



Amended pursuant to Rule 6-1(1)(b)(i) and Order of the Court on August 29, 2022

Original Notice of Civil Claim filed on August 24, 2021

No. VLC-S-S-217586  
Vancouver Registry

**In the Supreme Court of British Columbia**

BETWEEN:

**Action4Canada, Linda Morken, Gary Morken, Jane Doe, Ilona Zink, Valerie Ann Foley, Pastor Randy Beatty, Brittany Wilson**

Plaintiffs

-and-

**His Majesty the King** in right British Columbia, **His Majesty the King** in right Canada. Prime Minister **Justin Trudeau**, Chief Public Health Officer **Theresa Tam**, Dr. **Bonnie Henry**, Premier John **Horgan**, **David Eby**, **Adrian Dix**, Minister of Health, **Mike Farnworth**, Minister of Public Safety and Solicitor General Omar **Alghabra**, Minister of Transport, **Vancouver Island Health Authority**, **The Royal Canadian Mounted Police** (RCMP), and the **Attorney General of Canada**, **Peter Kwok**, **Translink (British Columbia)**

Defendants

**FRESH AS AMENDED 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.

## 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 Not-for-Profit Registered Corporation under the laws of 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 Plaintiff **Jane Doe** is a resident of British Columbia, who has suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, and whose facts in support of her claim for relief, are as follows:
  - (a) At material times, **Jane Doe**, was a nineteen (19)-year old young woman residing in Abbotsford, British Columbia.
  - (b) Jane has fought, and survived through two bouts of cancer, has had her left leg amputated, has a hearing disability, and currently continues experiencing heart failure.
  - (c) Jane's conditions required constant parental supervision. As a result of Jane's hearing disability, she is unable to effectively communicate with her parents when they wear masks.
  - (d) Both Jane and her parents have mask exemptions;

- (e) On October 16<sup>th</sup>, 2020, Jane experienced sudden onset of heart failure.
- (f) At approximately 10:30pm, October 16<sup>th</sup>, 2020, Jane, along with her parents attended St. Paul's Hospital in Vancouver, British Columbia, after being referred by a pediatric oncologist/cardiologist.
- (g) Jane and her parents' mask exemptions were honoured by all staff and various physicians, including physicians in the ER ward, until the events described below when they were sent up for admission to the Cardiac Unit.
- (h) Sometime after 5:20 a.m. on October 17<sup>th</sup>, 2020 Jane was verbally attacked by a nurse named Andrea for not wearing a mask. Jane explained that she was currently experiencing heart failure and could not wear a mask due to having difficulty breathing; that her parents were exempt from wearing masks as well; detailed her other health conditions and need for parental supervision; as well as her inability to communicate effectively with her parental supervisors, due to her hearing impairment, if their faces were covered by masks.
- (i) The nurse, and doctor who attended and spoke with Jane subsequent to the nurse's complaint, informed Jane that her and her family's masking exemptions would not be honoured "because of hospital policy" and they refused to treat her unless she complied, putting her life at risk.
- (j) The nurse then handed Jane and her parents a copy of a document entitled "Essential Visits During COVID-19 Recovery", in order to justify their position. However, nowhere in the document did it state that masks were mandatory.
- (k) Jane and her family continued to wait in the hallway and had requested to speak to a Hospital Administrator to address this matter because by the staff documenting them as non-compliant, they believed that this decision was putting Jane's life at risk due to them refusing to treat her.
- (l) After waiting for some time in the hallway Jane and her family were then told that they needed to leave the unit, or face the threat of security. Nurse Jodi refused to provide any further information or documentation to Jane and her family.
- (m) Meanwhile, throughout these interactions, Jane was continuing to experience heart failure.
- (n) At 7:00 a.m. Jane, and her parents realized they had no choice but to leave St. Paul's Hospital. It took three days before Jane was able to contact Dr. Hoskings who referred her to the heart function clinic and it was an additional seven days (10 days in total) before Jane received any medical treatment.

- (o) During that time period, Jane suffered from lack of sleep, swelling, inability to walk, and overall distress.
  - (p) Jane, and her parents 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. However, the hospital refused to honour her exemptions.
  - (q) As a result of this entire situation, Jane, and her parents were abandoned by their health-care system.
  - (r) After 10 months of virtual calls with the St. Paul's Heart Function clinic, Jane was transferred to the Abbotsford Heart Function Clinic in Fall 2021, at her request to receive non-discriminated, in-person treatment without a mask. Jane was told this was possible: she was seen once but then denied in-person follow up.
  - (s) According to medical notes this stigma followed Jane from St. Paul's to the Abbotsford clinic. Jane was left without a cardiologist since March 2022.
  - (t) Jane has struggled with having access to medical treatment through the public health system and this caused her immeasurable pain, suffering, stress and anxiety as well as endangerment of her very life. St. Paul's Hospital placed Jane at risk of severe heart failure.
  - (u) The reason this Plaintiff has chosen to pursue this claim as "Jane Doe", is due to her fears and concerns of losing out or being unfairly refused medical treatment due to her involvement in this action, as well as prejudicing any potential future employment. She has already been denied treatment during the course of her severe medical conditions due to her asserting her rights with respect to COVID-19 measures.
3. The Plaintiff **Ilona Zink** ("Ilona") is a resident of British Columbia, who has suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, and whose facts in support of her claim for relief, are as follows:
- (a) Ilona Zink is self-employed.
  - (b) In 2007, Ilona launched Garrison Studio, a hair salon, in the Garrison Crossing, Chilliwack, British Columbia area. Ilona was generating approximately \$100,000.00 annually, prior to re-locating her business to the Okanagan.
  - (c) In March of 2020, the Province of British Columbia began enacting measures ordering businesses to close, including hers. In the entire mall where her business was located, Ilona's was the only business that was forced to close, on March 9<sup>th</sup>, 2020.

- (d) Ilona was denied government financial support because she was self-employed. She was also ineligible for a business loan, as such a loan required over \$50,000.00 in staff payroll, which she did not have.
  - (e) Ilona lost all employment income and ultimately her business, as a result of the COVID-19 measures.
  - (f) Ilona further lost her income as a landlord when her tenant refused to pay rent, emboldened by the government statements to tenants that they did not have to pay rent, and that landlords could not evict tenants on the basis of nonpayment of rent during COVID-19. Despite her tenant's refusal to pay, Ilona was still responsible for meeting mortgage and other expenses of the property.
  - (g) Ilona struggled, as a single mother, to meet her expenses and pay for groceries, rent, utilities, phone, car payments, and other necessary payments.
  - (h) As a result, Ilona lost everything she had invested in her business. She has further incurred mental anguish and suffering.
  - (i) Ilona lost her credit rating and as a result could not qualify for a bank loan and had to get private financing at 11% interest to remain in her home. She is now paying \$2,600.00 more every month, none of which is going to principal.
  - (j) Ilona had to change her phone number twice due to creditor harrasment and still gets harassing mail from creditors.
4. Plaintiff **Valerie Ann Foley** ("Valerie Ann"), is a resident of British Columbia, who has suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, and whose facts in support of her claim for relief, are as follows:
- (a) Valerie Ann is a single mother residing in Richmond, British Columbia. She is a 'person with a disability' and requires respite care.
  - (b) On December 5<sup>th</sup>, 2020, at approximately 1:10 p.m., Valerie Ann had 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, began harassing Valerie Ann about not wearing a mask, and she responded by simply producing her exemption card.
  - (d) The transit officer continued to harass Valerie Ann insisting on further proof of a masking exemption. He then informed Valerie Ann that she

either had to put on a mask, or cover her face, and then threatened to place her under arrest if she didn't immediately comply.

- (e) 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, to sit back down in her seat, but he grabbed her by her right arm and dragged her right off the Skytrain when it pulled to a stop. The transit officer handcuffed Valerie to a railing, where two (2) other transit officers came to his assistance. While Valerie Ann was handcuffed to the railing, the skytrain's announcement system reminded 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) Instead of taking her photo and having her fingerprints taken, however, the two (2) police officers drove her to Lansdowne mall in Richmond, British Columbia, 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 duress to sign in their presence and did so. The police officers told Valerie Ann that they needed to seize her phone, and proceeded to do so.
5. The Plaintiffs Linda Morken ("Linda") and Gary Morken ("Gary"), are residents of British Columbia, who have suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, and whose facts in support of their claim for relief, 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 and Gary were shopping for groceries at Village Foods Market in Sooke, British Columbia.

- (c) Linda and Gary often shop at that same store, without masks on.
- (d) Linda and Gary are elderly Plaintiffs who wished to exercise and to protect their **Charter** rights and freedoms.
- (e) After about twenty (20) minutes of shopping, without masks, Linda asked an employee to direct her to the plastic bags.
- (f) The employee informed Linda that a mask was required to shop in the store. Linda replied that she was exempt from masking. The employee informed her that they do not accept exemptions in their store.
- (g) A second employee also informed Linda that the store did not honour mask exemptions.
- (h) The store manager then approached Linda and Gary, angry and hysterical. He only identified himself as the store manager, refusing to identify himself by name. He stated that they did not allow exemptions in the store, and that there were no exceptions.
- (i) Linda and Gary made attempts to explain their exempted status, but were told that they must leave the store immediately and that they would not be allowed to pay for their groceries, and that the police would be called.
- (j) Linda stated that she would wait for the police inside the store. Gary waited outside at the front doors of the store.
- (k) 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. She then told the manager that she would stand out of the way and continue to wait for the police officers, which she did.
- (l) The store manager, along with one of the employees, harassed Gary outside while Linda remained inside waiting for the RCMP officers to arrive.
- (m) Two (2) RCMP vehicles arrived. The officers spoke to the store manager and his assisting employee but did not allow Gary to speak to them until after Linda was placed in their custody.
- (n) After the officers spoke with staff from the grocery store, RCMP Constables Steve James and Kathleen Biron then approached Linda. Linda tried to state that she was exercising her right to exemption from masking, according to the British Columbia Office of the Human Rights Commissioner's statement, but she was constantly interrupted and was



not allowed to speak. Linda was then placed in handcuffs and threatened with arrest.

- (o) When Linda asked the basis for her arrest, Constable James informed her that she would be arrested for “not wearing a mask in an indoor public space.”
- (p) Linda was arrested, handcuffed, and subsequently escorted from the store by RCMP Constables James and Biron. As this was transpiring a cashier shamed Linda by loudly yelling that she “never come back to their store”. Linda was not asked by the RCMP 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.
- (q) RCMP Constable Biron drove Linda to the Sooke RCMP detachment, in Sooke, British Columbia.
- (r) Upon Linda’s arrival at the garage of the Sooke RCMP detachment, Constable Biron formally placed her under arrest and charged her with assault, despite the fact that Linda had not assaulted any individual at the store nor the RCMP officers, nor anyone for that matter, and had not been informed of the alleged assault prior to her arrest.
- (s) It was only at this point that Constable Biron read Linda her rights.
- (t) The officers refused to remove Linda’s handcuffs, despite the fact that they were causing Linda pain in her shoulders and wrists and that Linda had done nothing to resist or obstruct the arrest.
- (u) After a considerable amount of time had passed, Linda’s handcuffs were finally removed and she was instructed to take off her jacket, sweater, jewelry, watch, and shoes. It was very cold in the facility, but the police denied Linda’s request to retain her jacket, sweater and shoes and did not provide any item, such as a blanket, instead.
- (v) Linda was never given the opportunity to make a statement. When Linda tried to speak, she was repeatedly interrupted.
- (w) 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.
- (x) Linda’s person was then thoroughly searched by Constable Biron.
- (y) Linda was then placed in a cell and was later given a blanket after again expressing that she felt cold. Linda has diagnosed illnesses including

Hemochromatosis, Psoriatic Arthritis, CFS, Fibromyalgia, and Sjogren's Syndrome. During her detainment, Linda experienced amplified symptoms of her diagnosed illnesses. Linda was extremely uncomfortable and began experiencing joint pain due to not having a sweater, jacket, or shoes with her, along with the pain she from the handcuffs. Despite asking, again, for her clothing, this request was denied.

- (z) Linda was left in this state for approximately three (3) to four (4) hours.
  - (aa) 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 \$230.00. The second was for the "Failure to comply with direction from an enforcement officer – CRMA 6" also in the amount of \$230.00.
  - (bb) When Linda inquired about her assault charge, she was informed that video footage had confirmed that no assault had taken place.
  - (cc) Linda requested that the RCMP lay charges against the store and its staff for making frivolous, vexatious claims against Linda, causing her immense distress. This request was denied, and Linda was informed that she and Gary were banned from shopping at Village Foods Market in Sooke. As Linda was being released, Constable James admitted to Linda that he had found online the statement from the British Columbia Office of the Human Rights Commissioner that she had referred to earlier.
  - (dd) Gary spent (3) to four (4) hours waiting in the RCMP parking lot without knowing what was happening to Linda, which was extremely distressing to him. Gary was also issued with a \$230.00 ticket for frequenting an indoor public space without a mask.
  - (ee) Both Linda and Gary suffered extensive physical and psychological damages from the RCMP officers' misconduct. Gary was threatened with arrest by Constable James if he failed to provide his name. In the Village Foods Market parking lot after Linda was taken away by the RCMP, Gary was subjected to shaming and taunting by the manager and his assistant. As Gary drove out of the parking lot, he was filmed by them as they shouted that he would be all over social media. Local newspapers also reported on this incident.
  - (ff) The false and baseless charges against Linda and Gary Morken were ultimately withdrawn by the Crown on May 9th, 2022.
6. The Plaintiff **Pastor Randy Beatty** ("Randy"), is a resident of British Columbia, who has suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, whose facts, in support of his claim for relief, are as follows:

- (a) Randy Beatty is a pastor at the Living Waters Fellowship located at 2222 Regent Rd, Black Creek, British Columbia.
  - (b) Randy maintains that Bonnie Henry's Orders violate his and his parishioners' constitutional right to worship and assemble, and, furthermore, violates section 176 (1-3) of the **Criminal Code**.
  - (c) Due to Bonnie Henry's Orders, Randy's church has been harassed by the RCMP.
  - (d) During the first encounter, which was on February 21<sup>st</sup>, 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.
  - (e) The church was also subjected to threatening messages via telephone and social media.
  - (f) On March 22, 2021, Randy received a call from the police stating that both the church and the attendees would receive tickets for their assembly, in the amount of \$2,300.00 to the church and \$230.00 per person.
  - (g) Randy maintains, and the fact is that, in addition to s. 176 of the **Criminal Code**, the harassment by the police violated freedom of conscience, belief, religion, and association contrary to the **Constitution Act, 1867** and s.2 of the **Charter**.
7. The Plaintiff **Brittany Wilson** is a resident of British Columbia, who has suffered actionable damages directly as a result of the COVID-19 measures imposed and enforced by, and on behalf of, the named Defendants, whose facts, in support of her claim for relief, are as follows:
- (a) **Brittany Wilson** 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 implemented a goal to reduce the number of admitted patients in order to prepare for the "First Wave" of COVID-19 patients. Patients were told not to admit themselves to the hospital unless they required critical medical care.
  - (c) Brittany's father was one of these patients who forfeited, under the hospital's directive, his medical needs. Rather than admit himself to the hospital given the circumstances, which caused his medical condition to deteriorate dramatically. As a result, he suffered a heart attack and was admitted to the hospital. The hospital informed him that they would need to delay his scheduled surgery 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 and summarily sent home.

- (d) Meanwhile, Brittany continued to work at the hospital expecting beds to fill with an influx of COVID-19 patients, but this never happened. The hospital capacity rate stayed at 80% for some time, which was less than the pre-COVID-19 normal rate, of 115 to 120%. The rate declined even further. Nurses that worked casual shifts soon worried there was not enough work for them.
- (e) After the hospital opened up for a limited number of surgeries around October of 2020, the in-hospital rate began to climb again. The increase in patient rate was not related to COVID-19, but rather from patients who had put their health on hold from the beginning of the year.
- (f) Throughout the later Fall months of 2020, Brittany read on social media that the hospital was “overrun” with COVID-19 patients, and that it was over capacity. This was not true and a misrepresentation of the hospital’s true situation.
- (g) Despite the “outbreak”, it became apparent to Brittany that wearing masks did not appear to have an impact on whether or not a hospital worker would contract COVID-19. Many nurses who failed to wear masks, did not test positive for COVID-19, while those who wore masks did.
- (h) By the end of March 2021, Brittany requested that her family doctor provide her with a mask exemption due to her increased anxiety and history of asthma. She had noticed that her asthma had increased exponentially as a result of wearing a mask for twelve (12) hours a day. This request was denied by her physician who stated that ‘Interior Health’ had ordered him not to give out mask exemptions, especially not to health care workers.
- (i) On April 8<sup>th</sup>, 2021, Brittany again attempted to obtain a mask exemption, as her mental health was suffering noticeably, and she was having difficulty breathing. Once again, her request was refused.
- (j) In February 2021 COVID-19 vaccines were being administered to the staff. Brittany noticed that many nurses and patients were experiencing adverse reactions, and despite the fact that many nurses were vaccinated, a mass “outbreak” of COVID-19 subsequently occurred in the community, with 90 cases, 60 of which were among health care workers.
- (k) Throughout March and April of 2021, more staff were being coerced into taking the vaccine. Brittany continued to review scientific data and research on the COVID-19 vaccines, and new information about shedding and transmission from vaccinated people had emerged which

health care officials refused to discuss. Brittany was worried about the adverse reactions she saw others experiencing and was very distressed as a result of the sustained coercion to take the vaccine as well as the reported risks associated with shedding.

- (l) She was required, as a health professional, to be “vaccinated” with the COVID-19 “vaccine” if she wanted to keep her job.
  - (m) Brittany took a stress leave from work, with May 1<sup>st</sup> 2021, 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.
8. November 24<sup>th</sup>, 2022, British Columbia’s **Bill 36 – 2022 Health Professions And Occupations Act** received royal assent, which Act:
- (a) requires all Health Practitioners to be “fully vaccinated” with the COVID-19 “vaccines” in order to be issued, or have their license renewed; and
  - (b) which provisions violate ss. 2, 7, and 15 of the **Charter**, as well as the common-law right to refuse medical treatment.
9. The above-noted Plaintiffs, as a result of the Defendants’ actions, suffered damages as delineated later in this claim, to be specified and calculated at trial.

- **The Defendants**

- 10. The Defendant, Justin Trudeau, is the current Prime Minister of Canada, and as such, a holder of a public office, and at all material times was, during the COVID-19 “Pandemic”.
- 11. The Defendant, Dr. Theresa Tam, at all material times was, and continues to be Canada’s Chief Public Health Officer and as such a holder of a public office.
- 12. The Defendant, His Majesty the King in Right of Canada, is statutorily and constitutionally liable for the acts and omissions of his officials, particularly with respect to **Charter** damages as set out by the Supreme Court of Canada (SCC) in, *inter alia*, **Ward v. City of Vancouver**.
- 13. 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 to constitutional declaratory relief, and required to be named as a Defendant in any action for declaratory relief.
- 14. The Defendant Omar Alghabra was, at all material times, the Federal Minister of Transport, and as such a holder of a public office.

15. The Defendant His Majesty the King in Right of British Columbia, is statutorily and constitutionally liable for the acts and omissions of his officials, particularly with respect to **Charter** damages as set out by the SCC in, *inter alia*, **Ward v. City of Vancouver**.
16. 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.
17. The Defendant John Horgan was at all material times, Premier of British Columbia, and as such a holder of a public office.
18. The Defendant David Eby, at material times was, and continues to be, the premier of British Columbia and as such a holder of a public office.
19. The Defendant Dr. Bonnie Henry, was at all material times, and continues as the current British Columbia Chief Medical Officer, and as such a holder of a public office.
20. The Defendant Mike Farnworth, was at all material times and is the current Minister of Public Safety and Solicitor General, and as such a holder of a public office.
21. The Defendant, Adrian Dix, was at all material times and is the current Minister of Health for the Province of British Columbia, and as such a holder of a public office.
22. 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 in the Province of British Columbia under renewable memorandum and contract.
23. 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.
24. 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.
25. The Defendant, Peter Kwok, is and was at all material times a Translink Transit officer with Badge #325.

- **THE FACTS**

#### **A/ “COVID-19”- The Timeline**

26. On **March 17<sup>th</sup>, 2020** – Prime Minister Trudeau asks for lockdown measures, under the **Federal Quarantine Act**, also banning travel.
27. On **March 18<sup>th</sup>, 2020** British Columbia declares its emergency under the ***Emergency Program Act [RSBC 1996] c. 111.***
28. **March 31<sup>st</sup>, 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.”
29. Since the summer of 2020, to the present, the saturated criticism of the COVID-19 measures, from world scientific, medical and the legal communities 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 Dr. Bonnie Henry, warning that the COVID-19 “vaccines” will **not** ensure immunity and will further not prevent re-transmission of the virus to and from the people who have been vaccinated. Dr. Bonnie Henry also repeatedly proclaimed that masks do not prevent transmission.
30. Meanwhile, from the summer of 2020 to the present, the preponderance of scientific and medical evidence also clearly demonstrates that the harms, including the death-toll, from the measures themselves **exponentially** out-numbers the harm and deaths purportedly from the “COVID-19 virus”.
31. The Plaintiffs state, and the fact is, that the lockdowns and enforcement of mandates themselves, of schools, churches, businesses, and communities are unnecessary, ineffective, wholesale destructive, and arbitrary.

#### **B/ The COVID-19 Measures**

- **Federal Measures**

32. On or about March 17<sup>th</sup>, 2020 Justin Trudeau announces a lockdown and invoked the following legislation with respect to the “pandemic”:
  - a) The **Federal Quarantine Act**, stipulating the lockdown 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 shutdown Parliament. Parliament only “convened”, sparingly, to pass spending measures, with an amputated, hand-picked, selection of 25 MPs. Notwithstanding that technology such as “Zoom” exists, that could accommodate and convene the entire Parliamentary contingency of the 338 MPs, but was not utilized. Parliamentary committees rested in a legislative coma until April, 2020, whereafter some sat virtually.

33. Justin Trudeau held daily press conferences to “inform” Canadians, and further issues decrees and orders, such as “stay home” decrees. Such decrees and fiats were without legal authority, notwithstanding that they were acted upon by Municipal and Provincial enforcement officers, despite the fact that the Federal **Emergencies Act** was never invoked by the Federal Parliament, and when it finally was with respect to the Ottawa truck convoy protest, was withdrawn at the Senate by the Federal government before it passed the Senate or became law.

- **Provincial Measures**

34. In British Columbia, the government followed suit as set out below.
35. Between March 18<sup>th</sup>, 2020 through April 6<sup>th</sup>, 2023, the B.C. Legislature Cabinet, and the Chief Medical Officer, invoked legislation, regulations, and orders of the Provincial Health Officer which imposed:
- (a) business closures;
  - (b) masking requirements;
  - (c) social distancing requirements;
  - (d) assembly restrictions and closures;
  - (e) ban on public assembly and protest;
  - (f) vaccine requirements for healthcare workers;
  - (g) vaccine “passports” or certificates for entry into designated public buildings, schools, etc.<sup>1</sup>

This all, at all times, without engaging in the constitutionality required exercise of “consultation” with respect to broad sweeping public health or medical measures.

36. The net, summary effect, of the orders contained above are as follows:
- (a) Ordering the shutdown of all business, except for “essential” businesses which were tied to food, alcohol, marijuana, medicine, doctors, and hospitals;
  - (b) A “social distancing” of two (2) meters;



- (c) No “public gathering” of more than five (5) persons, who are un-related, with “social distancing” of two (2) meters, which was later increased to ten (10) persons;
  - (d) Restaurant and bar shutdowns, 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 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 shutdown of all park amenities including all playgrounds 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, rituals and rites.
37. On May 20<sup>th</sup>, 2021, Dr. Bonnie Henry, and her department announced the availability of the COVID-19 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 instead were prematurely approved and authorized 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 from COVID-19;
  - (d) That on June 5<sup>th</sup>, 2021 Dr. Joss Reimer, Medical Lead for the Manitoba Vaccine Implementation Task Force, in asserting that the various vaccines can be mixed and publicly declared that the COVID-19 vaccinations are a “big human experiment”;
  - (e) That many twelve (12) to seventeen (17) year olds do not possess the intellectual capacity to give informed consent;

38. The facts are that, in Canada, 86% of all purported COVID-19 deaths have occurred in long-term care (LTC) facilities at an average age of 83.4 years, which exceeds the general life expectancy of Canadians, of age 81.
39. The Defendant officials scandalously claim that, during COVID-19 pandemic there have been **no** annual flus.
40. In Canada, no person under age 19 has died from COVID-19, as the primary cause of death.
41. The death rate for those who have contracted the COVID-19 virus has been 0.024 % (one quarter of one percent) for adults, and 0.0 % (zero) for children.
42. The Defendants and their officials falsely claim that Canada's death rate from COVID-19, being no higher than the complications of the annual flu, is because of the measures taken. This is wild speculation and incantation which could only be proven by comparison of jurisdictions (states and countries) which have taken **no** or **little** COVID-19 measures against countries, such as Canada, including British Columbia, who have taken severe measures.
43. A comparison of jurisdictions (such as some U.S. states), and other countries, who took no or little COVID-19 measures, shows that those jurisdictions and countries taking no or little measures fared just as well, and in fact **better** than countries such as Canada, including British Columbia.

- **The Case Counts**

44. The Defendants, as well as provincial authorities, have based all their rationale and measures, with respect to COVID-19, to the "case counts" of positive testing for the COVID-19 virus (SARS-CoV-2).
45. Case counts are based on "positive" PCR tests. The "PCR" test, which when run **above a "35 threshold cycle"**, has been found, by various Court jurisdictions, and the avalanche of scientific data and expertise, to produce a **96.5% "false positive" rate**. This means that for every 100 "positive" cases announced, there are only 3.5 actual positive "cases".
46. In Canada, PCR testing is conducted at 43 to 47 threshold cycle rates, well above the 35-threshold cycle rate. These cycle rates are **not cumulative but exponential**, with each cycle exponentially distorting and magnifying the false positive rate.
47. The fact is that, above and beyond all the above, the virus, SARS-CoV-2 has **not** yet been identified or isolated anywhere in the world.
48. 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 3.5% of PCR confirmed “cases” of viral cultures are positive and therefore actually virulent and infectious.

- **The COVID-“Vaccines” (Inoculations)**

49. The COVID-19 “vaccines” are not “vaccines”. They did not go through the required protocols nor trials. Their human trials were until December 2023. They are “emergency use” “medical experimentation” as medically and historically understood.
50. Therefore, from March 18<sup>th</sup> 2020 to December 31<sup>st</sup>, 2023, and beyond, they are admittedly “medical experimentation”, contrary to domestic and international law.
51. Statistics, compelled by Court Order, from the Pfizer first phase of clinical trials, in part, show that:
  - (a) Of a group of 40,000 participants (with a significant number receiving “placebos”), there were 1,223 deaths as a result of the COVID-19 “vaccine”;
  - (b) That 10% of pregnant women spontaneously aborted, with an extreme number of still-born deaths in vaccinated pregnant women; and
  - (c) A long list of severe, permanent side-effects.
52. The Plaintiffs state, and the fact is, that internationally renowned experts, including a Nobel Prize winner in virology, Luc Montagnier, adamantly state and warn that it is **the “vaccines”** which are creating the “variants”.
53. The Plaintiffs state, and the fact is, that on the Defendants’ own assessment and claim they declare:
  - (a) No correlation of transmission between the vaccinated and unvaccinated nor as between vaccinated and vaccinated;
  - (b) COVID-19 “vaccines” do not prevent transmission nor immunize the vaccinated against the virus;
  - (c) That the “vaccines” merely suppress the virus symptoms;
  - (d) That the “vaccines” effectiveness at even suppressing the symptoms is limited to 90 days (3 months).
  - (e) That, in order to maintain a “vaccinated status”, a “booster” shot of the useless and ineffective “vaccines” must be taken every three (3) months, projected to continue, judging by the number of vaccines Prime Minister Justin Trudeau announced that he procured from Pfizer, until the year 2025;

54. The Plaintiffs therefore state, and the fact is, that the measures taken are irrational, arbitrary, and violate the Plaintiffs' constitutional rights.
55. 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.
56. In contrast, there were 678 deaths in British Columbia attributed to COVID-19 by the end of week 50 in 2020.
57. The Plaintiffs state, and fact is, that five-fold times more people are dying from the COVID-19 measures than from COVID-19 itself.
58. This kind of health and economic harm has impacted and will continue to impact British Columbians and all those who do business in British Columbia for decades.
59. The Plaintiffs, like many British Columbians, have experienced, and continue to experience, severe economic hardship as a result of the Orders.
60. 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.

### **C/ Ignoring and Failing to Address Medical Experts' Evidence**

61. 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 what the scientific/medical basis was, and in fact are suppressing it. In fact, to date, they refuse to disclose where they are ultimately getting this "advice", and from whom, and based on what medical evidence.
62. There were no public consultations, as constitutionally required under the doctrine of the "duty to consult", prior to passing and invoking these measures.
63. 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;
    - (ii) in fact, masks may help viruses spread;

- (iii) most robust studies have found little to no evidence for the effectiveness of cloth face masks in the general population;
  - (iv) when masks (especially cloth masks) are worn improperly and over extended periods of time, they can actually cause disease and other serious health issues;
  - (v) breathing in the microscopic particles from synthetic masks can cause health problems including cancer. Some masks have been recalled because they have been found to contain toxic materials dangerous to lungs, similar to asbestos;
  - (vi) mask use leads to dry and irritated eyes, rashes, nosebleeds, pneumonia and other bacterial infections, along with damage to ear cartilages;
  - (vii) masks cause a rapid buildup of CO2 levels, which are deemed unsafe by OSHA.
- (b) That “lockdowns” do not work, and in fact cause irreparable, devastating harm.
64. That alternative, recognized, early treatments like HCQ and Ivermectin, exist, but the Defendants restricted and banned their use:
- (a) A five-day course of Ivermectin is associated with lower mortality in hospitalized patients with coronavirus disease. There are 89 studies, 48 of which are peer reviewed, to date, which report the efficacy of ivermectin.
  - (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. There are 285 studies with respect to the efficacy of using HCQ as a treatment, including 213 which are peer-reviewed.
  - (c) Vitamin D deficiency is associated with higher risk of COVID-19, and vitamin D may be used to help treat COVID-19.

The Plaintiffs state, and the fact is, that the COVID-19 “vaccines” were never officially approved and only achieved “emergency use” status as a direct result of the Defendants banning alternative effective treatments, as emergency use status can only be applied by the FDA and Health Canada if there is **no** alternative treatment available to cure, alleviate, or mitigate the virus. This violates the Plaintiff’s **Charter** rights under s.7, to physical and psychological integrity.

- **COVID-19 Measures Worse than Virus**

65. Early on, and into the summer of 2020, another thematic point of sound scientific and medical criticism is that the COVID-19 measures are worse than the purported virus.
66. It is to be noted that the above-noted criticism was early on in the outbreak. Such criticism, that the COVID-19 measures are unwarranted, extreme, and not based on science and medicine, has now intensified both in volume and accuracy.
67. 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 and attributable to the measures, the fact that:
  - (a) There are more suicides because of the measures than purported deaths by COVID-19;
  - (b) There are more drug overdoses because of the measures than purported deaths by COVID-19;
  - (c) There is more starvation caused by the measures than purported deaths by COVID-19;
  - (d) There are far more deaths, from cancelled, necessary surgeries and reluctance and fear to access medical treatment for fear of COVID-19, than purportedly from COVID-19 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, have been obliterated;
  - (h) Subspace spikes in starvation, given the UN World Food Bank warning that 130 million additional people on the brink of starvation by end of 2020 due to disruption of supply chains due to COVID-19 measures.

## **D/ The Science & Medicine of COVID-19**

- **Summary (Overview)**

68. The Plaintiffs state, and the fact is, that our federal, provincial, and municipal governments, and the mainstream media, propagate that we were facing the biggest threat to humanity in our lifetime. This is false.
69. 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.

70. 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, and were called out as such by experts. Furthermore, that the vast majority of the population is not at serious risk of complications or mortality as a result of exposure to COVID-19.
71. 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.
72. 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.
73. 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.
74. 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.

### **E/ Hyper-Inflated, Distorted Total Number Of Covid-19 “Cases” & “Deaths”**

75. As of June 15<sup>th</sup>, 2020 the COVID-19 “statistics” were as follows:
  - (a) Population of Canada 2020 -- 37,742,154;
  - (b) Total number of confirmed or probable cases as of June 15<sup>th</sup> -- 99,147;
  - (c) Therefore, 0.0026% of Canadians are testing positive;
  - (d) 0.00021% of Canadians are dying “with” or “from” COVID-19 (there is no differentiation between death “with” or “from” COVID-19 statistically speaking). As of June 15, 2020 the national death count from COVID-19 stood 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 mislabeling of dying “with” COVID-19, as opposed to dying “from” COVID-19. Meanwhile, for other causes of death, according to statistics Canada (2018), in Canada were as follows:

- (i) Suicides--- 3,811;
- (ii) influenza and pneumonia (seasonal viral respiratory illness) --- 8,511\*;
- (iii) accidents (unintentional injuries) ---13,290;
- (iv) medical error (including medications)--- 28,000;
- (v) heart disease--- 53,134;
- (vi) cancer--- 79,536.

76. From the summer of 2020 to the present, the distorted and reckless misuse of the PCR testing, which accounts for the “case-counts”, and in turn the panic and justification for **ALL** COVID-19 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** diagnose a virus. It can detect a virus but is merely used as a screening investigative test and that, in order to verify the diagnosis of a particular virus you must:
  - (i) Do a culture test to isolate and identify the virus and confirm its existence by reproducing it; and
  - (ii) A concurrent blood-test to check for anti-bodies to verify that the virus is still infectious.

The fact is that, the SARS-CoV-2 has **not** yet been isolated anywhere in the world, so how can it be verified?

- (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. 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. On February 16<sup>th</sup>, 2021, BC Health Officer, Bonnie Henry, admitted PCR tests are unreliable. On April 8<sup>th</sup>, 2021, the Austrian court ruled the PCR was unsuited for COVID-19 testing. On April 8<sup>th</sup>, 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”. On May 8<sup>th</sup>, 2021, the Swedish Public Health Agency stopped PCR Testing for the same reason. On May 10<sup>th</sup>, 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.
77. As of April 2022, Teresa Tam announced that 38,783 Canadians have died from COVID-19. Note, this is over a 3-year flu season, of which “COVID-19 deaths” are a mere third (33%) of the annual deaths from flu complications prior to March, 2020, the start of the COVID-19 “pandemic”, which, even at its distorted rate, is not marginally higher than the annual death rate from the annual flu (influenza) prior to COVID-19.
78. 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, 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.” **Henry also admits there is “no real science behind the decisions she is making.”**
79. 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 by claiming she has never said that masks do not work.
80. On June 11, 2021 - Innova Medical Group recalled SARS-CoV-2 antigen rapid qualitative test with risk of false test results. The FDA has identified this as a Class I recall (use of these devices may cause serious injuries or death), the most serious type of recall. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233592/>
81. 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 'cannot' differentiate between SARS, influenza or the common flu.
82. On July 21, 2021 an FDA document admits the COVID-19 PCR test was developed without isolating COVID-19 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-19" narrative.

83. Dr. Henry has been knowingly conflating positive PCR test results 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.
84. As of mid 2021, 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 vaccinated at much lower threshold cycles, whilst testing the **unvaccinated** at 43-45 cycles.
85. Dr. Henry has been instrumental in disseminating information to the public that is knowingly false, deceptive and/or misleading, in violation of the *Health Professions Act*.
86. 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.+%).

#### **F/ The COVID-19 Vaccine: "We Do Not Get Back to Normal Until We Have A Vaccine"**

- **Authorized COVID-19 "Vaccines"**

87. There are four COVID-19 vaccines which have received emergency use authorization in Canada:
  - (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.<sup>ii</sup>

88. These “vaccines” constitute experimental Medical Devices as historically and legally understood 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-faced and intentional lie.
  - (b) Those partaking in the COVID-19 vaccines are test subjects in ongoing clinical trials.
  - (c) The COVID-19 vaccines have not received full Health Canada approval. They have only been granted “interim use”; i.e. “emergency use authorization”.
  - (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 are, quite simply, unknown.
89. 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.
  - (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 existed.
  - (e) 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.
- (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.
- (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. 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-19 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.”*
- (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.”*
- (p) Vaccine manufacturers have yet to provide data that defines the vaccine’s interaction with other vaccines or prescription medications.
- (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, to impair fertility or any number of other medical conditions.

- (r) The product monograph for the AstraZeneca vaccine authorized for use in Canada states: *“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.”*

90. 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 interventions have been declared ‘effective’ even though manufacturers have not demonstrated that their product prevents infection or transmission, nor whether use will result in a reduction in severe illness, hospitalization, or death.
- (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.”*
- (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.
- (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%.
- (e) On the Public Health Agency of Canada’s 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)

- (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.*"
  - (g) According to the National Advisory Committee on Immunization – Recommendations on the Use of COVID-19 Vaccines: "*Due to the availability of only short-term clinical trial data, the duration of 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) To note, the use of the AstraZeneca vaccine was banned in multiple countries due to severe adverse reactions, including death.
  - (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.
91. 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.
  - (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, and poses greater risks than COVID-19.

- (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).
  - (f) There is no evidence that the benefits of vaccination for COVID-19 outweigh the risks.
  - (g) What is also rarely acknowledged by 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.
  - (h) Such treatments make illegal the use of an experimental product.
  - (i) Canadians do not have access to treatments that have demonstrated effectiveness in treating COVID-19 including HCQ and Ivermectin.
  - (j) The only Health Canada recommended treatment for COVID-19 is Remdesivir, oxygen therapy and ventilation.
  - (k) The province of British Columbia updated its COVID-19 treatment guidelines on April 18, 2021 to include inhaled budesonide and colchicine for ambulatory outpatient and long-term care.
92. The Plaintiffs state, and the fact is, that there has been No Individualized Risk-Benefit Analysis conducted by the Defendants, and further that:
- (a) The arguments used to legalize and implement COVID-19 vaccination are political and ideological rather than scientifically or medically evidence-based.
  - (b) In the rush to approve a COVID-19 vaccine, a robust analysis of the risks vs benefits has not been conducted because 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.”*
  - (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 interventions.

- (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'.
  - (f) As of April 16, 2021, Canada has reported 3,738 vaccine related adverse reactions, including 19 deaths which are under investigation. 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 data reflects only a small portion of all adverse effects and deaths actually reported. A mere 1% are reported.
  - (g) A Harvard Pilgrim Health Care study found that less than 1% of vaccine adverse reactions were reported.
  - (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 and when they do fill out the vaccine injury reports.
93. 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) Vaccine manufacturers provided blank inserts hence no ingredients, warnings, contra-indications or side effects were listed, so informed consent was not possible.
  - (d) 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.
  - (e) 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."*
  - (f) 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.”

94. The Plaintiffs further state, and the fact is, that Health Canada oversight has been, and continues to be, insufficient in that:
- (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, they rely 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.
  - (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.
  - (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.
  - (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.
  - (g) Canada is more than three decades behind other countries in acknowledging vaccine injury and providing financial compensation to those injured and killed by vaccination.
  - (h) Vaccines are not benign medical products. Vaccination is an invasive medical procedure that delivers, by injection, complex biochemical drugs and now genetic modifying technology.
  - (i) 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.

- (j) The consequences of rushing a novel and inadequately tested product can be serious, permanent, and even deadly.
- (k) Data following the administration of the Pfizer vaccine reveals that 2.8% of test subjects experienced a 'health impact' significant enough such that they were *"unable to perform normal daily activities, unable to work, and required care from a health professional."*
- (l) 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.
- (m) Dr. McCullough, a highly cited internist, cardiologist, and epidemiologist, stated, *"...with 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"*.
- (n) There are significant conflicts of interest and a lack of transparency with COVID-19 purchase contracts with the Government of Canada.
- (o) 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.
- (p) NIAID and Dr. Fauci are financially conflicted when recommending this product.
- (q) Health Canada lacks transparency by not releasing COVID-19 purchase contract details or answering questions about leaked documents that raised questions about the integrity of the mRNA vaccines.

95. 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**;
- (e) the **Common Law**;
- (f) such further statutory or constitutional provisions as counsel may advise.

## Part 2: RELIEF SOUGHT

96. The Plaintiff, Brittany Wilson, on the basis of private interest standing as a regulated licensed health care professional, and the rest of the Plaintiffs on the basis of public interest standing, seek declarations with respect to **Bill 36- Health Professions and Occupations Act**, as follows:

- (a) A declaration that S.49(1)(b)(v), which allows a “board” to determine eligibility for licensing and, in doing so reference to mandatory vaccinations made under an enactment other than by bylaws; and section 49 (3)(f), which allows a “board” to make bylaws with respect to mandatory vaccinations against “transmissible illnesses”; and s.200(1), which allows the Ministry to make eligibility standards and determinations for eligibility requiring mandatory vaccination against “specified transmissible diseases”, are of no force and effect as these provisions:
  - (i) Violate s. 2 of the **Charter** as they infringe on the licensee’s freedom of conscience, religion, and thought;
  - (ii) Violates s.7, as they deny the licensee the right to autonomy in directing the course of their medical care, and make decisions based on informed, voluntary medical consent;
  - (iii) Further violate the licensee’s s.7 *Charter* rights to exercise their chosen profession;
  - (iv) Breach the same parallel rights recognized prior to the **Charter**, as written constitutional rights through the Pre-Amble to the **Constitution Act, 1867**;
  - (v) Breach 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 **Baker** and **Hape** decisions;
  - (vi) Constitute discrimination contrary to s.15 of the **Charter** in creating a distinction between the “vaccinated” versus the “unvaccinated”;
  - (vii) And further that these provisions are overbroad and void for vagueness and not saved by s.1 of the **Charter**.
- (b) A Declaration that failing to comply with mandatory vaccinations under s.49 and s.200 of the **Health Professions and Occupations Act** as set out above, shall not be deemed to be “misconduct” or “actionable conduct”, as set out in s.11 and s.71 of the **Health Professions and**

**Occupations Act.** And that any provisions designating the failure to comply with mandatory vaccination as “misconduct” or “actionable conduct” elsewhere in the **Act**, or any Regulation in furtherance of the **Act**, are of no force and effect.

- (c) A Declaration that s.70(2)(g), which provides that “a board must make bylaws and standards with respect to providing false or misleading information to patients or the public respecting health and matters relating to health, including without limitation, health services, drugs, devices and other health products”, and s.259, s.514 and s.518 (“Summary protection orders”) which states that health professionals can be suspended or have their licenses revoked for providing “false or misleading information to patients or the public”:
- (i) Contravenes ss.91 and 92 of the **Constitution Act, 1867**, in that the province has no source of jurisdiction to regulate nor control speech or expression which is Federal jurisdiction under the criminal law power as ruled by the Supreme Court of Canada;
  - (ii) Void for vagueness, in that “false of misleading information” has not been defined by the **Act** nor is gaugeable;
  - (iii) Overbroad and arbitrary;
  - (iv) Violates s. 2(b) of the **Charter** in that it purports to provide the “board” with the power to regulate and restrict the speech of health care professionals, based on an arbitrary and vague description of “false or misleading information”, which also violates licensees’ pre-Charter constitutional rights to free speech, expression, and conscience, all of which the province has no jurisdiction to curtail, pursuant to ss.91 and 92 of the **Constitution Act, 1867**;
97. Declarations that the “COVID-19 measures” and declaration of the “emergency” invoked by the Provincial 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 s.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 “lockdowns”, 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 “lockdowns”, 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**.
98. As against the Provincial Crown (and Municipal) Defendants the Plaintiffs further claim:
- (a) A Declaration that all orders of the Chief Health Officer, Dr. Bonnie Henry, with respect to the COVID-19 measures, 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 30<sup>th</sup>, 2021, as well as the order of Bonnie Henry of June 30<sup>th</sup>, 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 is the exclusive jurisdiction of the Federal Parliament;
  - (c) 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**.

(d) 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**.

99. A Declaration that the orders, 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**.

100. A Declaration that the order of April 23<sup>rd</sup>, and June 30<sup>th</sup>, 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-ambule 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**. The Measures:
  - (i) Do not evidentially, scientifically, nor medically set out a valid legislative objective;
  - (ii) Are not rational;
  - (iii) Are not tailored to minimally infringe on 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 every death purportedly attributed to COVID-19.

101. A Declaration that administrating medical treatment without informed consent constitutes experimental medical treatment and is contrary to the **Nuremberg Code** and **Helsinki Declaration** of 1960, still in vigor, and thus constitutes a s.7 Charter violation as ruled by the Supreme Court of Canada in **Baker** and **Hape**.

102. A declaration that the offering, promoting, and administering of COVID-19 vaccines, or any other medical treatment to twelve (12) to seventeen (17) year olds without the informed consent of the parent(s) constitutes:
- (a) A violation of 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**.
  - (b) 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 and s.15 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**; and
    - (iii) 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.
103. A Declaration that the measures imposed by Dr. Bonnie Henry constitute a violation of s.7 and 15 of the **Charter** in the unjustifiable deaths directly caused by her measures, including suicides, deaths from cancelled surgeries, drug overdoses, and depraved abuse of children, especially the physically and neurologically disabled, in that she knows that her measures are worse than the purported “COVID-19 deaths”;
104. A Declaration that the “COVID-19 measures” undertaken and orchestrated by Prime Minister Trudeau (“Trudeau”), the Federal 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**.
105. 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-19 measures”, undertaken and orchestrated by Premier John Horgan (“Horgan”), and by Premier David Eby, as well as Bonnie Henry,

Mike Farnworth, 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**;

106. A Declaration that, in the imposition of the COVID-19 measures, the Defendants have engaged in **ultra vires** and unconstitutional conduct, through acts and omissions, and have acted in abuse and excess of their authority;
107. 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) It infringes s.6(1), (2)(a)(b) in violating mobility of citizens and their right to move and gain livelihood;
  - (c) It infringes s.7, life, liberty, and security of the person in violating physical and psychological integrity by denying the right to choose, based on informed, voluntary, medical consent;
  - (d) Breaches the same parallel rights recognized prior to the **Charter**, as unwritten constitutional **rights** through the Pre-Ambles to the **Constitution Act, 1867**;
  - (e) 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 **Baker** and **Hape** decisions;
  - (f) Constitutes discrimination contrary to s.15 of the **Charter** in creating a distinction between the “vaccinated” versus the “unvaccinated”;
  - (g) 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**;
  - (h) Breaches the established common-law rights to refuse any and all medical treatment.



108. 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 “lockdowns”, constitutes unreasonable search and seizure contrary to s.8 of the **Charter** and not demonstrably justified under s.1 of the **Charter**;
109. A Declaration that any and all COVID-19 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 and the imposition of charges and fines for the purported breach thereof;
  - (g) Travel on public transport without compliance to physical distancing and masking;
  - (h) Shopping without compliance to masking and physical distancing;
  - (i) Attending restaurants and other food service establishments without compliance to masking, physical distancing, proof of vaccination, and providing name/address/contact information for contact tracing purposes.
  - (j) Travel: crossing into and leaving British Columbia and any and all subdivisions within British Columbia;

Constitute a violation of s.2,6,7,8,9, and s.15 of the **Charter**, to freedom of association, conscience, religion, assembly, and expression 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**;

110. 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**.
111. 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**.
112. 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 unalienable constitutional rights are not violated by those public officials purporting to enforce the COVID-19 measures, as well as private agents purporting to enforce COVID-19 measures, and violations not prevented, and in fact violations were and are encouraged, constitute violations of the Plaintiffs by way of omission, as delineated by the Supreme Court of Canada in, *inter alia*, **Vriend**.
113. 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-Ambles to the **Constitution Act, 1867**, based on psychical and mental disability, and age.
114. A Declaration that the mandatory use of masks, isolation and PCR testing, in the school context, violates children’s constitutional rights under:
  - (a) s.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) s.7 in infringing their right to education, flowing from their right to education under the **Education Act**, and further under s.7 of the **Charter** as interpreted by the Canadian Courts, as well as under s.7 by way of the **International Convention on the Rights of the Child** as read in as a minimal protection under s.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**;
115. A Declaration that the mandatory masking of children violates 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**;

116. 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-19, as well as the demographic age groups of the deaths.

117. 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 24<sup>th</sup>, 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 masking:
  - (i) that no police officer has the jurisdiction to apply the **Trespass Act, [RSBC 2018] c.3** to a person who chooses not to wear a mask, 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, even though a person does not need an exemption, may be charged with an offence pursuant to the **Emergency Program Act [RSBC 1996] c111** and **Ministerial Orders** and **Regulations** thereunder;
- (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) A Declaration that failure and/or refusal to comply with Provincial COVID-19 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**;
- (e) 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;

118. The Plaintiffs seek the Declaratory and Prerogative/Injunctive relief set out in this Statement of Claim. In addition, the Plaintiffs seek damages to be calculated at trial, as set out below:

- (a) With respect to **Action4Canada**, as against the Federal and Provincial Crown Defendants and their officials, damages 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.
  - (ii) A breach of s.6(1), (2)(b), 7, 15 **Charter** rights.
- (b) With respect to **Jane Doe** damages as against the Provincial Defendants for their acts and omissions in denying her medical treatment, by the acts of medical staff, and the omission of the Crown to protect her from the acts of Crown officials and public employees, 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 despite that, according to her rights, an exemption is not required.

- (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.
- (c) With respect to **Valerie Ann Foley**, as against Translink (British Columbia) and Peter Kwok, for their acts in violating her rights, and the Provincial Crown Defendants for their omissions in protecting her rights, damages 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 despite that, according to her rights, an exemption is not required.
  - (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 despite that, according to her rights, an exemption is not required.
  - (iv) For the intentional causing of pain and suffering of the Plaintiff as a result of the constitutional and criminal code violations.
- (d) With respect to **Linda** and **Gary Morken** as against the RCMP through its officers, for their acts in violating their rights, and the Provincial and Federal Crown for their omissions in failing to protect their rights, damages 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 despite that, according to their rights, an exemption is not required.
  - (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.
- (e) With respect to **Pastor Randy Beatty**, as against the Provincial, Crown and its officers and public employees, for their acts and omissions in violating his rights and failure to protect his rights, damages 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.
  - (iii) A breach with respect to religious gatherings and services, of committing an offence contrary to s.176 of the **Criminal Code**.
- (f) With respect to **Ilona Zink**, as against the Provincial, Crown and its officers and public employees, for their acts and omissions in violating her rights and failure to protect her rights damages 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) A breach of her s.7 **Charter** right to life, liberty and security of the person;
  - (iii) Unreasonable seizure contrary to s.8 of the **Charter**.
- (g) With respect to **Brittany Wilson**, as against the Provincial Defendants and Crown for the legislative and executive acts and omissions in it implementing mandatory "vaccination" for COVID-19, in violation of her

rights, and a complete failure and omission to protect her constitutional rights, damages for:

- (i) A breach of the s.15 **Charter** rights to be free from discrimination, due to being unvaccinated, and not being 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.

119. The Plaintiffs further seek such other or further monetary damages, to be calculated at trial, as counsel may advise and this Honourable Court grant.
120. 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-19 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.
121. 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**

122. The legal basis for the Plaintiffs claims are as set out and imbedded in the Declaratory relief sought in paragraphs 96 to 117 as well as the relief for monetary damages in paragraphs 118 to 121 of the Notice of Civil Liability.
123. That the Constitutional Rights of the Plaintiffs have been violated as set out in the within Amended Notice of Civil Action, as set out in the facts, as well as the relief sought, including the relief sought for declaratory relief and monetary damages.
124. Such further or other grounds as counsel may advances and this Honourable Court accept.

Plaintiff's(s') address for service:

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Place of trial: Vancouver, British Columbia  
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Date: December 10th, 2024



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Signature of  
 plaintiff  lawyer for plaintiff(s)

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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-19 measures, both Federal and Provincial by way of Declaratory, and other relief.**

**Part 2: 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**

- 
- i 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.
- ii 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 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.