

**Open Letter to Dr. Bonnie Henry, Adrian Dix, Premier John Horgan and Attorney General David Eby- 3.0**  
**October 6, 2021**

## 1. INTRODUCTION AND CALL TO ACTION

We are a large group of concerned health professionals in the Okanagan Valley, B.C. Our previous letter was sent to you, Dr. Henry, Mr. Dix and Mr. Horgan, on Sept 9<sup>th</sup>, 2021<sup>1</sup>, and although it has been well received by medical professionals and academics in Canada and around the world, we have yet to receive your reply. Again, **we demand that you stop the “vaccine” mandates and other restrictions being forced upon the citizens of British Columbia.** Current evidence overwhelmingly demonstrates severe harms caused by both the Covid-19 restrictions and the “vaccines”. The threats and coercion contained in your health orders and press conferences have nothing to do with health or eliminating a virus and everything to do with punishment of non-compliance. This type of behaviour by government and public health officers is not typically witnessed in a democratic society.

We stand against coercing people to accept experimental medical treatment, the threat of daily PCR or rapid antigen testing or suspension/termination of employment. We are pro-science, pro-transparency, pro-choice, pro-informed consent and pro-unity. We respect everyone’s right to bodily autonomy and to choose or refuse medical treatment.

**These mandates violate long-honored medical principles of “Do no harm”.** It is our view that your health policies have done little to lessen the effects of Covid-19 on our population and have caused much harm and many deaths. They have also created societal division at a time when cooperation and unity is crucial. We have all witnessed and experienced it personally. Across the country, provincial governments are all pushing a similar one-sided narrative and detrimental “health” policies. As health professionals, we are being asked to sign “gag orders” to hide from the public the catastrophic events that we are witnessing in our hospitals and medical clinics. We are being blocked from providing treatment to our clients when safe and effective therapies, such as Ivermectin and Hydroxychloroquine, are available. Irrationally, we are being told the only way through this crisis is to vaccinate everyone. The message is clear: support the government’s story or you will be punished. It is profoundly disturbing that our appointed Public Health Officer and our elected government leaders present themselves as the voices of compassion when we only hear dictates that are coercive, divisive, and callous.

We recognize that Covid-19 is an illness that has taken lives, just as the flu and other well-known infections have done. It can cause a small proportion of patients to become very ill. However, Covid-19 has been intentionally marketed to appear far deadlier and more problematic than it really is. Covid-19 can be successfully treated, but the treatments are being withheld. Conservative estimates reveal that 75% of deaths could have been prevented if treated early, even at home, with antivirals and supplements. The recommendation for and excessive use of ventilators has further contributed to an increased death rate. Outcomes, where early treatment was dispensed into the community, provide clear evidence of the benefits of a more pre-emptive approach with well-proven medicines. The Government of India declared on Oct 4<sup>th</sup>, 2021 that their most populated state, Uttar Pradesh, is now **officially Covid free**<sup>2</sup> after widespread use of ivermectin.<sup>3</sup>

Dr. Henry, you made a remark in your book “Be Kind, Be Calm, Be Safe”, that you began selling during the peak of the 2020 pandemic, that drew some attention. Tamara Jansen, Member of Parliament for the constituency of Cloverdale-Langley City, highlighted some concerning comments you made on pages 40 and 41 of your book:<sup>4</sup>

“Just like every other chief medical officer of health across the country, I had a mandate and the legal authority to speak directly to the public about issues related to health. I was fully aware, however, that if I were wildly offside with what the provincial health minister [Adrian Dix] and government [Premier John Horgan, David Eby etc.] believed, it could make my position challenging, and that if I was too far off the mark too often, the government could render me ineffective or fire me altogether.”

Dr. Henry, when you referred to your concerns about the consequences of being “too far off the mark”, were you referring to a government program that conflicted with scientific evidence and the welfare of British Columbians? Did you put your personal and financial interests above the health and well-being of the people you took an oath to serve? Or perhaps you never took that oath.

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<sup>1</sup> <https://vaccinechoicecanada.com/wp-content/uploads/Open-Letter-by-Okanagan.pdf>

<sup>2</sup> <https://twitter.com/RWMaloneMD/status/1445016965316284420?t=7AdR-baile8LyJ4px3j5Sg&s=09>

<sup>3</sup> <https://covid19criticalcare.com/videos-and-press/flccc-releases/joint-statement-may-03-2021-joint-statement-on-widespread-use-of-ivermectin-in-india-for-prevention-and-early-treatment>

<sup>4</sup> <https://www.facebook.com/tamarajansenofficial/photos/a.1357302974414525/2425828770895268/>

The Premier of New South Wales, Gladys Berejiklian, resigned as Premier and member of the Liberal Party on October 1, 2021.<sup>5</sup> This was the result of an investigation launched by the Australian Independent Commission Against Corruption. There have been accusations that the Premier was being directed by lobbyists in Sydney who were given tens of millions of dollars by Pfizer and AstraZeneca to promote their Covid injection products. The Premier claims the investigation relates to her relationship with a former government official between 2015 and 2018. The Commission has not announced the reasons for the investigation.<sup>6 7</sup> Employers and government are being called upon everywhere to stop coercive policies that force people to be vaccinated or lose their jobs. The legislation, health orders and government narrative in Australia is remarkably similar to what we have in B.C. and across Canada. Is there a similar pressure or incentives behind your health policies and vaccination mandates in B.C.?

Are your vaccine mandates, that threaten to suspend or terminate the employment of British Columbians and their ability to provide the necessities of life for themselves and their families, about lowering the risk of transmission of covid-19 or are they about getting increased vaccination uptake through coercion and pressuring people to obey the government at all costs? The evidence clearly shows it is the latter.

Given your lack of response to our first letter, we address the rest of this letter to the people of British Columbia.

### **TO OUR PATIENTS, FAMILIES, FRIENDS, NEIGHBOURS AND COLLEAGUES:**

We want to start a conversation and get back to understanding one another. You need to ask yourselves why we, as health professionals, are willing to risk our careers, livelihood and reputations to oppose this dangerous political interference with the practice of medicine and science. We are sacrificing everything we love and have worked for, not out of selfishness, but out of a genuine concern for the people we took an oath to serve and care for. The stand we have taken has come at great personal cost and we have all suffered loss. But we are compelled to speak out and to act with our hearts and our commitment to our patients, communities and loved ones.

You have probably noticed the many contradictions in the messaging from our public health office (PHO), government officials and mainstream media. What we are being told just doesn't add up. Our leaders have left us exhausted, confused and disillusioned. We have heard a lot about transparency, but we have received exactly the opposite. Information has been hidden from the public or made difficult to find or understand. Statistics are being manipulated to support a narrative and agenda that has little to do with our health and wellbeing, but everything to do with coercion, intimidation, control and punishment. Our public officials have encouraged us to go against our neighbours, when what we really need to do is support one another. The following letter will provide you with **clear and compelling evidence** needed to eliminate the misunderstandings and confusion caused by this false narrative. Then we can move forward in unity to bring an end to the pandemic. We only require that you open your mind to another perspective and read on.

One of the most deceptive and divisive messages being promoted to the public by our government officials is the idea that the science is settled in relation to the safety and efficacy of these experimental injections, masks, distancing and lock downs. The impression given is that scientific debate has occurred and consensus has been reached. Anyone who questions the conclusion of "safe and effective" and "we are following the science" is accused of wilfully spreading misinformation and is censored and even punished. This leads the public to believe that anyone, including well-educated professionals, are to be discredited if they question the government narrative. It is truly shocking to see how these highly respected medical and scientific professionals have had their character attacked and their accomplishments, education, and experience ignored and discredited without real justification. This extinguishing of open debate and discussion is the antithesis of science.

Dr. Bonnie Henry, Mr. Adrian Dix, and our Premier John Horgan have made it clear that they believe the only way to get out of this pandemic (someday in the unforeseeable future) is for everyone to get an ever-increasing number of doses of an experimental gene modifying injection that our PHO or the WHO recommends. You will notice that we have also addressed this letter to our Attorney General David Eby, as he has stood by and watched this all happen and is therefore complicit in these actions. However, observation reveals that we are no further ahead after rolling out the "vaccines" and, in fact, we are worse off. We have more "cases", hospitalizations, and deaths than we experienced before the "vaccines" became available. Now we are rolling out boosters and injecting our youth. The drug manufacturers are currently applying to vaccinate our children aged 5 and up, who were never at risk for either getting the disease or transmitting it to others. When will we realize the repetition of a failed strategy does not produce a different or better result? Instead, it is more likely to get worse, with more cases, adverse vaccine reactions, deaths, depression, suicide, overdoses, isolation, anger and segregation. Do we really think this is how a crisis should be managed?

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<sup>5</sup> <https://www.cbc.com/2021/10/01/australia-new-south-wales-premier-gladys-berejiklian-resigns.html>

<sup>6</sup> <https://mobile.twitter.com/13orangesbc/status/1443860140806098950?s=09>

<sup>7</sup> <https://freewestmedia.com/2021/10/03/australian-mining-magnate-outs-nsw-premier-as-big-pharma-lobbyist>

Our government officials along with TV, radio, newspapers and much of social media are using fear as a tool to repeatedly market Covid-19. Fear is used to disarm, coerce and pressure citizens to comply with blatantly absurd public health policies without question, and to demean and marginalize anyone who won't submit for "the greater good". To survive these difficult times, we must respect and understand each other and rebuild community. We must not propagate the divisiveness that is being instigated from the top down. "Divide and conquer" is in every tyrant's playbook.

In a recent meeting of key leaders at Vancouver Coastal Health, Dr. Patty Daly, Chief Medical Health Officer for Vancouver Coastal Health, was asked these questions and **gave these answers** (15:30 to 17:00 of the video):

**Question:** "We aren't allowing unvaccinated people into restaurants, but they are still allowed to visit patients in Acute care (ICU, etc.). Is this true? If so, what are the risks?"

**Answer:** "Maybe I can answer this just briefly. The **vaccine passport** requires people to be vaccinated to do certain discretionary activities such as go to restaurants, movies, gyms, **not because these places are high risk**. We are not actually seeing covid transmission in these settings. **Its really is to create an incentive to improve our vaccination coverage...The vaccine passport is for non-essential opportunities, and its really to create an incentive to get higher vaccination rates.**"<sup>8</sup>

Dr. Daly also said that B.C. is not seeing transmission from visitors to health care facilities, and that these visitors are low risk, and in fact are lower risk than staff.

Dr. Bonnie Henry advised the public on October 5, 2021<sup>9</sup> that she was "very proud" to announce vaccines will soon be mandatory for roughly 30,000 employees in BC's public service, and for visitors to many health-care settings, including long-term and assisted care and that she was expanding the group that are able to get their third shot. She extended the deadline for long-term care workers to become fully vaccinated such that both shots are now required by November 22. Dr. Henry said she will not be releasing the details of the available accommodations until early November (after the date the shot is mandated to be taken). She gave the rationale for expanding her policy:

As more employees return to the regular workplaces later in the fall, this provides an additional and reassuring layer of protection for workers were continuing the vital work of serving British Columbians,".

Why would Dr. Henry require visitors to long term care centers to be vaccinated, when Dr. Daly, Chief Medical Health Officer for Vancouver Coastal Health, has admitted that they are low risk and that we aren't seeing transmission from these visitors?

Our colleagues in northern B.C. in long term care have told us that they have been threatened by their employer with a mandate that if they do not get the covid-19 "vaccines" by a certain date, they will be suspended from work without pay for 2 weeks, and then be required to return to work for pay for 2 weeks, on an ongoing rotating basis. This policy isn't about reducing the risk of an unvaccinated employee infecting other employees, patients or visitors to the workplace, or the policy wouldn't be rotating the unvaccinated employees through the workplace. The purpose of the policy seems similar to that stated by Dr. Daly - increasing vaccination rates.

Prime Minister Justin Trudeau<sup>10</sup> unveiled the Canadian government's mandatory vaccine policy today that will require public servants to either get their shots by October 29, 2021 or be forced into an unpaid leave of absence. Federal contractors, like cleaning staff, must also be fully vaccinated to gain access to government buildings. If employees fail to get their shots by October 29 or receive some sort of accommodation under the Canadian Human Rights Act, then 2 weeks after that date, they will face disciplinary action that could ultimately cost them their job. These suspended employees will not qualify for any employment insurance benefits. He admits that the purpose of the policy is to bolster stalled vaccination rates.

Prime Minister Justin Trudeau also claimed: "These travel measures, along with mandatory vaccination for federal employees, are some of the strongest in the world because when it comes to keeping you and your family safe, when it comes to avoiding lockdowns for everyone, this is no time for half measures,". He confirms that this policy applies to employees even if they are working remotely from home. Although Prime Minister Trudeau claims his policy is about keeping people safe, he admits that its purpose is to bolster stalled vaccination rates. This sounds very similar to the comments of Dr. Patty Daly, the Chief Medical Health Officer for Vancouver Coastal Health. The purpose of the policies is not about lowering the risk of transmission but is to increase rates of vaccination. Why would the government require someone who works from home to be vaccinated in order to protect their coworkers or customers, if lowering transmission or safety was the true purpose behind the policy?

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<sup>8</sup> <https://www.youtube.com/watch?v=Z1NlhQGVAhw>

<sup>9</sup> <https://www.cbc.ca/news/canada/british-columbia/public-service-employees-bc-mandatory-vaccines-1.6200515v>

<sup>10</sup> <https://www.cbc.ca/news/politics/federal-vaccine-mandate-1.6201528>

These policies are clearly not about reducing risk of transmission of covid-19, but they are about government coercion to obey. Obey our mandate to get the vaccine, or lose your privileges and your ability to earn a living. This is not what happens in a democratic country.

## 2. COVID-19 INJECTIONS ARE **NOW PROVEN TO BE FULL OF TOXIC AND HARMFUL INGREDIENTS THAT DEMAND AN IMMEDIATE HALT TO THEIR USE**

There have been many doctors, scientists and researchers participating in multiple research events that have found harmful ingredients in the Covid-19 “vaccines”. The manufactures of these “vaccines” and our Provincial and Federal Governments have now admitted this truth.

A medical conference held in Germany on Sept 22, 2021, comprised of hundreds of scientists and doctors from 35 countries, revealed their findings from examining the contents of hundreds of vials of Pfizer, Moderna and AstraZeneca vaccines. They identified numerous previously undisclosed materials such as heavy metals, stainless steel, mobile parasite-like materials and other substances that could not be identified. Some resembled tiny computer chips and appeared to be self-propelled in blood samples 6 months post vaccination. Please see both the 15-minute summary<sup>11</sup> and the full 2h 40m conference.<sup>12</sup> They discussed the findings following autopsies performed on 8 people between the ages of 50 and 90 who died within 14 days of getting the Pfizer, Moderna, AstraZeneca or Johnson and Johnson “vaccines”. The autopsies showed prolific organ damage with metals imbedded within the tissues and tissue invasion by large numbers of white blood cells in concentrations never seen before. The damage and swelling of lymph nodes were at unprecedented levels. Please see the 12-minute video summarizing the results of these incredible autopsy findings.<sup>13</sup>

On August 20, 2021, Dr. Robert Young, CPC, MSc, DSc, PhD, ND, published his team’s findings after analysing the Pfizer, Moderna, AstraZeneca and Johnson & Johnson “vaccines”.<sup>14</sup> He has confirmed that these are not actually “vaccines” but rather nanotechnological drugs working as a genetic therapy. Their findings both confirm and expand upon prior investigations carried out by Dr. Pablo Capra from the University of Almeria, Spain, and Dr. Juan F. Gaston Ananos from the Hospital de Barbastro, Spain, and are consistent with the most recent findings at the September 22, 2021 conference held in Germany. The studies found multiple toxic ingredients in the “vaccines”. One consistent finding was that all 4 “vaccines” contained **graphene oxide**.

**Graphene oxide** has been proven to be toxic to humans, creating physical destruction, oxidative stress, DNA damage, inflammatory response, apoptosis, autophagy, and necrosis. It can induce acute and chronic injuries in tissues by penetrating through the blood-air barrier, blood-testis barrier, blood-brain barrier, blood-placenta barrier, and accumulates in the lungs, liver, and spleen, etc.<sup>15</sup>

These are some of the common uses for graphene oxide. One has to ask why this toxin would be in a “vaccine” for humans:

- a) It is one of the most conductive materials for electricity and heat, which makes it the perfect material for electronics and many other industries. This includes reliable and controllable electromagnetic material, very powerful as a super conductor and optical communications and optical sensors and switches.
- b) Its electrical and mechanical properties make it helpful in developing transparent and flexible conductors, field-effect transistors, electrical and optical sensors, fluorescence quenchers, LED (light-emitting diodes), and more.
- c) Graphene oxide is helpful for the production of transparent conductive films in flexible electronics, solar cells, and chemical sensors. Graphene oxide is cheaper and easier to manufacture than graphene. It is widely being used as an electrode material for batteries, capacitors, and solar cells.

Dr. Lieutenant Colonel Teresa Long, MD, MPH, FS, recently swore an affidavit<sup>16</sup> in support of an injunction application in court at Denver, Colorado to halt the “vaccines” for military personnel in the United States. She outlined the significant concerns in taking Covid-19 mRNA “vaccines”. She discussed the ingredients and their toxicity. At paragraph 25 of her affidavit, she confirmed that the polyethylene glycol (PEG) is listed by Pfizer as one of the primary ingredients in its “vaccine” and is close in molecular makeup and in the same family of synthetic polymers propylene glycol, which is a common ingredient in antifreeze.

<sup>11</sup> <https://rumble.com/vmxenj-breaking-now-worldwide-call-to-stop-vaxx-now-doctors-scientists-reveal-find.html>

<sup>12</sup> <https://jdfor2024.com/2021/09/cause-of-death-after-Covid-19-vaccination-undeclared-components-of-the-Covid-19-vaccines/>

<sup>13</sup> <https://www.redvoicemedia.com/2021/09/never-before-seen-vaccine-victims-bodies-in-battle/>

<sup>14</sup> <https://truthcomestolight.com/dr-robert-young-science-team-reveals-graphene-aluminum-lipid-nanoparticle-1np-capsids-poly-ethylene-glycol-peg-parasites-in-pfizer-moderna-astrazeneca-and-janssen-vaccines/>

<sup>15</sup> <https://particleandfibretoxicology.biomedcentral.com/articles/10.1186/s12989-016-0168-y>

<sup>16</sup> <https://www.deepcapture.com/2021/09/affidavit-of-ltc-theresa-long-m-d-in-support-of-a-motion-for-a-preliminary-injunction-order/>

The concern with this ingredient is that it is an adjuvant which causes an immune response without carrying any vaccine at all. The bodily response to polyethylene glycol ranges from severe anaphylactic response requiring hospitalization or death, to lifelong allergies and anti-drug antibodies which can stop other medications from working in the body. Another primary ingredient of the lipid nanoparticle delivery system is “ALC-0315”.

Dr. Long confirms that this particular ingredient comprises between 30-50% of the total ingredients in the “vaccine” and is a known toxin. The safety data sheet for this primary ingredient states that it is a Category 2 under the OSHA HCS regulations (21 CFR 1910) and includes several concerning warnings including but not limited to:

1. Seek medical attention if it comes into contact with your skin
2. If inhaled and if breathing is difficult, give cardiopulmonary resuscitation
3. Evacuate if there is an environmental spill
4. The chemical, physical, and toxicological properties have not been completely investigated
5. Caution: product has not been fully validated for medical applications. For research use only

At paragraph 26 of her affidavit, Dr. Long concluded that as a result of these ingredients:

It is reasonable to conclude that these injections pose a serious risk to humans due to direct adverse effect or allergic reaction.

At paragraph 28 of her affidavit, Dr. Long admits that she did not take significant time to determine the risk of the other Covid-19 “vaccines” but notes that in the Safety Data Sheet of the Moderna key ingredients, SM-102, that it is significantly more dangerous than the Pfizer ALC-0315. She stated “If the DOD [Department Of Defence] were to undertake use of the Moderna vaccine, one can expect a much higher serious adverse event and fatality rate given that the ingredient SM-102 carries an express warning “Skull and Crossbones” characterized under the GHS06 and GHS08, as being deadly”.

The British Columbia Centre for Disease Control confirms that ALC-0315 and polyethylene glycol (PEG) are in the Pfizer “vaccine” and that PEG and Lipid SM-102 are in the Moderna vaccine, and polysorbate 80 is in the AstraZeneca vaccine.<sup>17</sup> Reports filed with the US National Library of Medicine and the National Institutes of Health have documented that PEG is a known cause of anaphylaxis.<sup>18</sup> The material safety data sheet for polysorbate 80 confirms that accidental ingestion of this material may be damaging to the health of that individual. It may cause irritation of the oral or gastrointestinal lining, induce vomiting and mild diarrhea. It may cause eye irritation, skin irritation, and repeated exposure may cause skin cracking, flaking or drying following normal handling. Open cuts, abraded or irritated skin should not be exposed to this material and if this chemical enters the bloodstream, as it would by vaccination, it may produce systemic injury with harmful effects.<sup>19</sup> The material safety data sheet goes on to say that it is flammable in the presence of heat, and may cause reproductive effects, cancer and affect genetic material. The safety data sheet warns that “...exposure [to polysorbate 80] by all routes should be minimized as a matter of course.”

One has to question **why any “vaccine” that contains such ingredients has been approved for humans, let alone being aggressively pushed upon them** with the threat of loss of employment if a person refuses to comply.

The only warning given to the public by our Government and Public Health Officer, is the BCCDC warning on their website where they advise against getting the “vaccine” if you have had a serious allergic reaction to polyethylene glycol (PEG) in the Pfizer “vaccine” or if you have had a serious allergic reaction to polysorbate 80, which is in the AstraZeneca “vaccine”. The BCCDC also warns against getting a Covid-19 “vaccine” if you have had a serious allergic reaction to a previous dose of a Covid-19 “vaccine”. None of the other toxic ingredients, or known serious side effects to those ingredients, are mentioned.<sup>20</sup>

The Pfizer “vaccine” information fact sheet<sup>21</sup> produced for the Food and Drug Administration in the United States, in order to remove the emergency use only designation, withheld important information about an ingredient in the “vaccine” which constitutes approximately 22% of the un-diluted vial. The FDA has so far refused to provide the contents of this unknown ingredient despite being asked for this information by legal counsel for the Informed Consent Action Network (“ICAN”).<sup>22</sup> In the fact sheet, Pfizer recommends that a person not get the “vaccine” if they have had a severe allergic reaction after a previous

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<sup>17</sup><http://www.bccdc.ca/Health-Info-Site/PublishingImages/health-info/diseases-conditions/Covid-19/Covid-19-vaccine/PfizerBioNTechIngredients.jpg>

<sup>18</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5155397/>

<sup>19</sup><https://datasheets.scbt.com/sc-255444.pdf>

<sup>20</sup><http://www.bccdc.ca/health-info/diseases-conditions/Covid-19/Covid-19-vaccine/vaccine-considerations>

<sup>21</sup><https://www.fda.gov/media/144414/download>

<sup>22</sup><https://vaccinechoicecanada.com/in-the-news/ingredients-in-pfizer-vaccine/>

dose, or if they have had a severe allergic reaction to any ingredient in the “vaccine”. The list of known side effects disclosed by Pfizer to the FDA include:

- difficulty breathing
- swelling of face and throat
- fast heartbeat
- bad rash all over your body
- dizziness and weakness
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- chest pain
- shortness of breath
- feelings of having a fast-beating, fluttering, or pounding heart
- severe allergic reactions
- non-severe allergic reaction such as rash, itching, hives or swelling of the face
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- nausea
- feeling unwell
- swollen lymph nodes
- diarrhea
- vomiting
- arm pain

Pfizer acknowledges in the fact sheet that these may not be all of the possible side effects of the “vaccine” and that other serious and unexpected side effects may occur. Pfizer admits that the possible side effects of the “vaccine” are still being studied in clinical trials. In other words, they are still experimental.

On the Health Canada website, only a portion of the above side effects disclosed by Pfizer in their FDA fact sheet are shown, but Health Canada does admit there are additional side effects including Bell’s Palsy or facial paralysis, sudden low blood pressure, and abdominal pain.<sup>23</sup> They admit that they are monitoring reports of side effects of the “vaccines” approved by Health Canada including thrombosis with Guillain-Barre syndrome, thrombocytopenia syndrome, capillary leak syndrome, in addition to those side effects mentioned above.<sup>24</sup>

Health Canada acknowledges that the “vaccine” manufacturers are changing the names of their “vaccines” for reasons not identified. Pfizer is changing the name of their “vaccine” to Comirnaty, Moderna to Spikevax and AstraZeneca to Vaxzevria.

### **3. THE NUMBER OF SEVERE ADVERSE REACTIONS AND DEATHS FROM THE COVID-19 INJECTIONS IN 9 MONTHS EXCEED ALL VACCINE INJURIES AND DEATHS OVER THE LAST 30 YEARS**

Below we provide evidence from Doctors, Scientists, Academics, Government as well as independent agencies detailing the harm caused by these vaccines.

Numerous Doctors, Scientists, and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 injections. This includes but is 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<sup>25</sup>, and antibody dependent enhancement leading to death; this includes children ages 12-17 years old.<sup>26 27 28</sup> We are seeing this in our own practices as well.

We refer to our first letter from Sept 9<sup>th</sup>, 2021<sup>29</sup> which provides credible information about the facts about the Covid-19 virus, the variants, the prevalence of its spread, the harmfulness of it, as well as the efficacy and safety of the testing and experimental gene therapies being referred to as “vaccines”.

<sup>23</sup><https://www.canada.ca/en/health-canada/services/drugs-health-products/Covid19-industry/drugs-vaccines-treatments/vaccines/pfizer-biontech.html>

<sup>24</sup><https://health-infobase.canada.ca/Covid-19/vaccine-safety/summary.html>

<sup>25</sup><https://www.nbcconnecticut.com/news/coronavirus/connecticut-confirms-at-least-18-cases-of-apparent-heart-problems-in-young-people-after-Covid-19-vaccination/2494534/>

<sup>26</sup><https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>

<sup>27</sup><https://rumble.com/vmxenj-breaking-now-worldwide-call-to-stop-vaxx-now-doctors-scientists-reveal-find.html>

<sup>28</sup><https://www.redvoicemedia.com/2021/09/never-before-seen-vaccine-victims-bodies-in-battle>

<sup>29</sup><https://vaccinechoicecanada.com/wp-content/uploads/Open-Letter-by-Okanagan.pdf>

Dr. Christopher Shaw, Neuroscientist and professor of Ophthalmology at the University of British Columbia (UBC), has expressed serious concerns about the safety of the Covid-19 gene therapies being promoted as “vaccines”.<sup>30</sup>

Recently a group of over 500 Canadian doctors, scientists, nurses and other health care professionals and lawyers have written a similar letter outlining these and other concerns.<sup>31</sup>

Dr. Steven Pelech, Professor of Neurology at the University of British Columbia<sup>32</sup>, has clearly expressed his opinion based upon the scientific literature that mandatory vaccination policies are not only highly flawed, but will actually cause more harm than any benefit in dealing with Covid-19.<sup>33</sup> He endorses the information contained in the original letter written by our group.

Dr. Pelech is also a Senate Representative for Faculty of Graduate and Post-Doctoral Studies, President & Chief Scientific Officer of Kinexus Bioinformatics Corporation and chair, and is on the scientific and medical advisory committee of the Canadian Covid Care Alliance. The CCCA is a group of independent Canadian doctors, scientists and health care practitioners who are committed to providing top-quality and balanced evidence-based information to the Canadian public about Covid-19.

Dr. Pelech explains that all of the vaccines approved in Canada result in the production of spike protein within the vaccinated person’s own cells. The spike proteins result in blood clots. Through the use of D-dimer blood tests, it appears that 60-90% of vaccinated people develop micro-clotting that can lead to larger clots causing blockages of veins and arteries. This thrombosis also leads to reductions in platelet levels and increased bleeding, especially in women. Despite recent reports from the UK where 30,000+ women complained of menstrual problems after receiving the Covid “vaccine”, this harm is still not being listed as a side effect of the “vaccines”.<sup>34</sup>

The National Institute of Health in the United States recently awarded \$1.67 million to Boston University, Harvard Medical School, John Hopkins University, Michigan State University, and Oregon Health and Science University to investigate whether menstrual changes are linked to the Covid-19 “vaccines”. The NIH says that the reason this research is important is because:

As more people are vaccinated for Covid 19, it is possible to gain a better understanding of the short and long-term effects of the vaccines. Scientific evidence could also help unvaccinated people understand what, if any, menstruation-related side effects to expect from a Covid 19 vaccine.

### **Shouldn’t this have been done before we vaccinated women all over the world?**<sup>35</sup>

Dr. Pelech goes on to confirm in his letter, that in young athletic men who receive the “vaccine”, they are at risk of myocarditis, which is an inflammatory attack on heart muscle cells. Once muscle cells are killed, they can never be replaced by new muscle cells, but only by scar tissue. There is also a concern that this inflammatory process will trigger autoimmune diseases in the vaccinated person. This risk increases with each injection. A recent pre-print study confirms these findings.<sup>36</sup>

Dr. Pelech explains why the vaccine injury reporting system in Canada, and other countries around the world, is severely flawed and cannot be relied upon in presenting accurate numbers of severe vaccine injuries.

Dr. Pelech confirms that the research also clearly shows that vaccinated people are being infected and transmitting the virus as much or more than the unvaccinated population. The vaccinated are carrying a larger viral load than the unvaccinated. Natural immunity is much stronger than any protection that vaccines can offer, as the protection offered by these “vaccines” seems to wane after only a few months. Dr. Pelech confirms that the best way to protecting those at risk is to develop herd immunity in the healthy population through natural immunity and not through the “vaccines”. It is natural immunity that builds herd immunity, but the CDC and WHO have recently changed the definition of Herd Immunity<sup>37</sup>, and the definition of vaccines to support the pro-vaccine agenda.<sup>38</sup>

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<sup>30</sup> <https://vaccinechoiccanada.com/in-the-news/news-nuggets-september-6-2021-top-news-items/>

<sup>31</sup> [https://www.canadianCovidcarealliance.org/wp-content/uploads/2021/09/CCCA-Declaration-Final\\_v6\\_Sept26th2021.pdf](https://www.canadianCovidcarealliance.org/wp-content/uploads/2021/09/CCCA-Declaration-Final_v6_Sept26th2021.pdf)

<sup>32</sup> <https://neurology.med.ubc.ca/faculty-listing/academic/dr-steven-pelech/>

<sup>33</sup> <https://vaccinechoiccanada.com/specific-vaccines/Covid-19-vaccine/letter-to-ubc-faculty-senates/>

<sup>34</sup> [https://childrenshealthdefense.org/defender/30000-women-uk-report-menstrual-problems-Covid-shots/?utm\\_source=salsa&eType=EmailBlastContent&eId=72675648-b235-4a87-b830-d148b891f71b](https://childrenshealthdefense.org/defender/30000-women-uk-report-menstrual-problems-Covid-shots/?utm_source=salsa&eType=EmailBlastContent&eId=72675648-b235-4a87-b830-d148b891f71b)

<sup>35</sup> <https://covid19.nih.gov/news-and-stories/covid-19-vaccines-and-menstrual-cycle>

<sup>36</sup> <https://www.medrxiv.org/content/10.1101/2021.09.13.21262182v1>

<sup>37</sup> <https://www.cdc.gov/vaccines/terms/glossary.html#commimmunity>

<sup>38</sup> <https://z3news.com/w/cdc-changes-the-definition-of-vaccines/>

In June 2020, WHO's definition of Herd Immunity was posted on their COVID-19 Q&A page and was in line with widely accepted standards for infectious diseases. Their original definition was:<sup>39</sup>

Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.

Immunity has always been recognized as being developed from previous infection. Your immune system is designed to work in response to exposure to an infectious agent, not to a vaccine. However, since October 15, 2020, the WHO wants you to believe that this is no longer the case. They updated their definition of Herd Immunity to a "concept used for vaccination" in order to market and promote the "vaccines" as follows:<sup>40</sup>

'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. Herd immunity is achieved by protecting people from a virus, not by exposing them to it.

Dr. Charles Hoffe was one of the first to sound the alarm of harm with the use of the D-Dimer test to detect microscopic blood clots following receipt of a Covid-19 vaccine. His research has demonstrated 66% of vaccinated people that he tested have high values indicating blood clotting issues.<sup>41</sup> Dr. Hoffe wrote an open letter to Dr. Bonnie Henry on April 5, 2021, which to our understanding, has never been responded to.<sup>42</sup>

Thousands of Alberta Physicians, Nurses, and other health professionals together composed a letter to the Alberta College of Physicians and Surgeons expressing similar concerns.<sup>43 44</sup>

Another recent letter written by legal counsel on behalf of a number of "vaccinated" and "unvaccinated" physicians in Alberta accuses the College of Physicians and Surgeons of Alberta ("CPSA") of unethical conduct. They specifically raise concerns that the government of Ontario recently admitted that, based on real world data, the **Moderna injection causes myocarditis in 1 out of 5000 people 18 to 24 years old** and the **Pfizer injection causes myocarditis in 1 out of 28,000 people 18 to 24 years old**, yet Alberta Health Services (AHS) has not adjusted their directives to take this into account. These physicians also complain about the denial of vaccine exemptions and the fact that the CPSA is ignoring the data that confirms these injections are neither safe nor effective. They also raise concerns that the CPSA Council is threatening Physicians if they dare prescribe other safe and effective treatments, including the use of Ivermectin.<sup>45</sup> Like Alberta, British Columbia has not changed their vaccine policies to account for these alarming statistics.

A study published in the Lancet on October 4, 2021 found that the Pfizer "vaccine" waned in effectiveness after 4 months by 47% after being fully vaccinated (study defined vaccinated as 7 days post second dose). The study showed the "effectiveness against infection erodes steadily in the months after receipt of the second dose". "Waning effectiveness and an increased number of infections was observed 6-12 months after the second dose, along with the potential need for booster doses." The authors of the study indicate this is likely to be due primarily to waning vaccine effectiveness rather than due to the Delta variant escaping vaccine protection. The authors further state that "Waning has been observed for both mRNA-based (Pfizer-BioNTech and Moderna) COVID-19 "vaccines" and is consistent with studies of other coronaviruses." The authors confirm that Pfizer funded the study, approved the study design, participated in data interpretation and in the writing of the report.<sup>46</sup>

The Ontario Civil Liberties Association (OCLA) recently published an article<sup>47</sup> referencing a letter written by OCLA researcher Dr. Dennis Rancourt, along with several fellow Canadian academics, who have decided not to accept the Covid-19 "vaccine" due to safety and efficacy concerns. Additional OCLA letters have been generated, such as "A Letter to The Vaccinated",<sup>48</sup>

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<sup>39</sup><https://web.archive.org/web/20201101161006/https://www.who.int/news-room/q-a-detail/coronavirus-disease-Covid-19-serology>

<sup>40</sup><https://web.archive.org/web/20201223100930/https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/herd-immunity-lockdowns-and-Covid-19>

<sup>41</sup><https://rumble.com/vmwojl-q-and-a-with-dr-charles-hoffe.html>

<sup>42</sup>[https://canadahealthalliance.org/wp-content/uploads/dr\\_hoffes\\_open\\_letter\\_to\\_dr\\_bonnie\\_henry\\_apr\\_5\\_2021.pdf](https://canadahealthalliance.org/wp-content/uploads/dr_hoffes_open_letter_to_dr_bonnie_henry_apr_5_2021.pdf)

<sup>43</sup>[https://www.lifesitenews.com/news/thousands-of-alberta-healthcare-workers-band-together-to-fight-government-jab-mandates/?fbclid=IwAR0ENYd7qrJLFUmxX8nA8IPjKCDi7dhEpE\\_LDa7B117n1sqqOCuO093KIs](https://www.lifesitenews.com/news/thousands-of-alberta-healthcare-workers-band-together-to-fight-government-jab-mandates/?fbclid=IwAR0ENYd7qrJLFUmxX8nA8IPjKCDi7dhEpE_LDa7B117n1sqqOCuO093KIs)

<sup>44</sup><https://healthprofessionalsunited.ca>

<sup>45</sup><https://westernstandardonline.com/wp-content/uploads/2021/10/2021-10-04-LT-CPSA.pdf>

<sup>46</sup>[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02183-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02183-8/fulltext)

<sup>47</sup><https://ocla.ca/a-letter-to-the-unvaccinated/>

<sup>48</sup><https://ocla.ca/a-letter-to-the-vaccinated/>



exposing the divisiveness of vaccine status and the futility of exchanging civil liberties for a false sense of safety. Also, they wrote a detailed “Open Letter to the Public Health Officers”.<sup>49</sup>

Kari Simpson, Executive Director of Culture Guard and Campaign Chair of 300k.ca/MyCVA.ca (Canadian Voters Association) recently wrote an impactful letter dated October 1, 2021 to David Eby, the Attorney General of B.C., to serve notice of the inappropriate conduct of his Government colleagues and the harms that have been caused. She quotes a number of criminal code infractions and human rights violations that have taken place within these health policies under his watch.<sup>50</sup>

Dr. Byram Bridle, a pro-vaccine Associate Professor of Viral Immunology at the University of Guelph, issued a terrifying warning<sup>51</sup> of the harms of the “vaccines” that were disclosed in a recently published peer-reviewed study.<sup>52</sup> The study showed that “vaccine” material quickly enters the bloodstream, circulates throughout the body and over several days it accumulates in tissues such as the spleen, bone marrow, liver, adrenal glands, and testes. In particular high concentrations are found in 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.” Studies confirm that Spike proteins are causing clotting, neurologic damage, bleeding, and heart inflammation. There is a high concentration of the Spike protein getting into breast milk and there are reports of breast-fed infants developing bleeding disorders in the gastrointestinal tract, leading to infant deaths. There are further warnings that this injection can potentially render recipients infertile, and that people who have been vaccinated should NOT donate blood as the spike proteins and other circulating “vaccine” constituents can be transferred in the blood supply. Japan was the first nation to ban vaccinated persons from donating blood.

Dr. Bridle wrote an open letter to his employer, the University of Guelph on September 17, 2021 expressing his concerns.<sup>53</sup> He also wrote another letter about the case against mandatory “vaccines” that includes scientific research that provides compelling reasons why no government or employer should be mandating these injections for anyone.<sup>54</sup> In addition, he also wrote a document on how harmful the “vaccines” are to children.<sup>55</sup>

Speaking at a rally on September 18, 2021 in Toronto, Ontario, Dr. Bridle provided information about more recent studies that supports these concerns.<sup>56</sup> Referenced in the below footnotes are links that refer to heart inflammation and pregnancy harms. First, he confirms high rates of heart inflammation in 12-15-year-old males after getting vaccine<sup>57</sup>. Also noted is a September 8, 2021 correction published by the authors of a paper originally published in the NEJM on April 21, 2021 that was being used as the foundation for the argument that the “vaccine” was safe in pregnant women.<sup>58</sup> The authors of that paper have now admitted that their study was unable to calculate the risk for spontaneous abortion as a result of taking the “vaccine” during pregnancy and therefore the study, **did not confirm** that the “vaccines” were safe for pregnant women. Yet in B.C. and elsewhere, our public health officials are encouraging pregnant and breastfeeding mothers to get the “vaccine” without any evidence that it is safe. We are seeing in our hospital maternity wards numerous incidents of stillborn babies, and babies dying shortly after intake of breast milk from their mother who has been vaccinated. These incidents are not being reported in the mainstream media, by government or our PHO.

In the UK, a large group of Doctors, Nurses and other allied health care professionals wrote a letter to the politicians and health officials in their country expressing similar concerns.<sup>59</sup>

Even though adverse reactions are widely underreported, the government’s own data concerning adverse reactions to these “vaccines” show an incredibly high number of adverse reactions, including death. The latest statistics show these Covid-19 “vaccines” have killed more people in 9 months than all other vaccines combined over the last 30 years<sup>60 61</sup>. These “vaccines”

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<sup>49</sup> <https://ocla.ca/a-letter-to-public-health-officers/>

<sup>50</sup> <https://www.cultureguard.com/wp-content/uploads/2021/10/AG-et-al-SEc-122-F.pdf>

<sup>51</sup> <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>

<sup>52</sup> <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>

<sup>53</sup> <https://onedrive.live.com/?authkey=%21ADfHk3IuaBrEH34&cid=914431B73799994E&id=914431B73799994E%2176735&parId=914431B73799994E%2173522&o=OneUp>

<sup>54</sup> <https://www.canadianCovidcarealliance.org/wp-content/uploads/2021/09/The-Case-Against-Mandatory-Vaccines-20210922-final.pdf>

<sup>55</sup> [https://www.canadianCovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-children\\_and\\_Covid-19\\_vaccines\\_full\\_guide.pdf](https://www.canadianCovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-children_and_Covid-19_vaccines_full_guide.pdf)

<sup>56</sup> <https://rumble.com/vmonrf-dr.-byram-bridles-shares-troubling-safety-data-on-Covid-19-vaccines.html>

<sup>57</sup> <https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

<sup>58</sup> <https://www.nejm.org/doi/full/10.1056/NEJMX210016>

<sup>59</sup> <https://www.Covid19assembly.org/doctors-open-letter/>

<sup>60</sup> <https://www.youtube.com/watch?v=hsVEbPgrhxA>

<sup>61</sup> <https://openvaers.com/Covid-data/mortality>

are killing more people than they are said to save, as explained by Steve Kirsch, the Executive Director of the Covid-19 Early Treatment Fund.<sup>62</sup>

U.S. Attorney Thomas Renz recently disclosed shocking evidence provided by whistleblowers from inside the CDC, the FDA and the NIH that suggests that these agencies have not been telling the truth about the numbers or the science. Is something similar happening in Canada and in British Columbia? <sup>63</sup>

The WHO Global Database details the number of reports it received from people who have suffered harm in 2021 as a result of the Covid-19 “vaccines”. To view the current WHO Database numbers, go to [VigiAccess.org](https://vigiaccess.org), click the box at bottom of the page and click the Search Database button. Type in “Covid-19 vaccine” (no quotes) and click the Search button. Select “Adverse drug reactions”. This presents the current totals and type of adverse harms caused by the “vaccines”. Just under the search bar is the Total number of records retrieved: 2,183,912 (as of Oct 5, 2021 1 p.m. PST). Deaths are listed under General Disorders.

We list a summary below of reported vaccine deaths and injuries, showing just the reporting agencies that we could locate, which is extremely limited. It is important to recognize that only a small fraction of the vaccine deaths and injuries are ever actually reported. Even the reported information is difficult to find and is not presented in a transparent manner. Also note, the data only reflects information available since Covid-19 “vaccines” were rolled out in mid-December 2020 to October 5<sup>th</sup>, 2021. Considering we started at zero people vaccinated, it would make sense that most of the population likely didn’t even start receiving their first dose until months after the initial roll out. Despite this, we have already accumulated massive numbers of reported vaccine injuries and deaths.

#### **Summary of Currently Reported Covid-19 Vaccine Injury Reports – as of October 5, 2021**

<b>4,463 C-19 vaccine serious reactions*</b>	<b>17,079 vaccine injuries - Health-InfoBase - Canada <sup>64</sup></b> *Note – Canada deaths are NOT split out from serious events
<b>EU-No separation of C-19 vaccine deaths</b>	<b>1,015,044 vaccine injuries – EudraVigilance EU/EE/Switzerland <sup>65 66</sup></b> *Look for drug “Covid *” (*=each of the 4 different vaccines)
<b>1,682 Covid-19 vaccine related deaths</b>	<b>366,900 vaccine injuries -MHRA Yellow Card Scheme–UK<sup>67</sup></b>
<b>16,110 Covid-19 vaccine related deaths</b>	<b>755,506 vaccine injuries –VaxxTracker.com–US-uses VAERS database<sup>68</sup></b> *Health Human Services - 1 of 9 reporting systems in US - others?
<b>11,449 Covid-19 vaccine related deaths</b>	<b>2,183,912 vaccine injuries - VigiAccess – WHO Global Database <sup>69</sup></b>

NOTE - In the WHO VigiAccess site we have observed that the total number of reported vaccine injuries fluctuates up and down. There is no explanation provided for a decrease in the total number of reports received. It should be staying constant or increasing, not decreasing. For example, the week of Sept 24<sup>th</sup>, 2021 showed more than 2,200,000 adverse reactions been reported. This was reduced the following week to 2,139,548 reports received (over 800K less).

According to Doctors for Covid Ethics, comprising of hundreds of Doctors and Scientists from 30 countries, indicate that the addition of boosters has had no clinical trials, as testing has never been performed on more than two injections of any vaccine. It is important to understand how the Covid-19 “vaccines” interact with the immune system, and the implications for booster shots. Booster shots are uniquely dangerous because by repeatedly boosting the immune system’s response this will repeatedly boost the intensity of self-to-self attack, as seen in auto-immune diseases.<sup>70</sup>

<sup>62</sup> [https://www.instagram.com/tv/CT-7jq7F2hO/?utm\\_medium=share\\_sheet](https://www.instagram.com/tv/CT-7jq7F2hO/?utm_medium=share_sheet)

<sup>63</sup> <https://fb.watch/8sPtZP-aEz/>

<sup>64</sup> <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

<sup>65</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

<sup>66</sup> [https://www.adrreports.eu/en/search\\_subst.html#](https://www.adrreports.eu/en/search_subst.html#)

<sup>67</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

<sup>68</sup> <https://vaxxtracker.com/VaxStatistics.aspx>

<sup>69</sup> <http://vigiaccess.org/>

<sup>70</sup> <https://theexpose.uk/2021/09/22/why-Covid-booster-shots-are-uniquely-dangerous/>

Covid-19 Injury Facebook groups have been taken down as quickly as they go up, by the so-called “fact checkers” for “spreading misinformation”. In order to remain accessible, these groups have created websites in order to continue to gather the heartbreaking stories of real people that have suffered harm or death from the “vaccines”. These people are not being listened to or cared for by the health care system or government. There is no accountability and no empathy. These websites present truly painful stories of real people harmed by the “vaccines” .<sup>71 72 73 74 75</sup>

Dr. Peter McCullough, MD, MPH, one of the most highly cited Doctors in the National Library of Medicine, states “A typical new drug at about five deaths, unexplained deaths, we get a black-box warning, saying it may cause death. And then at about 50 deaths it’s pulled off the market”.<sup>76</sup> Yet the covid-19 shots and boosters are being aggressively pushed on the public despite an alarming number of injuries and deaths.

#### **4. THESE “VACCINES” DO NOT PREVENT CONTRACTING OR TRANSMITTING THE VIRUS AND AT BEST MAY REDUCE SYMPTOMS SLIGHTLY AND ARE CREATING VARIANTS**

Below we reference a fraction of the research that proves that Covid-19 “vaccines” are limited in their effectiveness and are creating the variants.

This article represents three recent scientific studies published by the U.S. Centre for Disease Control, the Government of the United Kingdom and Oxford University found the Covid-19 vaccines are not effective.<sup>77</sup>

A study published in the European Journal of Epidemiology on September 30, 2021 confirms that when examining countries around the world, there is no discernible relationship between percentage of population fully vaccinated and new Covid-19 cases. The trendline suggests a marginally positive association with countries with higher percentage of population fully vaccinated to have higher Covid-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated, had the highest Covid-19 cases per 1 million people in the previous 7 days. This is further exemplified when comparing Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more Covid-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated. Across the United States, over the previous 7 days, the median new Covid-19 cases per 100,000 people is largely similar across the categories of percent population fully vaccinated. There also appears to be no significant signalling of Covid-19 cases decreasing with higher percentages of populations fully vaccinated. Of the top 5 counties in the United States that have the highest percentage of population fully vaccinated (99.9-84.3%), the US Centres for Disease Control and Prevention identifies 4 of them as “high” transmission counties. This study used a one-month lag time when looking at the percentage of population fully vaccinated to ensure to allow more than 2 weeks after the second dose. This study concluded that the sole reliance on vaccination as a primary strategy to mitigate Covid-19 and its adverse consequences needs to be re-examined and other pharmacological and non-pharmacological interventions may need to be put in place. A substantial decline in immunity from mRNA “vaccines” 6 months post immunization has also been reported. The CDC reported an increase from .01% - 9% and 0% - 15.1% between January 2021 to May 2021 in the rates of hospitalizations and deaths respectively amongst the fully vaccinated.<sup>78</sup>

Another recent study confirms that there is no significant difference in viral load between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta Variant.<sup>79</sup>

In Israel, a recent outbreak of people who contracted the Delta variant, 90% were fully vaccinated, and 10% were not vaccinated or partially vaccinated.<sup>80</sup>

The UK has had 3000% more Covid-19 deaths in 2021 compared to 2020, and 80% of those who died were vaccinated.<sup>81</sup>

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<sup>71</sup> <https://nomoresilence.world>

<sup>72</sup> <http://www.wewanttobeheard.com>

<sup>73</sup> <https://www.c19vaxreactions.com>

<sup>74</sup> <https://www.vaxtestimonies.org/en/>

<sup>75</sup> <https://www.vaxlonghaulers.com>

<sup>76</sup> <https://www.countdowntothekingdom.com/the-tolls>

<sup>77</sup> <https://theexpose.uk/2021/09/12/three-studies-find-the-Covid-19-vaccines-do-not-work/>

<sup>78</sup> <https://link.springer.com/article/10.1007/s10654-021-00808-7>

<sup>79</sup> <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>

<sup>80</sup> <https://haltturnerradioshow.com/index.php/en/news-page/world/israeli-tv-drops-bombshell-vaccine-seems-useless>

<sup>81</sup> <https://theexpose.uk/2021/09/23/Covid-19-deaths-are-over-3000-percent-higher-80-percent-vaccinated/>

New UK government data shows that people 40 years of age and older that are double vaccinated now have higher case rates than those who are unvaccinated.<sup>82</sup>

Furthermore, 2,542 deaths were reported in the UK during the 7-month period wherein the death count for unvaccinated individuals amounted to 722 (28.5%). Fully vaccinated individuals accounted for 63.5% (n=1613) of total deaths reported, while partially vaccinated deaths accounted for 6.5% (n=166) and unknown vaccination status was 1.5% (n=41) of total deaths. This data set suggests that full vaccination is associated with greater risk of death.<sup>83</sup> Refer to Page 19-20, Table 5.

Harvard Medical School Professor Martin Kulldorff, a Biostatistician and Epidemiologist, says new research shows that natural immunity offers exponentially more protection than vaccines, which concludes vaccine passports are not warranted.<sup>84</sup> The study referenced confirms that vaccinated people are 27 times more likely to get a symptomatic Covid-19 infection than those with natural immunity.<sup>85</sup>

Eric T. Payne, MD, MPH, FRCP(C), Assistant Professor of Pediatrics & Neurology at the University of Calgary, and in Pediatric Neurocritical Care & Epilepsy at Alberta Children's Hospital, wrote a letter to the Alberta College of Physicians and Surgeons dated September 14, 2021 that contained compelling evidence that the vaccinated are driving the SARS-CoV-2 mutations.<sup>86</sup> Overwhelming evidence is now available that confirms that the rate of illness, hospitalization and death of "vaccinated" persons from Covid-19 or its variants is as high or higher than the "unvaccinated".<sup>87 88 89 90 91 92 93 94 95 96 97</sup>

On a Carnival Vista cruise ship travelling from Galveston Texas to Belize in August 2021, where 99.98% of the crew were vaccinated and 96.5% of the passengers were vaccinated, 26 crewmembers and one passenger tested positive for Covid-19, all of whom had been vaccinated.<sup>98</sup>

The Harvard School of Medicine, where 95% of the students, and 96% of the staff were vaccinated, had an outbreak of covid amongst the vaccinated, resulting in all first year and some second-year students having to take their classes remotely at home.<sup>99</sup>

Dr. Peter McCulloch, Vice Chief of Internal Medicine at Baylor University Medical Centre in Dallas, Texas, confirms that the Covid-19 virus is not transmitted by asymptomatic people.<sup>100</sup> He confirms that even the World Health Organization (WHO) said as of June 25, 2021 that there should be no more testing for asymptomatic individuals, and none of the tests currently used to test for Covid-19 were ever approved for asymptomatic testing. Dr. McCulloch also confirms studies show that over 65-75% of people who contract Covid-19 are the double vaccinated. Once someone has contracted Covid-19, they cannot get it again, nor

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<sup>82</sup>[https://probabilityandlaw.blogspot.com/2021/09/all-cause-mortality-rates-in-england.html?fbclid=IwAR1CsUxswa\\_0D2yfSmprZy11UwpWlgZ68OxMDAZYH-NfdGrtcChQHJUxh9o&m=1](https://probabilityandlaw.blogspot.com/2021/09/all-cause-mortality-rates-in-england.html?fbclid=IwAR1CsUxswa_0D2yfSmprZy11UwpWlgZ68OxMDAZYH-NfdGrtcChQHJUxh9o&m=1)

<sup>83</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1018547/Technical\\_Briefing\\_23\\_21\\_09\\_16.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf)

<sup>84</sup> <https://fee.org/articles/harvard-epidemiologist-says-the-case-for-Covid-vaccine-passports-was-just-demolished/>

<sup>85</sup> <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

<sup>86</sup> <https://www.jccf.ca/wp-content/uploads/2021/09/Sep-15-FINAL-PAYNE-CPSA-letter.pdf>

<sup>87</sup> <https://ourworldindata.org/Covid-deaths>

<sup>88</sup> <https://www.facebook.com/100000495797270/posts/5035552053137938/?d=n>

<sup>89</sup> <https://www.cnn.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-Covid-outbreak-were-fully-vaccinated.html>

<sup>90</sup> <https://theexpose.uk/2021/09/18/fully-vaccinated-account-for-74-percent-of-Covid-19-deaths-in-the-uk/>

<sup>91</sup> <https://theexpose.uk/2021/09/13/german-chief-pathologist-sounds-alarm-on-fatal-Covid-vaccine-injuries-jab-is-cause-of-death-in-30-40-of-autopsies-of-recently-vaccinated/>

<sup>92</sup> <https://theexpose.uk/2021/09/22/161848-people-have-died-after-having-a-Covid-19-vaccine/>

<sup>93</sup> <https://theexpose.uk/2021/09/22/8-times-more-deaths-Covid-vaccine-than-have-died-Covid/>

<sup>94</sup> [https://youtu.be/a7O\\_PCsmAIM](https://youtu.be/a7O_PCsmAIM)

<sup>95</sup> <https://www.globalresearch.ca/high-recorded-mortality-in-countries-categorized-as-Covid-19-vaccine-champions-increased-hospitalization/5757173>

<sup>96</sup> <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.39.2100822?fbclid=IwAR3gP2g0BhkGMAaRAIOMisXFbWgReLCqmBWInJqSNmk-Qo28kqxBp-8nfeA>

<sup>97</sup> <https://www.covid.is/data>

<sup>98</sup> <https://www.forbes.com/sites/brucelee/2021/08/15/carnival-cruise-Covid-19-outbreak-27-vaccinated-people-test-positive-for-coronavirus/?sh=414b7207320f>

<sup>99</sup> [https://www.zerohedge.com/Covid-19/harvard-business-school-shifts-mba-classes-online-after-substantial-outbreak-Covid?utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+zerohedge%2Ffeed+%28zero+hedge++on+a+long+enough+timeline%2C+the+survival+rate+for+everyone+drops+to+zero%29](https://www.zerohedge.com/Covid-19/harvard-business-school-shifts-mba-classes-online-after-substantial-outbreak-Covid?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+zerohedge%2Ffeed+%28zero+hedge++on+a+long+enough+timeline%2C+the+survival+rate+for+everyone+drops+to+zero%29)

<sup>100</sup> <https://www.youtube.com/watch?v=xWBC-JX6lsg>

can they transmit it again. If someone does contract Covid-19 or the Delta variant, the science proves that Ivermectin and Hydroxychloroquine are much more effective treatment than the “vaccines” are, and most people recover if they are given access to early treatment. These medications have also been shown to be much safer than the vaccines. Dr. McCullough believes that antigenic, or immune escape, like antibiotic resistance, is driving the creation of the Covid-19 variants and is making the pandemic worse instead of better.<sup>101</sup>

According to Health Canada's Summary Basis of Decision,<sup>102</sup> updated May 20, 2021, the clinical vaccine trials have not proven that the COVID-19 vaccinations prevent infection or transmission. The Summary also reports that both Moderna and Pfizer identified that there are six areas of missing (limited/no clinical data) information: “use in paediatric (age 0-18)”, “use in pregnant and breastfeeding women”, “long-term safety”, “long-term efficacy” including “real-world use”, “safety and immunogenicity in subjects with immune-suppression”, and “concomitant administration of non-COVID vaccines”.

In the same Summary Basis of Decision, under the Risk Management plan section, 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 “vaccine” increases the risk of disease and side-effects, and weakens immunity toward future SARS related illness.

The article referenced in the below footnote, specifically states, “the possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2 has been flagged as a potential safety concern that requires particular attention by the scientific community, including The World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Coalition of Medicines Regulatory Authorities (ICMRA)<sup>103</sup>.”

## **5. THE GOVERNMENT IS MISREPRESENTING INFORMATION BY CHANGING AND USING MISLEADING DEFINITIONS TO DEFINE WHO IS VACCINATED AND MAKING IT DIFFICULT TO REPORT A VACCINE INJURY**

Why did the Canadian government and military decide to use propaganda techniques on their own citizens, as a test to see how well their psychological warfare tactics work on their own citizens during a pandemic when people are most vulnerable?<sup>104</sup>

On May 1, 2021 the CDC stopped tracking all vaccinated people who were infected with Covid-19 or its variants to just those who were hospitalized or died as a result of contracting Covid-19 or one of its variants (“breakthrough cases”). They did not make a similar change in how they tracked infections of “unvaccinated” persons. The CDC also admitted that their reporting likely represents a substantial undercount of all Covid-19 infections among vaccinated people, so one has to wonder why they would compound the problem by counting less of the real cases where vaccinated people contract Covid-19 or one of its variants (see last 2 paragraphs).<sup>105</sup>

Dr. Henry has changed the definition of “vaccinated” several times over the last month and a half in her public health orders.

In her September 2, 2021 public health order, “vaccinated” was changed to mean:

“a person who is at least 7 days post-receipt of the full series of a World Health Organization (“WHO”) approved vaccine against infection by SARS-CoV-2, or a combination of approved WHO vaccines (it was post 14 days in her August 20, 2021 PHO).<sup>106</sup>

This means if you are hospitalized any time after your first injection, or within 6 days after your second injection, that you are counted as “unvaccinated” for the purposes of this health order. It also means that if/when the WHO approves a booster or multiple boosters, then in order to be “vaccinated” in B.C., you would need to be 7 days post after having received all doses of a “vaccine” approved by the WHO. In order to be counted as a “vaccinated” person in B.C, you will need to have the most current booster going forward.

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<sup>101</sup> <https://noqreport.com/2021/09/10/dr-peter-mccullough-many-doctors-are-in-a-vaccine-trance-right-now/>

<sup>102</sup> <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

<sup>103</sup> <https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>

<sup>104</sup> <https://ottawacitizen.com/news/national/defence-watch/military-leaders-saw-pandemic-as-unique-opportunity-to-test-propaganda-techniques-on-canadians-forces-report-says>

<sup>105</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htmv>

<sup>106</sup> <https://www2.gov.bc.ca/assets/gov/health/abROOROOF2Fout-bc-s-health-care-system/office-of-the-provincial-health-officer/Covid-19/Covid-19-pho-order-residential-care-staff.pdf>

Once again, our Public Health Officer changed the definition of “vaccinated” in her September 27, 2021 health order to mean:

“someone who has received, at least 7 days previously, all doses of a vaccine or a combination of vaccines recommended by the PHO or the WHO.”<sup>107</sup>

As of October 2, 2021, the September 27, 2021 health order was, without explanation, removed from the list of Orders and Notices on the BC Government website, although the previous link still accesses the document. It is unclear if this means we are to use the September 2, 2021 definition or some other definition.<sup>108</sup>

What is even more confusing, is how the BC government defines the terms “vaccinated” and “unvaccinated” on the Data Notes tab of the BC Centre for Disease Control website. The BCCDC is responsible for tracking and reporting all of the details and statistics regarding cases, vaccination status, hospitalizations and deaths in B.C.<sup>109</sup> One would think that the same definitions would be used by the BCCDC that are used by PHO in her health orders to ensure consistency and transparency. However, on the BCCDC website:

- in order to be considered “**vaccinated, 2 doses**”, the date of illness onset must be **greater than or equal to 14 days** after the administration of the 2<sup>nd</sup> dose of the vaccine.
- in order to be considered “**vaccinated, one dose**” the date of illness onset must be **greater than or equal to 21 days** after administration of the first dose, and less than 14 days after the 2<sup>nd</sup> dose.
- “**Unvaccinated**” is defined as someone who has not had the vaccine at all, or has been vaccinated with one dose but becomes **ill any time within less than 21 days of that first dose**.

Research,<sup>110</sup> and our own experience, shows that most acute reactions to the “vaccines” occur within the first few days after vaccination, and therefore people would be recorded as “unvaccinated” even though they may have had one or two doses of the “vaccine” when they became ill. These definitions and the reporting of statistics based upon them in the mainstream media, by Government and by Dr. Henry, paint a very misleading picture of the safety and efficacy of the “vaccines” and what the true vaccination status is of those who are reported as becoming ill, hospitalized or dying with Covid-19 or with adverse reactions to the injections.

Dr. Patrick Phillips, Emergency Physician in Ontario, has raised concerns about the number of adverse vaccine reactions he has seen in his patients. The majority of adverse reaction reports that he submits on behalf of his patients are being returned/rejected by Health Canada without good reason.<sup>111</sup> As a result of expressing his concerns he is being accused by the Ontario College of Physicians and Surgeons of engaging in disgraceful, dishonourable or unprofessional conduct and that he failed to maintain the standard of practice of the profession.<sup>112</sup>

Debbie Carritt, EMT-P, BScN RN, Alberta Health Service Manager, ICU Acute Care, has spoken out about the increasing number of “vaccine injuries” that are not being reported.<sup>113</sup>

Deborah Conrad, Hospitalist Physician’s Assistant in the U.S., on the frontlines of the pandemic, pulled back the curtain on the complete disregard in her hospital for reporting Covid-19 vaccine injuries to VAERS. In riveting detail, she included emails and recorded phone conversations, exposing the internal push to turn a blind eye to injuries and “tow the company line” in parroting that this “vaccine” is safe.<sup>114</sup>

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<sup>107</sup><https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/Covid-19/Covid-19-pho-order-vaccination-status-information.pdf>

<sup>108</sup><https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/Covid-19-novel-coronavirus>

<sup>109</sup><https://public.tableau.com/app/profile/bccdc/viz/BCCDCCOVID-19SurveillanceDashboard/Introduction>

<sup>110</sup><https://Covidcalltohumanity.org/2021/05/24/new-study-vaccines-are-the-likely-cause-of-adverse-effects-and-deaths-following-vaccination/>

<sup>111</sup>[https://www.rebelnews.com/emergency\\_dr\\_patrick\\_phillips\\_medical\\_officer\\_of\\_health\\_rejecting\\_Covid\\_vaccine\\_adverse\\_reaction\\_reports](https://www.rebelnews.com/emergency_dr_patrick_phillips_medical_officer_of_health_rejecting_Covid_vaccine_adverse_reaction_reports)

<sup>112</sup><https://doctors.cpso.on.ca/DoctorDetails/Phillips-Patrick----Brian/0310033-109364>

<sup>113</sup><https://rumble.com/vmuf4r-icu-manager-in-alberta-speaks-out-against-vaccine-passports-pandemic-respon.html>

<sup>114</sup><https://www.bitchute.com/video/e2NnMSB589Vj/>

Two other Canadian nurses have recently spoken out about how many people are dying as a result of the Covid-19 “vaccines” and that hospitals are filled with the fully vaccinated.<sup>115</sup>

The Chief of Red Deer Emergency disclosed his concerns over what the public is and is not being told by government and what is actually going on in the Red Deer hospital. <sup>116</sup>

More and more whistleblowers – physicians, health care workers, nurses, coders, care aides, are speaking up about what they are witnessing. Numbers are being manipulated. People are being coded as Covid-19 admissions or deaths when they are not. People are being recorded as “unvaccinated” when they have received one or two doses of the “vaccine”. Gag orders and non-disclosure agreements are being forced on health care workers. Why is the truth being hidden from the public by our Government officials and health authorities? <sup>117</sup>

The Children’s Health Defence was recently alerted by Polish whistleblowers that Pfizer is being accused of experimenting on orphan babies to test their Covid-19 vaccine. A conference was held on October 2, 2021 that was organized by The Polish Association of Independent Doctors and Scientists, The Association of Lawyers Voice of Freedom, Dobrostan Health Information Centre Association and the New Spectrum Foundation. A letter from Polish activists and medical associations indicated that since June 2021 Pfizer has been conducting experimental trials with “vaccines” against Covid-19 on healthy infants from 3 and 6 months of age up to age 11. Why would there be any experiments on babies when they have no risk of dying from Covid-19 based upon government statistics worldwide? <sup>118</sup>

## 6. HEALTH AUTHORITIES ARE ENCOURAGING AND COACHING CHILDREN HOW THEY CAN HIDE THEIR VACCINATED STATUS FROM THEIR PARENTS

Did you know that our Interior Health immunizers are being trained and instructed how to coach children how to hide their “vaccine” status from their parents? See the attached letter from Interior Health to immunizers for details of how this is being promoted to any child not yet fully vaccinated. If this letter went out to IH immunizers, one would expect it has also been sent out to other health authorities in B.C. If a child had a severe adverse reaction to the vaccine, his or her parents may not even know they had been vaccinated.

Dr. Bonnie Henry confirmed that in British Columbia, a child of any age can decide, without their parent’s consent or knowledge, to receive an experimental injection. <sup>119</sup> Is this sound health policy?

Dr. Scott Atlas<sup>120</sup>, who is a Robert Wesson Senior Fellow in Healthcare Policy at the Hoover Institution at Stanford University made a compelling statement, “To me, it’s unconscionable that a society uses its children as shields for adults. Children do not have a significant risk from this illness... Are we [as] a society, a civilization ... **going to inject our children with an experimental drug that they don’t have a significant benefit from, to shield ourselves?**” <sup>121</sup>

If you, as an adult, feel coerced into getting the “vaccine”, imagine how our 12 to 19-year-old children feel. There is concerning evidence to suggest our Government will soon be pushing to inject children ages 5 and up.<sup>122</sup> Do you believe it is appropriate for a child to have a conversation with an immunizer who is instructed to coach your child how to hide their vaccinated status from you? Do you think the immunizer will explain all of these risks and harms with your child before they inject them? Do you think your child will fully appreciate those risks? They will not let our children go without doing their best to manipulate, pressure and coerce them into getting the “vaccine”, when they are not at risk of harm from the virus. Our kids are not able to exercise their constitutional right to give informed consent, because they are not being informed. They are being pressured and manipulated.

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<sup>115</sup><https://theexpose.uk/2021/09/27/canadian-nurse-whistleblowers-say-many-people-are-dying-from-the-Covid-vaccines-hospitals-are-filled-with-the-fully-vaccinated/>

<sup>116</sup> <https://www.facebook.com/kilemeiklejohnrealestate/videos/4341739435944910/>

<sup>117</sup><https://theexpose.uk/2021/09/27/canadian-nurse-whistleblowers-say-many-people-are-dying-from-the-Covid-vaccines-hospitals-are-filled-with-the-fully-vaccinated/>

<sup>118</sup> <https://theexpose.uk/2021/10/01/breaking-pfizer-stand-accused-of-experimenting-on-orphan-babies-to-test-their-Covid-19-vaccine/>

<sup>119</sup> <https://www.librti.com/page/view-video?id=781>

<sup>120</sup> <https://profiles.stanford.edu/scott-atlas>

<sup>121</sup>[https://www.theepochtimes.com/dr-scott-atlas-on-vaccine-mandates-for-children-natural-immunity-and-floridas-Covid-19-surge\\_4013490.html](https://www.theepochtimes.com/dr-scott-atlas-on-vaccine-mandates-for-children-natural-immunity-and-floridas-Covid-19-surge_4013490.html)

<sup>122</sup> <https://nationalpost.com/news/canada/ontario-health-units-preparing-for-Covid-vaccinations-of-kids-aged-five-to-11>

## 7. OTHER SAFE AND EFFECTIVE TREATMENT AND PREVENTION IS AVAILABLE BUT ONLY THE “VACCINES” AND OTHER INEFFECTIVE OR HARMFUL TREATMENT IS BEING PERMITTED

Safe and effective treatments like Ivermectin and Hydroxychloroquine and preventive measures exist for Covid-19, yet the government is inexcusably prohibiting their use.<sup>123 124 125 126 127 128</sup>

Dr. Daniel Nagase worked as a locum physician in a hospital in Rimbey, Alberta, a couple of hours west of Red Deer. He told his story recently about trying to treat 3 sick covid patients whose condition was deteriorating and who were all on oxygen. He planned to use Ivermectin but could not get it and was told it did not work. The hospital he worked at did have Hydroxychloroquine and he used that along with Vitamin C, Vitamin D, zinc, azithromycin and inhalers. He was then able to obtain some Ivermectin and gave it to the patients as soon as he had access to it. Within hours of administering Ivermectin he was called by the Central Zone medical director Dr. Jennifer Bestard and told that he was forbidden from giving Ivermectin to patients and it was a violation of Alberta Health Services (AHS) Policy. The next day the medical director gave him 15 minutes notice that he was being relieved of his duties and needed to leave the hospital. The ER was full of patients. He was sent away regardless without an opportunity to see and treat his patients. Not even 24 hours after getting Ivermectin, 2 of the 3 patients, who were 70 years of age, were almost completely better. They were out of bed and were walking around. All it took was about 18 hours and 1 dose of Ivermectin. They were discharged after a week. The third patient was 95 years of age and stayed the same. The Doctor who replaced him removed all of the treatments Dr. Nagase started. His story points to why hospitals are overrun in Alberta. The treatments that work are being suppressed and removed, if started, even when showing that the treatments work and patients start to get better.<sup>129</sup>

When India stopped the vaccinations in Uttar Pradesh, and introduced alternative treatment on May 5, 2021, the number of covid-19 cases plummeted. In the form of home kits costing a mere \$2.65 per person, people were given Paracetamol tablets (Tylenol), Vitamin C, Multivitamin, Zinc, Vitamin D3, Ivermectin 12 mg (10 tablets), and Doxycycline 100 mg (10 tablets). In 5 weeks after introducing the program, new cases had dropped 97.1%. A little over 2 weeks later, new cases had dropped by 99%. **Not a single case of toxicity from Ivermectin was reported in the entire state of over 200 million people.**

Uttar Pradesh was only 5% vaccinated and was given the home treatment kits and Kerala was 20% vaccinated and was not given the home treatment kits. By August 25, 2021 Uttar Pradesh had only 22 new Covid cases, while Kerala was overwhelmed with 31,445 in one day, which was the bulk of the total cases reported in the country. Uttar Pradesh is the biggest state with a population of nearly 240 million. The WHO was involved in the project and promised to support Uttar Pradesh on the compilation of the final reports. None have yet been published.<sup>130</sup> **This is proof that inexpensive safe and effective treatments are available.** Why are they not being allowed by our Government to be used and instead the “vaccines” and ventilators being promoted as the only way to deal with the virus and to treat the sick?

Australia banned the use of Ivermectin and Hydroxychloroquine with the threat of imprisonment for any physicians who dared to treat their patients with these inexpensive, safe and effective medications.<sup>131 132 133</sup>

As of September 24, 2021, over 3000 International Doctors and Scientists had signed the Physician’s Declaration.<sup>134</sup> Just over ten days later, that number was 10,700, and it is still growing.

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<sup>123</sup> <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine?>

<sup>124</sup> <https://alethonews.com/2021/05/26/five-recently-published-randomized-controlled-trials-confirm-major-statistically-significant-benefits-of-ivermectin-against-Covid-19/>

<sup>125</sup> <https://theexpose.uk/2021/09/19/nurse-claims-fully-vaccinated-Covid-19-patients-are-being-treated-with-ivermectin/>

<sup>126</sup> <https://www.youtube.com/watch?v=QAHi3IX3oGM>

<sup>127</sup> <https://open.spotify.com/episode/3ChQMCTe2pcPpJdMXhhEml>

<sup>128</sup> <https://Covid19criticalcare.com/wp-content/uploads/2020/12/One-Page-Summary-of-the-Clinical-Trials-Evidence-for-Ivermectin-in-COVID-19.pdf>

<sup>129</sup> <https://peckford42.wordpress.com/2021/10/03/tragedy-in-rural-alberta-a-courageous-doctor-speaks-out/>

<sup>130</sup> <https://www.youtube.com/watch?v=eO9cJy3Rydc>

<sup>131</sup> <https://www.europere-loaded.com/australias-ban-on-hydroxychloroquine-is-criminal-in-the-face-of-the-evidence-mp-video/>

<sup>132</sup> <https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/prescribing-dispensing-or-supply-of-hydroxychloroquine-direction>

<sup>133</sup> <https://www.dailymail.co.uk/news/article-9992053/GPs-hit-restrictions-supposed-Covid-treatment-Ivermectin.html#comments>

<sup>134</sup> <https://doctorsandscientistsdeclaration.org/>



The Declaration says in part:

*WHEREAS, this is not medicine. This is not care. These policies may actually constitute crimes against humanity.*

These doctors declare how damaging it is for policymakers to force a one size fits all treatment strategy on medical professionals. They rebuke the censoring of open discussion and the exchange of ideas about new and emerging diseases and their treatment. They declare the prevention of provision of proper treatment to their patients as a result of barriers put up by pharmacies, hospitals and public health authorities constitutes a crime against humanity. <sup>135</sup>

Dr. Henry just announced on Oct 1<sup>st</sup>, 2021, the BC Colleges of Physicians, Pharmacists and of Nurses do not approve of the use of Ivermectin for either treatment or prophylaxis for COVID-19 and registrants must not prescribe it for this purpose. <sup>136</sup>

Why would Dr. Bonnie Henry sign a letter on October 1, 2021 prohibiting the use of Ivermectin? Why does the BCCDC also reject other safe and effective medical treatments for Covid-19, when the science and experience of so many doctors are that Ivermectin and other medications and supplements are a very safe and effective part of the treatment protocol for Covid-19?<sup>137</sup>

German Pulmonologist Dr. Thomas Voshaar, chairman of Association of Pneumatological Clinics said: <sup>138</sup>

*When we read the first studies and reports from China and Italy, we immediately asked ourselves why intubation was so common there. **This contradicted our clinical experience with viral pneumonia.***

Intubation tubes are a source of potential infection known as “ventilator-associated pneumonia”, which studies show affects up to 28% of all people put on ventilators, <sup>139</sup> and kills 20-55% of those infected. <sup>140</sup>

Experts estimate 40-50% of ventilated patients die, regardless of their disease.<sup>141</sup> Around the world, between 66% and 86% of all Covid patients put on ventilators died. <sup>142</sup>

This policy of using ventilators was negligent at best. This misuse of ventilators could account for any increase in mortality in 2020/21. <sup>143</sup>

According to Erin Marie Olszewski, BSN, RN, the “undercover nurse” who went into the Epicenter of Covid, the Elmhurst Hospital in New York, ventilators were being used so incorrectly in New York, they were destroying patients’ lungs. <sup>144</sup>

Despite this evidence, the WHO, <sup>145</sup> CDC, <sup>146</sup> ECDC and NHS, all “recommended” Covid patients be ventilated instead of using non-invasive methods. This was **not a medical policy designed to best treat the patients**, but rather to reduce the hypothetical spread of Covid by preventing patients from exhaling aerosol droplets.

Where is the science our Governments and Public Health Officers are using to support their policies? The applied science in countries who are using these treatments effectively and safely contradict what they are saying. Substantial volumes of

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<sup>135</sup><https://amgreatness.com/2021/09/24/over-3000-doctors-and-scientists-sign-declaration-accusing-Covid-policy-makers-of-crimes-against-humanity/>

<sup>136</sup> <https://www.bcpharmacists.org/readlinks/joint-message-about-ivermectin-prevention-and-treatment-Covid-19>

<sup>137</sup> <http://www.bccdc.ca/health-professionals/clinical-resources/Covid-19-care/clinical-care/treatments>

<sup>138</sup> <https://archive.is/KX5IQ#selection-4609.23-4621.63>

<sup>139</sup> <https://www.atsjournals.org/doi/full/10.1164/ajrccm.165.7.2105078>

<sup>140</sup> <https://europepmc.org/article/med/3706887>

<sup>141</sup> <https://www.webmd.com/lung/news/20200415/ventilators-helping-or-harming-Covid-19-patients#1>

<sup>142</sup> <https://apnews.com/article/health-us-news-ap-top-news-international-news-virus-outbreak-8ccd325c2be9bf454c2128dcb7bd616d>

<sup>143</sup> <https://off-guardian.org/2021/09/22/30-facts-you-need-to-know-your-Covid-cribsheet/#6>

<sup>144</sup> <https://youtu.be/UIDsKdeFOMQ>

<sup>145</sup> <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-Covid-19-implications-for-ipc-precaution-recommendations>

<sup>146</sup> [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

studies<sup>147 148 149</sup> and the experience of numerous doctors around the world prove these antiviral treatments of (Ivermectin and Hydroxychloroquine) are safe and that they are saving lives. It is appalling that our PHO is preventing doctors from treating their patients with these safe and effective medications, which is resulting in unnecessary harm and death. **This is a pandemic of “deception and lack of treatment”.**

## 8. COUNTRIES THAT HAVE STOPPED OR ARE CALLING FOR AN IMMEDIATE STOP TO THE MANDATES AND COVID PROTOCOLS

Other countries, including Norway, Sweden, and Croatia to name a few, have recognized the evidence above and are lifting their Covid-19 restrictions and halting the vaccination of their citizens and vaccine mandates. <sup>150 151</sup>

Costa Rica, Mexico, Columbia, Dominican Republic no longer have tests, quarantine, or vaccine mandates. <sup>152</sup>

The Courts have denied government’s attempts to bring in vaccine passports in Spain, the Canaries, Galicia, Cantabria and Andalucía and Denmark has suspended its vaccine passport program. <sup>153 154</sup> Russia has also ended its passport program. <sup>155</sup> Israel scrapped its vaccine passport June 1, 2021, <sup>156 157</sup> but it was reinstated in order to enforce the 3<sup>rd</sup> and now 4<sup>th</sup> boosters. <sup>158</sup>

Israel has confirmed its vaccine passport will now expire 6 months after the second injection has been received and that booster shots will be required to maintain their “vaccinated” status in order to participate in society. Yesterday Dr. Henry announced she was expanding the group of who she is recommending booster shots for in B.C. **This is where we are headed. Does this make sense to anyone in light of all the available information?**

High ranking military personnel have resigned in protest of the tyrannical “vaccine” mandates due to the harms observed. <sup>159</sup>

In Australia, on September 27, 2021, a 3-member panel of the Fair Work Commission rendered its decision on appeal [2021] FWCFB 6015. <sup>160</sup> In this case, Ms. Kimber launched an appeal of a decision of the Commissioner in which she dismissed Ms. Kimber’s application for an unfair dismissal from her employment as a receptionist as a result of her refusal to comply with the mandatory vaccination order against influenza and Covid-19. The Commissioner determined that the dismissal was for a valid reason, was procedurally fair, and was not harsh, unjust or unreasonable. The majority on appeal upheld the decision. In his dissenting reasons, Deputy President Dean indicated “Never have I more strenuously disagreed with an outcome in an unfair dismissal application. The Decision manifests a serious injustice to Ms. Kimber that required remedy. More egregious, however, is that the Majority Decision has denied Ms. Kimber the protections afforded by the Fair Work Act in part because of an inference that she holds a general anti-vaccination position”. He indicated that had he been able to do so, he would have granted permission to appeal, upheld the appeal and quashed the Decision. In re-determining the application, he would have found that Ms. Kimber was unfairly dismissed and would have reinstated her to her former position.

Deputy President Dean indicated that it is highly likely that the dismissal of an employee who fails to have the Covid “vaccine” would breach the Australian Disability Discrimination Act (similar to the British Columbia Human Rights Code) as it is unlawful to discriminate against a person, including in employment and in accessing services, because of a disability. Deputy President Dean held that an employer who dismisses a person because they do not have a Covid “vaccine” will be in breach of the Act.

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<sup>147</sup><https://Covid19criticalcare.com/wp-content/uploads/2020/12/One-Page-Summary-of-the-Clinical-Trials-Evidence-for-Ivermectin-in-COVID-19.pdf>

<sup>148</sup> <https://c19ivermectin.com/>

<sup>149</sup> <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8406455/>

<sup>150</sup> <https://www.paulcraigroberts.org/2021/09/25/norway-has-the-opposite-Covid-policy-to-the-us-uk-and-eu/>

<sup>151</sup> [https://m.youtube.com/watch?v=cXTGgup\\_Yto](https://m.youtube.com/watch?v=cXTGgup_Yto)

<sup>152</sup> <https://www.travelinglifestyle.net/countries-without-Covid-travel-restrictions-no-test-no-quarantine/>

<sup>153</sup> <https://www.theguardian.com/world/2021/sep/13/Covid-passports-what-are-european-countries-doing>

<sup>154</sup> <https://nypost.com/2021/09/10/denmark-ends-Covid-restrictions-after-reaching-high-vax-rate/>

<sup>155</sup> <http://stateofthenation.co/?p=79499>

<sup>156</sup> <https://www.spectator.co.uk/article/israel-scraps-its-redundant-vaccine-passport>

<sup>157</sup> <https://themarketherald.com.au/uk-scraps-vax-ports-while-israel-considers-fourth-vaccine-round-2021-09-13/>

<sup>158</sup> <https://www.visiontimes.com/2021/08/31/israel-vaccine-passport-booster.html>

<sup>159</sup> [https://www.dailywire.com/news/lt-cols-resignation-letter-goes-viral-bashes-bidens-unethical-immoral-and-tyrannical-vaccine-mandate?utm\\_source=facebook&utm\\_medium=social&utm\\_campaign=benshapiro&fbclid=IwAR0jiRCNIWBNiRIUNBObD55Efklmn3M5VLU3N9NMRDUuZvlznQhHp9BUgc](https://www.dailywire.com/news/lt-cols-resignation-letter-goes-viral-bashes-bidens-unethical-immoral-and-tyrannical-vaccine-mandate?utm_source=facebook&utm_medium=social&utm_campaign=benshapiro&fbclid=IwAR0jiRCNIWBNiRIUNBObD55Efklmn3M5VLU3N9NMRDUuZvlznQhHp9BUgc)

<sup>160</sup> <https://www.fwc.gov.au/documents/decisionsigned/html/2021fwcfb6015.htm>

Deputy President Dean held that the vaccine mandates were highly coercive, undemocratic and unethical. He held that such mandates do not address the actual risk of Covid-19 and these measures can only be about punishing those who choose not to be vaccinated. He held that if the purpose of the public health officer is genuinely to reduce the spread of Covid-19, there is no basis for locking out people who do not have Covid, which is easily established by a rapid antigen test. Conversely, a vaccinated person who contracts Covid should be required to isolate until such time as they have recovered.

Blanket rules, such as mandating vaccinations for everyone across a whole profession or industry regardless of the actual risk, fails the test of proportionality, necessity and reasonableness. It is more than the absolute minimum necessary to combat the crisis and cannot be justified on health grounds. Deputy President Dean held that such a policy was lazy and a fundamentally flawed approach to risk management and should be soundly rejected by courts when challenged. He suggested that all Australians should vigorously oppose the introduction of a system of medical apartheid and segregation in Australia. He held it was an important concept and morally and ethically wrong, and the antithesis of our democratic way of life and everything we value. He held that Australians should also vigorously oppose the ongoing censorship of any views that question the current policies regarding Covid. **Science is no longer science if a person is not allowed to question it.** Finally, he held that all Australians, including those who hold or are suspected of holding anti-vaccination sentiments, are entitled to the protection of our laws, including the protections afforded by the Fair Work Act. In this regard, one can only hope that the Majority Decision is recognized as an anomaly and not followed by others.

We share the sentiments of Deputy President Dean.

### **CALL TO ACTION:**

To the citizens of British Columbia, please share this letter with all your friends, family, media and everyone you can think of and ask them to do the same. We have asked our leaders to stop these harmful policies. They have ignored our requests and the requests of many others to do so. We are asking you to stand in solidarity with us, and help us stop these nonsensical, illogical and harmful policies. Not another person should unnecessarily suffer harm or die in British Columbia or anywhere else as a result of these policies. The time to act is now.

**Sincerely,**

### **Voices of Silenced Okanagan Health Professionals**

A concerned group of health professionals who choose to remain anonymous due to threats of discipline and termination, by our own various professional governing bodies, for all who dare to question the B.C. government narrative on COVID-19 policies.

All of the documentation and information on websites linked in the footnotes have been archived to preserve their contents.

**The following 2 pages are an internal email containing instructions for Interior Health Immunizers to help children (Mature Minor) block parental access to their own child's vaccine status. This means our children now have medical information that is unknown to us as parents, and can be kept from us as parents, with the support and help of Interior Health Staff. This deceptive practice is important for parents and caregivers to understand.**

**From:** Immunization Program  
**Sent:** Monday, September 20, 2021 11:55 AM  
**To:** \_\_\_PHN Team Leaders; \_\_\_IH P&P Managers  
**Cc:** Promotion & Prevention System Support; Spence, Jonathan; Fenton, Dr. Carol  
**Subject:** Mature Minor Sensitive Record for Covid Immunizations & Vaccine Record Card

Hi All,

See the following information as it relates to Mature Minor sensitive records with COVID immunization and the Vaccine Record Card. Please share with your immunizers.

Sensitive records created on a mature minor's ImmsBC/Panorama file flag to staff accessing the client's record that the client has requested that their information cannot be released to anyone but themselves.

With the new BC Vaccine Card, a sensitive record flag has no impact on the Vaccine Card's creation and as a result a mature minor's Covid 19 immunization status can be easily discovered so long as the user has access to the client's PHN, Date of Birth and vaccine administration date(s). For the majority of cases, the need for a vaccine administration date will prevent others from creating a BC Vaccine Card. However, for a small subset of the mature minor population, there is a legitimate safety concern that the client may have if a parent/guardian discovers that they have received a Covid 19 vaccine. For this small group of client's there is the ability to "turn off" their BC Vaccine Card from being created in order to provide an additional measure of protection for these truly sensitive records. Note that this will also prevent the client from obtaining a BC Vaccine Card through the usual route, rather they will have to create a Health Gateway account which has added layers of security.

**Access Your BC Vaccine Card**

To access your BC Vaccine Card, please provide:

Personal Health Number

Date of Birth  
Year :    Month :    Day :

Date of Vaccine (Dose 1 or Dose 2)  
Year :    Month :    Day :

  

[Privacy Statement](#)

OR

Already a Health Gateway user?

For any mature minor with a true safety concern as mentioned above, please notify the PPSS team with the client's PHN and the reason for the request. In addition, the client will need to be made aware of the inability to create a BC Vaccine Card and directed where to go as an alternative. See suggested scripting below:

**PHN:** *Would you be concerned if your parent were able to access your COVID record?*

**MM:** *No – proceed as usual.*

**MM:** *Yes – PHN asks: We can put a notice on your digital health record, but the only way to completely block parental access is to block the Covid BC Vaccine Card from being created. The risk of this is that you will not be able to make a vaccine card QR code the simple way and will instead require you to connect to Health Gateway via the BC Services App which has added security measures. Do you want to do this also?*

Thank you,

**[REDACTED]**  
Immunization Specialist – Population Health Services  
|  
Phone: **[REDACTED]** Cell: **[REDACTED]** Email: **[REDACTED]**  
 Interior Health