Hello,

I am writing this as the current announcements about the vaccine have created concerns for me. The implementation of mandatory vaccination policies going into effect at workplaces, education institutions, and other establishments are illegal and a violation of the section 2, 7, & 15 Charter of Rights. Not to mention that these mandates are in violation of people’s right to make an informed consent or refusal on a medical treatment as per common law which I will explain further below with information and links provided. Additionally, a rapid antigen test is illegal as per Statutes of Canada 2017 Bill S-201 Chapter 3, and beyond that only having the unvaccinated employees/students required to do this test shows a community acting with discrimination towards unvaccinated people and an acceptance of a two-tier society that uses coercion to enforce government policies. This is a complete threat to people’s ability to provide for themselves and their families and now unvaccinated will not be able to provide income for necessities or bills. Why is this province now taking the stand to show blatant discrimination and violation of one’s fundamental human rights? This province should be standing up as a community leader. And if not now, how far does the coercion, corruption and discrimination have to go before it is too far? What is next, segregation camps? How far? Are educated people now to be unable to work and/or lose their job, their essential way of supporting themselves and their family, because they have chosen to educate themself on this matter? Stand up and do the right thing.

Furthermore, I want to know if the province could provide answers to these questions.

1. Are there any of the vaccines that are approved for clinical use, and if so, what are they?

[The FDA approval for Pfizer does not apply here as the vaccine that was approved is different than the emergency order vaccine and does not exist yet until trails are complete.]

1. Can you provide me with a detailed list of adverse reactions, deaths, and other risks of injury that are required in order for me to have informed consent?

-(<https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians>)

-(<https://www.lco-cdo.org/en/our-current-projects/legal-capacity-decision-making-and-guardianship/funded-research-papers-legal-capacity-decision-making-and-guardianship/health-care-consent-and-advance-care-planning-in-ontario-2/iii-capacity-and-informed-consent-to-treatment-ontario/>)

1. Since the vaccine manufacturers are indemnified from liability if there is injury, death, or long or storm term adverse reactions, are you willing to accept full and complete liability in writing to each individual?

This is unlawfully practising medicine by prescribing, recommending, and/or using coercion to insist employees/students submit to the experimental medical treatment for Covid-19, namely being injected with one of the experimental gene therapies commonly referred to as a “vaccine”.

The purported increase in “cases” is a direct consequence of increased testing through the inappropriate use of the PCR instrument to diagnose 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 this so-called pandemic. Its inventor, Kary Mullis, has clearly indicated that the PCR testing device was never created to test for coronavirus (<https://rumble.com/vhu4rz-kary-mullis-inventor-of-the-pcr-test.html>). Mullis warns that, “the PCR Test can be used to find almost anything, in anybody. If you can amplify one single molecule, then you can find it because that molecule is nearly in every single person.” Additionally, the test cannot distinguish between alive or dead cells. Meaning dead cells from a previous flu could cause a false positive.

Based on compelling and factual information, the emergency use of the COVID-19 experimental injection is not required or recommended.

1. The Nuremberg Code (<https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf> ), 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 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;
2. All the treatments being marketed as COVID-19 “vaccines”, are still in Phase III clinical trials until 2023 (<https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1> ), 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;
3. None of these treatments have been fully approved; only granted emergency use authorization by the FDA, which Health Canada, is using as the basis for approval under the interim-order, therefore, fully informed consent is not possible;
4. Most vaccines are trialed for at least 5-10 years (<https://hillnotes.ca/2020/06/23/covid-19-vaccine-research-and-development/> )and COVID-19 treatments have been in trials for one year;
5. No other coronavirus vaccine (i.e., MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement, resulting in severe illness and deaths in animal models (<https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688> );

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 (<https://www.nbcconnecticut.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 (<https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>).

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 new peer reviewed scientifically published research study 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;

According to Health Canada's Summary Basis of Decision, 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 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.”

The report specifically states, “the possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2 has been flagged as a potential safety concern that requires particular attention by the scientific community, including The World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Coalition of Medicines Regulatory Authorities (ICMRA) (<https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>);”

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 (<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/>).

It is further reported that only one percent of vaccine injuries are reported to VAERS (<https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/>), compounded by several months delay in uploading the adverse events to the VAERS database (<https://vaxoutcomes.com/thelatestreport/>).

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;

Safe and effective treatments and preventive measures exist for COVID-19, apart from the experimental shots, yet the government is prohibiting their use and using censorship to control the narrative.

Under the *Crimes Against Humanity and War Crimes Act of Canada* (<https://laws-lois.justice.gc.ca/eng/acts/c-45.9/page-1.html>), a crime against humanity means, among other things, murder, any other inhumane act or omission that is committed against any civilian population or any identifiable group and that, at the time and in the place of its commission, constitutes a crime against humanity according to customary international law, conventional international law, or by virtue of its being criminal according to the general principles of law are recognized by the community of nations, whether or not it constitutes a contravention of the law in force at the time and in the place of its commission. The *Act* also confirms that every person who conspires or attempts to commit, **is an accessory after the fact**, in relation to, or councils in relation to, a crime against humanity, is guilty of an offence and liable to imprisonment for life.

Under sections 265 and 266 of the Criminal Code of Canada (<https://laws-lois.justice.gc.ca/eng/acts/c-46/page-57.html#docCont>), a person commits an assault when, without the consent of another person, he applies force intentionally to that other person, directly or indirectly. Everyone who commits an assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years, or an offence punishable on summary conviction.

It is a further violation of the Canadian Criminal Code (<https://laws-lois.justice.gc.ca/eng/acts/c-46/page-51.html#docCont>), to endanger the life of another person. Sections 216, 217, 217.1 and 221.

**Duty of persons undertaking acts dangerous to life**
**Sec. 216:** Everyone who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.
R.S., c. C-34, s. 198

**Duty of persons undertaking acts
Sec. 217:** Everyone who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.

**Duty of persons directing work**
**Sec. 217.1:** Everyone who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

**Causing bodily harm by criminal negligence**
**Sec. 221**: Every person who by criminal negligence causes bodily harm to another person is guilty of (a) an indictable offence and liable to imprisonment for a term of not more than 10 years; or,
(b) an offence punishable on summary conviction.

Domestically, in the seminal decision of Hopp v Lepp, [1980] 2 SCR 192 (<https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2553/index.do>), the Supreme Court of Canada determined that cases of non-disclosure of risks and medical information fall under the law of negligence. Hopp also clarified the standard of informed consent and held that, even if a certain risk is only a slight possibility which ordinarily would not be disclosed, but which carries serious consequences, such as paralysis or death, the material risk must be revealed to the patient.

The duty of disclosure for informed consent is rooted in an individual’s right to bodily integrity and respect for patient autonomy. In other words, 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 if Remote.” Hopp v Lepp, supra; Bryan v Hicks, 1995 CanLII 172 (BCCA); British Columbia Women’s Hospital Center, 2013 SCC 30 (<https://www.canlii.org/en/ca/scc/doc/2013/2013scc30/2013scc30.html?resultIndex=1>).

Employers are infringing on human rights and putting themselves personally at risk of a civil lawsuit for damages, and potential imprisonment, by attempting to impose this experimental medical treatment upon their employees. Canadian law has long recognized that individuals have the right to control what happens to their bodies.

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

* **Canadian Charter of Rights and Freedoms** **(1982)** (<https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html>)Section 2a, 2b, 7, 8, 9, 15.
* **Universal Declaration on Bioethics and Human Rights** **(2005)** (<https://en.unesco.org/themes/ethics-science-and-technology/bioethics-and-human-rights>)
* **Nuremberg Code** **(1947)** (<http://www.cirp.org/library/ethics/nuremberg/>)
* **Helsinki Declaration (1964, Revised 2013) Article 25, 26** (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>)

According to top constitutional lawyer, Rocco Galati, “both government and private businesses cannot impose mandatory vaccinations...mandatory vaccination in all employment context would be unconstitutional and/or illegal and unenforceable.” (<https://www.constitutionalrightscentre.ca/employee-rights-the-covid-19-vaccine/>).

There is no legislation that allows an employer to terminate an employee for not getting a COVID-19 shot. If an employer does so, they are inviting a wrongful dismissal claim, as well as a claim for a human rights code violation (<https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-discrimination>). For those employees who are influenced, pressured or coerced by their employer to have the COVID-19 shot, and suffer any adverse consequences as a result of the injection, the employer, and its directors, officers, and those in positions carrying out these measures on behalf of the employer, will be opening themselves up to personal civil liability, and potential personal criminal liability, under the Nuremberg Code, the Criminal Code of Canada, and the *Crimes Against Humanity and War Crimes Act of Canada*, all referenced above.

In conclusion, administration of vaccines is defined as a “medical procedure”. In what other medical context could non-doctors and non-pharmacists prescribe, promote and help distribute pharmaceutical drugs? This is unauthorized practice of medicine.

Respectfully,
A concerned citizen