were left unanswered.
- (iii) A breach of his s.7 *Charter* rights to be free from cruel and unusual treatment and punishment. Not only was Makhan placed in quarantine, but during his time detained in jail, he was denied vegetarian meals that he specifically requested.
- (iv) A breach of his s. 6 *Charter* mobility rights, as he was placed under quarantine restrictions.
- (v) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional violations.

(p) With respect to **North Delta Real Yoga Real Hot Yoga Limited** damages in the amount of \$750,000 for:

(i) Violation of s.8 of the *Charter* in the unreasonable seizure of the businesses as a result of “lock-downs”;

(ii) Damages, to be calculated at trial, for loss of income as a result of the unconstitutional lock-downs and violations of s.8 of the *Charter*.

(q) With respect to **Melissa Anne Neubauer** damages in the amount of \$250,000 for:

(i) A breach of her s.15 *Charter* rights to be free from discrimination, as her employers discriminated against her for seeking a valid masking exemption, which they eventually denied. She is now seeking employment in another region entirely.

(ii) A breach of the s.6(2)(b) *Charter* right to gain a livelihood in any province in Canada, and can not do so due to the discrimination she faced at the hands of her employer, as a result of the Covid-19 restrictions.

(r) With respect to **Jane Doe #3** damages in the amount of \$750,000 for:

(i) A breach of the s.15 *Charter* rights to be free from discrimination, and she felt that due to being unvaccinated, she was not able to comfortably carry out her work as a vital essential medical worker.

(ii) A breach of the s.6(2)(b) *Charter* right to gain a livelihood in any province in Canada, due to the aforementioned reason, and the discrimination that she faced as a result thereof, having had to leave her place of work on a stress leave.

324. The Plaintiffs further seek such other or further monetary damages, to be calculated at trial, as counsel may advise and this Honourable Court grant.

325. The Plaintiffs further state that the damages they have suffered, as a result of the unlawful actions of both public and private actors, lie at the feet of the Crown Defendants in that they have chosen and/or failed to institute measures and enforcement to ensure that, in the execution of the “Covid measures”, the Plaintiffs/ rights under those measures were respected and enforced thus violating their statutory and constitutional rights by act and omission, for which the Crown is liable in damages.

326. As against the **CBC**:

(a) A Declaration that:

- (i) The CBC, as the publicly- funded broadcaster under the **Broadcast Act**, owes a fiduciary duty to be fair, independent, impartial, objective, and responsible, in its news coverage and investigation of the “pandemic”, and COVID- Measures, which fiduciary duty it has flagrantly and knowingly breached;
- (ii) That the CBC, owing a duty of care to the Plaintiffs as the national, publicly - funded broadcaster, has been grossly negligent in its coverage and reporting on the COVID-19; and
- (iii) That the CBC has knowingly and intentionally suppressed, censored, and unjustifiably belittled expert opinion opposed and critical of the WHO and government line on COVID, and thus propagated “misinformation” and “false news”.

(b) Further as against the CBC, general damages in the amount of \$10 Million dollars;

(c) Punitive damages in the amount of \$10 Million dollars;

(d) Such further or other injunctive relief as counsel may advise and this Honorable Court grant.

327. The Plaintiffs further seek Costs of this action and such further and/or other Declaratory relief as counsel may advise and this Honorable Court entertain.

Part 3: LEGAL BASIS

327. That the “Covid-measures” and declaration of the “emergency” invoked by the Respondents:

- (a) Do not meet the prerequisite criteria of any “emergency” as prescribed by ss.9-10.2 nor ss.12-13 of the *Emergency Program Act [RSBC 1996]*, nor is it within the jurisdictional purview of s.52(2) of the *Public Health Act, SBC [2008]*, and further contravenes s.3(1) and s.120(1) of the *Public Health Act SBC [2008]*;
- (b) Breach the Plaintiffs’ right to consult and constitutional duty to consult, of the Respondents, both in procedure, and substance, with respect to broad sweeping public health measures both under administrative law, and the fundamental justice requirement under section 7 of the *Charter* as enunciated and ruled by the *SCC*;
- (c) If the pre-requisites of an “emergency” are met, as declared to be a national and international “emergency”, the jurisdiction, and constitutional duty, to deal with this “national emergency”, and its measures, is strictly with the Federal Parliament, under the *Federal Emergencies Act* and *Quarantine Act*, pursuant to

s. 91(7) and (11) of the *Constitution Act, 1867*, as well as under the “Peace, Order, and Good Government (“POGG”)” Power, under s.91 of the *Constitution Act, 1867* and not the jurisdiction of the provincial legislature;

(d) That quarantine is Federal jurisdiction;

(e) That “lock-downs”, and “stay at home orders”, and any curfews, in whole or in part, are forms of Martial law outside the Province’s jurisdiction under s. 92 of the *Constitution Act, 1867* and, subject to constitutional review and constraints, matters of Federal jurisdiction under the POGG power and s. 91(7) of the *Constitution Act, 1867*.

(f) that “lock-downs”, in any event, and the arbitrary and irrational means by which businesses have been ordered closed and/or restricted constitute an unreasonable seizure contrary to s.8 of the *Charter*.

328. As against the Crown Defendants, and Officials:

(a) That the purported order of the chief health officer, Dr. Bonnie Henry, dated April 30th, 2021, as well as June 30th, 2021 along with previous such orders, before and after June 30th, 2021, and any such duplicate future or extended orders, purportedly made under ss. 30,

31, 32 and 39(3) of the *Public Health Act*, S.B.C 2008 (“the Act”), are *ultra vires* that Act, and null and void as an enveloping emergency order of national dimension; and the strict jurisdiction of the Federal Government under s.91 (7) and (11) as well as the “POGG” power of the *Constitution Act, 1867*, which rests in the exclusive jurisdiction, subject to constitutional review and constraints, with the Federal Parliament.

- (b) That Ministerial order #M182 of April 30th, 2021, as well as the order of Bonnie Henry on June 30th, 2021, and the lockdown and travel restrictions are of no force and effect as constitutionally, Martial Law, pursuant to s.91(7) as well as the POGG Power;

329. That the *Public Health Act*, and ss.30, 31, 32, and 39(3) of the *Act* is restricted to making orders of a local or regional scope and not of a completely provincial application in the content where the declared threat is not provincial in nature but national, and that the province is without jurisdiction to make such orders and measures as such orders and measures are the jurisdiction subject to constitutional review and constraints, of the *Federal Parliament under the Emergencies Act*, and under s. 91 under the POGG power, as well as ss.91(7) and (11) of the *Constitution Act 1867*.

330. That the Province, in any event, while maybe having jurisdiction with respect to some localized measures which coincidentally may have consequential impact

on liberty, movement and association, has no constitutional jurisdiction to restrict or target the physical/psychological liberty, expression, association, and/ or assembly of every individual in the Province and that, if such jurisdiction exists, subject to constitutional review and constraint, it rests with the Federal Parliament and government pursuant to the *Federal Emergencies Act*.

331. That the purported order, by Dr. Bonnie Henry, purportedly pursuant to s.52(2) of the *Public Health Act*, that “the transmission of the infectious agent SARS-CoV-2, based on high “case counts”, based on a PCR test, is *ultra vires* the *Act* and *non est factum*, in that:

(a) It does not constitute a “regional event” but, by its purported terms constitutes a national and international event, and is *ultra vires* the authority of the British Columbia Parliament and government with jurisdiction, if any, subject to constitutional review and constraints, resting with the **Federal Parliament** under the *Emergencies Act*;

(b) The classification as such is not scientifically nor medically based;

(c) The evidence is lacking and contrary to the scientific and medical evidence;

- (d) That “cases’ do not equate to “deaths” and that the purported death rate is no higher than complications from the annual influenza;
- (e) That the distorted “case” counts are fraudulent, based on the fraudulent use generating cases of “PCR” test, which is a test that:
- (i) At best was designed as a “screening test” which requires a follow-up culture and blood test to ensure the detection of an **infectious virus**, and was **never** designed, nor equipped to be a diagnostic test;
 - (ii) That is fraudulently being used as a diagnostic test;
 - (iii) That the PCR test has scientifically been debunked, as well as judicially determined, based on the scientific evidence, that when used at a “threshold cycle” of thirty five (35) or higher, to cause between 82% to 96.5% “false positives”;
 - (iv) That British Columbia tests at a threshold cycle of well over forty (40) “threshold cycles”. In weekly meetings with Bonnie Henry, doctors reported that her second in command gave instruction to turn up the PCR for the sole purpose of creating increased cases.

332. That the order of April 23rd, 2021 and previous such orders, and subsequent such orders or extensions, in any event, violate the *Constitution Acts, 1867, 1982*, as follows:

(a) That the restrictions on freedom of expression, conscience, association, and assembly, were recognized, and continue to apply, as unwritten constitutional rights, through the Pre-amble of the *Constitutional Act, 1867*, and that the Province has absolutely no jurisdiction to curtail those rights, as set out by the Supreme Court of Canada, and that if such curtailment were to be effected, it rests, subject to constitutional review, and constraints, in the jurisdiction of the Federal Parliament;

(b) That these same rights, contained in ss. 2(a)(b), 7, 8, 9 and 15 of the *Charter* are also being violated by the Order(s) of Bonnie Henry and none of the violations are justified under a free and democratic society under s. 1 of the *Charter* that that:

(i) The measures do not evidentially, scientifically, nor medically set out a valid legislative objective;

(ii) Are not rational;

(iii) Are not tailored to minimally infringe the constitutional rights; and

(iv) The measures' deleterious effects far outweigh the beneficial effects in that the number of deaths **caused by the measures** are at a ratio of 10-12 deaths for every death purportedly attributed to COVID-19.

333. That administering medical treatment without informed consent constitutes experimental medical treatment and contrary to the *Nuremberg Code* and *Helsinki Declaration* of 1960, still in vigor, and further and thus constitutes a crime against humanity under the *Criminal Code of Canada*.

325. The offering, promoting, and administering of Covid-Vaccines, or any other medical treatment to twelve (12) to seventeen (17) year olds without the informed consent of the parent(s) constitutes:

- (d) In the absence of informed consent, medical experimentation and thus further constitutes a "crime against humanity" emanating from the Nuremberg trials and principles following the medical experimentations by the Nazi regime and codified in Canada, as a criminal act, pursuant to the *War Crime and Crimes Against Humanity Act*;
- (e) And by doing so Dr. Bonnie Henry and the Province of British Columbia are violating the s.7 *Charter* protected right of the parent-child relationship and in contempt and subversion of the "mature minor" doctrine of the *Supreme Court of Canada*.

(f) S.17 of the *Infants Act [RSBC 1996] C. 223*, if it purports to grant (12) to (17) year olds, or children younger than (12), the ability to orally, or in writing, give informed, voluntary consent to any medical treatment, including vaccines, is of no force and effect as violating s.7 of the *Charter* in that:

- (i) It interferes with the parent-child relationship which has been recognized by the SCC, to be constitutionally protected by s.7 of the *Charter*;
- (ii) It violates s.7 of the *Charter* with respect to the minor by violating the minor's physical and psychological integrity, in incurring a possible adverse reaction without the benefit of understanding the risk thereby vitiating the informed, voluntary consent required under s.7 of the *Charter*;
- (iii) Given that the Covid vaccines have not been finally approved, with human trials not ending until the end of 2023 and the concession by Public Health officers that the "Covid Vaccines" are thus medically "experimental" it violates s.7 of the *Charter* by contravention of the *Nuremberg Principles* and *Code*, as well as the *Helsinki Declaration* of 1960, both of which international instruments provide and are to be read in as the minimal protection under s.7 of the *Charter* as dictated by, *inter alia*, by the *SCC* in the *Hape* decision; and

(iv) Violates s.15 of the *Charter*, based on age, in not providing minors with the same constitutional protection of informed, voluntary consent provided and upheld under s.7 of the *Charter*, that adults have.

334. That the measures imposed by Dr. Bonnie Henry constitute a crime against humanity contrary to s.7 and 15 of the *Charter* in the unjustifiable deaths directly caused by her measures, including suicides, deaths from cancelled surgeries, drug over-doses, and depraved abuse of the elderly and children, especially the physically and neurologically disabled, in that she knows that her measures are worse than the purported “Covid-deaths”, and that Dr. Bonnie Henry has in fact been complicit in crimes against humanity in her dispersing and administered deadly and unsafe vaccines in India (Pakistan) in or about the year 2000. Bonnie Henry has further advocated the immunization of twelve (12) to seventeen (17) year olds without the consent of their parents.
335. That the “COVID Measures” undertaken and orchestrated by Prime Minister Trudeau (“Trudeau”), Premier Horgan, the Federal Crown, Provincial Crown, and their named officials constitute a constitutional violation of “dispensing with Parliament, under the pretense of Royal Prerogative”, contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Amble of **the Constitution Act, 1867**, emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and Democracy , as

enunciated by the Supreme Court of Canada in, **inter alia** , **Quebec Secession Reference**.

336. That the **Public Health Act, [SBC 2008]** (the “**Act**”), and in particular vesting an indefinite emergency power in the Premier and Lt.-Governor, and further that the “COVID Measures”, undertaken and orchestrated by Premier John HORGAN (“Horgan”) as well as Bonnie Henry, Mike Farnworth, Jennifer Whiteside, Adrian Dix, and the Provincial Crown, constitute a constitutional violation of “dispensing with Parliament, under the pretense of Royal Prerogative”, contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Ambles of **the Constitution Act, 1867**, emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and Democracy , as enunciated by the Supreme Court of Canada in, **inter alia** , **Quebec Secession Reference**;

326. The COVID Measures taken by both Trudeau, Horgan, Farnworth, Dix, Whiteside, and Henry, and their respective governments, at the blind and unquestioned dictates of the World Health Organization (“WHO”) bureaucrats, in defiance and ignoring of the avalanche of scientific and medical evidence to the contrary, constitute a constitutional violation of the abdication of the duty to govern, as enunciated in, **inter alia**, the **Re Gray and Canada (Wheat Board) v. Hallett and Carey Ltd.** decisions of the Supreme Court of Canada;

337. That in the imposition of the COVID Measures, the Defendants have engaged in **ultra vires** and unconstitutional conduct and have acted in, abuse and excess of their authority;
338. That the concept of “social distancing” is neither scientifically, nor medically based, and is an ineffective and a fictional concept, which has no scientific nor medical basis and hitherto unknown, with respect to a seasonal viral respiratory illness;
339. That any **mandatory** vaccine scheme against any purported COVID-19, by way of **mandatory** vaccine, *or any coercive or extortive measures to force the Plaintiffs to “choose” to* vaccinate, **without informed, voluntary consent**, such as the use of “vaccine passports” or any and all other coercive measures, is unconstitutional, and no force and effect in that:
- (a) It infringes s. 2 of the **Charter** in violating freedom of conscience, religion and thought;
 - (b) Infringes s. 7, life, liberty, and security of the person in violating physical and psychological integrity in denying the right to choose, based on informed medical consent;
 - (c) Breaches the same parallel rights recognized prior to the **Charter**, as written constitutional rights through the Pre-**Amble to the Constitution Act, 1867**;

- (d) Breaches parallel international treaty rights to no medical treatment without informed consent, and right to bodily integrity, which international treaty rights are to be read in, as a minimal s. 7 **Charter** protection, as enunciated by the Supreme Court of Canada in, **inter alia** the **Hape** decision;
- (e) And that, under no circumstances are mandatory vaccines, nor coerced compliance to vaccines, in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter**;

340. That:

- a) Social distancing, self-isolation, and limits as to the number of persons who can physically congregate, and where they can congregate, violates the unwritten rights contained, and recognized pre-**Charter**, by the SCC, through the pre-ambule to the *Constitution Act, 1867* and that the Province has no jurisdiction to do so under s.92 of the *Constitution Act, 1867*, as ruled by the **SCC**, with respect to rights to freedom of association, thought, belief, and religion in banning association, including religious gatherings, as well as violate s. 2 **Charter** and further restricting physical and psychological liberty and security of the person rights under s.7 of the **Charter**, and are not in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter**;

- b) That prohibitions and obstacles to protest against COVID Measures in British Columbia, are a violation of the constitutional rights to freedom of expression, conscience, belief , and association, assembly, and petition, under s. 2 of the **Charter**, and not demonstrably justified by s. 1, as well as a violation of these constitutional rights, recognized **prior to the Charter**, through the Pre-Ambble to the **Constitution Act, 1867** and against international treaty rights protected by s. 7 of the **Charter**;
341. That the arbitrary, irrational, and standardless sweep of closing businesses and stores as “non-essential”, and the manner of determining and executing those closures, and “lock-downs”, constitutes unreasonable search and seizure contrary to s. 8 of the **Charter** and not demonstrably justified under s.1 of the **Charter**;
342. That the declared rationales and motives, and execution of COVID Measures, by the WHO, are not related to a **bona fide**, nor an actual “pandemic”, and declaration of a **bona fide** pandemic, but for other political and socio-economic reasons, motives, and measures at the behest of global Billionaire, Corporate and Organizational Oligarchs;
343. That any and all COVID Measures coercively restraining and curtailing the physical and psychological integrity of the Plaintiffs, and any and all physical and psychological restraints, including but not restricted to:
- (a) “self-isolation”;

- (b) no gatherings of more than five (5) and later ten (10) persons, or any set number;
- (c) the shutting down of children’s playgrounds, daycares and schools;
- (d) “social distancing”;
- (e) the compelled wearing of face-masks;
- (f) prohibition and curtailment of freedom of assembly, including religious assembly, and petition;
- (g) the imposition of charges and fines for the purported breach thereof;
- (h) restriction of travel on public transport without compliance to physical distancing and masking;
- (i) restrictions on shopping without compliance to masking and physical distancing;
- (j) restrictions on attending restaurants and other food service establishments without compliance to masking, physical distancing, and providing name/address/contact information for contact tracing purposes.
- (k) Crossing into and leave British Columbia and any and all subdivisions within British Columbia;

Constitute a violation of ss. 2,6,7,8, 9, and ss. 15 of the **Charter** , to freedom of association, conscience religion, assembly, and express on under s. 2, liberty and security of the person in violating the physical and psychological integrity of the liberty and security of the person, not in accordance tenets of fundamental justice, contrary to s.6(mobility rights) and well as s. 7(liberty), and further breach of the rights against unreasonable search and seizure contrary to s. 8, arbitrary detention under s. 9 of the **Charter** , and not demonstrably justified under s. 1, as well as breach of the unwritten parallel rights, recognized as constitutional rights, through the Pre-Amble of the **Constitution Act, 1867** and affected by means of removing measures against the “Liberty of the Subject” by way of **habeas corpus** as well as constituting Martial Law measures outside the scope of the Province under s.92, and subject to constitutional constraints, the exclusive jurisdiction of the Federal Parliament under s.91 (POGG), s.91(7) and (11) and the *Federal Emergencies Act R.S.C. 1985*, and *Quarantine Act S.C. 2005*;

344. That:

- (a) The thoughtless imposition of “social distancing” and self-isolation at home breaches s. 2 of the **Charter**, in denying the right to freedom of association and further breaches the right to physical and psychological integrity, under s. 7 of the **Charter** (liberty) in curtailing and restricting physical movement, which measures are wholly unjustified on any

scientific or medical basis, and which are not in accordance with the tenets of fundamental justice in being vague, and suffering from overbreadth, and which cannot be justified under s. 1 of the **Charter**;

- (b) The measures themselves, and the arbitrary detention, by enforcement officers, in enforcing these vague and over-broad, and often **ultra vires**, and contradictory “orders”, is a violation of the right against arbitrary detention under s. 9 of the **Charter** and that, in the course of such “enforcement” the search and seizure of private information, including medical information, from individuals, being charged with purported violations of such orders, constitutes a violation of ss.7 and 8 of the **Charter**, and that neither violation of s. 7 or 8 are in accordance with the tenets of fundamental justice nor justified under s. 1 of the **Charter**;
- (c) The use of “contact-tracing Apps” constitutes a violation of s. 8 of the **Charter**, and further violates ss. 7 and 8 of the **Charter** with respect to the constitutional rights to privacy, under both sections, and that such breaches are not in accordance with the tenets of fundamental justice, and are further not justified under s. 1 of the **Charter**;
- (a) The compelled use of face masks breaches, in restricting the right to breath, at the crux of life itself, and the liberty to choose how to breath, infringes s. 7 to the **Charter** liberty, security of the person and is not in

accordance with the tenets of fundamental justice and not justified by s. 1 of the **Charter**;

(b) The above-noted infringements under s. 2,6, 7, 8, and 9, as well as the arbitrary decisions on what businesses to close, and which ones to be left open, constitutes a. 15 of the **Charter** violation based on:

- (i) Conscience, belief, and religion;
- (ii) Association, assembly and petition;
- (iii) Trade and profession;
- (iv) Mobility;

And further that such measures are arbitrary, and discriminate before and under the law, contrary to s. 15 of the **Charter** (and not justified under s.1 of the **Charter**), and are further a violation of the unwritten constitutional right to equality recognized before the **Charter**, as unwritten constitutional rights through the Pre-*Amble* to the **Constitution Act, 1867** as emanating from the principles of Rule of Law, Constitutionalism, and Respect for Minorities as enunciated by the Supreme Court of Canada in **Quebec Secession Reference**.

345. That the use of “vaccine passports” is a violation of ss. 2,7, and 15 of the **Charter**, and that the use of “vaccine passports” and any and all other coercive measures to compel, as de facto mandatory, the constitutionally protected right to

refuse medical procedure or treatment without informed consent, including vaccines further violates ss. 2, 7, and 15 of the *Charter*, as well as those mirrored unwritten rights established pre-*Charter* under the *Constitution Act, 1867*.

346. The Vaccine propaganda being pushed to twelve (12) to seventeen (17) year olds by the British Columbia government by way of s.17 of the *Infants Act*, in fact, violates the child-parent relationship in s.7 of the *Charter*.

347. That the unjustified, irrational, and arbitrary decisions of which businesses would remain open, and which would close, as being “essential”, or not, was designed and implemented to favor mega-corporations and to **de facto** put most small businesses and activities out of business;

348. That:

(a) The Defendant Federal Crown, and its agencies and officials, including but not restricted to the CRTC, have, by glaring acts and omissions, breached the rights of the Plaintiffs to freedom of speech, expression, and the press, by not taking any action to curtail what has been described by the UK scientific community as “Stalinist censorship”, particularly the CBC in knowingly refusing to cover/or publish the valid and sound criticism of the COVID measures, by recognized experts;

(b) The Federal Crown has in fact aided the suppressing and removing of “Facebook” and “YouTube” postings, even by experts, which in any way contradict or criticize the WHO and government measures as “misinformation” “contrary to community standards”, by the federal Defendants threatening criminal sanction for such “misinformation”;

thus violating s. 2 of the **Charter** by way of act, and omission, as delineated and ruled by the Supreme Court of Canada in, *inter alia*, **Vriend**;

349. That the failure and in fact intentional choice by the British Columbia Defendants, as well as Federal Defendants, to ensure that the Plaintiffs constitutional rights are not violated by those public officials purporting to enforce the Covid measures, as well as private agents purporting to enforce Covid measures, is not prevented and not legislated, and in fact such violations are encouraged, constitute violations of the Plaintiffs delineated by the Supreme Court of Canada in, *inter alia*, **Vriend**.

350. That the measures have a devastating impact on those with severe physical and neurological special needs, particularly children, and infringe s. 15 of the **Charter**, and are not justified under s. 1 of the **Charter**, and further violate the unwritten right to equality through the Pre-Amble to the **Constitution Act, 1867**, based on psychological and mental disability, and age;

351. That the measures of masking, social distancing, PCR testing, and lockdowns of schools in British Columbia, by the Respondents, are:

- (i) not scientifically, or medically, based;
- (ii) based on a false, and fraudulent, use of the PCR test, using a threshold cycle of 43-45 cycles in that once used above the 35 threshold cycles, of all the positives it registers, 96.5%, are “false positives”, resulting in an accuracy rate, **as a mere screening test**, of 3.5% accuracy;
- (iii) All measures of masking, social distancing, and school “lockdown” (closures) are a sole and direct result of the mounting, or “rising” “cases”, being cases, which are 96.5% false positive;
- (iv) The PCR test, in and by itself, as used, cannot distinguish between dead (non-infectious) vs. live (infectious) virus fragments;
- (v) The (solitary confinement) isolation/quarantine of asymptomatic children, for any duration, is abusive, and constitutes violations under s.7 and 15, of the *Constitution Act, 1982* as violating the physical and psychological integrity, contrary to s. 7 of the *Charter*, and further

constitutes cruel and unusual treatment under s. 7 of the *Charter*; and further violates s.7, by way of the International Law under the *The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the “Torture Convention”)* and the *Convention on the Rights of the Child*; and

(vi) is particularly egregious with respect to children with special needs, suffering physical and neurological disabilities, in violating s.7 and s.15 of the *Charter* in that absolutely no particular or special provisions are made for them, to accommodate their disability(ies), with respect to the Covid measures;

352. That the science, and preponderance of the scientific world community, is of the consensus that:

- (i) masks are completely ineffective in avoiding or preventing transmission of an airborne, respiratory virus such as SARS-CoV-2 which leads to COVID-19;
- (ii) that prolonged use of masks results, especially for children, in irreparable physical, neurological, psychological,

language development, and social development harms,
some of which are irreversible;

(iii) that “lockdowns”, quarantine and isolation are ineffective
and cause more damage than they prevent;

(iv) that Public Health officials, including the Defendants, as
well as the WHO, have pronounced that the Covid
“Vaccines” do NOT prevent transmission, in either
direction, between vaccinated and non-vaccinated persons.

353. That the mandatory use of masks, isolation and PCR testing, in the school
context, violates children’s constitutional rights under:

(i) section 7 of the *Charter* in infringing their rights to physical
and psychological safety, and integrity, as well as, medical
procedure/treatment without informed consent;

(ii) section 7 in infringing their right to education, flowing from
their right to education under the *Education Act*, and
further under section 7 of the *Charter* as interpreted by the
Canadian Courts, as well as under section 7 by way of the
International Convention on the Rights of the Child as
read in as a minimal protection under section 7 of the
Charter, as enunciated, *inter alia*, by the Supreme Court of

Canada in *Baker, Hape*, and the Federal Court of Appeal in
De Guzman;

354. That the notion of “asymptomatic” transmission, from children to adults, of an airborne respiratory virus, is “oxymoronic”, without scientific, or medical basis, and hitherto scientifically and medically unknown.
355. That masking, social distancing and testing in school settings, particularly elementary school(s), is unscientific, non-medical, unlawful, and unconstitutional and should be halted forthwith.
356. That children do not pose a threat with respect to Covid-19, to their teachers;
357. That teachers who do not wish to mask have the statutory and constitutional right not to mask;
358. That the masking of children is unscientific, non-medical, physically, psychologically, neurologically, socially, and linguistically harmful to them and that the masking of children be prohibited, regardless and despite their parents’ requests and/or directions, because as children have their own independent rights under the *Education Act* , s. 7 and 15 of the *Charter*, as well as s.7 of the *Charter* as read in, and through, the international law under the *Convention on the rights of the Child*;
359. that the mandatory vaccination of public service employees, or any citizens for that matter, without informed, voluntary, consent, is unconstitutional and of no

force and effect as violating ss.2,7, and 15 as set out above in this statement of claim, in that compulsory medical treatment has been clearly ruled, by the Supreme Court of Canada, and other Appellate Courts, as violating s.7 of the Charter.

360. That **none** of the above *Charter* violations are saved by s.1 of the *Charter*, as they fail to meet the test, thereunder, as enunciated in, inter alia, the *Oakes* decision, as the measures:

- (a) Are not pursuant to valid statutory objective;
- (b) The measures are not rational;
- (c) The measures are not tailored for minimal impairment of the **Charter** rights;
- (d) The measures dilatory effects far outweigh their beneficial effects;

361. That, with respect to enforcements measures, of police, by-law, and health officers:

- (a) A “reception, or “informal gathering”, under s. 19 and 20 of *Order of the Provincial Health Officer – Gatherings and Events (March 24th, 2021)*, or any such subsequent order(s), pursuant to the *Public Health Act [SBC 2008]*, does **not** include a gathering whose obvious purpose is to assemble,

associate and otherwise gather to exercise freedom of speech, expression and/or assembly and religion as constitutionally recognized under the *Constitution Act, 1867* as well as s.2 of the *Charter*;

(b) With respect to the masking that:

(i) No police officer has the jurisdiction to apply the *Trespass Act, [RSBC 2018] c. 3* to a person who declares a legal exemption to a mask, and who enters a public place; and

(ii) Owners of places of business who refuse to comply with lawful exemptions may be charged with an offence pursuant to the *Emergency Program Act [RSBC 1996] c. 111* and *Ministerial Orders* and *Regulations* thereunder;

(iii) Police Officers are equally entitled to masking exemptions and to be free from coercion by their superiors to take a Covid vaccine, or PCR test contrary to their constitutional right to refuse based on informed consent;

(iv) Police officers, like any other citizen, are constitutionally entitled, as ruled by the *Supreme Court of Canada* and *Court of Appeal*, to refuse medical treatment without informed consent, including vaccines, and that Police officers should be free from coercion by superiors to be vaccinated;

- (c) That police, and/or a by-law, Provincial Offences, or Health Officer, with respect to an individual who fails and/or refuses to comply with any oral and written orders from any of the Provincial Respondents do not have the powers of arrest against that individual under Provincial *Regulations* such as those set out in Part 4, Division 6 of the *Public Health Act SBC [2008]*, and the closing summation of Bonnie Henry’s *Order* of March 31st, 2021;
- (d) That the bar of entry across “Provincial Borders”, but for “essential travel” by residents/citizens coming from Alberta, as well as the **intra**-provincial travel bans without probable grounds of an offence being committed, which is a form of imposing Martial Law, without the jurisdiction to do so as per s.91(7) of the *Constitution Act 1867*. It is also contrary s.7 of the **Charter (Liberty)**, for vagueness and over-breadth as well as s.6 of the **Charter**, and thus compels the Police officer to breach their oath to uphold the Constitution and further, that the RCMP has no jurisdiction to set up roadblocks at British Columbia’s “borders” and refuse passage into British Columbia, as well as set out by the SCC, Pre-**Charter**, in *inter alia Winner*;
- (e) That the measures and enforcement of the measures under *Ministerial Orders 172/2021 and 182/2021*, as set out above in subparagraph (d) constitutes Martial Law, Police State measures outside the scope of the Province’s jurisdiction under s.92 of the *Constitution Act, 1867*, and are

within, subject to constitutional restraints, the jurisdiction of the Federal Parliament under s.91(7) and (1) and the “Peace, Order, and Good Government “(POGG)” Power on s.91 of the *Constitution Act, 1867*, and thus further compels the Police officer to breach their oath to uphold the Constitution;

- (f) That the failure and/or refusal to comply with Provincial Covid Measures does not constitute a “common nuisance” contrary to s.180 of the *Criminal Code* or constitute “obstruct peace officer” contrary to s. 129 of the *Criminal Code* thus granting the power of arrest to a police officer in the enforcement of a regulatory and/or municipal by-law as enunciated by the *SCC* in *R v. Sharma [1993] 1 S.C.R. 650*;
- (g) That the RCMP has no jurisdiction to enforce Provincial Health nor “emergency” measures in the Province of British Columbia;
- (h) That the restriction of physical movement and travel bans based on “essential travel”, is a violation of s.7 liberty and security of the person, not in accordance with fundamental justice as being void for vagueness, as well as overbreadth, and impossible to enforce, in that it is nearly impossible to ascertain, while respecting an individual’s *Charter* right to remain silent, and right against arbitrary detention and questioning, to determine whether that person has, “on reasonable and probable grounds” committed an offence;

- (i) A police constable or by-law officer cannot, by way of general, blanket order(s), from his/her administrative supervisors, be directed how, when and in what circumstance, to lay a charge against an individual and thus dictate the discretion of that Police officer;

- (j) No politician should be directing nor commenting on how, whom or in what circumstances any police officer should enforce nor apply the applicable law;

- (k) The Covid emergency measures violate a police constable's duty, as office-holder to Her Majesty the Queen. in that the enforcement of the provisions, and the enforcement provision(s) are of no force and effect and unconstitutional in in allowing, and being directed by superiors, to violate a citizen's constitutional rights under the *Constitution Act 1867*, as well as the *Charter*, as follows:
 - (i) Violation of freedom of expression, speech, association, assembly and religion contrary to those unwritten constitutional rights recognized by the Supreme Court of Canada through the Preamble to the *Constitution Act, 1867*, as well as s.2 of the *Charter*;

 - (ii) Violation of the right to liberty and security of the person through the arbitrary and unreasonable detention, arrest, and interference with the physical liberty and movement of citizens, contrary to the

Liberty of the Subject under *Habeas Corpus*, as well as ss. 7, 9,
and 10(c) of the *Charter*;

(iii) Violation of the protection against unreasonable search and seizure
contrary to s.8 of the *Charter*;

(iv) Placing police officers in the potential violation, with respect to
religious gatherings and services, of committing an offence
contrary to s. 176 of the *Criminal Code*;

362. That the Constitutional Rights of the Plaintiffs have been violated as set out in
the within Statement of Claim as set out in the facts, as well as the relief sought,
including the relief sought for monetary damages.

363. Such further or other grounds as counsel may advances and this Honourable
Court accept.

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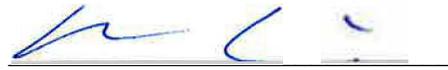
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Rule 7-1 (1) of the Supreme Court Civil Rules states:

- (1) Unless all parties of record consent or the court otherwise orders, each party of record to an action must, within 35 days after the end of the pleading period,
 - (a) Prepare a list of documents in Form 22 that lists
 - (i) all documents that are or have been in the party's possession or control and that could, if available, be used by any party at trial to prove or disprove a material fact, and
 - (ii) all other documents to which the party intends to refer at trial, and
 - (b) serve the list on all parties of record.

APPENDIX

[The following information is provided for data collection purposes only and is of no legal effect.] **Part1: CONCISE SUMMARY OF NATURE OF CLAIM:**

This claim challenges the statutory and constitutional validity of the Covid measures, both Federal and Provincial by way of Declaratory, and other relief.

Part2: THIS CLAIM ARISES FROM THE FOLLOWING:

[Check one box below for the case type that best describes this case.]

A personal injury arising out of:

a motor vehicle accident

medical malpractice

another cause

A dispute concerning:

contaminated sites

construction defects

real property (real estate)

personal property

the provision of goods or services or other general commercial matters

investment losses

the lending of money

an employment relationship

a will or other issues concerning the probate of an estate

a matter not listed here

Part 3: THIS CLAIM INVOLVES:

[Check all boxes below that apply to this case]

- a class action
- maritime law
- aboriginal law
- constitutional law
- conflict of laws
- none of the above
- do not know

Part 4:

[If an enactment is being relied on, specify. Do not list more than 3 enactments.]

-ss.2, 6, 7, 8, 9, 10, 15, 24 and 52 of the **Constitution Act, 1982**

-**Emergency Program Act [RSBC 1996] c. 111 [RSBC 1996] ss. 2,7,8,9,15,24**

-**Public Health Act [SBC 2008] c. 28**