

Date: February 22, 2021

RE: Open Letter and Information Package - The Truth about SARS-CoV-2 /n Covid-19

To: Brittney Anderson, Nelson Creston MLA NDP,

Dear Madam,

We, as concerned citizens of British Columbia are serving you and all MLAs in BC this package and corresponding website <https://www.truth-matters.ca/> which address specific topics. They source international evidence-based material by well-respected scholars and professionals including leading scientific experts in the fields of virology, biochemistry, immunology, occupational health, medicine, journalism and economics. We request you thoroughly review the documentation and personally raise the included list of influential questions in the Legislature in Hansard Records and/or present these questions to Government Ministers to be addressed in Legislature.

MLAs represent the interests of their constituents, and as voters within your constituencies, we require that you adopt an accurate and honest approach to addressing that which is referred to as the COVID 19 Pandemic. It is our belief that our rights and freedoms to such fundamentals as freedom of speech, peaceful assembly, the right to employment, and access to health care have been infringed upon under false pretenses. It is your duty as our MLA to ask these questions to the Government and demand transparent investigations and uncensored disclosures with respect to the inaccurate models and PCR tests, mask requirements, health issues, death statistics and lockdowns and restrictions.

The government-imposed restrictions are in response to a supposedly “voracious” virus that is claimed to be causing abnormally high mortality amongst Canadians. However, the emerging evidence, as outlined in the attached information package, does not support these government claims regarding the SARS-CoV-2 virus and Covid-19 illness. With a demonstrated lack of virulence and disease burden due to SARS-CoV-2, these restrictions are in direct contravention of the Rights enshrined in the Canadian Constitution. This government has, and is, imposing mandates that are in non-compliance with the Criminal Code of Canada and directly raises the issue of malfeasance and terrorism.

Censorship has become commonplace. With a top-down approach, most governments globally are following a strict narrative, confabulated by corporations such as The World Health Organization (WHO) and The Centres for Disease Control (CDC) and promulgated by mainstream media. Opposing thoughts or opinions are being silenced.

Further, the restrictions imposed have not protected, but are harming, the most vulnerable in society. Concurrently, not only have our elderly died alone, the unfounded mandates have put other individuals at greater risk; suicide, drug overdose, domestic violence, and loss of life due to an inability to receive effective and timely health care which are worldwide issues, worsened with the “lockdown”.

In addition, the economy has been brought to the edge of collapse. Could this be a desired outcome of the Covid-19 manipulation, to further the World Economic Forum’s global agenda for an economic and societal reset?

Where is democracy? Why are opposing viewpoints that stimulate critical thought and analysis, along with cross-curricular resources, being censored? Why are professionals being interrogated, disciplined, and disenfranchised when not in alliance with the main stream view?

We ask you to consider your own position and actions. There are serious effects on individuals and communities when you support the “lockdown”. Following your consideration of the enclosed material, we request that when asked, you answer questions regarding your position on these topics in a manner that demonstrates transparency and includes the data on which you based your decisions. There remain many unanswered questions from community members and business owners that share concerns about the lack of transparency from our officials.

We would remind you, being informed and acting accordingly, is a requirement of your responsibilities of office.

In 2 weeks we will review the Hansard Records. If no questions have been asked at the legislature, as evidenced by the Legislative record, we will hold you accountable to your oath in the public and for your actions or inactions.

Please be in touch with our local point of contact (listed below) with any questions, and we will do our best to answer them.

Concerned Citizens of the Kootenay’s

Contacts: Nadine Podmoroff info@kootenayfreedom.com 250-226-6911 and Paul Ignacik unitecreston@gmail.com 250-866-5530

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1) Is this a pandemic?

Canada's provincial and municipal governments, informed and guided by Canada's Chief Public Health Officer Dr. Theresa Tam, and in British Columbia by Dr. Bonnie Henry, have introduced severe lockdown measures to control this "pandemic". Mandatory closure of entire sections of the Canadian economy deemed to be 'non-essential', social distancing, mandatory masking, and enforcing social isolation, have and will continue to have, a severe impact on Canada's economic and social fabric.

These mandates were initiated and continue to be enforced based on "a public health emergency". Criteria for an emergency declaration under 7.0.1 (3) of the Emergency Management & Civil Protection Act R.S.O. 1990, c.E.9 was not "DEMONSTRABLY JUSTIFIED" by any authority in March of 2020. This is evidenced by the survival rate of Covid-19.

2) Covid-19 Statistics

a. Canadian Statistics

Canada's population37,855,621
Covid-19 "related" deaths in Canada15,605
% of Canadians who died "with" virus 0.041% (99.96% survival rate)

b. BC Statistics

British Columbia's population 5,142,031
Covid-19 "related" deaths in BC893
% of British Columbians who died "with" virus ... 0.017% (99.98% survival rate)
Statistics as of December 31, 2020

c. BC Mortality Statistics per Annum

Year	Total population	Total deaths	Death rate / as % per capita	Change from previous year	Covid "related" Deaths	% of residents who died with Covid	Influenza and pneumonia Deaths	% of people who died from Influenza /Pneumonia
2016	4,859,250	36,470	0.75%		-	-	848	0.017 %
2017	4,924,233	38,300	0.778%	Up 0.028%	-	-	949	0.019%
2018	5,001,170	38,273	0.765 %	Down 0.013%	-	-	908	0.018%
2019	5,071,336	38,379	0.757%	Up 0.008%	-	-	781	0.015% **
2020	5,142,031	41,055	0.798%	Up 0.041% *	893	0.017%	525 persons to Oct 31, 2020	

- *The increase in total deaths in BC from 2019 to 2020 was only 4 persons per 10,000 people.
- In 2016, 1.7/10 000 people died of influenza/pneumonia
- In 2017, 1.9/10 000 people died of influenza/ pneumonia
- In 2018, 1.8/10 000 died of influenza/pneumonia
- In 2019, 1.5/10 000 died of influenza/pneumonia.
- In 2020 (the first year of Covid-19), 1.7 people/10 000 died with or from a covid 'related' death.

Thus the number of "Covid-19 deaths" is in line with the previous annual deaths attributable to influenza and pneumonia.

Further, influenza as cause of death has suddenly decreased, if not disappeared.

"BCCDC reports they have tested 30,000 samples for influenza this year. Only a dozen of those tests came back positive and all were linked to people who'd received a vaccine, which doesn't count as community spread." "It's really quite exceptional how low the influenza activity is". Dr. Danuta Skowronski, the lead for influenza and emerging respiratory virus monitoring at the BCCDC.

Retrieved from <https://www.cbc.ca/news/canada/british-columbia/influenza-remarkably-absent-in-bc-covid-19-pandemic-1.5878835>

d. BC "Covid Deaths" Compared to Other Causes of Mortality

It is also of value to compare the number of "Covid Deaths" in BC to deaths by other causes.

Cause	2016	2017	2018	2019	2020
Cancer	10,245	10,531	10,382	10,649	8,805 to Oct 31, 2020
Chronic lung disease	1,815	1,835	1,746	1,779	1,310 to Oct 31, 2020
Influenza and pneumonia	848	949	908	781	525 to Oct 31, 2020
Covid	--	--	--	--	893 to Dec 31, 2020
Suicide	482	476	409	451	165 to Oct 31, 2020
Diabetes	1,219	1,229	1,106	1,128	1,005 to Oct 31, 2020

**2020 stats are only available until end of October. Will update when they become available.

Does the Covid death rate, when compared with other causes of death AND the high false positive rate of PCR testing (discussed below – not all positives are truly Covid-19) really be causing us to destroy our economy, our families, our children, our freedoms?

We have always managed to survive influenza and pneumonia that have a similar death rate to even these "enhanced" Covid-19 death statistics without such draconian lockdown and destruction of our society and economy.

Statistics compiled from:

<https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310081001>

<https://www2.gov.bc.ca/gov/content/life-events/statistics-reports/deaths>

<https://www.bing.com/search?q=bc+covid+deaths&qsn=&form=QBRE&sp=-1&ghc=1&pq=bc+covid+death&sc=1-14&sk=&cvid=E197A2B0207B4814ADECA2DEC663F1D0> (Covid death rate specified to Dec 31, 2020)

Other references:

Dr. Rancourt <https://standupcanada.solutions/ocla-scientific-proof>

Emergency Management & Civil Protection Act <https://www.canlii.org/en/on/laws/stat/rso-1990-c-e9/latest/rso-1990-c-e9.html>

Tom Woods, Mises Institute <https://www.bitchute.com/video/RPM4Y87toG0L/>

3) The PCR Test, Canada's Gold Standard for Sars-Cov-2

a. What is the PCR Test

PCR is shorthand for a procedure in molecular biology called the polymerase chain reaction test. It is a technique used to replicate and amplify a small specific segment of the RNA thought to be from SARS-CoV-2, the virus that is presumed to cause the illness Covid-19.

The swab is collected from the patient and rinsed in a solution that is then put through an amplification process in which these small specific RNA segments are replicated numerous times until enough of them are present such that they can be detected. Each time these RNA segments are replicated is known as a cycle and the total number of replication cycles required in order to be able to detect the RNA segments is known as the cycle threshold. A positive test result occurs if these amplified RNA segments can be detected within a certain maximum number of cycles set by each testing lab. If the maximum allowed number of cycles is reached without detecting these RNA fragments, then the test result is negative.

If a patient is actually infected with the SARS-CoV-2 virus, there should be thousands to millions of these specific virus RNA segments present in the sample to begin with, requiring relatively fewer amplification cycles to detect them. High numbers of amplification cycles required to detect these RNA segments (i.e. greater than 30-35 cycles) means relatively few of these RNA segments are present in the sample to begin with and usually means the test is detecting old dead virus fragments remaining from a long gone previous infection already dealt with by the immune system. As such, the number of amplification cycles associated with a positive test result is incredibly important. Inexplicably, this information is not included with a positive test result.

b. Is SARS-CoV-2 PCR testing scientific?

a.i. To develop this test, the genetic sequence of the infectious agent needs to be identified. And if we are to assume this genetic sequence is the cause of illness, it needs to be collected from patients who are displaying symptoms. This has been the traditional process of identifying disease-causing agents.

In the case of SARS-CoV-2, the "genetic sequence" to create the PCR test was provided (online) to labs by Chinese scientists. It was NOT isolated from swabs obtained from sick patients. In other words, we don't know what genetic code is really being tested for.

a.ii. Studies aimed at verifying the accuracy of the PCR test typically show that a positive test result at 15 – 20 cycles or less is almost always consistent with a live viral infection. As the amplification cycles increase beyond this point though, the accuracy of the PCR test begins to drop off rather quickly. By the time you get to 30 cycles it is more likely than not that you are detecting old dead virus fragments. By the time you get to 35 cycles and beyond there is close to 0% chance the test is detecting "live" virus.

Beyond 35 cycles, a positive PCR test (resulting in a "positive case") is **false** positive essentially 100% of the time. The US Center for Disease Control and Prevention recommends running the test up to 40 cycles.

a.iii. The PCR test can also **"pick up any one of four Asian cold viruses (a common cold) and report it as a positive for COVID."**

How many cases of "lab diagnosed Covid-19" are actually just common colds?

a.iv. Because the PCR test is not actually detecting the virus, but rather only a small segment of RNA thought to be from the virus, the test cannot distinguish between "live and infectious" virus, "inactive and non-infectious" virus fragments from a previous infection, or even a separate source altogether (like some other virus or bacteria of which there are millions in your body). That is why a positive PCR test alone was never intended to be used as the sole basis for diagnosing an illness. Other information like the number of amplification cycles and clinical symptoms of the patient should be taken into account before making a diagnosis. Typically, this is not being done. You may test positive and be "diagnosed" with Covid-19 but only have inactive and non-infectious RNA particles. In these cases, the identified particles are not going to make you sick, and you can't pass it on to anyone else.

a.v. January 2021, the World Health Organization, in relation to the issue of false positives when high numbers of amplification cycles are used, has admitted, "where test results do not correspond with the clinical

presentation, a new specimen should be taken and retested using the same or different NAT technology". (WHO, 20 Jan 2021).

In other words, in a healthy person without symptoms, a positive test with a high cycle count is likely not accurate and they must be retested. In practice though, all "positives" are simply counted and retesting does not occur. This creates even more "false positives".

a.vi. November 20, 2020 a scientific review was published that challenges the current PCR testing. They identified 10 major scientific flaws with the PCR testing for SARS-CoV-2 and calls for PCR testing to cease. As this is a technical paper, we have simply included the link here if you wish to review a more detailed discussion about the PCR test.

Borger, P. et al. (27 Nov, 2020). External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results. Copied from <https://cormandrostenreview.com/report/>

References:

Centre for Research on Globalization, "The COVID-19 RT-PCR Test: How to Mislead All Humanity – Using a "Test" to Lock Down Society."

<https://www.greenmedinfo.com/blog/covid-19-rt-pcr-test-how-mislead-all-humanity-using-test-lock-down-society>

Dr Reiner Fuellmich <https://alethonews.com/2021/02/09/dr-reiner-fuellmich-on-the-fake-and-criminal-corona-crisis/>

Lisbon Court Ruling <https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>

Mercola, J. *Astonishing COVID-19 Testing Fraud Revealed.* <https://greenmedinfo.com/blog/astonishing-covid-19-testing-fraud-revealed>
(many extra links embedded in above reference)

Simple explanation of PCR fraud <https://www.markitaliano.net/pcr-lab-visit-whistleblowers-kevin-mckernan-bobby-malhotra-explain-why-covid-tests-are-garbage-daily-clout/>

World Health Organization. *Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detections of SARS-CoV-2.*
<https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

4) Masking – Transmission Ineffectiveness and Harms

Here are some facts you may not be aware of:

a. Masks don't stop viruses

Breathing through a mask does not prevent a virus from being inhaled or exhaled. Viruses are much smaller than mask pores. This means that viruses (and bacteria) actually travel through, or around, masks during inhalation and exhalation.



A 2020 Study by a group of Danish researchers followed 3,030 participants. Their conclusion was “*The recommendation to wear surgical masks as a supplement to other public health measures in a setting of low infectivity rate did not reduce SARS-CoV-2 infection.*”¹ Their study was refused publication by numerous journals prior to publication in the American College of Cardiology Journal, as the outcome did not support the current masking mandates. If you also read the article in it's entirety, they have had to soften their outcome in the “quick takes” as compared to their actual findings if you read the complete paper.

b. Masks = Face Diapers (and actually can make healthy people sick)

Some viral and bacterial particles are caught in the mask filter. This means you are actually exposed to an increasing number of infectious particles with every breath you take.

Further, masks create a wonderful moist environment in which those bacteria can multiply. You not only re-breathe what you exhaled, but a single bacterial cell can multiply exponentially every 20 minutes. This means 1 bacterial cell can become 2, which can become 4, which can become 16, which can become 256, which can become 65, 536 bacterial cells in less than 2 hours! Yes, that's right. You can go from 1 cell to 65, 536 in less than 2 hours. No wonder respiratory and oral bacterial infections are on the rise (and they are).

In 2008, Anthony Fauci from the US CDC co-authored a paper demonstrating that most deaths in the 1918 Influenza pandemic were actually due to bacterial infections of the respiratory tract (primarily pneumonia).^{2,3} Now he is recommending we wear masks (or two masks), to help combat the spread of SARS-CoV-2, but this increases our risk of pneumonia from common (or not so common) bacteria trapped in our masks.

c. Masks increase the contamination of your environment

Mask wearing as is being done by the general population increases our risk of infection from SARS-CoV-2 as well as other infectious agents through environmental contamination. Touching your mask while you are wearing it, taking your mask off and putting it in your purse or pocket or on the dashboard to use again contaminates those surfaces with whatever is on that mask. Touch that surface then touch your face, and you have created the pathway for infection from mask to surface to yourself. Not to mention that taking the mask off then touching your face is a direct pathway of contamination. Remember, the mask has concentrated any infectious agents you breathed in!

d. Masks = Muzzles

Masks create social isolation and fear. They are used by communist regimes to control speech and separate people from each other. They are used as a method of silencing voices and preventing people from speaking out. They DO have a powerful negative psychological impact. Anxiety, depression, and fear all increase by wearing and observing everyone else wearing masks.

e. Masks are harming our Children

Perhaps most importantly, our children are being harmed as they grow up without seeing faces and learning how to interact or trust others. Their ability and right to communicate and speak without fear, to ask questions, to express their individuality, to develop healthy human relationships and grow up in a free society are undermined and destroyed by mandatory masking policies.

Is this how we want our future generation to grow up? Masked and surrounded by plastic barriers? It is what is happening, for a virus that does not kill them, and has a death rate no worse than influenza / pneumonia.



References:

¹-Bundgaard H, Bundgaard JS, Raaschou-Pedersen DE, et al. (2020) Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers]. <https://www.acc.org/latest-in-cardiology/journal-scans/2020/11/23/18/24/effectiveness-of-adding-a-mask>

² Morens, D, Taubenberger, J & A. Fauci. *Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness.* <https://academic.oup.com/jid/article/198/7/962/2192118>

³National Institutes of Health. *Bacterial Pneumonia Caused Most Deaths in 1918 Influenza Pandemic.* <https://www.nih.gov/news-events/news-releases/bacterial-pneumonia-caused-most-deaths-1918-influenza-pandemic>

Other References:

Bigtree, Del. *The Truth about Face Masks; Del Bigtree interviews OSHA safety experts.* <https://thehighwire.com/videos/the-truth-about-masks/>

Bonnie Henry admits no evidence masks work for those not sick. <https://rumble.com/vbdsmb-bonnie-henry-admits-no-evidence-masks-work-for-those-not-sick.html>

Gao, M. et al. *A study on Infectivity of asymptomatic SARS-CoV-2 carriers* <https://pubmed.ncbi.nlm.nih.gov/32513410/>

GreenMedInfo Research Group. *Mask Harms in Kids: 68% of Parents Report Alarming Psychological and Physical Problems in First-of-its-kind Study.* <https://www.greenmedinfo.com/blog/mask-harms-kids-68-parents-report-alarming-problems-first-its-kind-study-preprint1>

Klompas, M. et al. *Universal Masking in Hospitals in the Covid-19 Era.* <https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

Laguipo, A. *Reusing masks may increase your risk of coronavirus infection, expert says.* <https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx>

True North. *Dr. Tam's previous anti-mask advice excluded from coronavirus report* <https://tnc.news/2020/10/29/dr-tams-previous-anti-mask-advice-excluded-from-coronavirus-report/?fbclid=IwAR1C0iiaN16dCXUdWXb3hd53m1cOqKKsbMm8CMp5pMra1zdNTbUEE9esdw>
WTube.org. *Is Asymptomatic transmission fake news* <https://wtube.org/user/akademos1/EvcyYiu>

5) Social Distancing and Social Isolation. Effective? Harmful?

In the initial days of this “pandemic”, Bonnie Henry, the BC Medical Director stated on TV that there is no scientific evidence for social distancing, but that she was recommending it to try to reduce the spread of SARS-CoV-2.

Not only has it extended from simply remaining 6 feet apart while in public, but we are told to isolate ourselves from our friends and families – no visiting, no hugs, no Birthdays, no concerts, no parties, no Christmas celebrations.

As the year has progressed, enforcing this unproven and harmful practice on each other and ourselves has embedded itself into our society with very damaging consequences. Consequences which are amplified by the masking policies that create further isolation.

Here are some lesser-known facts about social distancing and isolation:

- It was developed 70 years ago by the CIA to break down enemies of state.
- In terms of health impacts, it is the equivalent of smoking 15 cigarettes a day AND being an alcoholic.
- It doubles the risk of death, and destroys the part of the brain responsible for learning.
- Social distancing is Social Isolation, even though it is a different label. It creates social barriers and distance between humans, interfering with and preventing normal, necessary and healthy human interactions as simple as smiling and saying hello.
- The psychological effects of isolation do not appear to wear off after the isolation ends, but persists with ongoing mental disorders including depression.
- Suicide, depression, domestic violence, family disputes and divorces, and increase in child custody calls and cases have all increased significantly since the initiation and practice of “social distancing and social isolation”.
- Social isolation has proven to be an aid in brainwashing people.

Moreover, a plethora of studies show that social distancing and isolation can be fatal, and when not fatal, are yet still a fate from which people do not EVER fully recover. The brain is irretrievably structurally altered, and the part that is most vulnerable and necessary to learning – not only in children but in ourselves – is gutted beyond repair.

If we continue this path, where will we end?

Shilhavy, Brian (2020). Children Have 0.00% Chance of Dying from Covid but are Harmed for Life by Social Distancing, which has its root in CIA Torture Techniques. Retrieved from <https://healthimpactnews.com/2020/children-have-0-00-chance-of-dying-from-covid-but-are-harmed-for-life-by-social-distancing-which-has-its-roots-in-cia-torture-techniques/> (many further links are contained within the reference)

6) Health Care System

a. An overloaded Health Care System – Or possibly not

One of the people who assisted in the panic over the coronavirus has been Neil Ferguson who led the Gates-funded report published by the Imperial College. He warned of the deaths of 2.2 million Americans and more than half a million British. This ignited the world's drastic response to Covid-19, shutting the world's hospitals, citizens and economies down. His "models" showed overflowing hospitals and ICU beds. He has since walked this prediction back. ¹

Professor Ferguson has a history of over-inflating the threat level of disease and viruses. Most strikingly, in 2005, he predicted that up to 200 million people could die from the Bird Flu epidemic that broke out in South-East Asia. In the end only 282 people died worldwide from the disease between 2003 and 2009. In 2010 Professor Ferguson was revealed to have close ties with the pharmaceutical industry that made 5-8 billion pounds from 2009 vaccine profits alone. ²

Why was this the only narrative followed and how did he get this so wrong?

b. Emergency Healthcare Centres and Hospitals – Overflowing or empty?

Time and time again the public were removed from hospitals after videoing how empty they were. Videos were from England, Germany, France, and Italy to name a few. On occasion the videographer was arrested for public disorder, in an empty hospital. ³

It also happened here at home in Canada. The media (CBC / Global) publicized an over-flowing hospital in Steinbach, Manitoba. The hospital was reported to be so busy people were being triaged in their vehicle in the parking lot. On investigation, the waiting room and parking lots were empty. ^{4,5}

c. Non-Covid 19 Health Care – On Hold

In medicine, finding the right prescription starts with making an accurate diagnosis. Have we made the right diagnosis regarding SARS-CoV-2 and Covid 19? Do the effects of the coronavirus outweigh the devastating effects of the lockdown? We are growing worried that the understanding of COVID-19's impact has not focused enough on the pandemic's reverberating lockdown effects — particularly from delayed and cancelled care for non-COVID-19 conditions.

The reality is that in their efforts to prevent some people from dying with Covid 19, governments are actually condemning other Canadians to die of other causes. How many will die, or have died, due to delayed treatment or diagnosis? People like Jerry Dunham of Alberta who died of a heart attack because he did not receive timely treatment and Jasmine Yang of British Columbia, who died on May 2 after her cancer surgery was delayed as a result of the Covid 19 lockdown. ^{6,7}

d. Corruption in Health Care

Corruption is the very antithesis of patient centred care. Driven by greed, those in power divert crucial resources away from patients in need, towards profits for individuals and corporations, resulting in poor quality of care and worsening health outcomes. It is an international problem and no health system is free from it.

When academia and government agencies became stakeholders in the business of medicine, promoting the commercial interests of manufacturers (such as pharmaceutical companies) rather than the public interest, they betray the public trust and their professional integrity.

As stated in the article "Dr. Teresa Tam, Queen of the Vaccine";

*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."*⁸

Moreover, we have medical pundits such as Dr. Bonnie Henry who, when questioned about differing gathering size limits between provinces, stated "none of this is based on science".⁹ She confirmed that as of Dec 10, 2020, ONLY 2 deaths of 587 in British Columbia were not in long term care facilities.¹⁰ Yet she is actively involved in and directing the ruinous lockdown of our entire province and it's inhabitants, including young people and children, who are not at risk from Covid-19.

There are many other arrogant and corrupt “leaders” in health care today. Dr. Brent Roussin, Manitoba’s chief public health officer has stated, “Our public health orders do not apply to any level of government”.¹¹ This contempt is immeasurable and unacceptable!!

References:

- ¹Apocalyptic prediction <https://thefederalist.com/2020/03/26/the-scientist-whose-doomsday-pandemic-model-predicted-armageddon-just-walked-back-the-apocalyptic-predictions/>
- ² Daily Express: ‘Neil Ferguson Coronavirus response adviser’s previous epidemic mistakes revealed’ Published: 10:38, Wed, May 6, 2020.
- ³UK Hospital <https://medicalkidnap.com/2020/12/30/british-woman-films-empty-hospital-as-non-covid-patients-are-denied-treatment-then-she-is-arrested/>
- ⁴Rebel News – Empty Hospitals <https://www.bitchute.com/video/v5EL11MNkrQ/>
- ⁵The Ezra Levant Show, Nov 24, 2020.
https://www.rebelnews.com/watch_video_from_overflowing_steinbach_hospital_shows_empty_waiting_rooms
- ⁶Rebel news <https://thepostmillennial.com/jerry-dunham-was-killed-by-the-lockdown-not-by-covid-19>
- ⁷CBC News <https://www.cbc.ca/news/health/covid-surgery-delay-unintended-consequences-1.5629360>
- ⁸Dr. T. Tam <https://civilianintelligencenetwork.ca/2020/03/30/dr-teresa-tam-queen-of-the-vaccine/>
- ⁹ Dr. Bonnie Henry https://www.reddit.com/r/CoronavirusCirclejerk/comments/15kngx/but_follow_the_science_bonnie_henry_admits_on/
- ¹⁰ Dr. Bonnie Henry <https://www.bitchute.com/video/mHJdNVoltyGS/>
- ¹¹Dr. Brent Roussin Manitoba Official admits public health orders don’t apply to any level of government. Jan 20th, 2021
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- Professor Karol Sikora <https://www.itv.com/news/2020-04-22/60-000-cancer-patients-could-die-because-of-lack-of-treatment-or-diagnosis-oncologist-on-coronavirus-dilemma>

7) Treatments and Therapeutics

Why has our response to this pandemic been so narrowly focused on lockdown measures and the so-called experimental “vaccine”? Why are alternatives, cures and preventatives not considered, but often criticized and censored?

a. Alternative Treatments

There are some simple, safe, proven remedies, accessible over the counter, which aid in both the prevention and recovery from SARS-CoV-2.

i. Vitamin D

- Vitamin D deficiency has emerged as a primary risk factor for severe COVID-19 infection and death.
- Higher vitamin D levels have even been shown to lower your risk of testing positive for the virus in the first place.
- Vitamin D can reduce your risk of COVID-19 and other respiratory infections via several different mechanisms, including reducing the survival and replication of viruses, reducing inflammatory cytokine production and maintaining endothelial integrity ¹

ii. Vitamin C

- With early and high dosing at regular intervals, vitamin C can effectively fight against sepsis, hyper-inflammation, and high (Covid-19) virus titer to allow ICU patients to recover quickly. Combined with an overall integrative approach to health management, vitamin C, vitamin D, zinc, and other essential vitamins and minerals can effectively prevent and treat COVID-19.²

iii. Zinc

1 “Zinc has the ability to enhance innate and adaptive immunity in the course of a viral infection.”

- As well, zinc supplements can favour COVID-19 treatment using suggested or recommended drugs. The drugs (such as chloroquine) helps the zinc move into the cell. Once inside the cell, zinc can stop the SARS-CoV-2 virus from multiplying.³

iv. NAC or N-acetylcysteine

- NAC is inexpensive, safe, and was FDA approved many years ago. It can be used intravenously, orally or inhaled.
- It may suppress SARS-CoV-2 replication and improves outcomes if it is used in a timely fashion through several actions which reduces inflammation and tissue injury.
- In combination with other antiviral agents it may dramatically reduce hospital admission rates, mechanical ventilation and mortality in severely ill people.⁴

b. Pharmaceutical Therapies

A number of investigational agents and drugs that are approved for other indications are currently being studied in clinical trials for the treatment of COVID-19 and associated complications. Many clinical doctors worldwide are supporting off-label use of these medicines.

v. Hydroxychloroquine (HCQ) and Chloroquine

- Hydroxychloroquine (aka Plaquenil) has been in use for many years (approved by the FDA in 1955) for autoimmune diseases such as rheumatoid arthritis, lupus and malaria.
- Numerous studies have come out supporting the use of hydroxychloroquine (HCQ) and its effectiveness.
- Side effect profile is well known and recognized and risks versus benefits can be weighed. In fact, it is an over the counter medication (like Tylenol [®]) in many countries where malaria is still prevalent. It is thought that its routine use by people in countries in Africa may be a reason for their much lower morbidity and mortality rates from SARS-CoV-2 than countries where it is a prescription medication and access has been limited. ⁵

- Unfortunately one poorly done study from the Lancet discredited HCQ, even though the study was retracted 2 weeks later for inaccuracy. Sadly the “evidence” presented by this study was used to not only discredit HCQ use, but used as evidence to prevent physicians from prescribing it.⁶

vi. Budesonide

- Budesonide (aka Pulmicort) is a steroid medication that has been used for many years in the treatment of asthma.
- The nasal spray version is available over the counter.
- Like hydroxychloroquine, the side effect profile and risks versus benefits can be weighed. It has been deemed safe for use in children, and in fact the inhaler is used routinely in children with asthma.
- “Early administration of inhaled budesonide reduced the likelihood of needing urgent medical care and reduced time to recovery following early COVID-19 infection.”⁷

vii. Ivermectin

- Ivermectin is a well known medication used as an anti-parasite and has been established as safe for humans.
- “Around the world a trillion doses are given per year with no side effects”.⁸
- In the Dominican Republic, a group of doctors had success using ivermectin in more than 6,000 patients with Covid-19.⁸
- While lab studies have also demonstrated its likely efficacy, here in North America we continue to suggest that we don’t have enough data to use it.⁹

It does seem strange that other countries have been finding benefit from some of these safe medications, but here in Canada and the USA they continue to discourage, if not outright prevent, their use.

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- ⁴ Shi, Z & Puyo, C. N-Acetylcysteine to Combat COVID-19: An Evidence Review. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7649937/>
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- ⁹ NIH Covid-19 Treatment Guidelines – Ivermectin. Updated February 11, 2021 <https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/ivermectin/>

Other References:

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- <https://articles.mercola.com/sites/articles/archive/2020/11/09/covid-19-patients-vitamin-d-deficiency.aspx>
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8) Vaccines

a. How traditional vaccines work

- Vaccines contain the same germs that cause disease. (For example, measles vaccine contains measles virus, and Hib vaccine contains Hib bacteria.) But they have been either killed or weakened to the point that they don't make you sick. Some vaccines contain only a part of the disease germ.
- A vaccine stimulates your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.¹
- Vaccine development usually takes 10 years or more.
- "Vaccine development is characterised by a high failure rate – often 93% between animal studies and registration of a product."²

b. How the Covid-19 vaccine works

This technology utilizes experimental mRNA genetic technology:

- Copies of some mRNA (synthetic genes) from the Covid-19 virus are injected into you and enter your cells.
- Your body follows the directions of these Covid-19 mRNA genes and makes the "covid-19 spike protein". This spike protein is a toxic molecule.
- Your body then makes antibodies to destroy these spike proteins.
- These vaccines are inserting foreign gene segments into you. It is not proven if these gene segments are destroyed or become permanent in your cells.
- This is supposed to keep you from getting really sick with Covid-19, but it's telling your cells to produce the thing that your immune system is supposed to attack and destroy. It is possible your immune system could also attack and destroy the source of these foreign spike proteins; your own cells.

c. Is this a vaccine?

As Dr. David Martin explains:

"This is not a vaccine.

We need to be really clear. We're using the term "vaccine" to sneak this thing under public health exemptions.

This is not a vaccine. This is an mRNA (genetic code) packaged in a fat envelope, that is delivered to a cell.

It is a medical device designed to stimulate the human cell into becoming a pathogen creator.

It is not a vaccine. Vaccines actually are a legally defined term, and they're a legally defined term under public health law, they're legally defined term under the CDC and FDA standards.

And a vaccine specifically has to stimulate both an immunity within the person who is receiving it, but it also has to disrupt transmission.

And that is not what this is. They have been abundantly clear in saying that the mRNA strand that is going into the cell, it is not to stop transmission. It is a treatment.

But if it was discussed as a treatment, it would not get the sympathetic ear of the public health authorities, because then people would say, well what other treatments are there?"³

d. Other points of interest about the Covid-19 "vaccine"

- While touted as the "only way to get back to normal", the "Covid-19 vaccine" is a new, not fully tested, mRNA (genetic) technology. From the World Health Organizations' own website:
 - **"Does it (the Covid-19 mRNA vaccine) prevent infection and transmission?"**
 - *We do not know whether the vaccine will prevent infection and protect against onward transmission. Immunity persists for several months, but the full duration is not yet known. These important questions are being studied.*
 - *In the meantime, even if vaccinated, we must maintain public health measures ~~that work~~: masking, physical distancing, handwashing, respiratory and cough hygiene, avoiding crowds, and ensuring good ventilation.⁴*
- Moderna and Pfizer vaccines for Covid-19 were produced in less than one year. This is for a vaccine that is using a brand new genetic engineering technology!
- The Government of Canada has not conducted any independent safety testing of these vaccines.
- The studies are not completed and there are NO study results posted. All phases of the study are listed as active, with estimated completion dates ranging from August 2021 to October 2022.⁵
 - **Does this not make us all test subjects? Is it not effectively human experimentation?**

- Complete animal studies for safety and long-term outcomes have been bypassed. This in spite of the following:
 - Previous corona virus vaccines have failed the animal studies. When the scientists exposed the vaccinated animals to the wild virus, the results were horrifying. Vaccinated animals suffered hyper-immune responses⁶ including inflammation throughout their bodies, especially in their lungs.⁷
 - In humans, this pathogenic priming is a systemic inflammatory response that can result in full body skin rashes, convulsions and other serious complications, (including death), when an injected individual is exposed to a wild form of the virus.
- Taking this “vaccine” exposes you to unclassified and unknown short and long-term risks of altering your RNA and / or DNA.

e. Vaccine Indemnity

All Covid-19 vaccine makers have been granted legal immunity for any injuries or deaths caused by their products.

- This is the perfect business model, demand is expediential, responsibility is nil.
- **What incentive does the industry have to provide safe vaccines?**
- Pfizer has a history of violations regarding safety and ethics, by mis-promoting medicines (Bextra, Celebrex) and paying kickbacks to compliant doctors. Is this a company we should give blank immunity to?
- Moderna, a biotech company, which hadn't put a product on the market since it was founded in 2010, delivered the coronavirus vaccine in just 11 months.
- Top Moderna executives dumped nearly \$30 million of stock, as the company announced promising early results for its coronavirus vaccine. Why? As Charles Elson states, “The optics are terrible because it shows you have a better place to put your money” and “it shows a lack of confidence in your company going forward.”⁸

f. Final Thoughts

- **Taking this vaccine has undeniable risks to the patient, but no risk to the pharmaceutical company.**^{6,7}
- **Vaccinated or not, we do not know if it will stop you from getting infected or giving Covid-19 to other people.**
- **Vaccinated or not, they (WHO and other government agencies) have said it will not change the current lockdown, enforced masking policy or social isolation practices.**⁴

Does not our humanity, our intelligence, our concern for the well being of ourselves and others dictate that we question and refuse enrolment and participation in this scientific experiment being foisted on humanity on a global scale?

Do we not have the right to expect, and the responsibility to demand, that we are treated with respect and honour as humans, demonstrated to us by transparency and honesty from governments, companies and NGO's regarding this “vaccine”.

References:

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³ Dr. David Martin <https://www.medicdebate.org/en/node/1483>

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⁵ NIH Clinical Trials.gov Search for Covid19 and mRNA <https://clinicaltrials.gov/ct2/home>

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Other References:

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Dr. Lee Merritt <https://ourgreaterdestiny.org/2021/01/mrna-vaccine-interview-with-dr-lee-merritt-vital-to-know/>

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Dr. Tenpenny. MRna Vaccines, HIV, Covid and Treatments. <https://www.bitchute.com/video/6cpPDCgljZZO/>

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John Hopkins University & Medicine. Typical timeline. <https://coronavirus.jhu.edu/vaccines/timeline>

Matthews & Associates. *Crimes of Covid Vaccine Maker Pfizer Documented*. <https://www.dmlawfirm.com/crimes-of-covid-vaccine-maker-pfizer-well-documented/>

Vaccine Choice Canada. *Dissent from Canada's Frontline Doctors*. <https://www.bitchute.com/video/9NrFo3lCgR70/>

9) Vaccine Adverse Reactions

Vaccine Adverse Event Reporting System (VAERS) is the American system for reporting adverse reactions to vaccines.

- It was set up as an early warning system that helps CDC and the Food and Drug Administration (FDA) monitor health problems that may occur following vaccination.
- VAERS is a passive surveillance system, and relies on people sending in reports of their experiences.
- As it depends on self-reporting, it is estimated that only between 1% -10% of vaccine adverse events are reported.
- Low reporting rates preclude or slow the identification of 'problem' drugs and vaccines that endanger public health.
- In spite of these limitations, as of February 4, 2021 VAERS data listed 653 deaths and 12,697 adverse events to the mRNA vaccines.
- Anaphylactic reactions are possible with any vaccine, but usually are extremely rare, about one per 1 million doses.
- As of December 19, 2020, the United States had seen six cases of anaphylaxis among 272,001 people who received the COVID-19 vaccine¹

Canadian Adverse Events Following Immunization Surveillance System (CAEFISS) is the Canadian equivalent of VAERS. There is a weekly report outlining adverse events to the Covid-19 "vaccines"².

- As in the USA, reporting is voluntary. "Not every adverse event is reported."²
- As of February 5, 2021 they report:
 - 1,042,171 doses administered
 - 99 serious adverse events
 - 552 Non-serious adverse events
 - No potential Safety Issues have been identified.²

But are those numbers trustworthy? Remember:

- Companies are not responsible for any damage their vaccines cause, so have no vested interest in producing a safe product.
- As few as 1% of side effects are reported.
- As we previously demonstrated, there has been significant manipulation of the numbers relating to COVID-19.
- In October 2020, the FDA already had a DRAFT working list of possible adverse event outcomes. These included:
 - Guillain-Barre Syndrome
 - Acute disseminated encephalomyelitis
 - Transverse myelitis
 - Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
 - Other acute demyelinating Disease
 - Convulsions / seizures
 - Stroke
 - Narcolepsy and cataplexy
 - (All of these above listed events are serious neurological disorders)
 - Anaphylaxis and non-anaphylactic allergic reactions
 - Stroke and Acute MI
 - Myocarditis / pericarditis
 - Kawasaki Disease
 - Multisystem Inflammatory Syndrome in Children
 - Venous thromboembolism
 - Arthritis and arthralgia
 - Autoimmune disease
 - Pregnancy and birth outcomes (aka miscarriage and infertility)
 - Vaccine enhanced disease (aka pathogenic priming)
 - Death³

Resources:

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²Government of Canada. Covid-19 vaccine safety in Canada. <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

³FDA. *CBER Plans for Monitoring COVID-19 Vaccine Safety and Effectiveness*. <https://www.fda.gov/media/143557/download>

Other Resources

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VAERS. <https://vaers.hhs.gov/about.html>

10) Professionals Speaking Out

Tens of thousands and perhaps now even hundreds of thousands, of doctors, nurses, and many other professionals worldwide are taking action to combat the misinformation being propagated by governments and government-controlled media that continue to publish false propaganda regarding COVID.

Here are just a few of these professionals speaking out individually or in alliances, to fight censorship and ridicule from the ruling classes, the corporate media and the Big Tech Social Media.

a. Groups

Great Barrington Declaration <https://gbdeclaration.org/>
World Freedom Alliance <https://worldfreedomalliance.org/>
World Doctors Alliance <https://worlddoctorsalliance.com/>
American Frontline Doctors <https://www.americasfrontlinedoctors.com/>
Doctors for Information/Doctors for Truth <https://principia-scientific.com/proof-that-the-pandemic-was-planned-with-purpose/>
Docs 4 Open Debate <https://docs4opendebate.be/>
Global Frontline Nurses <https://www.bitchute.com/video/3e8VNLeb507t/>
Edmonton Alberta healthcare [speakout in anonymity https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/](https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/)
FLCCC Alliance <https://covid19criticalcare.com/>
Police on Guard for Thee, Cops on Guard for Thee <https://maddr.ca/authenticated/source/cogft>
Panda (pandemics, analytics and data) <https://www.pandata.org/panda-first-principles/>

b. Individuals

Dr R Hodgkinson <https://www.bitchute.com/video/u1GZJ14KbtLn/>
Dr Stephen Malthouse <https://www.globalresearch.ca/epidemiological-evidence-the-pandemic-is-over-no-second-wave-will-follow/5726760>
Dr. Mike Yeadon <https://alethonews.com/2020/11/22/dr-michael-yeaton-unlocked/>
Dr. Wodarg and Dr. Yeadon vaccination <https://evolvetoecology.org/2020/12/02/ex-pfizer-doctor-yeaton-and-lung-specialist-doctor-wodarg-file-for-suspension-of-all-sars-cov2-vaccine-studies/>
Dr. Kulvinder Kaur <https://www.bitchute.com/video/sI2MuiMCuDOy/>
Prof. Dolores Cahill <https://www.marktaliano.net/do-no-harm/>
Dr. Scott Atlas <https://www.youtube.com/watch?v=biC4nHPYtbA>
Politics meet Medicine <https://www.bitchute.com/video/p36A177U2MTh/>
Professor Sucharit Bhakdi <https://fromrome.info/2020/03/30/dr-sucharit-bhakdi-national-responses-to-covid-19-are-ignoring-basic-principles-of-infectology/>
Dr. James Lyons-Weiler <https://dryburgh.com/james-lyons-weiler-coronavirus-vaccine-safety-warning/>
Dr Judy Mikovits <https://www.bitchute.com/video/nTsyHSH803Vx/>
Dr Ben Tapper <https://www.youtube.com/watch?v=0hco6el4VRw>
Dr Dennis Modry <https://www.eastonspectator.com/2020/12/12/must-read-open-letter-from-a-doctor-to-jason-kenney/>
Dr José Natalio Redondo <https://dominantoday.com/dr/local/2020/11/30/doctor-explains-99-3-of-covid-19-patients-treated-with-ivermectin-recovered-in-five-days/>
Dr Richard Fleming <https://www.bitchute.com/video/6cpPDCgJiZZO/>
PH Vaccine Dr Larry Paleusky <https://www.youtube.com/watch?v=ZaV7m2S4KXA&feature=share>
Dr Carrie Madej <https://www.bitchute.com/video/MZ8h6B748w5m/>
Dr. Wakefield <https://www.bitchute.com/video/OGAE3Jc4wAnd/>
Dr Thomas Cowan https://www.youtube.com/watch?v=m3LgrcDAIjs&feature=emb_title

11) Legal Accountability

The problems and challenges of COVID-19 cannot be reduced to their medical aspects only. Balancing the goals of reducing transmission and preserving healthcare system capacity are the equally important questions of Charter of Rights violations, economic sustainability, and general crimes against humanity.

a. Some general information you may be unaware of

- The Declaration under the Emergency Management and Civil Protection Act was never accompanied with any SWORN DEMONSTRABLY JUSTIFIED proof or information and was done when only 1 person in Canada had died, totally invalidating the PANDEMIC.
- The overwhelming evidence negates the existence of a pandemic on the premise that extra people actually needed to die – see Canadian and BC Statistics.
- 14 days to flatten the curve has turned into 11 months of closures, excessive and intrusive public health policy, economic devastation and a swift dismantling and disregard for democracy, with no end in sight.
- Canada's Governments were underequipped to make the decisions that faced them as Covid19 was declared.
- Lockdown, masks and social distancing protocols for a healthy population are not proven effective beyond reasonable doubt.
- The Canadian Federal debt alone is over One Trillion dollars, and climbing, without oversight.

b. Canadian Charter of Rights & Freedoms, Constitution Act and Canadian Bill of Rights

- The Constitution of Canada (Constitution) is the Supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution has, to the extent of the inconsistency, no force or effect. The *Canadian Charter of Rights and Freedoms* (Charter) guarantees the rights and freedoms set out in it, subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society. The Canadian Bill of Rights (Bill) unlike the Charter, which is constitutionally binding, does not allow a government to override rights and freedoms for any reason.
- The Charter in Section 1, has been criminally violated as the Provincial declaration, based on statistics at the time, was excessive, unreasonable and unjustified.
- As of January 15, 2021, governments still lack sufficient reliable information to justify ongoing violations of the Charter and Bill.
- Violations perpetrated to date by officials (including police) include sections 1, 2, 6, 7, 8, 9, 12, 15, 26, 31 and 52 of the Constitution.
- Police have failed to safeguard the public from criminal violations as delineated in the Bill of Rights, as the Federal Parliament has not passed regulation that allows police to override specific citizen rights.
- Federal Parliament has not passed any Act as required under Section 2 of the Bill of Rights that would allow the police to use force to override Section 1 of the Bill. Passing such an Act is required to lawfully shut down private businesses to help control the spread of Covid-19.
- If a restriction on freedom is challenged in court, the onus is on the government to justify that restriction as reasonable, and to explain why that particular measure was chosen over others.

References:

Charter and Constitution <https://laws-lois.justice.gc.ca/eng/const/page-15.html>
CCR Individuals <https://standupcanada.solutions/individuals>
Call to Action <https://www.threesixninemedia.com/call-to-action>
Canadian Bill of Rights <https://laws-lois.justice.gc.ca/eng/acts/C-12.3/page-1.html>
Retired Police Inspector Len Faul <https://www.facebook.com/watch/?v=226553212520196>

Canadian Charter of Rights and Freedom

Mandatory face masks	Violates Sections 2 (a) & (b) and 7
Hand sanitizers	Violates Sections 2 (a) & (b) and 7
Temperature taking	Violates Sections 2 (a) & (b)
Mandatory vaccines	Violates Sections 2 (a) & (b)
Closure of all "non-essential" businesses including Churches and Playgrounds	Violates Section 2 (a) & (c) and 7
Contact tracing • ID	Violates Section 8
Detainment	Violates Section 9
Asking about Medical Conditions	Violates Section 15

Section 2. Everyone has the following fundamental freedoms:

- (a) freedom of conscience and religion;
- (b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication;
- (c) freedom of peaceful assembly; and
- (d) freedom of association

Section 7.

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

Section 8:

Everyone has the right to be secure against unreasonable search or seizure.

Section 9:

Everyone has the right not to be arbitrarily detained or imprisoned.

Section 15:

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

<https://laws-lois.justice.gc.ca/eng/const/page-15.html>

c. Common Law and the Canadian Criminal Code

Common law, also known as case law, is a body of unwritten laws based on legal precedents established by the courts. Common law draws from institutionalized opinions and interpretations from judicial authorities and public juries. Whether or not a doctor of Medicine has sworn the Hippocratic Oath or not, the 'do no harm' principle is written into several laws in varying capacities including the Canadian Criminal Code.¹

The Code of Canada states clearly – *Ignorance of the law is no excuse.*

- Police acting outside of statutory duty can be held privately liable for all financial damages (business and income loss) as well as all pain and suffering as a result of their failure to safeguard the fundamental rights guaranteed by the Charter and Human Rights Code as per Canadian Supreme Court decision *Rancarelli v. Duplesis* (1959).² This decision held that any official acting outside of statutory duty is privately liable.

Court rulings from countries outside of the Commonwealth set international worldwide precedents to be considered. Some examples include:

- U.S. District Judge William Stickman IV ruled, Pennsylvania's pandemic restrictions that required people to stay at home, placed size limits on gatherings and ordered "non-life-sustaining" businesses to shut down are unconstitutional.³
- Landmark legal ruling in Portugal, finds that PCR tests are not fit for the purpose of diagnosing Covid-19⁴.
- Enforced wearing of masks declared unconstitutional in Brussels.⁵
- A [German court in a landmark ruling on January 25, 2021, declared that COVID-19 lockdowns](https://www.globalresearch.ca/german-court-rules-covid-19-lockdowns-unconstitutional/5735337) imposed by the government are unconstitutional with the judge stating "that the regional government itself violated the "inviolably guaranteed human dignity" secured by Article 1 of the German basic law in the first place by imposing such restrictions."⁶

References:

¹Canadian Criminal Code <https://laws-lois.justice.gc.ca/eng/acts/C-46/>

²*Rancarelli v. Duplesis* <https://www.canlii.org/en/ca/scc/doc/1959/1959canlii50/1959canlii50.html?resultIndex=1>

³Pennsylvania Court ruling <https://www.msn.com/en-us/news/us/federal-judge-rules-some-of-wolfs-pandemic-restrictions-unconstitutional/ar-BB191W7z>

⁴PCR testing Court ruling <https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>

⁵Brussels Mask wearing Unconstitutional <https://www.brusselstimes.com/news/belgium-all-news/150701/mask-obligation-unconstitutional-says-brussels-court/>

⁶German Court ruling <https://www.globalresearch.ca/german-court-rules-covid-19-lockdowns-unconstitutional/5735337>

d. Crimes against Humanity

Liability causing mental distress, emotional pain, anguish, grief, anxiety, extreme stress, fear, humiliation, damage to self-confidence, loss of income, loss of enjoyment of life, loss of fundamental rights and freedoms without being "demonstrably justified" goes against not only the Charter, Constitution and Bill of Rights, but the Human Rights Code, Genetic Non-Discrimination Act, the War Crimes Act, The Nuremberg Code, and are Crimes Against Humanity. Here are just a few examples of the current issues, if demonstrated to be caused by the "lockdowns", are actual Crimes Against Humanity:

- Deaths by delayed medical treatment or diagnosis
- Deaths by suicide or drug overdose
- Harms from increased spousal and child abuse
- Harms from masking and social isolation
- Medical kidnapping
- Internment Camps
- Human genetic experimentation with "vaccines"
- "Vaccination" without informed consent or consent to participate in a study.

Leaders should be aware that mandating masks on the citizens of a nation and preventing their access to food, healthcare, transport or education if they don't comply, is a war crime. Masks or any other medical intervention must be voluntary.

Individuals involved in health care such as vaccinations should also be aware that there will be questions about who is liable for vaccine injury from an experimental technology such as the Covid-19 "vaccine". Pharmaceutical companies are currently exempted. Will it then be government? Will it be Doctors and nurses administering the Covid-19 "vaccine"? Will they be tried as War Criminals for failing to provide sufficient information for informed consent? The Nuremberg Code was written to prevent coerced and forced experimentation on people without informed consent; yet this is occurring with the Covid-19 "vaccines".

References:

War Crimes Act <https://laws-lois.justice.gc.ca/eng/acts/C-45.9/page-1.html>
BC Human Rights Code https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_96210_01
Genetic Non-Discrimination Act <https://laws-lois.justice.gc.ca/eng/acts/G-2.5/page-1.html>
Nuremberg Code https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.2_Charter%20of%20IMT%201945.pdf
Medical Kidnapping https://www.rebelnews.com/no_covid_jails_woman_held_against_her_will_at_calgary_quarantine_hotel
<https://westernstandardonline.com/2021/01/https-westernstandardonline-com-2021-01-calgary-mother-in-tears-as-son-taken-to-undisclosed-isolation-centre/>
Crimes against Humanity, Dr. Reiner Fuellmich <https://www.bitchute.com/video/zarFW3hwuyBc/>
21st Century Nuremberg trials <https://www.thevoid.uk/void-post/21st-century-nuremberg-trials-rachel-elnaugh/>
Government data shows lockdowns more deadly than COVID-19 https://www.jccf.ca/published_reports/flying-blind-governments-hasty-decisions-to-lock-down-canadians-while-damaging-public-health-and-the-economy/?fbclid=IwAR1pjOITEAi_BmWGS-JPpV3KVf54gtxXWeFR-U792Tksb5jpbewihJudE
Quarantine Camp Disinformation <https://www.cbc.ca/news/politics/covid-19-internment-camps-disinformation-1.5769592>

e. Censorship and Institutionalized Bullying

The direct censorship and institutionalized bullying by mainstream media and big tech by discrediting, removing or editing data or video, contravenes the Constitutional Freedom of Speech. This Freedom includes the right to publicly express controversial opinions which the Supreme Court of Canada has duty to protect (Charter sections 2, 6, 7).

As journalist Maryam Henein points out: “COVID-19 is like a fast-moving train that delivers “news” 24/7 through a variety of channels. Yet, when you investigate, you learn that only six corporations own 90% of what you read, watch, and listen to. This sheer fact alone should indicate how a narrative can be co-opted, maligned, and turned inside out.”¹

*“It’s not the germ, it’s the false announcement of the germ. It’s the concoction of an apparition, a ghost, a phantom. That’s how you launch a fake pandemic. That’s how you sell fear. That’s how you try to make people take their vaccines and keep their mouths shut.” Jon Rappoport, March 26, 2016*¹

And it doesn’t stop there; hospitals and employers have silenced the majority of workers, including doctors, both at home and worldwide. Speaking out has resulted in discipline and job loss. Stated clearly by MPP Randy Hillier, “they are unable to speak out for fear of professional retribution at the hands of their professional college, the health bureaucracy or their public employer”². Except for a few brave individuals, they have been effectively silenced.

References:

¹Maryam Henein <https://vaxxter.com/the-covid-19-chronicles-why-coronavirus-and-censorship-dont-mix/>
²Silence of the Doctors https://www.randyhilliermpp.com/20200922_silentdoctors

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f. Government Accountability and Transparency

Here are some questions that need answering:

- Where do we find the data and definitions that define the scientific evidence that lockdowns work?
- Where do we find the data that the PCR test actually isolates and identifies SARS-CoV-2?
- Has our health authority secured documents or done their own testing to positively isolate SARS-CoV-2?
- Where do we find a complete list of all Medical Advisors, their credentials and full documented disclosure of all the medical evidence used for mandating the provincial lockdown, including masking and social isolation protocols.
- Why were vital questions, in particular regarding the potential severe harms of government actions, not asked? Why were alternatives to locking down the entire economy, as part of your duty as an elected official, not discussed openly?
- Where does one find the written definition of essential and non-essential business? How was this determined?
- Where does it state that employers and employees become bylaw or police officers, with an expectation of policing mask or social distancing protocol within their businesses?
- Why are medical exemptions being denied to people and not followed by businesses as per the Emergency Program Act, Ministerial Order #M012, Section 4? And why aren't exemption notices stating that only your doctor can query medical exemption information?
- Why are the governments – federal, provincial and municipal exempt from the Public Health orders?

You are tasked with exploring these, and other questions, on behalf of your community. Is it not your duty to inform businesses about all the legalities, including how following the orders oversteps The Charter of Rights and Freedoms?

SARS-CoV-2 may be a virus, but it is being used nefariously for worldwide government overreach and the blatant destruction of human rights.

References:

Duties & Rights of Business Owners <https://www.constitutionalrightscentre.ca/20CRC16/wp-content/uploads/2020/10/DutiesRightsOfBusinessOwners.mp4>

Rocco Galati – Exemptions <https://www.constitutionalrightscentre.ca/20CRC16/wp-content/uploads/2020/12/CRC-Tresspassing.mp4>

12) Global Perspectives on the Pandemic

While this “pandemic” has been playing out, several events and developments have been made visible:

a. Event 201

The John Hopkins Center for health security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high level pandemic exercise on October 18, 2019 in New York, NY, to simulate what might happen if there was a severe global coronavirus pandemic. Why didn't they include the private sector in this pandemic preparedness, because according to Dr. Eric Toner, that's where most of the resources are? Why wasn't it covered much in the media, and was it simply a coincidence that it took place just months before the Covid-19 pandemic started?

Health Security, Event 201 <https://www.centerforhealthsecurity.org/event201/scenario.html>

Global health Mafia <https://www.bitchute.com/video/1Z5VYqJqrtI/>

b. The World Economic Forum's “Great Reset”

The Great Reset is a new ‘social contract’ that ties every person to it through an electronic ID linked to your bank account, your health records, and a social credit ID that will end up dictating every facet of your life. Using innocuous terms such as “sustainable development”, and “build back better”, they have taken careful steps to conceal their true identity, strategy and purpose. It's about destroying capitalism and free enterprise while protecting the wealth and power of the globalist elites. They promise the usual - peace and prosperity for all (with no guarantees of course), and the price demanded is all you have and are - your freedom, your money, your labor, your health, your life. Per the New World Order for Dummies: “Their aim is to restructure the world's economy and geopolitical relationships” and it won't be for your benefit.

WEF Covid Action Platform <https://www.weforum.org/platforms/covid-action-platform>

The Great Reset not a Conspiracy [https://odysee.com/@Alin:7/THE-GREAT-RESET-IS-NOT-A-CONSPIRACY-THEORY!-\(AND-NO-ONE-LIKES-YOU,-KLAUS\):c](https://odysee.com/@Alin:7/THE-GREAT-RESET-IS-NOT-A-CONSPIRACY-THEORY!-(AND-NO-ONE-LIKES-YOU,-KLAUS):c)

The Great Reset <https://thenewamerican.com/un-backed-great-reset-to-usher-in-new-world-order/>

How the ‘Covid eye’ works <https://www.facebook.com/IrelandStandsTogether/videos/724314658512431/>

The New Normal – What the 1% has to Gain & What We Are About to Lose <https://www.bitchute.com/video/qYFzbvwAXX3d/>

c. Who benefits from COVID-19 restrictions and lockdowns?

The Rich Get Richer

The expression of ‘follow the money’ takes us down an interesting path. The loss of small and medium size businesses are usually permanent. With this pandemic the “Worldwide, billionaires net worth increased by half a trillion dollars, while 40 million Americans filed for unemployment during the pandemic. “¹ It does seem like a club that we're not in!

¹Who's Getting Richer During the Pandemic? <https://www.businessinsider.com/billionaires-net-worth-increases-coronavirus-pandemic-2020-7>

d. Who doesn't benefit from COVID-19 restrictions and lockdowns?

At this juncture, it's pretty clear just about everyone not a billionaire is about to undergo not just an economic reset, but a total life do-over, marketed as a new normal, where you won't own anything and you'll be happy. It's a shame nobody asked any of us if that's what we wanted.

Planet Lockdown - Catherine Fitts <https://www.bitchute.com/video/9Eu8wgcNUBt6/>

Who's Great Reset? <https://geopolitic.org/2020/10/25/whose-great-reset-the-fight-for-our-future-technocracy-vs-the-republic/>

13) In Summary

We understand that the sheer volume of information can be daunting and finding the amount of time required to research can be difficult. Some of our researchers have spent hundreds of hours collecting reports and reviewing information that is in the public domain (albeit harder to find should mainstream consider it 'wrong think'). Keeping that in mind, specific references have been made that are considered to be fundamental in understanding what has been happening, not just to Canadians, but to people around the world.

The main questions left, and indeed perhaps the questions to which the answer may very well determine the future fate of our country and planet, are:

Will enough people in the general public stop believing the lies their government and the corporate media continue to broadcast? Or the edicts of the bureaucratic doctors who are really politicians with letters hung before and after their names to give themselves credibility, but never actually touch real patients nor practice medicine? Or the lies of the pharmaceutical companies who stand to gain billions of dollars from our acquiescence in accepting their drugs and "vaccines"? Or the false leaders of the world who want us to do as they say, but do not do as they say?

Will people instead look elsewhere to find out the truth? To seek out alternate points of view and answers from other medical professionals and Doctors who are willingly sharing their first hand experiences and knowledge in healing patients with Covid-19? From the professionals who have come out against the use of Covid-19 to shut down society, create division between us, and advance the New World Order, as they know there are cures?

We are not anti-maskers or anti-vaxxers. We are not selfish or lacking compassion or empathy, and we are most definitely not your enemy. We are proponents of truth and dignity for the human condition and we are your friends, your neighbours, your work colleagues and your relatives. We believe in the value of human connection and caring, of unhindered smiles and hugs as necessary to our health – as individuals, as families, as communities, as nations, as a world.

We ask you to consider your own position, in action or in apathy, in questioning or in blindly following. [The Nuremberg Trials](#) proved unfortunate for those who contested "I was only doing as I was told".

Help us, whilst there is time.