

IN THE MATTER OF:

A Criminal Complaint by Tanya Gaw,
Founder "ACTION4CANADA"

AFFIDAVIT

I, TANYA GAW, of the City of Surrey, in the province of British Columbia, **HEREBY SWEAR AND SAY AS FOLLOWS:**

1. I reside in the City of Surrey, British Columbia with my elderly mother, who is in my care.
2. In August of 2019 I founded "Action4Canada", a grassroots organization centred in British Columbia. The activities of Action4Canada are in direct response to government legislation that undermines Canada's *Constitution*, including the *Charter*, and Canadian democratic institutions and values.
3. I make this affidavit in support of registering a formal complaint and requesting an investigation of British Columbia Chief Health Officer, Dr. Bonnie Henry, for criminal negligence, breach of trust, inciting hate, crimes against humanity committed against our elderly, our children, and society at large, by withholding life-saving treatments, extreme psychological trauma due to isolation, lockdowns, masks, social distancing and mandating dangerous experimental injections while knowing they cause adverse reactions and death. Unlawful acts are being committed by the British Columbia Government and Health Officer, Dr. Henry.

4. **Charter** provisions have been violated without, for want of a better phrase, due process. There has been virtually no consultation with the individuals, and collective groups affected, in the public. Additionally, a plethora of the alleged science that has been applied to conclude such decisions was not science at all but, in fact, a perversion of the same.
5. According to the British Columbia **Public Health Act**, the senior public health official's powers and duties include:
 - a) Providing independent advice to the ministers and public officials on public health issues;
 - b) Monitoring the health of the population of British Columbia and advising, in an independent manner, the ministers and public officials on public health issues, and on the need for public health related legislation, policies and practices;
 - c) Delivering reports that are in the public interest and annual reports on the health of the population and government's progress in achieving population health targets; and,
 - d) Establishing standards of practice for, and conducting performance reviews of, medical health officers.

I believe Dr. Henry, as Senior Public Health Officer, has been criminally negligent in her duties on all counts.

Unreliable Testing Protocol

6. To begin with, the emergency measures are based on the claim that we are experiencing a "public health emergency." There is no evidence to substantiate this claim. In fact, the evidence indicates that we are experiencing a rate of infection consistent with a normal influenza season.¹
7. The purported increase in "cases" is a direct consequence of increased testing through the inappropriate use of the PCR instrument to diagnose so-called COVID-19. It has been well established that the PCR test was never designed or intended as a diagnostic tool and is not an

¹ <https://www.bitchute.com/video/nQgq0BxXfZ4f>

acceptable instrument to measure viral infections. Its inventor, Kary Mullis, has clearly indicated that the PCR testing device was never created to test for coronavirus.² Mullis warns that, “the PCR Test can be used to find almost anything, in anybody. If you can amplify one single molecule, then you can find it because that molecule is nearly in every single person.”

8. In light of this warning, the current PCR test utilization, set at higher amplifications, as in British Columbia, for example is using it at cycles of 35+, is producing up to 97% false positives.³ Therefore, any imposed emergency measures that are based on PCR testing are unwarranted, unscientific, and fraudulent. An international consortium of life-science scientists has detected 10 major scientific flaws at the molecular and methodological level in a 3-peer review of the RTPCR test to detect SARS-CoV-2⁴.
9. In November 2020, a Portuguese court ruled that PCR tests are unreliable, and when run at 35 threshold cycles are or, produce a 96.5% false positive rate. British Columbia runs them at 43-45 cycles.⁵
10. On December 14, 2020, the WHO admitted the PCR Test has a ‘problem’ at high amplifications as it detects dead cells from old viruses, giving a false positive.⁶
11. On February 16, 2021, **Dr. Henry herself admitted that PCR tests are unreliable, yet still continued to use them to identify cases.**⁷
12. On April 8, 2021, the Austrian court ruled the PCR test was unsuited for COVID testing.⁸

² <https://rumble.com/vhu4rz-kary-mullis-inventor-of-the-pcr-test.html>

³ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

⁴ <https://cormandrostenreview.com/report/>

⁵ <https://unitynewsnetwork.co.uk/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful-media-blackout/>

⁶ <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/>

⁷ <https://rumble.com/vhww4d-bc-health-officer-admits-pcr-test-is-unreliable.html>

⁸ <https://greatgameindia.com/austria-court-pcr-test/>

⁹ <https://2020news.de/sensationsurteil-aus-weimar-keine-masken-kein-abstand-keine-tests-mehr-fuer-schueler/>

¹⁰ <https://tapnewswire.com/2021/05/sweden-stops-pcr-tests-as-covid19-diagnosis/>

¹¹ <https://www.jccf.ca/Manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/>

13. On April 8, 2021, a German Court ruled against PCR testing stating, “the test cannot provide any information on whether a person is infected with an active pathogen or not, because the test cannot distinguish between “dead” matter and living matter.”⁹
14. On May 8, 2021, the Swedish Public Health Agency stopped PCR testing for the same reason.¹⁰
15. On May 10th, 2021, Manitoba’s Chief Microbiologist and Laboratory Specialist, Dr. Jared Bullard, testified under cross-examination in a trial before the Court of Queen's Bench in Manitoba, that PCR test results do not verify infectiousness and were never intended to be used to diagnose respiratory illnesses.¹¹
16. Prior to COVID-19, the definition of a case (in a medical sense) has been a patient with significant symptoms. With the implementation of the PCR test, cases are now being defined as someone who tests positive regardless of whether they have any symptoms or not.
17. Dr. Henry has been knowingly conflating positive PCR test result with the actual disease, thereby deliberately misleading the public into believing the infection is far more serious and widespread than it actually is. At no time in history have we ever encouraged asymptomatic people to get tested, yet Dr. Henry allowed this to happen to keep the case numbers high.
18. 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 rates, but the **unvaccinated** at 43-45.
19. Dr. Henry has been instrumental in disseminating information to the public that is knowingly false, deceptive and/or misleading. To knowingly disseminate false information is a violation of the *Health Professions Act*.

20. It is evident that the government, with the recommendations and support of Dr. Henry, have imposed the emergency measures based on the fraudulent, unwarranted and unscientific use of the PCR test.
21. Based on this compelling and factual information, the emergency measures, as well as the use of the COVID-19 experimental injection (“vaccine”), were not, and are not required or recommended. In fact, warnings around the world are calling for the immediate halt of the experimental 'vaccines' due to the volume of extreme adverse reactions, including death.
22. Furthermore:
 - a) The Nuremberg Code,¹² to which Canada is a signatory, states that it is essential before performing medical experiments on human beings, there is voluntary informed consent. It also confirms, a person involved should have legal capacity to give consent, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him/her to make an understanding and enlightened decision. This requires, before the acceptance of an affirmative decision by the experimental subject, that there should be made known to him/her the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his/her health or person which may possibly come from participation in the experiment.
 - b) All the treatments being marketed as COVID-19 “vaccines”, are still in Phase III clinical trials until 2023,¹³ and hence, qualify as a medical experiment. People taking these treatments are enrolled as test-subjects and are further unaware that the injections are not actual vaccines as they do not contain a virus but instead an experimental gene therapy.
 - c) None of these treatments have been fully approved; only granted emergency use authorization by the Food and Drug Administration (FDA), which Health Canada^{14 15 16} is using as the basis for approval under the interim order, therefore, fully informed consent is not possible.
 - d) Most vaccines are trialed for at least 5-10 years,¹⁷ and COVID-19 treatments have been in trials for less than a year.
 - e) No other coronavirus vaccine (i.e., MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement, resulting in severe illness and death in animal models.¹⁸
 - f) Numerous doctors, scientists, and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 injections, including, but not limited to, death,

blood clots, infertility, miscarriages, Bell's Palsy, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, inflammation of the heart,¹⁹ and antibody dependent enhancement leading to death. This includes children ages 12-17 years old.²⁰

Dr. Byram Bridle, a pro-vaccine Associate Professor on Viral Immunology at the University of Guelph, gives a terrifying warning of the harms of the experimental treatments in a peer reviewed scientifically published research study²¹ on COVID-19 shots. The added Spike Protein to the “vaccine” gets into the blood, circulates through the blood in individuals over several days post-vaccination, it accumulates in the tissues such as the spleen, bone marrow, the liver, the adrenal glands, testes, and of great concern, it accumulates high concentrations into the ovaries. Dr. Bridle notes that they “have known for a long time that the Spike Protein is a pathogenic protein, it is a toxin, and can cause damage if it gets into blood circulation.” The study confirms the combination is causing clotting, neurological damage, bleeding, heart problems, etc. There is a high concentration of the Spike Protein getting into breast milk and reports of suckling infants developing bleeding disorders in the gastrointestinal tract. There are further warnings that this injection will render children infertile, and that people who have been vaccinated should NOT donate blood.

23. Minors are at nearly zero percent risk of contracting or transmitting this respiratory illness and are, instead, buffers which help others build their immune system. The overall survival rate of minors who have been infected with the SARS-CoV-2 virus is 99.997%.²² **In spite of these**

¹² https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf

¹³ <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

¹⁴ <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

¹⁵ <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/authorization/applications.html>

¹⁶ https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine

¹⁷ <https://hillnotes.ca/2020/06/23/covid-19-vaccine-research-and-development/>

¹⁸ <https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688>

¹⁹ <https://www.nbcconnecticut.com/news/coronavirus/connecticut-confirms-at-least-18-cases-of-apparent-heart-problems-in-young-people-after-covid-19-vaccination/2494534/>

²⁰ <https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>

²¹ <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>

²² <https://online.anyflip.com/inblw/ufbs/mobile/index.html?s=08>

facts, the British Columbia government and Dr. Henry are pushing the experimental treatment , to be applied to minors, without parental consent, with the tragic outcome of a high incidence of injury and death.

24. According to Health Canada's Summary Basis of Decision, updated May 20, 2021, the trials have not proven that the COVID-19 treatments prevent infection or transmission. **The Summary also reports that both Moderna and Pfizer identified that there are six areas of missing (limited/no clinical data) information: “use in pediatric (age 0-18)”, “use in pregnant and breastfeeding women”, “long-term safety”, “long-term efficacy” including “real- world use”, “safety and immunogenicity in subjects with immune-suppression”, and concomitant administration of non-COVID vaccines.” Furthermore:**
- a) Under the Risk Management plan section of the Summary Basis of Decision,²³ it includes a statement based on clinical and non-clinical studies that “one important potential risk was identified being vaccine-associated enhanced disease, including VAERD (vaccine-associated enhanced respiratory disease).” **In other words, the shot increases the risk of disease and side-effects, and weakens immunity toward future SARS related illness.**
 - b) The report specifically states, **“The possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2, has been flagged as a potential safety concern that requires particular attention by the scientific community,** including the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Coalition of Medicines Regulatory Authorities (ICMRA).”²⁴

In spite of this information, Dr. Henry, with the support of John Horgan, Adrian Dix and Mike Farnworth, has intentionally and consistently mislead the public by insisting the COVID injection is safe, and goes further to highly recommend the “vaccine” as safe for pregnant women, nursing infants and children.

²³ <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

²⁴ <https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>

25. As reported in the United States to the Vaccine Adverse Events Reporting System (VAERS), there have been more deaths from the COVID-19 injections in five months (Dec. 2020 – May 2021) than deaths recorded in the last 23 years from all vaccines combined.²⁵ Furthermore:
- a) It is further reported that only one percent of vaccine injuries are reported to VAERS,²⁶ compounded by several months delay in uploading the adverse events to the VAERS database.²⁷
 - b) On July 2, 2021, VAERS data release showed 438,441 reports of adverse events following COVID-19 injections, including 9,048 deaths and 41,015 serious injuries, between December 14, 2020, and July 2, 2021, and that adverse injury reports among 12-17-year old's more than tripled in one week.²⁸
 - c) Dr. McCullough, a highly cited COVID-19 medical specialist, came to the stunning conclusion that the government was "...scrubbing unprecedented numbers of injection-related-deaths." He further added, "...a typical new drug at about five deaths, unexplained deaths, we get a black-box warning, your listeners would see it on TV, saying it may cause death. And then at about 50 deaths, it's pulled off the market."²⁹
26. Canada's Adverse Events Following Immunization (AEFI) is a passive reporting system and is not widely promoted to the public, hence, many adverse events are going unreported. Historically, in Canada, only about 1% of adverse effects are actually reported.
27. Dr. Joss Reimer, medical lead for Manitoba's Vaccine Implementation Task Force, says that new vaccine recommendations from the National Advisory Committee on Immunization on mixing mRNA vaccines will be a form of trial and error. Reimer stated, "Well in some ways, during a pandemic everything we do is a big human experiment."³⁰ However, according to Health Canada's Summary Basis of Decision Pfizer and Moderna warn that the interchangeability of the injections is unknown and recommend first and second dose of the same shot. The World Health Organization also warns that mixing the vaccines is dangerous.

²⁵ <https://vaccineimpact.com/2021/CDC-death-toll-following-experimental-covid-injections-now-at-4863-more-than-23-previous-years-of-recorded-vaccine-deaths-according-to-vaers/>

²⁶ https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/

²⁷ <https://vaxoutcomes.com/thelatestreport/>

²⁸ <https://childrenshealthdefense.org/defender/cdc-vaers-deaths-reported-covid-vaccines/>

²⁹ <https://johnbwellsnews.com/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths-by-leo-hohmann/>

³⁰ https://www.ctvnews.ca/politics/manitoba-vaccine-lead-says-mixing-vaccines-is-part-of-pandemic-s-big-human-experiment-1.5457570?fbclid=IwAR0sYVZiRZgkhAjpN_9q3IRuFdBfTvWli_nolNrhe69Aefzf8NxIKR_iXsI

28. Safe and effective treatments, Hydroxychloroquine and Ivermectin, and preventive measures, Vitamin D and Zinc, exist for COVID-19, apart from the experimental shots, yet the British Columbia government and Dr. Henry are prohibiting their use.^{31 32}
29. Messaging from the British Columbia government and Dr. Henry has placed pressure on the public to receive “vaccines” in exchange for the loosening of implemented lockdowns, restrictions, and infringements of various freedoms. This includes an inability to make income or see family members as a result of these restrictions, which adversely affects people’s ability to meet basic needs and care for themselves and their families.
30. The British Columbia government and Dr. Henry have incentivised the receiving of injections, measuring the public’s compliance against the degree, prevalence and severity of lockdowns and restrictions. This is a form of coercion, **and in fact criminal extortion**, as it makes clear specific consequences of non-compliance, which includes continued difficulty to make income, to maintain businesses, to maintain living standards and meet personal/familial responsibilities due to the continuation of these lockdowns and restrictions. This has also impacted the medical and homecare system wherein family members are not permitted to visit their family members. This is likely to continue due to the unconscionable mandate to vaccinate healthy people. This, all in the face of the fact that the Supreme Court of Canada has established that it is a s.7 **Charter** right to refuse **any** medical treatment without informed, **voluntary**, consent.
31. The elderly have been treated cruelly and inhumanely by forcing the harmful experimental injection on them and also withholding loved ones from being “permitted” to visit them. Many elderly people died alone with no one by their side in their final hours to comfort and console them. The isolation of the elderly has been comparable to convicted criminals in solitary

³¹ <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine>

³² https://www.ctvnews.ca/politics/manitoba-vaccine-lead-says-mixing-vaccines-is-part-of-pandemic-s-big-human-experiment-1.5457570?fbclid=IwAR0sYVZiRZgkhAjPn_9q3lRuFdBfTvWIi_nolNrhe69Aefzf8NxIKR_iXsI

confinement. The elderly have been isolated for up to a month at a time, and now going on 16 months. Criminals subjected to this kind of isolation were compelled to choose a lethal injection over being subjected to the intense feelings of separation from human contact. Therefore, it sadly comes as no surprise that the elderly are choosing euthanasia over further lockdowns.³³

32. Over 80% of all deaths occurred in care-homes and were people over the age of 80. The majority had multiple existing comorbidities.
33. As for children, they have been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, bullying, and segregation through the COVID-19 measures³⁴ and, are therefore, even more susceptible to being influenced by those in authority than their developmental stage would usually entail. Children have experienced extreme depression and anxiety due to the COVID-19 measures and are at the highest scale of suicide ideation of all age groups. The “pandemic” has taken a heavy toll on children's mental health.^{35 36} The “extra” suicides and drug over-doses undisputedly tied to Covid-measures constitutes criminal negligence causing death.
34. The curriculum, and indeed all government narratives, exclude full disclosure of the growing risks (adverse reactions and death) of the experimental treatments, and the emerging evidence that the shots do not provide protection, as claimed. Informed consent with FULL disclosure is mandatory and yet, due to lack of research data, “full” disclosure cannot be provided.
35. As a result of the British Columbia government and Dr. Henry's push to vaccinate the masses, ‘medically unqualified’ people such as politicians, teachers, and business owners, have also

³³ <https://www.ctvnews.ca/health/facing-another-retirement-home-lockdown-90-year-old-chooses-medically-assisted-death-1.5197140>

³⁴ <https://action4canada.com/student-mask-covid-exemptions/>

³⁵ <https://www.thestar.com/news/gta/2021/07/08/very-very-concerning-pandemic-taking-heavy-toll-on-childrens-mental-health-sick-kids-study-shows.html>

³⁶ <https://toronto.ctvnews.ca/most-ontario-youth-experienced-depression-during-pandemic-early-data-suggests-1.5501275>

placed pressure on the public to receive an injection that might (according to medical specialists) jeopardize their health by harming or even killing them.

36. Recommendations/mandates from the British Columbia government and Dr. Henry, that people take COVID-19 injections, are being made in complete contradiction to statements, recommendations, and findings of qualified medical practitioners and world-renowned scientist and virologist, including the inventor of the mRNA technology, Dr. Robert Malone, who is calling for “an immediate halt of the COVID-19 “vaccines” due to the severe adverse reactions; in particular, the extreme danger it poses to young people.”³⁷
37. Researchers in Britain have also called on the government to halt their use of the coronavirus “vaccine” immediately after discovering potentially “toxic” side-effects.³⁸
38. Dr. Vladimir Zev Zelenko, MD, called child vaccine mandates “coercive human experimentation,” calling for those responsible for such policies to be tried for “crimes against humanity.”
39. “According to the CDC, healthy kids 18 or younger have a 99.998% rate of recovery from COVID-19 WITHOUT any treatment,” Zelenko told America’s Frontline Doctors (AFLDS). “There is NO medical necessity for any vaccines. Especially, an experimental and unapproved mRNA injection that has shown to have many dangerous side effects.”
40. He continued: “Any government or individual that forces or mandates children to get this experimental injection is in direct violation of the Geneva convention’s prohibition against coercive human experimentation. These are criminals of the highest order and must be brought to justice for crimes against humanity.”³⁹
41. On June 25, 2021, Spanish researchers are conducting studies of the mRNA vaccines and the preliminary analysis of vaccination vials confirms the presence of graphene

³⁷ <https://gospelnewsnetwork.org/2021/06/29/mrna-inventor-says-to-stop-covid-vaccines-now/>

³⁸ <https://www.oann.com/chinese-virus-vaccine-produces-toxic-effects-british-researchers-call-on-govt-to-halt-use-immediately/#>

³⁹ <https://americasfrontlinedoctors.org/frontlinenews/dr-zelenko-calls-child-vaccine-mandate-coercive-human-experimentation-crimes-against-humanity/>

nanoparticles. Graphene oxide is a highly toxic substance. The discovery made here by La Quinta Columna is being referred to as a full-fledged attack of State bioterrorism, or at least with the complicity of governments to the entire world population, now constituting crimes against humanity.⁴⁰

42. On July 3, 2021, CTV News is spewing propaganda to support the governments' objective to force the experimental injection on the healthy Canadians who choose to reject the injection. The propaganda further incites discrimination, unreasonable fear and intolerance (hate) towards the unvaccinated.⁴¹

Informed Consent

43. The injections being heavily promoted by Dr Henry have not been through the strict protocol normally assigned to new drugs or treatments. They were only approved by the FDA to be used under emergency authorization. This FDA approval was the basis for the "interim" approval by Health Canada. One of the main criteria for that authorization was that there are no alternative treatments available. I believe that this is the reason why Dr. Henry has withheld crucial information regarding other proven treatments for COVID-19, such as Hydroxychloroquine and Ivermectin. If she admitted that there were other treatments, then that criterion would no longer be met and the injections would have to be pulled and subjected to more in-depth study to be able to justify their use.
44. Dr. Henry is using her position to promote this experimental genetic technology of unknown efficacy and safety. With the knowledge of Premier Horgan, Minister of Safety Mike Farnworth, and Minister of Health Adrian Dix, she is deliberately misleading the public causing further harm and death. Everyone who takes these injections has the right to informed consent regarding the nature of the authorization, and to know that by taking it they are

⁴⁰ <https://www.orwell.city/2021/06/covid-19-is-caused-by-graphene-oxide.html>

⁴¹ <https://www.ctvnews.ca/health/coronavirus/unvaccinated-people-are-variant-factories-infectious-diseases-expert-says-1.5495359>

themselves becoming the test subjects in the Phase III trials. She is abusing the trust and duty that people naturally have towards someone who presents themselves as a physician.

45. She is even going so far as to tell minors that they do not need parental consent when she is fully aware there is even less safety data to warrant risking the lives of children who are at extremely low risk from COVID-19.
46. Dr. Henry is on record recommending the “vaccine” for pregnant women. She is therefore responsible and duty bound to know the harms and alert people to them. She is using her trusted position to manipulate women into taking a harmful shot.
47. On April 26, 2021, Dr. Henry made a public announcement and claimed that when the vaccine was originally tested and introduced, there were some concerns about whether women who were pregnant should receive it, but then states, "now there is more substantial data supporting it is safe and effective in pregnancy" ... and adds, "A new study released last week showed protected antibodies are transmitted through breast milk to the infant as well."⁴² ⁴³ Dr. Bridles report (above Section 6(A)) warned of infants with gastrointestinal bleeding. There are further reports of infant deaths associated with nursing mothers who had taken the shot.
48. Dr. Henry is once again outright lying because according to Health Canada’s Summary Basis of Decision, **updated May 20, 2021**, it maintained what it had since the onset: that both the Moderna and Pfizer manufacturers identified that there are six areas of missing (limited/no clinical data) information. Listed as follows: **“use in paediatric (age 0-18)”**, **“use in pregnant and breastfeeding women”**, “long-term safety”, “long-term efficacy” including “real world use”, “safety and immunogenicity in subjects with immune-suppression”, and “concomitant administration of non-COVID vaccines.”

⁴² <https://globalnews.ca/news/7813885/b-c-encourages-pregnant-women-to-get-vaccinated-but-wont-move-them-up-the-list/>

⁴³ <https://globalnews.ca/video/7811961/i-encourage-all-pregnant-women-to-be-immunized-dr-bonnie-henry-on-safety-of-covid-19-vaccine>

49. **This is on Health Canada's website and was part of the Health Canada approval process, to which Dr. Henry has full access.**
50. In mid-June, the *New England Journal of Medicine* published a study called "Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons" by Tom T. Shimabukuro and others from the Center of Disease Control's "v-safe COVID-10 Pregnancy Registry Team." The team wrote that there were "no obvious safety signals among pregnant [women] who received Covid-19 vaccines" even though it published a table which showed that **82% of women in the study who were injected with either the Pfizer or the Moderna vaccine during early pregnancy, lost their babies (miscarried).** ⁴⁴
51. On April 19, 2021, Dr. Henry uses the death of an infant as more fodder to manipulate compliance of the masses. Dr. Henry says that the infant's tragic death "reminds us of the vicious nature of this virus." The reality was that this infant was already a patient at the British Columbia Children's Hospital for a pre-existing condition. ⁴⁵
52. The same article goes on to say that this was the very first death under the age of 30 in the entire province of British Columbia (population 5 million)! More than a year (and two "waves") into the pandemic! That it itself highlights just how NOT dangerous this virus is to young people under the age 30. Despite the air of caring radiating from Dr. Henry's seemingly empathetic concern for our wellbeing, she was nonetheless willing to knowingly reduce the infant in her story to a mere propaganda tool. She hijacked the tragedy of its death to tell a lie rather than the actual facts surrounding its death.
53. In a news report on May 14, 2021, after numerous reports of adverse effects from the AstraZeneca injection, Dr. Henry continued to manipulate and coerce the public into taking the jab by only reporting on cases, **not deaths**, by PCR based cases. She further claims in her

⁴⁴ https://www.breakingchristiannews.com/articles/display_art.html?ID=33214

⁴⁵ <https://web.archive.org/web/20210420021347/https://vancouver.sun.com/news/local-news/infant-dies-from-covid-19-at-b-c-childrens-hospital>

public announcement that youth are now at great risk for contracting COVID-19. Dr. Henry makes this claim with no evidence to substantiate it. Dr. Henry blatantly lies about youth getting COVID-19 saying, "especially young people are having severe disease with Covid-19." The facts are that young people are at nearly zero percent risk of contracting or transmitting this virus and if they do get it, they have mild symptoms.

54. Dr. Henry's May 14, 2021, news update included a Langley man, Mr. Mulldoon,⁴⁶ who was hospitalized and had to undergo surgery to remove six feet of his small intestines due to a severe reaction to the AstraZeneca shot. Dr. Henry sidestepped the issue and minimized the fact that this man's life has been permanently impacted by referring to his blood clot as "very rare." Statistics prove otherwise.
55. Mr. Mulldoon is going through hell and is suffering unbelievable remorse over taking the vaccine, and feels the government mislead him by not informing him of the risks associated with the injection.
56. The fact is, there can be no "informed" consent since this experimental "vaccine" is still in the trial phase. All the potential side-effects are unknown. Anyone involved in this experiment is equivalent to a lab rat, at this point.
57. When countries around the world, including several provinces in Canada, were banning AstraZeneca due to the serious adverse reactions including death, Dr. Henry is on record continuing to not only make it available to the public but promote it and claiming it is "perfectly safe."

Adverse Reporting in British Columbia:

58. In statements issued in May 2021, by the Colleges of Physicians and Surgeons in British Columbia and in Ontario, Canadian doctors are reportedly being coerced to participate in what

⁴⁶ <https://www.msn.com/en-ca/news/canada/covid-19-bc-man-hospitalized-with-astrazeneca-vaccine-induced-blood-clot/ar-BB1gHW5y>

can only be described as crimes against humanity. Under Dr. Henry's dictates, doctors are now expected to violate their medical ethics and conscience and make primary care decisions which are not in the best interests of their patients. Physicians are forbidden to question or debate any or all of the official measures imposed in response to COVID-19; no matter how absurd or contraindicated to health these measures may be. In British Columbia, Dr. Stephen Malthouse, Dr. Hoffe, and Dr. Jane Grey were all silenced by the office of Dr. Henry for questioning the lockdowns and exposing the harmful effects of the COVID-19 injections.

59. On June 30, 2021, Health Canada updated both the Pfizer and Moderna vaccine labels due to serious harms, and yet they downplayed the adverse reactions as, "very rare reports of myocarditis and pericarditis following vaccination." In reality, the drug's adverse reactions are far from rare.⁴⁷
60. Canada's AEFI is a passive reporting system and is not widely promoted to the public, hence, many adverse events are going unreported. Historically, in Canada, about only 1% (one percent) are reported.

Unlawful actions of the British Columbia government and Dr. Henry

61. Effective the end of the day June 30th, 2021, Mike Farnworth, the British Columbia Public Safety Minister, cancelled the state of emergency across British Columbia, and yet the government continues to promote the experimental COVID-19 injections. This is unethical, immoral, and criminal as they were only approved under the *Emergency Program Act*.
62. Further, under Section 15 (1) and (2) of the *Emergency Program Act*, the government is obligated to make it clear to the public when an emergency is over.
63. Instead, the majority of the public are unaware that the "pandemic has been cancelled" as Dr. Henry signed yet another order on the June 30, 2021, giving instruction to the public as to

⁴⁷ <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2021/75959a-eng.php>

what they can and cannot do, basing some of those guidelines on whether or not you have had the injection.

64. The British Columbia government and Dr. Henry are continuing to promote, coerce, and extort people into getting the injections, despite the FDA/Health Canada authorization criteria no longer being met.
65. The British Columbia government and Dr. Henry's actions are in further violation of the *Charter* of Rights and Freedoms (1982) Section 2a, 2b, 7, 8, 9, 15; and international signed agreements and declarations.
66. The citizens of Canada are protected under the medical and legal ethics of express informed consent, and are entitled to the full protections guaranteed under:
 - a) the Universal Declaration on Bioethics and Human Rights (2005);
 - b) the Nuremberg Code (1947);
 - c) the Helsinki Declaration (1964, Revised 2013) Article 25, 26;
 - d) the *Crimes Against Humanity and War Crimes Act of Canada*;

Under the *Crimes Against Humanity and War Crimes Act of Canada*⁴⁸, a crime against humanity means, among other things, murder, any other inhumane act or omission that is committed against any civilian population or any identifiable group and that, at the time and in the place of its commission, constitutes a crime against humanity according to customary international law, conventional international law, or by virtue of its being criminal according to the general principles of law are recognized by the community of nations, whether or not it constitutes a contravention of the law in force at the time and in the place of its commission. The *Act* also confirms that every person who conspires or attempts to commit, **is an accessory after the fact**, in relation to, or counsels in relation to, a crime against humanity, is guilty of an offence and liable to imprisonment for life.

⁴⁸ <https://laws-lois.justice.gc.ca/eng/acts/c-45.9/page-1.html>

67. It is a further violation of the Canadian Criminal Code, to endanger the life of another person.

Sections 216, 217, 217.1⁴⁹

- a) Duty of persons undertaking acts dangerous to life

Sec. 216: Everyone who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill, and care in so doing.

- b) Duty of persons undertaking acts

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

- c) Duty of persons directing work

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

68. According to the *Criminal Code*, the following are indictable offences:⁵⁰

- a) Section 219 (1) (a)(b) states that anyone who does anything, or omits to do anything, that is his/her duty to do, "shows wanton or reckless disregard for the lives or safety of other persons".
- b) Section 220 (b) stipulates that anyone causing death to another person is guilty of an indictable offence and liable "to imprisonment for life".
- c) Section 221 (a)(b) "Every person who by criminal negligence causes bodily harm to another person is guilty of an indictable offence and liable to imprisonment for a term of not more than 10 years; of an offence punishable on summary conviction".

69. Under sections 265 and 266 of the Criminal Code of Canada⁵¹, a person commits an assault when, without the consent of another person, he applies force intentionally to that other person, directly or indirectly. Everyone who commits an assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years, or an offence punishable on summary conviction.

⁴⁹ <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-51.html#docCont>

⁵⁰ <https://laws-lois.justice.gc.ca/eng/acts/C-46/page-51.html>

⁵¹ <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-57.html#docCont>

70. Domestically, in the seminal decision of *Hopp v Lepp*, [1980] 2 SCR 192,⁵² the Supreme Court of Canada determined that cases of non-disclosure of risks and medical information fall under the law of negligence. *Hopp* also clarified the standard of informed consent and held that, even if a certain risk is only a slight possibility which ordinarily would not be disclosed, but which carries serious consequences, such as paralysis or death, the material risk must be revealed to the patient. Thus, Dr. Bonnie Henry, is guilty of criminal negligence causing death, and criminal negligence causing bodily harm.
71. The duty of disclosure for informed consent is rooted in an individual's right to bodily integrity and respect for patient autonomy. In other words, a patient has the right to understand the consequences of medical treatment regardless of whether those consequences are deemed improbable, and have determined that, although medical opinion can be divided as to the level of disclosure required, the standard is simple, "A Reasonable Person Would Want to Know the Serious Risks, Even if Remote." *Hopp v Lepp, supra; Bryan v Hicks*, 1995 CanLII 172 (BCCA); *British Columbia Women's Hospital Center*, 2013 SCC 30.⁵³
72. Vaccination is voluntary in Canada, and a constitutional right to refuse it exists, yet, as already mentioned in this document, some federal, provincial, municipal officials have incentivised the taking of COVID-19 injections, even suggesting that lockdowns and lockdown measures will not end until enough of the population has received these injections. This is despite the negative impacts' lockdowns have had on the health and well-being of the citizenry. Officials are not only infringing on human rights, but they are also putting themselves personally at risk of a civil lawsuit for damages and potential imprisonment by attempting to impose this experimental medical treatment on citizens, including minors. Canadian law has long

⁵² <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2553/index.do>

⁵³ <https://www.canlii.org/en/ca/scc/doc/2013/2013scc30/2013scc30.html?resultIndex=1>

recognized that individuals have the right to control what happens to their bodies; law which is being directly infringed upon by these officials.

73. Dr. Henry has been instrumental in disseminating information to the public that is knowingly false, deceptive and/or misleading, resulting in egregious crimes against humanity, the division of families and society, abuse and mistreatment of our elderly and children, the destruction of our economy, employment and businesses, prohibiting medical care, and all of these things contributing to increased drug overdoses, suicide, depression, excess deaths and an overall breakdown of society.
74. Dr. Henry persists, in the face of mounting evidence, to misrepresent COVID-19 as a deadly condition when this condition produces only mild or no symptoms for the greatest percentage of the population (99.997%).

Dr. Henry's History:

75. Dr. Henry worked internationally with the WHO/UNICEF polio eradication program in Pakistan and with the WHO to control the Ebola outbreak in Uganda.⁵⁴
76. Dr. Henry helped to establish the Canada Pandemic Influenza Plan, which contains recommendations for health-related activities during the spread of a virus.⁵⁵
77. Canada Pandemic Influenza Preparedness Task Group (CPIPTG) members: B Henry (Chair), Canada's pandemic vaccine strategy Acknowledgements.⁵⁶
78. In 2012, Health Canada demanded that nurses who refused to take a vaccine would be mandated to wear a mask throughout the 6-month flu season; it was known as VOM (Vaccinate or Mask). The Ontario Nurses Union filed a grievance against St. Michael's Hospital's VOM policy. The result was a precedent setting win for nurses across the country.

⁵⁴ <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/biographies>

⁵⁵ https://en.wikipedia.org/wiki/Bonnie_Henry

⁵⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5764724/>

The arbitrator in the case ruled that wearing masks “was not supported by science and was most likely an attempt to drive up vaccination rates among staff.”

79. Dr. Henry was one of the expert witnesses who was instrumental in overturning the mask mandate and testified in the 2015 case saying, “there’s very scant evidence about the value of masks in preventing the transmission of influenza.” Dr. Henry goes on to say that there is no data to support wearing masks and, “When we look at individual strains circulating and what’s happening, I think we need it to be consistent with the fact that there was nothing that gave us support that providing a mask to everybody all the time was going to give us any additional benefit over putting in place the other measures that we have for the policy.”
80. In December 2019, Dr. Henry supported the arbitrator’s 2015 decision on behalf of British Columbia Nurses.
81. In May 2020, Dr. Henry unequivocally states, “there is no evidence that if you’re not ill wearing a mask, particularly wearing a mask outside or out in public, that provides much protection or any benefit at all.” Dr. Henry further admits that asymptomatic people do not spread the virus, “we have not seen anybody not showing any symptoms passing it on to anyone else.”⁵⁷ Henry also admits there is “no real science behind the decisions she is making.”⁵⁹
82. Throughout 2020, Dr. Henry is on record repeatedly saying that masks are not effective and yet in March of 2021, Dr. Henry once again lies to the public claiming she has never said that masks do not work.⁶⁰
83. Henry is duty bound to make decisions based on science and facts, and yet it is very evident that she intentionally ignored the information available to her on masking, asymptomatic

⁵⁷ <https://rumble.com/vbdsmb-bonnie-henry-admits-no-evidence-masks-work-for-those-not-sick.html>

⁵⁹ https://canucklaw.ca/wp-content/uploads/2020/07/COVID-19_-B.C.-health-officer-explains-50-vehicle-limit-for-events.mp4

⁶⁰ <https://action4canada.com/masks/>

spread, social distancing and lockdowns, and instead implemented the draconian measures that destroyed people's livelihoods and put the public in harm's way on multiple levels.

84. On June 28, 2012, Dr. Henry worked for BCCDC Emergency - Management and Environmental Health and was a presenter at the Public Health Ethics and Pandemic Planning. Dr. Henry listed the goals of the CPIP (Canadian Pandemic Influenza Plan) and ensured that, were there a pandemic, the plan must account for minimizing serious and overall deaths and minimize societal disruption among Canadians. She also lists the risks to schoolchildren of closing schools, and the fact that children are at very low risk of contracting or transmitting viruses. However, Dr. Henry supports that government restrictions are acceptable, including forced quarantine and personal autonomy being effected by forced vaccinations. Dr. Henry, along with her fellow presenter, Dr. Unger, believe this is the right, moral and ethical thing to do.⁶¹

85. As a result of Dr. Henry's previous involvement with the CPIP, BCCDC, Dr. Fauci, and the WHO, and as she currently holds the position of British Columbia's Chief Health Officer, there is reason to be concerned that Dr. Henry's actions are calculated and possibly pre-mediated based on the level of training Dr. Henry has participated in. Of great concern is, Dr. Henry's willingness to openly and aggressively violate the public's "guaranteed" *Charter* Rights. Specifically, their right to bodily autonomy, security of the person, to be employed and provide for one's family, the freedom of mobility, the freedom of speech and to assemble, the freedom to access medical care and the right to live without being subjected to discrimination and hate.

⁶¹ <https://mediasite.phsa.ca/Mediasite/Showcase/bccdc/Presentation/e4823d251a8c40a38cdc80666f7d0fa71d>

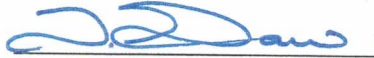
Code of Conduct:

86. Dr. Henry, in her directions to the provincial government and to the citizens of British Columbia, did so with the authority of a physician with a speciality in Community Medicine. It is irresponsible and criminal of Dr. Henry to present as a physician if there were no obligation for Dr. Henry to abide by the codes of conduct of her profession.
87. As a physician practicing in the province of British Columbia, Dr. Henry has a responsibility to attend to the health of people under her care. At no time did Dr. Henry use her position as a specialist in Community Medicine to reduce the suffering of individuals by recommending prophylactic or curative treatments known to be effective in reducing morbidity and mortality. These include, but are not limited to, the use of Hydroxychloroquine and Ivermectin, which are known to have cured even advanced cases of COVID-19 and have a long safety history, and/or the daily use of Vitamin C, Vitamin D, and zinc. Dr. Henry at no time used her position to offer guidance on how to strengthen one's immune system.
88. Dr. Henry fuelled panic and fear in the general population, withheld knowledge of treatment options, and failed to act in a manner becoming of a health professional.
89. Dr. Henry, in her role as a physician, would have known, based on her involvement with the CPIP, that the measures imposed by the government of British Columbia would cause a great deal of injury and harm to citizens. Failing to act or speak out against these measures is being complicit in the harming of citizens by the government of British Columbia.
90. In making public announcements pertaining to treatment and mitigation measures to address COVID-19, at no time did Dr. Henry make clear that she was not acting from her knowledge and position as a specialist in Community Medicine. Instead, Dr. Henry was often referred to as British Columbia's "top physician." Dr. Henry should have immediately distanced herself from this association as a physician and made clear to the public that she was not acting as a physician, and thus was not abiding by the standards of the *Health Professions Act*.


91. I contend that Dr. Henry misrepresented the facts, the medical evidence, and the science as pertains to COVID-19, and intentionally withheld important information that would increase health and substantially reduce fear in the general public.
92. Dr. Henry has done significant harm to the citizens of British Columbia, not only in her role as Provincial Health Officer, but also in her role as a physician.
93. In Summary, the British Columbia government and Dr. Henry have neglected to inform the public:
 - a) that the RT-PCR test is unreliable as a diagnostic tool for COVID-19;
 - b) that positive test results are not “cases” and are meaningless as a measure of infection or risk of infection, or the risk of mortality;
 - c) that masking does not prevent viral infection or transmission;
 - d) that masking carries risks, including the increased risk of respiratory infection and enhanced viral transmission;
 - e) that there is no evidence to substantiate the effectiveness of two metre physical distancing of the general population
 - f) that provincial hospitals are, and have been, essentially empty of COVID-19 patient;.
 - g) that the morbidity/mortality of COVID has not exceeded seasonal influenza;
 - h) that the survival rate of COVID-19 is more than 99.97% and the median age of death from COVID is 85+ years;
 - i) that there have been prophylactic or curative COVID-19 treatments since the onset of the virus;
 - j) that the purported numbers of deaths have been accumulative over two influenza seasons;
 - k) that the COVID-19 injections are causing irreparable and serious harm, including death; and,
 - l) that the COVID-19 injections are not necessary, due to a high recovery and survival rate and prevention and effective non-vaccine treatments are available.
94. Therefore I hold the reasonable belief and assessment that the British Columbia Health Officer Dr. Henry, Premier Horgan, Public Safety Minister Mike Farnworth and Minister of Health Adrian Dix, have knowingly enacted the unreasonable and disproportionate, hence, unlawful Emergency Measures (including Bill-19 2020 COVID-19 Related *Measures Act*) with all its draconian consequences, and are singly and/or collectively guilty of one or more of the arrestable criminal offences, namely: criminal negligence causing death and/or bodily harm, fraud and uttering fraudulent pretences, extortion and crimes against humanity. I would therefore, request an investigation commence immediately.

95. I make this affidavit in support of a criminal complaint and for no other or improper purpose.

SWORN BEFORE ME at the City)
of Toronto, in the Province of)
Ontario,)
on this 21st day of August, 2021.)



Tanya Gaw



A Commissioner for Taking Affidavits
Samantha Coomara, Barrister And Solicitor