

September 10, 2021

Submission to the Premier, Members
of the Legislative Assembly, and Ombud
of New Brunswick, Canada

Vaccine Hesitancy and the Risks of Medical Segregation Discrimination (MSD) Policies



A PDF copy of this report
can be downloaded at www.NBFree.ca (Downloads).

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CAUTION

This report is for educational purposes only. Nothing in this report, nor any appendices or forms that may be included, should be construed as legal or medical advice, including quotes by lawyers, doctors or researchers cited herein. Readers should consult appropriate experts to obtain advice with respect to their situation.

NOTES

1. **Sept 07/21 (Victim #47):** As the original report was being printed, New Brunswick suffered its 47th COVID death, a lady in her 70's. The government issued a Sept 07/21 news release in which the chief medical officer of health, Dr. Jennifer Russell, cited 'privacy legislation' as the reason for not releasing the deceased victim's vaccination status.

In addition to their odd concern for the privacy of an anonymous deceased victim while forcing the living to show proof of vaccination to keep their jobs the government used the death as an excuse to urge people to book a vaccination appointment "as soon as possible." The implication was that the deceased person was unvaccinated.

The government was misleading the public: the deceased lady was, in fact, "fully vaccinated" according to her granddaughter. We have no way to know whether she died because of the vaccination or from COVID after receiving the vaccination. The full story, including the consequences of manipulating COVID statistics going forward can be found here:
<https://www.nbfree.ca/blog/victim47>

2. **Sept 22/21 (Medical Segregation Discrimination implemented):** On Sept 22/21 Medical Segregation Discrimination came into effect via New Brunswick Regulation 2021-67, dated Sept 17/21. The province has now excluded non-vaccinated human beings from many indoor activities.

<https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/RegulationsReglements/2021/2021-67.pdf>

3. **Sept 26/21 (Typographical Errors):** This version differs slightly from the physical copy sent to New Brunswick MLAs. Several typographical errors were corrected, and a missing URL related to the Supreme Court of Canada case in Section 14 was added. Nothing else was altered or added except the note above.

About the cover image

“If an un-vaccinated person catches it from someone who is vaccinated, boohoo, too bad”

“I have no empathy left for the wilfully un-vaccinated. Let them die.

“I honestly don’t care if they die from COVID. Not even a little bit.

“Un-vaccinated patients do not deserve ICU beds. At this point, who cares. Stick the un-vaccinated in a tent outside and tend to them when the staff has time.”

Readers’ comments on Toronto Star front page, August 26, 2021

The author of this report, who does volunteer educational work directed at combating antisemitism, was invited by the Jewish National Fund to travel to Israel on an Educators Mission in 2019. There he visited the Yad Vashem Holocaust Museum where he saw examples of vicious anti-Jew propaganda used to whip up a frenzy of hate against them long before Dr. Josef Mengele conducted his insane medical experiments at Auschwitz.

While working to complete this report he saw a photo of the August 26th edition of Canada’s largest daily newspaper with a full-page message of hate for the millions of innocent, healthy citizens who still believe they have the legal right—enshrined in human rights codes from the *Nuremberg Code* of 1947 to today’s *Criminal Code of Canada* and *Charter of Rights*—to refuse to consent to a vaccine that doctors and researchers—including a Canadian doctor at the University of Waterloo—described as having a “*catastrophically bad*” safety profile.

If the reader ever wondered how a civilized society could devolve so profoundly as to end up in the bowels of hell as Germany did, you are watching it in real time. On August 25/21, Holocaust survivors and their descendents delivered a letter to the European Medicines Agency (EMA) demanding a halt to the COVID-19 vaccination program. They called it a ‘second Holocaust’ and wrote:

“If 80 years ago it was the Jews who were demonized as spreaders of infectious diseases, today it is the unvaccinated.”

<https://doctors4covidethics.org/holocaust-survivors-write-to-the-european-medicines-agency/>

We all thought it couldn’t happen again, let alone in Canada. We were all wrong.

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Cover Letter to MLAs

BY REGISTERED MAIL

Honourable Blaine Higgs, Premier of New Brunswick

Honourable Arlene Dunn, Minister, Aboriginal Affairs

Honourable Bill Oliver, Speaker of the Legislative Assembly

Honourable Bruce Fitch, Minister, Social Development

Honourable Daniel Allain, Minister, Local Government & Local Governance Reform

Honourable Dominic Cardy, Minister, Education & Early Childhood Development

Honourable Dorothy Shephard, Minister, Health

Honourable Ernie Steeves, Minister, Finance & Treasury Board

Honourable Gary Crossman, Minister, Environment & Climate Change

Honourable Glen Savoie, Minister responsible, Francophonie

Honourable Hugh J. A. (Ted) Flemming, QC, Minister, Justice & Public Safety

Honourable Jill Green, Minister, Transportation & Infrastructure

Honourable Margaret Johnson, Minister, Agriculture, Aquaculture & Fishers

Honourable Mary Wilson, Minister, Service New Brunswick

Honourable Mike Holland, Minister, Natural Resources & Energy Development

Honourable Tammy Scott-Wallace, Minister, Tourism, Heritage & Culture

Honourable Trevor Holder, Minister, Post-secondary Education, Training & Labour

Charles Murray, Ombud of New Brunswick

BY REGULAR MAIL

Denis Landry, MLA, Acting Leader of The Official Opposition

Jeff Carr, MLA, Legislative Assembly Whip
Sherry Wilson, MLA)
Andrea Anderson-Mason Q.C., MLA
Benoit Bourque, MLA
Chuck Chiasson, MLA
David Coon, MLA
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Isabelle Theriault, MLA
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Jean-Claude D'Amours, MLA
Jeff Carr, MLA
Kathy Bockus, MLA
Keith Chiasson, MLA
Kevin Arsenau, MLA
Kris Austin, MLA
Megan Mitton, MLA
Michelle Conroy, MLA
Rene Legacy, MLA
Richard Ames, MLA
Robert Gauvin, MLA
Robert McKee, MLA
Roger Melanson, MLA
Ross Wetmore, MLA
Ryan P. Cullins, MLA

September 04, 2021

Dear Premier, Ministers, Members of the Legislature, Ombud:

Please find enclosed my submission entitled, ***Vaccine Hesitancy and the Risks of Medical Segregation Discrimination (MSD) Policies***. A PDF version is available at www.NBFree.ca.

I am reaching out to all New Brunswick legislators and the Ombud to help you understand *critical* information about mRNA vaccine safety from a group consisting of hundreds of concerned doctors and scientists—including a former Pfizer Vice President and Chief Scientific Officer.

Three of this group's Founding Signatories co-authored an *Expert Statement* in support of a lawsuit to stop vaccination of adolescents in the E.U. One of them, an Associate Professor at the University of Waterloo, Ontario has agreed to my request to participate in a virtual group video conference to answer your questions.

I wish to alert you to the thousands of deaths and permanent injuries reported in North American adverse effects databases alone associated with mRNA vaccines.

I wish to alert you to the risks of forcing vaccination on innocent, healthy human beings via intimidation such as threats to employment and/or exclusion from society. I believe there are Criminal Code offences being committed every day—including *Intimidation* and *Assault*—by employers, schools and businesses who are bullying people into giving up their right to consent to medical procedures they do not want, and which they feel represent a genuine threat to their health.

I will provide facts for you to understand the truth hidden in plain sight: there is *no* health emergency that can remotely justify the current trajectory of our province into a Medical Segregation Discrimination regime.

In short: I seek your help in preventing a health and human/civil/bioethics rights disaster. My hope is that you will come to believe our province can choose to cast aside fear and misinformation to become a beacon of hope and freedom, and to inspire the rest of the country to do the same.

If, after reviewing this document, you feel compelled to add your public endorsement, please send an email with your name, ministry portfolio, riding, contact information and any comments you wish to make publicly available to mark@nbfree.ca with 'ENDORSEMENT' in the heading.

I am, of course, at your complete service. Do not hesitate to call or email me, day or evening.

With great faith and respect,

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1. Premier Higgs Threatens Un-vaccinated Citizens

On August 19/21 the Government of New Brunswick, three weeks following removal of all restrictions on July 30th, suddenly ordered that all government employees and new hires would be required to be vaccinated. It was a stunning announcement given that there had been zero new deaths and an average of just 1.1 hospitalizations per day in the entire province. (This will be discussed in more depth in Section 5.)

18 and older

Mandatory vaccination or testing policy for provincial government employees

Based on a recommendation from Public Health, cabinet has agreed to a mandatory vaccination or testing policy for all provincial government employees.

While the specific details are still being finalized, this policy, once in place, will require all provincial government employees to be fully vaccinated or submit to regular testing, and to wear a mask at work until they have received both vaccine doses. Vaccination will also be a condition of employment for new hires.

Details of the policy will be communicated directly to employees once they have been finalized.

Potential public exposures

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0600.html

On August 28/21, Premier Higgs, in an interview with the CBC, chillingly threatened those of us who believe we understand the risks of the vaccine and choose not to take it, that he was going to "find ways for you to want to be vaccinated."

Passports could be needed

Vaccine passports, which could restrict what unvaccinated people can do, may soon be on the horizon, if vaccination rates don't pick up, Higgs suggested.

Other jurisdictions, such as B.C., have seen a "significant uptake of vaccinations" after introducing passports, he said. "And that's what we want."

If New Brunswick moves to a passport system, business owners could say, "you know, 'You can't come into this facility. I want only vaccinated people,'" Higgs said.

“To those of you that haven't [gotten vaccinated], we're going to find ways for you to want to be vaccinated.”

- Blaine Higgs, premier

"To those of you that haven't [gotten vaccinated], we're going to find ways for you to want to be vaccinated. We're seeing it across the country."

<https://www.cbc.ca/news/canada/new-brunswick/new-brunswick-vaccine-passports-mandatory-masks-higgs-covid-1.6155818>

The author describes his reaction to the Premier's threat:

"I felt physically sick to my stomach and went outside to get air. My wife and I now wonder if we will have our driver's licences taken and be unable to go out to buy food, or if we will be denied medical care, or be victimized by hate and violence one day due to the effect on fearful fellow citizens.

Will we be able to fulfill our dream of riding a motorcycle around Atlantic Canada, let alone seeing more of the world before we die? Will the police kick in our door and take us away to be force-vaccinated? Will we have to sell our house and flee the province or even...Canada? Anything and everything seems possible now.

On the very day Premier Higgs threatened approximately 200,000 citizens who had made a medical decision not to take the vaccine the author was invited to speak to – he was advised—40 or 50 terrified government employees; 140 turned out. They all had two things in common: they were desperate not to be forced to choose between their jobs and their heretofore sacred right to bodily autonomy, and they were stunned at the trampling of their human, civil and bioethic rights.

Meghan has questions

Meghan Barrett (her real name, used with permission) is a New Brunswick student who was once a victim of a vicious domestic assault which left her with PTSD. She contacted the author to update him about how the intimidation at her school is affecting her as she tries to resist the bullying and threats to her education if she does not give up her right to consent to a vaccination she does not want:

Hello again,

I feel defeated, I feel discriminated, I'm feeling bullied by the school. I feel like it's a do or die situation and I don't feel like my rights exist. It's not fair that I'm being punished and not able to complete my remainder of my program of 3 months when the vaccine isn't even in my contract.

Why should I feel like I can't have my rights?

**Why should I feel that I can't have my education?
It doesn't make sense.**

SOURCE: Meghan Barrett, student; email to author, Sept 02/21

Why *can't* Meghan have her rights? After centuries of common law and the many anti-violence campaigns directed at teaching men to respect a woman's right to say 'No!' to unwanted touching, why does her right to say who touches her body and who doesn't suddenly no longer matter?

Why must she live in fear of coercion and sanctioned—no—*mandated* violence against her by the very people who were supposed to protect her? Why *can't* she have her education *and* her right to Informed Consent?

As the reader will come to understand—it doesn't make any sense at all.

2. Criminal Code: Intimidation & Assault

As will be demonstrated later in Section 5, some simple detective work related to critical, yet missing benchmarks from the New Brunswick COVID pages reveals a complete *absence of evidence* to support the existence of a health emergency that could justify any continuing infringements on civil liberties.

Despite this, our government and private employers are engaged in a frightening campaign to intimidate citizens en masse into giving up their right to bodily autonomy by forcing them to consent against their will to injection of a vaccine they believe is dangerous. In some cases, invasive testing is offered as an alternative.

Few in authority, it seems, have yet grasped that what they are doing may well fall under the jurisdiction of the Criminal Code of Canada which, to the best of the author's knowledge, has not been revoked by the Parliament of Canada, including and especially, the sections related to *Intimidation* and *Assault*.

- A THEORETICAL CASE STUDY -

INTIMIDATION, s423 of Criminal Code of Canada

Let us say that a male supervisor told a female employee—let us call her 'Kim'—that in order to keep her job she would have to get a tattoo of his initials put on her body and sleep with him once per week for as long as she worked there in order to keep her job.

One would, of course, rightfully laugh out loud at any suggestion that Kim has a 'choice' or that this could possibly be lawful. A court might also find such abuse to meet the definition of Intimidation under s423(1)(b) of the Criminal Code of Canada:

Every one is guilty of an offence and liable to imprisonment....**who wrongfully and without lawful authority, for the purpose of compelling another person** to abstain from doing anything that he or she has a lawful right to do, or **to do anything that he or she has a lawful right to abstain from doing,**

(b) intimidates or attempts to intimidate that person or a relative of that person **by** threats that, in Canada or elsewhere, violence or other injury will be done to or **punishment inflicted on him** or her or a relative of his or hers, or that the property of any of them will be damaged;

<https://laws-lois.justice.gc.ca/eng/acts/c-46/section-423.html>

ASSAULT by ‘exercise of authority,’ s265(3)(d) of Criminal Code of Canada

Now, assume Kim is a desperate single mom on her first job after being homeless for 3 months. She agrees out of fear of not being able to feed her family. That would be the very essence of a criminal Assault by use of Authority.

Section 265 of the *Criminal Code of Canada* deals with all manner of Assaults. It makes clear that applying force without consent is a criminal offence, and that submission to that force **out of fear of authority** by the victim is NOT consent (emphasis added):

Assault

265 (1) A person commits an assault when

(a) Without the consent of another person, he applies force intentionally to that other person, directly or indirectly;

(b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or

(c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

Application

(2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

Consent

(3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

(a) the application of force to the complainant or to a person other than the complainant;

(b) threats or fear of the application of force to the complainant or to a person other than the complainant;

(c) fraud; or

(d) the exercise of authority

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

In other words, using one's authority to force someone into making a 'choice' to submit to an Assault on their bodily autonomy against their will is a criminal offence if that person gives in to the pressure.

A former Crown Attorney on Assault via a medical procedure

Ontario criminal defence lawyer Nicholas Wansbutter, a former Crown Attorney, summarizes this opinion in a video entitled, *Vaccine Passports*:

“Consent given under fear or duress is not consent. The implementation of a vaccine passport is absolutely the exercise of authority. And if a person receives a vaccine only because of that use of authority and because they want to be able to live a normal life they did not consent to that medical treatment and, in my view, that is a clear assault, and it's assault that any physician is a party to that takes part in.

The Hippocratic Oath requires that physicians do no harm. Assault is harm, so a vaccine passport is absolutely offensive to a free and democratic society and it is entirely injurious to the sanctity of the individual's person guaranteed under Section 7 of the Charter of Rights and Freedoms, and the case law makes clear it is an Assault.”

<https://www.youtube.com/watch?v=9TsAQs92wto>

Nicholas Wansbutter website: <http://www.wansbutter.com/biography>

Wansbutter cites a number of cases in which the Supreme Court of Canada has ruled that invading bodily autonomy without consent, including via medical therapy, is an Assault/Battery under the Criminal Code, including:

***Hopp v. Lepp*, 1980 (Informed Consent, Battery vs. Patient)**

“The underlying principle is the right of a patient to decide what, if anything, should be done with his body: see *Parmley vs. Parmley* and *Yule* at pp645-46.” pp. 195-96

<https://canlii.ca/t/1mjv6>

***Parmley v. Parmley*, 1945 (Informed Consent to Medical Treatment)**

“The conclusion appears unavoidable that both of the parties hereto, particularly in the operating room, failed to recognize the right of a patient, when consulting a professional man in the practice of his profession, to have an examination, a diagnosis, advice and consultations, and that thereafter **it is for the patient to determine what, if any, operation or treatment shall be proceeded with.**” pp 645-46

<https://canlii.ca/t/21v4g>

***R. v. Ewanchuk*, 1999 (Sexual Assault; Absence of Consent)**

This case goes directly to the issue of why assault against one’s body without consent is a criminal offence:

“The common law has recognized for centuries that the individual’s right to physical integrity is a fundamental principle, “every man’s person being sacred, and no other having a right to meddle with it, in any the slightest manner”: see *Blackstone’s Commentaries on the Laws of England* (4th ed. 1770), Book III, at p. 120. It follows that any intentional but unwanted touching is criminal.” Para 28

<https://www.canlii.org/en/ca/scc/doc/1999/1999canlii711/1999canlii711.html>

Ewanchuk goes on to clarify—for the benefit of those repeating the government’s talking point that coercing people into agreeing to a vaccine jab or to endure invasive testing to keep their job or student status is not an Assault, but a ‘choice’—that ‘choice’ requires one’s mind be free to decide:

“In these instances the law is interested in a complainant’s reasons for choosing to participate in, or ostensibly consent to, the touching in question. In practice, this translates into an examination of the choice the complainant believed she faced. The courts’ concern is whether she **freely** made up her mind about the conduct in question. The relevant section of the *Code* is s. 265(3)(b), which states that there is no consent as a

matter of law where the complainant believed that she was choosing between permitting herself to be touched sexually or risking being subject to the application of force.” Para 38

<https://www.canlii.org/en/ca/scc/doc/1999/1999canlii711/1999canlii711.html>

AGGRAVATED ASSAULT, s268 of Criminal Code of Canada

Aggravated Assault occurs when someone is seriously injured or their life is endangered by an assault. In our case study, Kim was intimidated into giving up her bodily autonomy by illegal use of the supervisor’s authority over her. There was, therefore, no consent and so an Assault took place against her.

Now, consider this: An *Expert Statement* to the EU from Doctors for COVID Ethics cited in Section 4 makes it clear that hundreds of doctors—including a former Pfizer Vice-President and Chief Scientific Officer Allergy & Respiratory—regard mRNA vaccines as extremely dangerous.

The report’s *Summary* states:

“...the safety profile of the Pfizer vaccine is catastrophically bad.”

“...use of this vaccine in adolescents cannot be permitted, and that its ongoing use in any and all age groups ought to be stopped immediately.”

<https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

A court in the future may well decide that those who bullied innocent, healthy people into taking vaccines they believed—with good reason—were dangerous against their will are guilty of *Aggravated Assault*, not merely common *Assault*:

Aggravated Assault

268 (1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.

Punishment

(2) Every one who commits an aggravated assault is guilty of an indictable offence and liable to **imprisonment for a term not exceeding fourteen years.**

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

Kim's police complaint might be that her boss knew or ought to have known that the vaccine was dangerous; that she informed the employer of that fact (perhaps using the *Notice of Liability to Employer/School* form in Section 3) ahead of time, but he persisted in bullying her anyway; that it can never be removed from her body; that the long term effects are still being studied until 2027 (Section 6). She was, therefore, assaulted with a permanent danger to her life.

The accused will likely assert that the vaccine was 'approved' by Health Canada, and, therefore, they are *only* guilty of a common Assault, not Aggravated Assault. It will be interesting to see how the courts treat this defence.

Private prosecutions

During the Caledonia crisis in Ontario that began in 2006, the author was part of a team whose rule of law activism and legal work led to various criminal charges, including *Mischief*, *Obstruct Justice* and *Threaten Elected Officials* against two OPP commissioners, one Superintendent and two front line officers using the private prosecution provisions of the Criminal Code.

Rocco Galati, head of the Constitutional Rights Centre has just announced his intention to do the same in connection with violations of Canada's *Genetic Non-Disclosure Act* which provides up to 5 years in jail and \$1M in fines for misusing genetic testing such as the now-discredited PCR test to discriminate in provision of goods, services or contracts:

Lifesite News, Sept 01/21: ***MASSIVE: PCR testing is a 'criminal offence' under Canadian law, expert lawyer says***

"We're going to do our best now to start to lay private informations [sic] – 'laying a private information' is a legal term for formally filing a criminal report – against all individuals, who are demanding, insisting, and/or administering these tests," explained Galati."

<https://www.lifesitenews.com/news/massive-pcr-testing-is-a-criminal-offence-under-canadian-law-expert-lawyer-says/>

Galati recently filed a massive 397-page Statement of Claim against the Federal government, the RCMP and British Columbia on behalf of Action4Canada:

<https://www.constitutionalrightscentre.ca/20CRC16/wp-content/uploads/2021/08/21.08.17-FILED-Notice-of-Civil-Claim-Action4Canada.pdf>

<https://www.constitutionalrightscentre.ca/>

Sooner or later, the dam will break as politicians, Crowns and police realize they have a responsibility to end the abuses, not enable them. On that day, there might be a large backlog of criminal charges clogging the courts.

Summary

Were the author an employer, supervisor, school, government manager or politician who suddenly realized that he might be exposing himself to criminal liability in addition to being named in any future individual and/or class action lawsuit(s), he would be exceptionally grateful to every single person who had refused to comply with his intimidation as he worked to end the lawlessness and facilitate justice for the victims.

3. Criminal Code: ‘Notice of Liability’ form

The author was like most—willing to trust in the medical experts and our politicians when they asked us all to give up our freedom for “just 15 days to flatten the curve” so our hospitals would not be overwhelmed. When Premier Higgs allowed the emergency order to lapse on July 30/21 so we could again live as free people, it seemed New Brunswick had emerged bruised, yet safe *and* free.

On August 19th everything changed when the government decided to order mandatory vaccinations and/or invasive tests for employees. Innocent, healthy people were now to be bullied and intimidated, and on August 28/21 even the premier joined in to incite against the un-vaccinated.

The author was invited to speak to groups of people who were desperate not to have to choose between their job or their fear of the mRNA vaccines (Section 4). These people have been unable to find or afford legal help.

Running out of time

It became quickly apparent that governments at both federal and provincial level—had become utterly *lawless* as they rushed headlong into segregating society with a complete disregard for the *Charter of Rights*, the *Nuremberg Code*, the *UNESCO Declaration of Bioethics & Human Rights* and the *Criminal Code of Canada*. The author began work on this submission as a way to persuade at least one courageous MLA to speak out.

‘Notice of Liability to Employer/School’ form

The author realized that people needed a way to try to give pause to their employers *now* and preserve an evidence trail for future use in criminal prosecutions and/or class action lawsuits once the province and country came to its senses. To that end, he created the *Notice of Liability to Employer/School* form below.

The form is NOT legal advice; it merely serves to attempt to convince the employer or school to step back and carefully consider information of which they likely had little or no knowledge, and it creates that vital evidence trail for the future.

- NOTICE OF LIABILITY TO EMPLOYER/SCHOOL -

Re: Vaccine Medical Segregation Discrimination Policy (MSD)

To: Supervisor/Instructor:

Employer/School:

From Employee/Student

Dear Supervisor/Teacher/Administrator: I look forward to a continued happy relationship. To that end, I have some questions and information for you to consider before you further attempt to enforce a vaccine mandate against my express refusal to consent:

1. INTIMIDATION & ASSAULT: Did you know that threatening me with punishment for doing what I have every right not to do may be considered *Intimidation* under the Criminal Code of Canada; **AND THAT** using your authority to coerce me into giving up my right to withhold consent to an unwanted invasion of my body may be considered an *Assault* if I submit?

Intimidation (s423(1)(b): <https://laws-lois.justice.gc.ca/eng/acts/c-46/section-423.html>

Assault (s265(3)(d): <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-57.html>

Did you know the Supreme Court of Canada ruled in *R. v. Ewanchuk*, 1999 that:

“The common law has recognized for centuries that the individual’s right to physical integrity is a fundamental principle, “every man’s person being sacred, and no other having a right to meddle with it, in any the slightest manner”: It follows that any intentional but unwanted touching is criminal.”? (Para 28)

<https://www.canlii.org/en/ca/scc/doc/1999/1999canlii711/1999canlii711.html>

2. ADVERSE EFFECTS: Did you know Canadian & U.S. vaccine adverse effects reporting systems combined have received tens of thousands of reports of possible deaths and permanent injuries associated with COVID vaccines? **Did you know** Health Canada modified labels for vaccines to include information about serious cardiac side effects of myocarditis and pericarditis?

Canada adverse effects: <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

U.S. VAERS: <https://www.medsalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

Health Canada Recalls & Alerts: <https://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2021/75959a-eng.php>

1/3

Did you know that an Expert Statement prepared by Doctors for COVID Ethics for use in a lawsuit vs. The EU declared: “...the safety profile of the Pfizer vaccine is catastrophically bad” and, “...its ongoing use in any and all age groups ought to be stopped immediately”?

Doctors for COVID Ethics: Expert Statement: <https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

(Founding Signatories incl. [Dr. Michael Yeadon](#), ex-Pfizer VP & Chief Scientific Officer)

3. NO EVIDENCE TO SUPPORT MSD POLICIES:

a. Did you know...THAT on July 30/21, the day lockdown and mask mandates were removed in New Brunswick, there were **46** deaths in total during the entire COVID episode, and **0** hospitalizations as of that day;

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.07.0566.html

AND THAT on Aug 19/21, the day Premier Higgs announced the implementation of vaccination mandates for government employees—there were still **46** deaths in total with **1** hospitalization;

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0600.html

AND THAT on Sept 04/21 there were still **46** deaths with **3** hospitalizations of which 2 patients were in ICU units?

<https://experience.arcgis.com/experience/8eeb9a2052d641c996dba5de8f25a8aa>

AND THEREFORE: since lockdown and mask mandates were removed July 30th, there have been **0** new deaths in New Brunswick?



b. Did you know that during the **29** days since lockdown and mask mandates were removed, between July 30th and August 27th inclusive, the New Brunswick Department of Health issued **18** news releases in which the number of hospitalizations was stated in the release, and that the average number of hospitalizations was only **1.11 per news release** (20 hospitalizations/18 news releases)? <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news.html>

Since restrictions were lifted July 30/21 not 1 person has died, and NB hospitals have not been, and are not now, even remotely close to being overwhelmed with COVID patients.

REFERENCE (submitted to all NB MLAs): *Vaccine Hesitancy and the Risks of Medical Segregation Discrimination (MSD) Policies*. Available at: NBFree.ca (Downloads)

Date emailed or hand-delivered:

Signature of Employee/Student (if hand-delivered):

v210904C 2/3

CAUTION: This form and instructions are NOT legal advice. They are for educational purposes only. You should consult a lawyer for advice for your particular situation.

A PDF 'electronically fillable' version of this form is available at NBFree.ca (Downloads)

Goals of the 'Notice of Liability to Employer/School' form:

1. Alert supervisors and instructors their actions *might* be regarded as criminal by a court.
2. Provide information to show that your fear of mRNA vaccines (if any) is well-founded.
3. Provide information to prove that deaths, hospital/ICU admissions show that no health emergency existed as of the date of the form version (shown in lower right of page 2).
4. Create an evidence trail for use in future legal actions such as criminal prosecutions, individual and/or class action civil lawsuits to prove that you did not consent, or that your consent was coerced, and that your employer/school was informed of the above information.
5. Provide a simply easy-to-use method for you to help friends, family and co-workers who may also be bullying you to understand your refusal to consent to being vaccinated.

How the form can be used

1. Download the blank form and save it. Read it. Click the reference links so you can confirm that the information is accurate and up-to-date (deaths/hospitalizations/ICU may change daily).
2. Download and read carefully the Doctors for COVID Ethics ***Expert Statement regarding Comirnaty (Pfizer) COVID-19 mRNA Vaccine for children.*** Available here (w/highlighted clauses): nbfree.ca (Downloads) OR here (w/out highlighted clauses) at the original source: <https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>
3. Open form. Inside Acrobat Reader click 'Fill & Sign' icon (lower R). Fill in form and save.
4. Keep a diary to document interactions as they happen.
5. Email the completed form to your immediate supervisor/instructor along with a copy of the Doctors for COVID Ethics ***Expert Statement regarding Comirnaty.***

In the email, politely explain that you are very concerned about what you perceive as bullying intended to coerce you into consenting to taking a vaccine against your will, and you wanted them to have important information they might not already know.

6. You might also print paper copies of both the form and the *Expert Statement* and give them to your supervisor/instructor. Be sure to record this in your diary.
7. Use the form to help educate friends, family & co-workers to reduce fear & promote tolerance.

4. Vaccine Safety Profile: “Catastrophically bad”

Doctors for Covid Ethics (doctors4covidethics.org)

In 2021, three medical experts from the hundreds of eminent doctors, scientists and researchers of *Doctors for COVID Ethics* (doctors4covidethics.org) prepared a shocking document in support of a lawsuit against the European Union to stop the vaccination of adolescents:

Expert Statement regarding Comirnaty—COVID-19-mRNA-Vaccine for children

These two quotes from the Summary should frighten us all:

“...the safety profile of the Pfizer vaccine is catastrophically bad.”

“The only possible conclusion from this analysis is that the use of this vaccine in adolescents cannot be permitted, and that its ongoing use in any and all age groups ought to be stopped immediately.”

<https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

This *Expert Statement* is also available at:

- [NBFree.ca](https://nbfree.ca) (Downloads): Highlighting and a bio page for the authors (taken from the Doctors for COVID Ethics *Signatories* page; link below) were added to the original version to aid laypeople in pulling out critical points.

Due Diligence

As part of the author’s due diligence, he personally verified with the lead author, Michael Palmer MD, from the University of Waterloo, Ontario that he stands by every statement in the report, including the blunt warnings about the safety profile and the recommendations of low-risk, effective therapeutic alternatives to mRNA vaccines such as Ivermectin and Hydroxychloroquine.

Dr. Palmer indicates that he would be willing to answer questions from MLAs in a virtual group meeting.

Former Pfizer Vice-President: Founding Signatory

It is worthwhile to note that one of the Founding Signatories to *Doctors for COVID Ethics* is Dr. Michael Yeadon, PhD, former Vice-President and Chief Scientific Officer Allergy & Respiratory for **Pfizer Global R&D**.

<https://doctors4covidethics.org/doctors-for-covid-ethics-signatories/>

Failure to prominently disclose adverse effects

The Government of NB COVID gateway page does not have any links to Canadian or US. adverse effects reporting systems. There is a link to the Canadian reporting page, but it is not on the first page—one must click five different links in a confusing sequence of pages of information to get there.

GNB COVID Gateway:

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19.html>

This page, dedicated to telling readers *What you should know’ about the Pfizer-BioNTech COVID-19 vaccine* explains *Possible side effects from Pfizer-BioNTech vaccines*:

“In general, the side effects observed during the clinical trials are similar to what you might have with other vaccines. [...] Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the Pfizer-BioNTech COVID-19 vaccine. **No major safety concerns have been identified in the data that we reviewed.**”

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/nb-vaccine/get-the-facts/pfizer-biontech-covid-19-vaccine.html>

One link on a GNB COVID page goes to a page on another website titled ‘Vaccine Information.’ The site, ‘**ThisIsOurShot.ca #TogetherAgain**’ contains inducements in the form of “over 3,000 larger-than-life prizes” for getting vaccinated:



<https://thisisourshot.ca/> (accessed Sept 02/21)

This site contains NO information about adverse effects. It only takes three (3) clicks to get to this site from the main GNB COVID gateway page versus 5 to reach the Canadian adverse events reporting page cited below. The link to 'ThisIsOurShot.ca' can be found in the **Resources>General** section entry entitled **About COVID-19 vaccines** on this page:

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/nb-vaccine/get-the-facts.html>

Deaths, Permanent Injuries, Birth Defects, Miscarriages, Cardiac Issues, etc.

Contrary to the rosy picture of 'rare' side effects painted by the GNB site, and with all due respect for the wonderful prizes offered by ThisIsOurShot.ca, Canadian and U.S. vaccine adverse effects reporting systems combined have received **tens of thousands of reports of possible deaths, permanent injuries, hospitalizations, birth defects and miscarriages** associated with mRNA COVID vaccines.

Note that this does not include statistics from the UK or the EU's European Medicines Agency (EMA).

U.S. CDC VAERS: This data is from the August 20, 2021 release of the VAERS system (Vaccine Adverse Effects Reporting System):

From the 8/20/2021 release of VAERS data:

Found 623,343 cases where Vaccine is COVID19

Table

↓	↑ ↓	↑ ↓
Event Outcome	Count	Percent
• Death	13,627	2.19%
• Permanent Disability	17,794	2.85%
Office Visit	100,965	16.2%
Emergency Room	57	0.01%
Emergency Doctor/Room	74,312	11.92%
Hospitalized	55,654	8.93%
Hospitalized, Prolonged	167	0.03%
Recovered	205,226	32.92%
• Birth Defect	393	0.06%
Life Threatening	14,104	2.26%
Not Serious	258,809	41.52%
TOTAL	† 741,108	† 118.89%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 623343 (the number of cases found), and the Total Percentage is greater than 100.

Case Details

This is page 1 out of 62,335

Total reports: 623,343*

1. **Death: 13,627**
2. **Permanent Injury: 17,794**
3. **Birth Defects: 393**

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

*NOTE: It is common for vaccine advocates to suggest that VAERS is not reliable because anyone can make a report. This is by design, so it can serve as an early warning signal. What vaccine proponents invariably never mention is this statement on the VAERS *Report an Adverse Event to VAERS* page: “Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code 1001) punishable by fine and imprisonment.”

<https://vaers.hhs.gov/reportevent.html>

Canada: The Sept 03/21 weekly *Reported side effects following COVID-19 vaccination in Canada* for data up to and including August 27/21 shows the following adverse effects:

Total reports: 14,101

Adverse events that were serious: 3,768

Deaths following vaccination: 184 (+4)

Adverse events of special interest (Table 1): 2,463 (+193), including:

- Auto-immune diseases: **141**
- Cardiovascular (heart attacks/arrests/Myocarditis/Pericarditis): **751**
- Circulatory system (thrombosis, vasculitis, blood clots, embolism, bleeding): **790**
- Hepato-gastrointestinal & renal system (kidney & liver injuries): **55**
- Nerves & central nervous system (Bell's Palsy/facial paralysis, stroke, spinal inflammation) **579**
- **Pregnancy outcomes (fetal growth restriction/spontaneous abortion): 34**

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

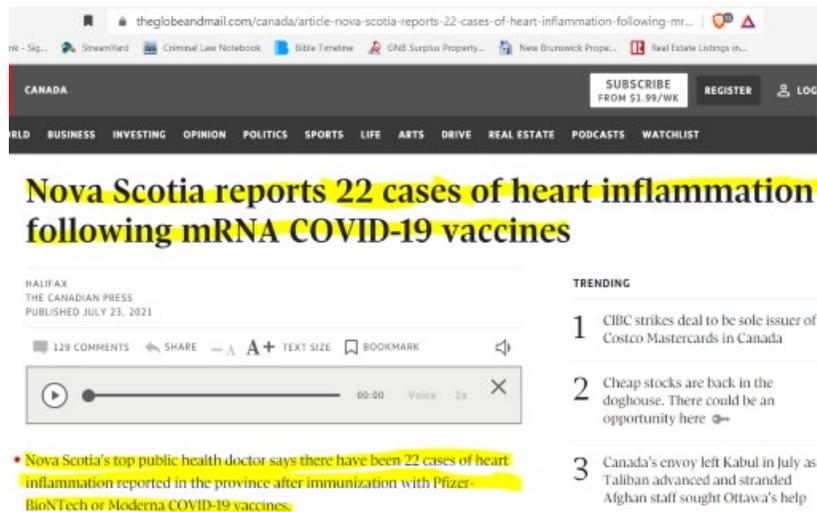
One must note that doctors in Canada are being censored, and targeted for disciplinary action for questioning the official narrative of 'safe' vaccines that have no therapeutic alternative. This breeds great suspicion: how can one ever be sure that the numbers of serious adverse effects noted above are accurate or are they much, much higher? Are reports being suppressed out of fear? We just don't know. The un-precendented attacks on free and open discussion of the COVID issue mean that *nothing* can be taken at face value.

Health Canada adds warning about cardiac adverse effects

On June 30/21 Health Canada modified labels for mRNA vaccines to include information about the serious cardiac side effects of myocarditis and pericarditis:

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

I would remind the reader: in Nova Scotia alone there were 22 reports of myocarditis & pericarditis (inflammation of the heart muscle or lining) following vaccination. These conditions cause permanent damage to the heart.



<https://www.theglobeandmail.com/canada/article-nova-scotia-reports-22-cases-of-heart-inflammation-following-mrna/?cmpid=rss>

Missing benchmarks

The New Brunswick Department of Health is not tracking, or not publishing, critical benchmarks related to vaccinations in our province:

1. NEW DEATHS following vaccination
2. TOTAL DEATHS following vaccination
3. NEW HOSPITALIZATIONS following vaccination
4. TOTAL HOSPITALIZATIONS following vaccination
5. TOTAL ER VISITS following vaccination

If the vaccines are truly safe, then publishing these benchmarks can only aid the government's objectives in rolling out a *voluntary* vaccination campaign.

Post-Vaccination Emergencies: New Brunswick (Sussex)

The author was contacted by an ‘Ann Douthwright’ (not her real name) in which she describes a July 18/21 visit to the emergency room in Sussex:

Ann gave consent to use her story, but asked that her real name not be used. Here is Ann’s story as told to the author in a Sept 02/21 email (emphasis added):

“On July 18th, I took my fiancé to the emergency room in Sussex NB due to a heart related episode. We were there from 6pm that day to 1 pm the next day.

“The Hospital was very busy. They had 2 waiting rooms full of people, every examination room was full as well as the observation room beds full. There were ambulances lined up, waiting to offload patients.

“Every single person that came in, (as we could hear pretty much everything from the observation room and beyond) was there due to reactions to the covid vaccine. Every person that was there had severe issues within days or even moments of having the vaccine. There were several issues including severe cramping and muscle, joint pain. **Blood clots. Breathing issues.** Numbness and loss of feeling in their limbs. **Heart issues.**

“My fiance (and i) was basically the only person there who had not had the shot and was there for something unrelated to having had the vaccine. We were blown away by this discovery!!”

After being there in the observation room for 19 hours, and going through 3 shifts of doctors, it was decided that he needed to be rushed to the Saint John hospital by ambulance for an emergency stress and dye test. BUT, because they had become so overwhelmed with people, whom were all cases of complications and reactions to the covid vaccine, I was told (as I am a PSW) to take him home and keep him comfortable until they called from Saint John ,with a bed for him to be admitted there for the tests for his heart issues. Again, he had NOT had the vaccine and his issues were unrelated.

We were told we had to make room for the people with reactions to the covid vaccines!! By the way.... that emergency call never came. We ended up talking to his cardiologist and had the stress test 5 weeks later, and finally he has been booked for nuclear stress testing on Sept. 8th. That's 8 weeks of WAITING.

So what I'm saying here is.... that my Fiancé, who had a serious heart health issue, got trumped by those having reactions to the covid vaccine!!!

They claimed they were worried about the Hospitals being overwhelmed with COVID PATIENTS, which never happened.... NOW THEY ARE OVERWHELMED WITH COVID VACCINE REACTIONS!!!

SOURCE: ‘Ann Douthwright ’ email to author, September 02/21.

Our Department of Health needs to track *and* publish these vital statistics about these events daily. Complete transparency is the only way to provide accountability and provide early warning if something is wrong as so many of us believe, and as many medical professionals have warned.

Post-Vaccination Emergencies: Alberta

Natalie Klein, niece of former Alberta Premier Ralph Klein, reluctantly agreed to take a Moderna vaccine in order to visit her sick mother in British Columbia. She suffered a stroke, two cardiac incidents and ‘brain fog’ after the first dose. She now cannot visit her family in Victoria because of B.C.’s Medical Segregation Discrimination policies. Her heartbreaking story illustrates the risks posed by the mRNA vaccines, the risks of government coercion, and the horrific consequences of MSD.

Natalie discusses her plight in this Sept 02/21 interview with Sheila Dunn Reid of Rebel News:

Healthy young mom speaks out as she fights for her life after an adverse reaction to Moderna vaccine.



[https://www.rebelnews.com/
healthy_young_mom_speaks_out_as_she_fights_for_her_life_after_an_adverse_reaction_to_moderna_vaccine](https://www.rebelnews.com/healthy_young_mom_speaks_out_as_she_fights_for_her_life_after_an_adverse_reaction_to_moderna_vaccine)

“As everybody knows, I was really against taking the vaccine, but in order to see my mom who is on dialysis [in British Columbia]. I decided to take a leap of faith and take that first shot. My intuition even sitting in there was saying, ‘Don’t do it. Don’t do it.’ But, I did it so I could hug my mom. 24 hours later I suffered a minor stroke. And then 3 days after that I almost went into cardiac arrest. A week after that I almost went into cardiac arrest again.

“I take aspirin every day. I carry nitro to open up my arteries if I feel like I’m going to have a heart attack. It’s very emotional stuff, but I still have a business to run, the very thing that I fought for a year ago. So, it’s hard to deal with all these medical things for doing something that the government said, ‘It’s safe, do the right thing.’ I did the right thing. I almost died. I almost lost my business again. My finances went down the tube.

“I tried to stay a little bit private about it, but in the end everyone needs to hear these stories. They need to hear the vaccine-injured. They need to be aware and have informed consent about what’s going in their body.”

Natalie cannot risk taking a second dose of the vaccine which means she is not considered ‘fully vaccinated’ and, therefore, is not allowed to visit her mother after all because BC’s vaccine passport system does not allow medical exemptions.

“I feel disgusted that it’s come down to that and people in BC need to start standing up and saying no because for someone like me or hundreds of thousands of others that don’t want to take it or are scared to take it...that’s their choice. We shouldn’t be held hostage in our province because we don’t have the proper papers. B.C. Ferries for instance...they’re going to require that or any kind of travel or restaurants. My father, my mother, my sisters...one of my sons lives in Victoria, so it breaks my heart that I can’t even go over there because now I’m considered still in the ‘white zone’ with only one dose.

“I refuse to get a second dose. I’m not going to risk my life to get a second dose to put me in the ground when I still have a young son to worry about. I think that’s the responsible thing to do.”

In summary

There is evidence from medical specialists to suggest that the rushed-to-market mRNA vaccines were predictably defective from the beginning.

The adverse effects reporting systems in Canada and the U.S. show they are killing and injuring people, yet New Brunswick seems to be reluctant to share that information with the public.

Every citizen has the right to know if their neighbours are being killed or injured by a dangerous vaccine *before* they themselves give Informed Consent for themselves or their children.

As the reader shall see shortly, the New Brunswick Department of Health is failing to track and/or disclose other critical benchmarks that show conclusively—*there is no health emergency overwhelming our hospitals.*

5. There is No Health Emergency

In the same CBC article cited in Section 1, the Premier acknowledged that there was no threat to public health: "**But we have not had the hospitalizations ... We don't have the severe sickness.**"

<https://www.cbc.ca/news/canada/new-brunswick/new-brunswick-vaccine-passports-mandatory-masks-higgs-covid-1.6155818>

More Missing Benchmarks

In the previous section, we pointed out that the New Brunswick Department of Health does not track, and/or does not publish, vital statistics regarding post-vaccination adverse effects.

The Department of Health also does not track and/or does not publish critical benchmarks related to the July 30th lifting of mask/lockdown restrictions that would reveal the complete and utter lack of a health emergency, namely:

1. NEW DEATHS since July 30/21 **(0)***
2. AVERAGE HOSPITALIZATIONS PER DAY since July 30/21 **(1.1**)**
3. NEW HOSPITALIZATIONS since July 30/21 (unable to determine)
4. NEW ICU ADMISSIONS since July 30/21 (unable to determine)

***NEW DEATHS:** On July 30/21, the day lockdown & mask mandates were removed in New Brunswick, there were **46** deaths in total during the entire COVID episode, and **0** hospitalizations as of that day;

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.07.0566.html

On Aug 23/21— 5 days after Premier Higgs announced the implementation of vaccination mandates for government employees—there were still **46** deaths in total with **3** hospitalizations;

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0596.html

On Sept 04/21—more than one full month after lockdown & mask mandates were removed there are still **46** deaths. In other words, not a single death has occurred due to COVID in the last 36 days in all of New Brunswick.

****AVERAGE HOSPITALIZATIONS/DAY:** The author examined all News Releases listed on the COVID gateway page during the 29 days since lockdown and mask mandates were removed—between July 30th and August 27th inclusive. The New Brunswick Department of Health issued 18 news releases in which the number of hospitalizations was stated in the release. The average number of hospitalizations was only **1.11 per news release** (20 hospitalizations/18 news releases).

Benchmarks published by Department of Health

Statistics for New Brunswick as of Sept 03/21) show the following:

- **In Hospital: 3**
- **In ICU: 2**
- **Deaths during entire COVID issue: 46** (unchanged since July 30/21)



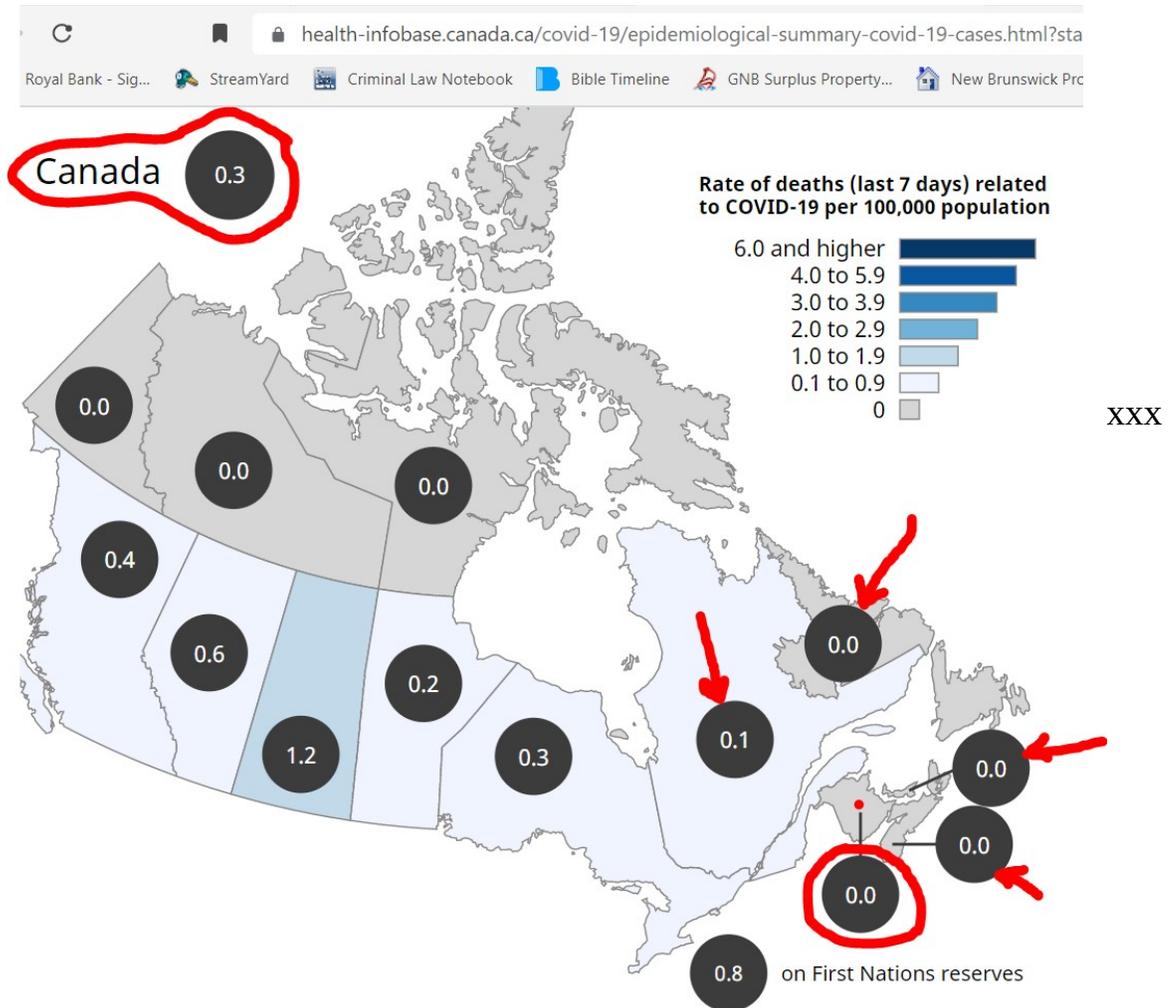
<https://experience.arcgis.com/experience/8eeb9a2052d641c996dba5de8f25a8aa>

The reader may properly wonder whether New Brunswick is merely the calm eye of a COVID hurricane of deaths in surrounding provinces. Far from it.

Effective Canadian 7-day Death Rate = near ZERO

Consistent with the New Brunswick statistics cited above is the revealing picture provided by Health Canada's interactive mapping system which shows that the current average 7 day COVID death rate in the entire country is effectively...ZERO.

As of September 03/21 the rate for the entire country is. .3 per 100,000 or **3 per 1,000,000 population.***



https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=rate&measure=deaths_last7&map=pt#a2

New Brunswick's rate shows as **0.0** as discussed above (for the past 34 days), and our Atlantic and Quebec neighbours are running at zero or near-zero as well during the past 7 days. The entire Atlantic region and Quebec have no health emergency

that can possibly justify the closing of borders, or the suspension of any other Charter rights and freedoms, let alone vicious campaigns to medically segregate our societies.

*Every life is precious!

What about ‘Asymptomatic Transmission’?

The Doctors for COVID Ethics Expert Statement to the EU addresses this common concern rather bluntly:

“1.1.5 Asymptomatic transmission of COVID-19 is not real. An oft-cited rationale for vaccinating individuals who are not themselves at risk of severe disease is the need to induce “herd immunity:” the few who are at high risk should be protected by preventing the spread of the virus in the general population.

A subtext of this rationale is the idea of “asymptomatic spread”—persons who have been infected but who show no signs of it other than a positive PCR test are assumed to transmit this infection to other susceptible individuals. If we accept the idea of such asymptomatic spread, then preventative mass vaccination might indeed appear as the only means of reliable protection of those at risk.

It has, however, been unambiguously determined that such asymptomatic transmission does not occur.”

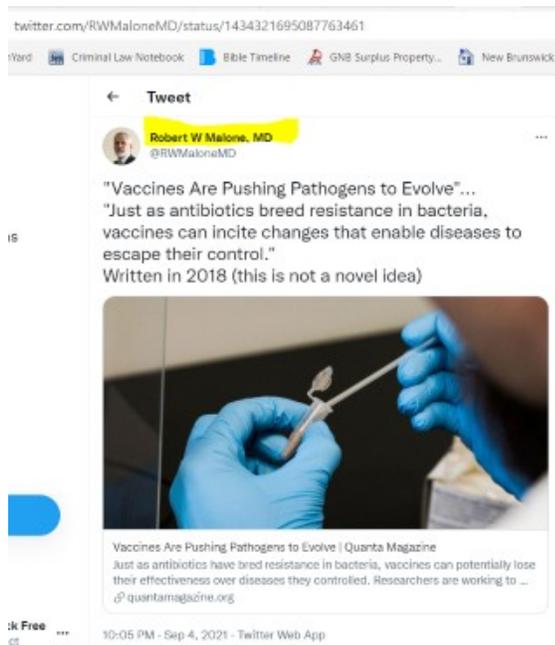
Expert Statement, p3, s1.1.5

<https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

What about the ‘variants’?

Dr. Robert Malone, inventor of mRNA vaccine technology, shared this quote from a pre-COVID May 10/18 article about how Marek’s disease—a contagious and deadly virus that kills chickens—evolves in response to vaccines:

Vaccines Are Pushing Pathogens to Evolve



“Just as antibiotics breed resistance in bacteria, vaccines can incite changes that enable diseases to escape their control.”

<https://www.quantamagazine.org/how-vaccines-can-drive-pathogens-to-evolve-20180510>

<https://twitter.com/RWMaloneMD/status/1434321695087763461>

Dr. Malone’s website: <https://www.rwmalonemd.com/mrna-vaccine-inventor>

It should never be up to laypeople to have to cope with questions like this, but in the current climate of intimidation, demonization, censorship and government abuses in combination with a lack of trustworthy, transparent information, we have little choice to seek our own information and experts, and come to our own conclusions:

If Dr. Malone is correct, it appears that the vaccines are creating the variants, and that an important part of the solution is to stop giving dangerous vaccines to people, not to bully even more people into taking them and then ordering booster shot after booster shot as effectiveness wanes to retain their ‘fully vaccinated’ status.

Interference with a national election for no valid reason

It should be noted that Newfoundland, Nova Scotia and Prince Edward Island all denied entry to un-vaccinated Maxime Bernier, leader of the Peoples Party of Canada, during the current Canadian national election. These types of abusive, anti-democratic and un-necessary actions only serve to incite fear and aggravate the concerns of those already distressed about government abuses of our Charter rights.

In summary

The Government of New Brunswick cites the number of 'cases' as a benchmark worthy of extraordinarily-punitive, abusive and dehumanizing measures, but...if there are only three patients in the hospital, and zero new deaths over the last 34 days following removal of restrictions in a province with 800,000 people, and 'only' 46* people have died throughout the entire episode during the last 18 months, one must ask:

Where is the 'emergency' that justifies terrorizing innocent people into giving up their sacred right to bodily autonomy? Where is the 'emergency' that justifies radical assaults on liberty via Medical Segregation Discrimination?

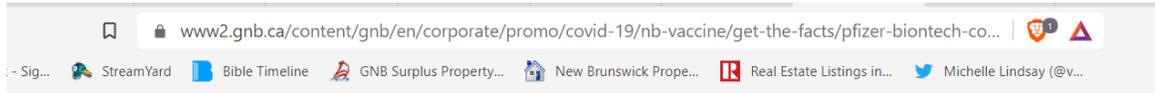
The 'curve' no longer exists; it is flatter than a pancake squashed by a steamroller.

*Every life is precious!

6. Experimenting on Children

The Governments of Canada and New Brunswick claim that the Pfizer-BioNTech mRNA vaccine is “approved” for people aged 12 and older.

New Brunswick:



What you should know

The Pfizer-BioNTech COVID-19 mRNA vaccine is used to prevent COVID-19. This disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

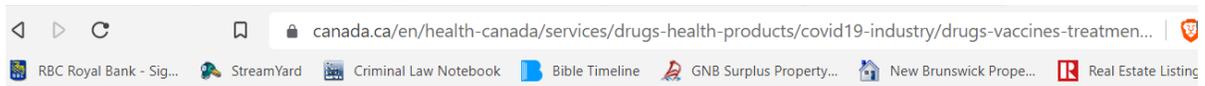
The vaccine is approved for people who are 12 (or turning 12 years of age in 2021) and older. Its safety and effectiveness in people younger than 12 years of age have not yet been established.

The Pfizer-BioNTech COVID-19 vaccine is manufactured by Pfizer Canada ULC and BioNTech Manufacturing GmbH. Health Canada authorized this vaccine with conditions on December 9, 2020, under the [Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19](#).

Find detailed technical information about the Pfizer-BioNTech vaccine, such as the product monograph and our regulatory decision summary, in the [COVID-19 vaccines and treatments regulatory portal](#).

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/nb-vaccine/get-the-facts/pfizer-biontech-covid-19-vaccine.html>

Canada:



Pfizer-BioNTech COVID-19 vaccine

All COVID-19 vaccines authorized in Canada **are proven safe, effective and of high quality.**

Name: Pfizer-BioNTech COVID-19 Vaccine	Approved for: Age 12 and older
Manufacturer: BioNTech Manufacturing GmbH	How it's given: Injection in muscle (usual)
Type: mRNA	Number of doses: 2 doses
Status: Approved by Health Canada	

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

Governments and media trumpeted news about ‘full approval’ of Pfizer-BioNTech’s vaccine. Yes, *Canada* has ‘approved’ the Pfizer vaccine for use in 12-16 year olds.

Keeping in mind the quotes cited in the *Expert Statement* from Doctors for COVID Ethics discussed in Section 4 that strongly cautioned against giving the mRNA vaccines to adolescents—or anyone else for that matter—it is worthwhile to see what the U.S. Food & Drug Administration (FDA) ‘approved’ and what they required in their approval letter to the manufacturer.



FDA news release, August 23/21:

“Today, the U.S. Food and Drug Administration approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty (koe-mir’-na-tee), for the prevention of COVID-19 disease **in individuals 16 years of age and older**. The vaccine also **continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age** and for the administration of a third dose in certain immunocompromised individuals.”

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>

So, for the 12-15 year old age group, the Pfizer vaccine *Comirnaty* only has EUA in the United States. It is still considered *experimental* for American adolescents, yet is ‘*approved*’ for Canadian kids.

Why the FDA withheld ‘approval’ for the adolescent age group, and why even approval for the 16 years and above age group should raise concerns as well

As the FDA notes in its news release, the first Emergency Use Authorization (EUA) for the original Pfizer-BioNTech mRNA vaccine was granted on Dec 11/20 for use in those 16 years and older. On May 10/21 the EUA was expanded to adolescents 12-15. From the time of the first EUA to the date of approval on Aug 23/21 was a mere eight (8) months, a shockingly short period of time in a world where drugs take many years to get to approval.

In its media release, the FDA noted the issue with cardiac adverse effects, and ordered a warning:

“Additionally, the FDA conducted a rigorous evaluation of the post-authorization safety surveillance data pertaining to **myocarditis and pericarditis** following administration of the Pfizer-BioNTech COVID-19 Vaccine and has determined that the data demonstrate increased risks, particularly within the seven days following the second dose. [...] The Comirnaty Prescribing Information includes a warning about these risks.”

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>

A crucial missing fact from media reports: FDA ordered nine (9) studies

What governments and media neglected to mention while they were excitedly proclaiming that vaccine holdouts no longer had any excuses now that the vaccine was ‘Approved!’ was that the media release—in the *Ongoing Safety Monitoring* section—explained that the FDA approval ordered Pfizer to conduct 9 studies following approval.

“...the FDA is requiring the company to conduct post-marketing studies to further assess the risks of myocarditis and pericarditis following vaccination with Comirnaty.”

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>

Approval letter to Pfizer-BioNTech: Required Studies



Our STN: BL 125742/0

BLA APPROVAL

BioNTech Manufacturing GmbH
Attention: Amit Patel
Pfizer Inc.
235 East 42nd Street
New York, NY 10017

August 23, 2021

Dear Mr. Patel:

Please refer to your Biologics License Application (BLA) submitted and received on May 18, 2021, under section 351(a) of the Public Health Service Act (PHS Act) for COVID-19 Vaccine, mRNA.

LICENSING

We are issuing Department of Health and Human Services U.S. License No. 2229 to BioNTech Manufacturing GmbH, Mainz, Germany, under the provisions of section

According to the August 23/21 FDA approval letter to BioNTech Manufacturing GmbH, studies 4-9 inclusive are related to “serious risks” of heart adverse effects (emphasis added):

“We have determined that an analysis of spontaneous postmarketing adverse events reported...will not be sufficient to assess known **serious risks of myocarditis and pericarditis** and identify an unexpected serious risk of subclinical myocarditis.” (p6)

<https://www.fda.gov/media/151710/download>

FDA-ordered 6 studies of cardiac issues in USA and Europe (pp 6-8)

Note the dates for submission of final reports for these studies:

- Study 4 C4591009: myocarditis/pericarditis in U.S.A.. Final report: **2025**
- Study 5 C4591021: myocarditis/pericarditis in Europe. Final report: **2024**
- Study 6 sub C4591021: natural history of myocarditis/pericarditis. Final report: **2024**
- Study 7 C4591036: potential long-term effects on pediatric myocarditis (in collaboration w/Pediatric Heart Network). Final report: **2027**
- Study 8 C4591007: **myocarditis in children 5-15 yrs** after 2nd dose. Final report: **2024**
- Study 9. C4591031: study to “assess the incidence of subclinical myocarditis following administration of a third dose of COMIRNATY...in participants aged 16-30 years.” Final report: **Dec 31/2022.**

Clearly, ‘approved’ status for the 16 years and older group notwithstanding, the Pfizer-BioNTech mRNA vaccine is still very much experimental—as would be expected given their rushed development and approval.

Studies 1-3: FDA- ordered testing of Pfizer vaccine in children and infants (p5)

Note that Study #8 involves cardiac adverse effects in ***children 5-15 years old***, and the report is not due ***until 2024.***

The first three FDA-ordered studies in the August 23rd approval letter to Pfizer-BioNTech are for general evaluation of this ‘approved’ drug in children and infants, including those below the age of 6 months. Note the age group for Study 1 and the date set for submission of the final testing report:

Study 1 C4591001: **children 12-15 years of age.** Final report: **2023**

Study 2 C4591007: children and infants 6 mos-12 years of age: **2024**

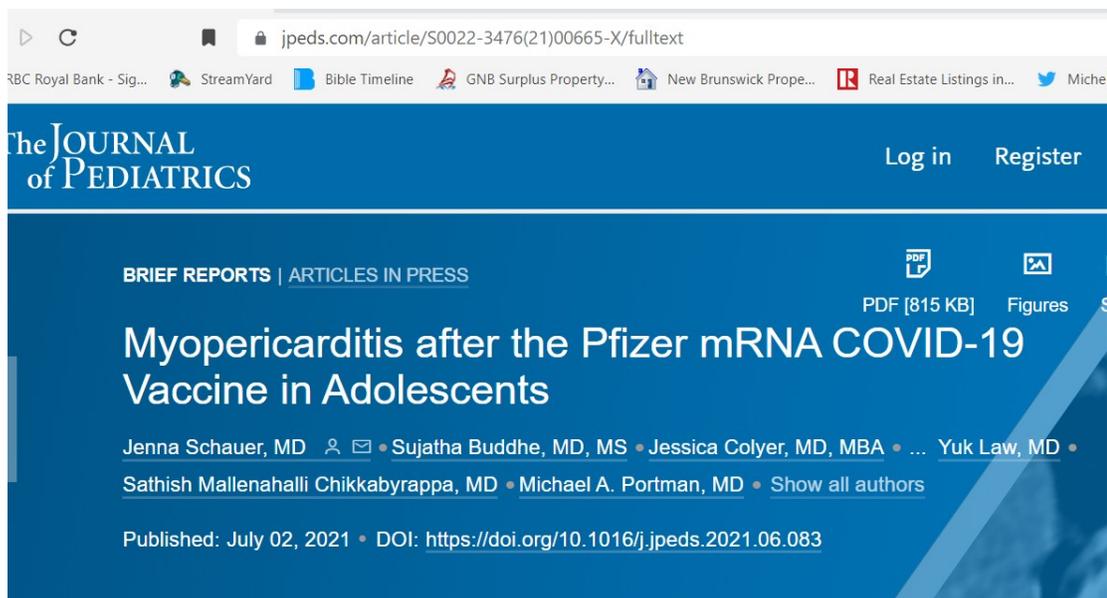
Study 3 C459103: infants less than 6 mos of age. Final report: **2024**

<https://www.fda.gov/media/151710/download>

To recap: the FDA ordered two studies on the vaccine’s performance in children aged 12-15, including one for the purpose of studying “*serious known risks of myocarditis and pericarditis,*” and the deadlines for reporting their findings are **2023** and **2024**.

The Journal of Pediatrics warned against vaccinating adolescents

The Journal of Pediatrics also warns policy makers of this very issue in an article published July 02/21 entitled, ***Myopericarditis after the Pfizer mRNA COVID-19 Vaccine in Adolescents.***



The screenshot shows a web browser displaying the article page on the Journal of Pediatrics website. The URL in the address bar is [jpeds.com/article/S0022-3476\(21\)00665-X/fulltext](https://www.jpeds.com/article/S0022-3476(21)00665-X/fulltext). The page features the journal's logo, navigation links for 'Log in' and 'Register', and a blue header with the article title 'Myopericarditis after the Pfizer mRNA COVID-19 Vaccine in Adolescents'. Below the title, the authors are listed: Jenna Schauer, MD; Sujatha Buddhe, MD, MS; Jessica Colyer, MD, MBA; Yuk Law, MD; Sathish Mallenahalli Chikkabyrappa, MD; and Michael A. Portman, MD. The article was published on July 02, 2021, with a DOI of <https://doi.org/10.1016/j.jpeds.2021.06.083>. There are also links for 'PDF [815 KB]' and 'Figures'.

“Identification of myopericarditis as an adverse event should have high priority during investigations before and after authorization of COVID-19 vaccines and be considered by policy makers in the risk/benefit ratio in adolescents and children.”

[https://www.jpeds.com/article/S0022-3476\(21\)00665-X/fulltext](https://www.jpeds.com/article/S0022-3476(21)00665-X/fulltext)

Doctors for COVID Ethics warned against vaccinating adolescents

In Section 4, we cited the *Expert Statement* prepared by Doctors for COVID Ethics. The reader is reminded that the very purpose of that comprehensive document was to warn the EU of the “catastrophically bad” safety profile of the Pfizer vaccine, and that it should not be given to anyone, *especially adolescents*.

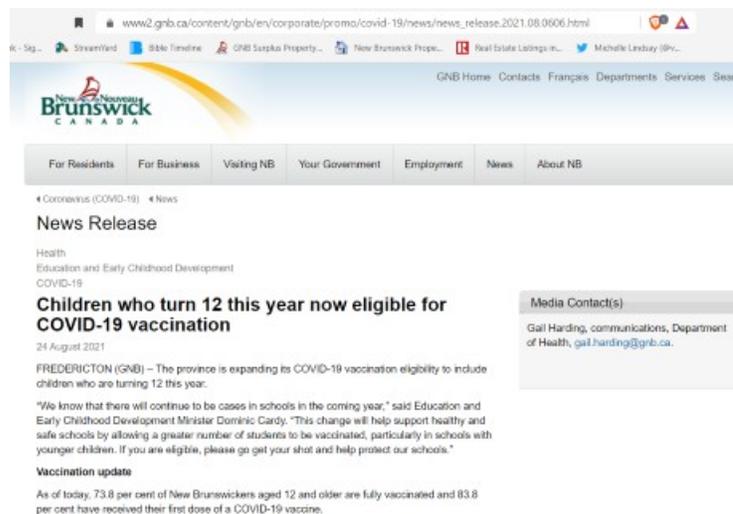
<https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

New-Brunswick: Vaccinations for 12-15 year-old children

On August 23/21, one day after the FDA mandated two studies for 12-15 year old children, including one concerning cardiac adverse effects that does not report until 2024, Education and Early Childhood Education Minister Dominic Cardy announced that the government intended to vaccinate 12-15 year old children anyway.

Government of New Brunswick
Department of Health
Education and Early Childhood Development
News Release, August 24, 2021

Children who turn 12 this year now eligible for COVID-19 vaccination



The screenshot shows a web browser displaying a news release from the Government of New Brunswick. The URL is www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0606.html. The page features the New Brunswick logo and a navigation menu with options like 'For Residents', 'For Business', 'Your Government', and 'News'. The main content area is titled 'News Release' and includes the following text:

Health
Education and Early Childhood Development
COVID-19

Children who turn 12 this year now eligible for COVID-19 vaccination

24 August 2021

FREDERICTON (GNB) – The province is expanding its COVID-19 vaccination eligibility to include children who are turning 12 this year.

“We know that there will continue to be cases in schools in the coming year,” said Education and Early Childhood Development Minister Dominic Cardy. “This change will help support healthy and safe schools by allowing a greater number of students to be vaccinated, particularly in schools with younger children. If you are eligible, please go get your shot and help protect our schools.”

Vaccination update

As of today, 73.8 per cent of New Brunswickers aged 12 and older are fully vaccinated and 83.8 per cent have received their first dose of a COVID-19 vaccine.

Media Contact(s)
Gail Harding, communications, Department of Health, gail.harding@gnb.ca

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0606.html

UK: No vaccines for 12-15 year-olds

The UK's Joint Committee on Vaccination and Immunisation (JCVI) issued a Sept 03/21 press release announcing that they, too, are recommended *against* vaccinating children in the 12 to 15 year-old group:

The assessment by the Joint Committee on Vaccination and Immunisation (JCVI) is that the health benefits from vaccination are marginally greater than the potential known harms. However, **the margin of benefit is considered too small to support universal vaccination of healthy 12 to 15 year olds at this time.**

There is **evidence of an association between mRNA COVID-19 vaccines and myocarditis.** This is an extremely rare adverse event. **The medium- to long-term effects are unknown and long-term follow-up is being conducted.**

<https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15>

Children are at a statistical zero risk of death from COVID

The Centers for Disease Control (CDC) 'Best Estimate' of the Infection Fatality Ratio (IFR) for children 0-17 years old is .005%. (see Table 1).

**Centers for Disease Control, March 19/21
COVID-19 Pandemic Planning Scenarios**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

Thalidomide Tragedy

Readers are reminded that Thalidomide was once approved and given to pregnant mothers to minimize nausea. This resulted in as many as 15,000 babies being born with horrible physical deformities. Reports of the side effects were ignored by

maker Grunenthal who worked to downplay adverse reports and keep the drug on the market.

The Canadian Tragedy.

Thalidomide, was hailed as a "wonder drug" that provided a "**safe, sound sleep**". But Thalidomide was also a **catastrophic drug with tragic side effects** which was not realized until it was too late.

It became infamous as,
The Killer and Disabler of Thousands of Babies.



From the Thalidomide Victims Association of Canada:

“It is hard to tell with precision how many thalidomide victims there are, because a lot of babies were dead before birth, stillborn or died soon after birth due to the severity of their malformations.”

<https://thalidomide.ca/en/what-is-thalidomide/>

Summary

Our province is enrolling our children in an experimental vaccine trial which the FDA did *not* approve for U.S. children.

The FDA had serious concerns with cardiac adverse effects and ordered a number of studies into them, including one for children 12-15 years of age. The study's report is not due until 2024.

The FDA ordered another test program for children 12-15 years of age that will not report until 2023.

As shown in Section 4 the mRNA vaccines have tens of thousands of reported deaths and injuries associated with them.

Given the adverse effects of the mRNA vaccines thus far, and the extremely low risk to children from COVID, and the utter lack of evidence to support a case that a health emergency exists in New Brunswick, it is hard to believe that any Member of the Legislative Assembly would knowingly countenance the exposing of any citizen to possible death and injury from a dangerous vaccine, let alone children. How many of New Brunswick's children will die or be injured because our government allowed our children to be part of ongoing testing protocols for an experimental drug?

During the interactions between the author and the lead author of the *Doctors for COVID Ethics Expert Statement Regarding Comirnaty—COVID-19-mRNA-Vaccine for children* cited in Section 4, the author asked Dr. Palmer this question:

“If you were sitting with the Premier of New Brunswick who’s listening to his Medical Officer of Health because he’s not a medical expert, and you only had 2 minutes, what would you tell him?”

He provided this completely-unexpected and pithy answer:

“that one day he will have to face God, and that God’s disposition towards him will be determined to a very large degree by what he did in this crucial period.”

7. Vaccine ‘Approval’ vs. ‘Vaccine Reluctance’

Firstly, the August 23/21 ‘approval’ of Pfizer’s vaccine for people 16 years of age and older will never change the fact that New Brunswick’s government and others were vigorously encouraging citizens to be part of an experimental, rushed, gene therapy drug trial before it was ‘approved’ that has possibly resulted in tens of thousands of deaths and permanent injuries around the world.

People expressing skepticism, including medical doctors who were marginalized, censored and threatened with losing their right to practice, were treated as ‘anti-vax’ conspiracy nuts. But, they were right about everything.

We have watched as all of our concerns about the mRNA vaccines and the escalating civil rights abuses associated with the COVID response have come true: lack of necessity; lack of effectiveness; booster shots and likely more and more after that; moving goalposts; changing advice; contradictory advice; social media censorship to hide the source of the virus, growing incitement of hate by media and politicians and, sadly, the adverse effects, some of which have finally been acknowledged.

Secondly, the fact that this vaccine was approved before testing was complete despite warnings from numerous medical experts suggests that the approval was intended to get ahead of the growing resistance to both the vaccine, and the unprecedented, tyrannical abuses by governments around the world.

In the minds of the author and others the rushed approval following a rushed development of a never-before-deployed mRNA gene therapy vaccine serves only to confirm that the vaccine’s development process was illegitimate and not to be trusted no matter how pretty the drug looks in its ‘APPROVED’ label.

8. Medical Segregation Discrimination: An Ineffective Strategy

Reduction in Vaccine Effectiveness

The effectiveness of the COVID-19 vaccines in preventing transmission has declined dramatically. The *Doctors for COVID Ethics* ‘Expert Report’ submission considers Pfizer’s claims of efficacy “misleading,” “specious” and “likely fraudulent.”

<https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

This may explain media reports such as the following:

CBS News, Aug 18/21: CDC warns of a “significant decline” in vaccine effectiveness for some, prompting booster dose decisions

<https://www.cbsnews.com/news/covid-vaccine-booster-shot-cdc-effectiveness/>

CNBC, July 23/21: Israel says Pfizer Covid vaccine is just 39% effective as delta spreads, but still prevents severe illness

<https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html>

The British Broadcasting Corporation (BBC) published this report about a festival whose MSD practices excluded un-vaccinated people.

Boardmasters: 4,700 Covid cases ‘may be linked’ to Newquay festival
BBC, Aug 24/21: (Key quotes emphasis added):

“More than 4,000 cases could have links to a music and surfing festival with more expected in the coming days. Cornwall Council said 4,700 cases may be linked to the Boardmaster event between 11 and 15 August.

Ruth Goldstein, deputy director of public health...said: [...] **“These are people who have noted when they have had a PCR test, they have been associated to Boardmasters.**

Andy Virr - Cornwall Council portfolio holder for adults, and an emergency doctor - said cases were expected but he was "reassured" they were not "translating into a serious life-threatening illness". He added there were "benefits" from holding the event, although the possibility of cancelling it was discussed by the council.

He told a press briefing: "Covid will have lots of impacts ongoing, and one of them is around loneliness and isolation and mental health problems. "That festival brought a lot of joy to people. And, yes, there are some things we are having to deal with, but that was part of the judgment. "I think, at the moment, there are no regrets - we were expecting to have this wash-up to deal with."

Festival organisers said they "went above and beyond what was asked of us".

A spokesperson said: "Because of these measures, over 450 people who would otherwise have been at risk of passing on the virus did not attend or left the festival early."

<https://www.bbc.com/news/uk-england-cornwall-58309660>

Indeed, the Boardmasters 'COVID-19 POLICY' was quite specific about those who would be allowed to attend the event: proof of testing or proof of having received two doses of the experimental vaccine plus, campers were required take a "second NHS Lateral Flow Test during the event and log their results in the NHS COVID Pass."

<https://www.boardmasters.com/info/boardmasters-covid-19-policy-requirements>

The Boardmasters situation may be the clearest real-life example thus far that MSD is a *futile exercise* and an administrative nightmare in addition to being an abusive intrusion into bodily autonomy and democratic freedom. Obviously, transmission was 'vaccinated-to-vaccinated.'

CDC, July 23/21: Booster shots *Required*

In a news conference, CDC Director Rochelle Walensky stated:



Boardmasters: 4,700 Covid cases 'may be linked' to Newquay festival

3 hours ago



The festival was held at Watergate Bay in Cornwall and was headlined by Gorillaz, Jorja Smith and Foals

More than 4,000 Covid cases could have links to a music and surfing festival, with more expected in the coming days.

“The data we will publish today and next week, demonstrate that **vaccine effectiveness against SARS-COVID2 infection is waning**, and even though our vaccines are currently working well to prevent hospitalizations we are seeing concerning evidence of waning vaccine effectiveness over time and against the Delta variants.

Additionally, **reports from our international colleagues, including Israel, suggest increased risk of severe disease amongst those vaccinated early**. Given this body of evidence, we are concerned that the current strong protection against severe infection, hospitalization and death could decrease in the months ahead, especially among those who are at higher risk or who were vaccinated earlier during the phases of our vaccination roll-out.

In the context of these concerns, we are planning for Americans to receive **booster shots**, starting next month to maximize vaccine-induced protection.”

Video published by Ontario MPP, Roman Baber, Aug 23/21:
https://twitter.com/Roman_Baber/status/1429776289926369286

WHO, Aug 23/21: Booster shots *NOT* needed, *NOT* effective

The World Health Organization disagrees with CDC on booster shots

Forbes.com, Aug 23/21: *WHO Leader Pleads Against Booster Shots— Questioning Efficacy And Highlighting Risk of ‘More Potent’ Variants*

“Furthermore, the WHO director called into question whether booster shots are “effective at all,” a comment that comes days after the organization’s chief scientist Soumya Swaminathan said, “data does not indicate boosters are needed.”

<https://www.forbes.com/sites/jemimamcevoy/2021/08/23/who-leader-pleads-against-booster-shots-questioning-efficacy-and-highlighting-risk-of-more-potent-variants/?sh=54bf13da131b>

Summary

We were asked for “15 days to flatten the curve.” *That was a lie*. Then, we were promised our lives would return to normal with a vaccine. *That was a lie*. We were told we were in such a dangerous pandemic we had to exclude the un-vaccinated from society. *That is a lie*. CDC says two injections are not enough to be ‘fully vaccinated,’ we now have to have three, and Israel plans a fourth. But, the WHO

says boosters are *not* needed. So, *what is true?* How can any of us or our governments make rational decisions about health based on this information circus, let alone institute abusive mandates to radically transform society via Medical Segregation Discrimination?

9. Alternatives to mRNA Vaccines

Part of the frustration laypeople have with the relentless focus on ‘cases’ and coercing vaccine compliance is the censorship and bullying and exclusion of various medical experts when they express skepticism of the mRNA vaccines and/or suggest other, low-cost and effective treatments.

Ivermectin: American Journal of Therapeutics

The July/August 2021 American Journal of Therapeutics published *Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-Analysis, and Trial Sequential Analysis to Inform Clinical Guidelines*, in which they made a startling assertion:

“Moderate-certainty evidence finds that **large reductions in COVID-19 deaths are possible using Ivermectin**. Using Ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that Ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.”

https://journals.lww.com/americantherapeutics/fulltext/2021/08000/ivermectin_for_prevention_and_treatment_of.7.aspx

Ivermectin: Doctors for COVID Ethics

In Section 1.1.3 of their *Expert Statement Regarding Comirnaty—COVID-19-mRNA-Vaccine for Children* The *Doctors for COVID Ethics* authors share some very good news: COVID-19 can be treated!

“Two drugs that have been used successfully at the early stage are **hydroxychloroquine and Ivermectin**. Both drugs have been, and continue to be, in use against a variety of other diseases. Ivermectin, for example, is considered safe enough to be used not only for treating manifest scabies—a parasite infection of the skin that is unpleasant but not severe—but even prophylactically in asymptomatic contacts of scabies-infected persons [7].
(p2)

“Yet, with COVID-19, the WHO sees fit to warn against the use of this very same well-known and safe drug outside of clinical trials [8]. This policy cannot be rationally justified, and it has quite appropriately been overridden by national or regional health authorities, and ignored by individual physicians worldwide. **The availability of effective**

treatment voids the rationale for the emergency use of vaccines on any and all age groups, including also adolescents.” (pp. 2-3)

https://doctors4covidethics.org/wp-content/uploads/2021/07/expertise-published_15.07.pdf

Also: <https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/>

Ivermectin: National Library of Medicine

Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19

“Since March 2020, when IVM was first used against a new global scourge, COVID-19, more than **20 randomized clinical trials** (RCTs) have tracked such inpatient and outpatient treatments. Six of seven meta-analyses of IVM treatment RCTs reporting in 2021 found **notable reductions in COVID-19 fatalities, with a mean 31% relative risk of mortality vs. controls.** During mass IVM treatments in Peru, **excess deaths fell by a mean of 74% over 30 days** in its ten states with the most extensive treatments.”

<https://pubmed.ncbi.nlm.nih.gov/34466270/>

Ivermectin: Sheba Medical Center (Israel)

Israeli scientist says COVID-19 could be treated for under \$1/day: Double-blind study shows ivermectin reduces disease’s duration and infectiousness • FDA and WHO caution against its use

“Prof. Eli Schwartz, founder of the Center for Travel Medicine and Tropical Disease at Sheba, conducted a randomized, controlled, double-blinded trial from May 15, 2020, through the end of January 2021 to evaluate the effectiveness of ivermectin in reducing viral shedding among nonhospitalized patients with mild to moderate COVID-19.

“Nearly 72% of volunteers treated with ivermectin tested negative for the virus by day six. In contrast, only 50% of those who received the placebo tested negative.”

Jerusalem Post, Aug 02/21

<https://www.jpost.com/health-science/israeli-scientist-says-covid-19-could-be-treated-for-under-1day-675612>

Summary

There are many studies suggesting that the Nobel-prize-winning Ivermectin has great promise, but the author was unable to find any reference to Ivermectin or any therapeutic alternatives to vaccines on the Government of New Brunswick COVID pages. This leads one to wonder if the government has conducted any meaningful research into therapeutics.

Since the evidence shows that an effective treatment is available at low cost, the dangerous mRNA vaccines are not a risk worth taking.

10. Healthcare: Damaged Present—Destroyed Future?

The government has bullied its way into our relationship with our doctors, and kicked down the barrier separating it from our medical information. We fear more coercion and shaming by health workers (who have themselves been bullied). The author met with a group of about twenty concerned people and asked how many were afraid to go to a doctor or hospital. All put up their hands.

We have gone from ‘Two weeks to flatten the curve’ to ‘No job for you’ to ‘Let them die’ in a mere 18 months as our hospitals sit virtually empty of COVID patients. The heavy-handed attacks on freedom have taught us that nothing...*absolutely nothing* is off the table, that there are no limits to the willingness of governments to abuse their power, nor to the media’s eagerness to whip up fear and, apparently, no limit to the despicable collaboration by some medical ‘professionals.’

Alberta, Canada

The Justice Centre for Constitutional Freedoms is representing an Alberta woman who is being denied a lung transplant in order to coerce her consent to taking the vaccine against her will.

Patient threatened with withdrawal of life-saving surgery unless she gets Covid shot

EDMONTON: The University of Alberta Hospital has threatened to take a terminally ill 56-year-old woman off of a donor list for a lung transplant because she has chosen not to receive the new Covid-19 vaccine. The Justice Centre for Constitutional Freedoms represents Annette Lewis, who has *idiopathic pulmonary fibrosis*, a terminal condition affecting both of her lungs. Ms. Lewis has been suffering with the illness for over two and a half years and waiting for a transplant for over one year. Just two months ago, her lung capacity was at just 40%. Without this transplant, Ms. Lewis will die.

Ms. Lewis shared her concerns with the transplant team that, while she has received all other childhood vaccinations again, as per the Lung Transplant Program team’s request,

she does not want to receive the experimental Covid vaccine at this time. She does not wish to participate in a new experimental treatment, which is known to have sometimes serious side effects, including permanent disability and death.

Ms. Lewis outlined a number of considerations in her decision to forego receiving the Covid vaccine at this time including:

1. The vaccines have not been fully authorized by Health Canada. They are being used under “Interim Authorization” in Canada, with human clinical trials continuing until 2023.

2. Covid vaccines have caused notable side effects, including nearly 7,000 reported deaths between December 2020 and June 2021, according to the US Vaccine Adverse Events Reporting System (VAERS).

3. Health Canada has placed warning labels on the Covid vaccines for adverse events such as blood clotting, myocarditis, pericarditis, and Bell’s Palsy.

4. Finally, informed consent is the standard for all medical interventions. The FDA factsheet for the healthcare provider reads, “The recipient or their caregiver has the option to accept or refuse (Pfizer-BioNTech) vaccine.”

In a follow up letter dated August 9, 2021, the Hospital advised Ms. Lewis she will not get her transplant without the vaccine.

JCCF, Sept 03/21

<https://www.jccf.ca/patient-threatened-with-withdrawal-of-life-saving-surgery-unless-she-gets-covid-shot/>

The Washington Post

In a Sept 03/21 *Opinion* authored by Ruth Marcus, The Post offered this frightening and dehumanizing suggestion:

“In situations where hospitals are overwhelmed and resources such as intensive care beds or ventilators are scarce, vaccinated patients should be given priority over those who have refused vaccination without a legitimate medical or religious reason.”

<https://www.washingtonpost.com/opinions/2021/09/03/doctors-should-be-allowed-give-priority-vaccinated-patients-when-resources-are-scarce/>

Australia (Victoria)

The Premier of Victoria, Australia, Daniel Andrews, informed citizens:

“This is going to be a vaccinated economy, and you get to participate in that if you are vaccinated. We’re going to move to a situation where, to protect the health system, we are going to lock out people who are not vaccinated and can be.”



VIDEO, posted Sept 05/21:

<https://twitter.com/swamstompr/status/1434417369917661186>

PRINT, MSN.com, Sept 05/21: <https://www.msn.com/en-au/news/australia/the-victorian-premier-says-the-state-is-heading-for-a-vaccine-economy-heres-what-that-might-look-like/ar-AAO7DEY>

If this was not a veiled threat to deny, not only access to society, but also to healthcare, it is as close as one can be. It is certainly being interpreted as such by some, including the author and his associates.

This video, in combination with the horrendous civil rights and bioethics abuses in Australia and Canada, including with Premier Higg’s threat to find ways to make us ‘*want to be vaccinated,*’ has sparked conversations about how we need to begin preparing for Canadian internal refugees—healthy, innocent human beings who will have been shut out of their own country...*for making a medical choice not to take a dangerous, ineffective drug that is killing and maiming people and is still not preventing transmission of a relatively benign virus.*

Try to imagine the mental stresses on people forced by their governments into having to choose between their livelihoods/education or their freedom to say ‘no’ to a vaccine that one group of doctors declares as having a “catastrophically bad” safety profile. If they give in, for the rest of their lives every death, every medical ailment, every miscarriage, every cancer, every birth defect, every heart attack, every kidney and liver problem, and so on, in them or their children will cause them and their families to wonder if the vaccine was responsible, and they will be reminded of *who* did this to them.

Every subsequent ‘choice’ to take a booster shot to maintain the coveted ‘fully vaccinated’ status will cause more stress as they cope with having to choose—all over again—between their job, their health and their freedom. The new Israel policy is *fourth* shot and ‘forever vaccinations’ or you will be locked out of society:

“...we also need to **prepare for a fourth injection,**” Salman Zarka, dubbed Israel’s “coronavirus czar”, told Kan public radio in Israel.

“**This is our life from now on,** in waves,” he said.

“And thinking about this and the **waning of the vaccines and the antibodies,** it seems **every few months — it could be once a year or five or six months – we’ll need another shot.**”

Israel’s Health Ministry last week also announced the nation’s “Green Pass” system – a “passport” style document allowing entry into public places for the vaccinated – **will expire six months after** the holder received their second or third dose.

News.com.au, Sept 05/21:

<https://www.news.com.au/world/coronavirus/global/this-is-our-life-from-now-on-top-israel-doctor-warns-population-to-get-ready-for-fourth-vaccine-shot/news-story/1d09d6eb71caa387fa48f802efd011d9>

Forever vaccinations. Forever terror...wondering if *this* will be the shot that kills or injures. Forever anger at those responsible. Forever cynicism and bitterness. Forever despair.

How many innocent victims will be unwilling to seek mental help because our Executive Council decided to destroy their citizens' right to medical privacy and bodily autonomy for *nothing*?

The long-term effects of this are, like the vaccine and lockdowns, utterly unknowable today. How many suicides will take place because our government stoked irrational hate and fear against innocent people who have committed no crime, yet were shunned by society and forced into unemployment, bankruptcy or an education wasteland?

What will be the effect if nurses or doctors who choose not to be assaulted, or to not commit assaults against other people decide to move to other jurisdictions? They were heralded throughout as 'heroes,' yet now face Medical Segregation Discrimination. How many medical professionals can New Brunswick afford to lose before it costs lives?

The author is a heart attack survivor with a stent installed 6 years ago. He takes prescription drugs every day. He has decided to avoid the medical system as much as possible, and instructed his wife that under no circumstances is he to be given any vaccine for any reason even if that means he is refused medical care.

Put simply: people will die because the Executive Council of New Brunswick destroyed their faith in our healthcare system. They will seek home remedies. They will avoid calling their doctor. They will avoid going to the emergency room. They will avoid testing. They will avoid seeking counselling. Some will kill themselves.

In short: the stage has been set for a terrible, long term healthcare disaster if no change in direction is made.

11. Informed Consent: Nuremberg Code



Following the National Socialists' segregation of Jews from society via the 1935 Nuremberg Laws, their eventual genocide against the Jews, and the horrific experimentation on human subjects in concentration camps, the *Nuremberg Code* was created by the Nuremberg Military Tribunal in 1947 to set standards for medical experiments.

Article 1 states, in part:

“The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to consent; should be situated as to be able to exercise free power of choice, without the intervention of force, fraud, deceit or duress, over-reaching, or other ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.”

<https://www.marshall.edu/ori/nuremberg-code-directives-for-human-experimentation/>

12. Informed Consent: UNESCO Declaration of Bioethics & Human Rights

Article 6 – *Consent* states, in part:

“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent...may be withdrawn by the person at any time and for any reason...”

“Scientific research should only be carried out with the prior, free, express consent of the person concerned. Consent may be withdrawn...at any time and for any reason...”

http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Other articles stress the importance of respect, personal integrity, privacy, confidentiality, equality, justice, equity and “non-discrimination and non-stigmatization,” including Article 11:

“No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.”

The attempt by the New Brunswick government to first coerce citizens into participating in experimental medical procedures without informed consent, then openly threaten their bodily autonomy or employment if they do not comply is a crystal-clear violation of every bioethical principle humanity has put in place to prevent a recurrence of Nazi-esque crimes against humanity.

13. Informed Consent: Charter of Rights and Freedoms



The Charter of Rights and Freedoms guarantees Canadians...

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

Section 1 states that our rights and freedoms are **“subject only to reasonable limits...as can be demonstrably justified in a free and democratic society.”**

<http://www.efc.ca/pages/law/charter/charter.text.html>

Are Medical Segregation Discrimination policies reasonable?

Based on New Brunswick’s own data, and Canada’s, and the exposure of the myths of ‘asymptomatic transmission’ and ‘herd immunity’ through mass (forced) vaccinations (see Doctors for COVID Ethics *Expert Statement cited in Section 4*), it seems egregiously unreasonable to create a medically-segregated two-tier society because three (3) people are hospitalized with zero (0) new deaths more than one full month following removal of all COVID restrictions on July 30th.

That this disease has a minimal lethality to the majority of the population makes these abuses seem even more absurd. Even for people 50-64 years of age, the CDC's 'Best Estimate' of the COVID Infection Fatality Ratio (IFR) is just .600%, and .005% for 0-17 year olds (see Table 1):

Centers for Disease Control, March 19/21

COVID-19 Pandemic Planning Scenarios (Table 1)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

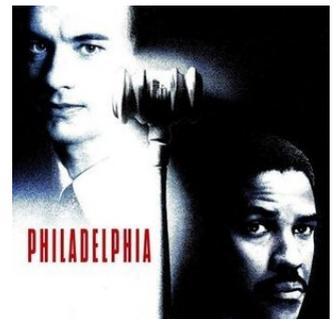
The next section is a real-life case study involving a landmark 2019 Supreme Court of Canada 9-0 decision that defined the limits of government powers in an emergency in order to prevent what the Court called a "police state."

Why stop at COVID-only discrimination?

Since Cabinet felt it necessary to create a medically-segregated society why did they stop at COVID? Why not condition employment on reviewing employees' entire medical file to determine they are not suffering other contagious diseases listed on the New Brunswick Public Health page such as Ebola, Enterovirus 68 (EV-D68), H7N9 Influenza, Lyme Disease, Measles, MERS-CoV, Mumps, Rabies, Syphilis TB, Zika Virus, Gonorrhea, Chlamydia, Hepatitis B/C, HIV/AIDS?

This is, of course, patently ridiculous and a complete violation of our privacy, yet we are...one Cabinet decision away from it happening, just as has been done over COVID.

The author recalls the wave of discrimination against people with AIDS due to fear and misinformation, perhaps best dramatized by the movie *Philadelphia* starring Tom Hanks, a dying lawyer who fights to be treated humanely after being fired by his fearful employer.



Should we have segregated society then by forcing gay people to show passes to prove they were not infected with AIDS in order to be able to participate in society?

14. Supreme Court of Canada, *Fleming v. Ontario*, 2019: “Recipe for a Police State”

In the previous section, the concept of reasonable limits on our Charter rights was briefly discussed. Let us now look at a real life example from the author’s own experience that made Canadian legal and civil rights history at the Supreme Court of Canada by defining those limits:

[98] Secondly, the mere fact that a police action was effective cannot be relied upon to justify its being taken if it interfered with an individual’s liberty. **For an intrusion on liberty to be justified, the common law rule is that it must be “reasonably necessary”**. If the police can reasonably attain the same result by taking an action that intrudes less on liberty, a more intrusive measure will not be reasonably necessary no matter how effective it may be. **An intrusion upon liberty should be a measure of last resort, not a first option. To conclude otherwise would be generally to sanction actions that infringe the freedom of individuals significantly as long as they are effective. That is a recipe for a police state, not a free and democratic society.**

Supreme Court of Canada, *Fleming v. Ontario*, 2019

<https://www.canlii.org/en/ca/scc/doc/2019/2019scc45/2019scc45.html>

A CASE STUDY IN CHARTER LIMITS ON GOVERNMENT POWER AND ARROGANCE VS. THE WISDOM OF THE ‘ORDINARY’ CITIZEN

The lessons to be learned are as follows:

1. The execution of decisions based on short-term, situational expediency in the panic of the moment instead of relying on bedrock democratic values and the most basic fundamental legal principles inevitably leads to hideously-illegal actions, especially when viewed in hindsight.
2. An ‘emergency’ does not permit the unrestricted trampling of the Charter of Rights. The government’s actions must be reasonable and limited.
3. The wisdom of ‘ordinary’ citizens living in a culture of freedom know *exactly* what justice and freedom should look like...even if virtually every so-

called ‘expert’ in the government is telling them otherwise. The Caledonia case below dramatizes the reality that the ‘experts’ can be wrong...very wrong, and that is the duty of citizens to show that the emperor has no clothes. Moreover...they are quite capable of doing so.

A Canadian town is terrorized and abandoned by its police, its government, and the media

Beginning in 2006 the Ontario Provincial Police (OPP) allowed a small group of militants who claimed to speak for Canada’s largest native reserve (Six Nations) to take over a subdivision under construction in the small town of Caledonia over guise of a fraudulent land claim. They used the property to terrorize the town as the OPP watched.



Links to two books about the crisis and the team of Canadian civil rights activists—that included the author—that fought back against the OPP’s ‘Two Tier Policing’ can be found in *About The Author* section and on the author’s website at NBFree.ca.

The violence was breathtaking by Canadian standards and included: burning down a bridge; digging up the road through town and blocking it; setting up checkpoints for residents who needed passes to go to and from their homes; arson destruction of the hydro sub-station; blocking of railway lines; and violence against residents, including a home builder left with permanent brain damage.



Perhaps the worst attacks, however, were the constant accusations of ‘Racist!’ and ‘White Supremacist!’ and ‘Nazi!’ against the innocent victims who were forced to endure both the violence *and* the refusal of police to stop it.

(Some of the shocking images from the Caledonia crisis can be found on this page of the author’s blog of the time: <https://voiceofcanada.wordpress.com/caledonia-ipperwash-resources/caledonia-photos/>)

The OPP *did* make many arrests though—almost all of which were innocent non-native residents and ‘outsiders’ like the author who protested the racist policing practices by walking down the road with Canadian flags. Rather than arrest those threatening violence against them, the OPP instead arrested the innocent people committing no crime in order to—allegedly—‘Prevent a Breach of the Peace.’ Altogether, the OPP made approximately 30 arrests using this specious legal theory, five of which were of the author.

The author’s teammate, Randy Fleming, suffered a permanent shoulder injury when he was arrested while walking down the road with a Canadian flag in 2009.



Lawyers: Police have the right to arrest *innocent* people during a land claim

From 2006 until 2019, when Randy Fleming’s case finally reached the Supreme Court of Canada, every government and OPP lawyer had argued before judges in every court that police had the power to arrest innocent people because Caledonia was an ‘Aboriginal Critical Incident.’

The Ontario government, the police and all their lawyers believed that an emergency existed that allowed them to trample the Charter of Rights. Ordinary citizens said they were wrong and fought back against incredible odds.

Attorney General of Canada to Caledonia victims: *Can't help you*

The author wrote in vain to the most powerful lawyer in the country, former PM Stephen Harper's Solicitor General Rob Nicholson, begging that the federal government intervene to do *something* to protect the Charter rights of the people of Caledonia that had been replaced—as proudly stated by both ex-OPP Commissioner Julian Fantino and ex-Ontario Premier Dalton McGuinty—with a 'peacekeeping' mission.

Even though the Charter of Rights is a federal document 'guaranteeing' our rights, the federal government—shamefully—refused to act when those rights were suspended for an entire Canadian town and replaced by 'peacekeeping.'

(The author is a former UN peacekeeper who can assure the reader that having peacekeeping forces in your town is not something to brag about.)

Canadian Civil Liberties Association to Caledonia Victims: *Can't help you*

The author repeatedly wrote in vain to the civil rights lawyers of the Canadian Civil Liberties Association (CCLA) who refused our desperate pleas for a meeting to discuss the horrendous civil rights abuses in Caledonia:

<https://caledoniavictimsproject.wordpress.com/2011/03/08/canadian-civil-liberties-association-closes-door-on-caledonia-civil-rights-abuses/>

The CCLA's washing of their hands regarding the victims of Caledonia would become a very bitter pill to swallow when the case was won at the Supreme Court.

Media to Caledonia victims: *Can't help you...Racist!*

With notably-few exceptions, legacy media was not even remotely interested in the victims of Caledonia other than making them look like racist, redneck rubes.

The Brantford Expositor even celebrated a vicious, unprovoked and bloody physical assault by native militants on the author's team leader, Gary McHale, writing in an opinion piece: 'It's beginning to look a lot like Christmas.' Journalists attempted to paint the author and his team as racists, nazis and white supremacists. Similar attacks were made against the Caledonia people. (In response to one particularly vile libel, the team sued and won apologies from one of the newspapers of Six Nations as settlement.)

It would take from 2006 until 2010 for journalistic aid to arrive in the form of the late journalist Christie Blatchford who met the author's team, attended their protests and court cases, and reviewed their evidence before writing what would become a Canadian bestseller, *Helpless: Caledonia's Nightmare of Fear And Anarchy, And How The Law Failed All Of Us*.

<https://www.amazon.ca/dp/0385670400>

Supreme Court of Canada: 'That is a recipe for a police state, not a free and democratic society.'

In 2019, thirteen years after the OPP first began arresting innocent people to appease those making threats against them, the government tried to defend their actions before Canada's highest court, again arguing their legal theory that an emergency in the form of an Aboriginal Critical Incident allowed such arrests. The televised hearings show how the amused justices received the government's arguments. One almost—*almost*—feels sorry for the presenting lawyer.

Supreme Court of Canada, March 29/19:

Oral Arguments, *Fleming v. Ontario*, [VIDEO 2:49:26]

<https://scc-csc.ca/case-dossier/info/webcastview-webdiffusionvue-eng.aspx?cas=38087&id=2019/2019-03-21--38087&date=2019-03-21>

On October 04, 2019 the Court released its 9-0 decision in *Fleming v. Ontario*. It is nothing short of a stunning rebuke to police and governments who abuse their power to achieve ends that could have been accomplished with far more reasonable methods, even during what they believe is an emergency.

Change the word ‘*police*’ to ‘*government*’ in the Court’s ruling below and the relevance to the current attempts by New Brunswick to create a medically-segregated society with no limits whatsoever on government powers becomes strikingly apparent:

[98] Secondly, the mere fact that a [*government*] action was effective cannot be relied upon to justify its being taken if it interfered with an individual’s liberty. **For an intrusion on liberty to be justified, the common law rule is that it must be “reasonably necessary”**. If the [*government*] can reasonably attain the same result by taking an action that intrudes less on liberty, a more intrusive measure will not be reasonably necessary no matter how effective it may be. **An intrusion upon liberty should be a measure of last resort, not a first option. To conclude otherwise would be generally to sanction actions that infringe the freedom of individuals significantly as long as they are effective. That is a recipe for a police state, not a free and democratic society.**

Supreme Court of Canada, *Fleming v. Ontario*, 2019

<https://www.canlii.org/en/ca/scc/doc/2019/2019scc45/2019scc45.html>

The ruling was a complete vindication for those who risked their safety, their freedom and bankruptcy to defend basic civil liberties that all Canadians would assume should never have to be defended. And yet, here we are again.

(The author earlier noted that the Canadian Civil Liberties Association (CCLA) repeatedly refused to even discuss Caledonia’s victims. It was a bitter pill to swallow, therefore, to see the CCLA listed as an ‘Intervener’ on this great decision after the battle had been nearly won.)

How does a ‘police state’ mentality overtake rational thought and respect for legal and democratic norms?

When Caledonia first erupted it seemed reasonable to give the police wide latitude in their discretion because they were facing an unknown and violent threat, just as

we all—despite our misgivings about this radical new approach—went along with the most extreme curtailment of our liberties for ‘15 days to flatten the curve.’ Everyone, including the author, was convinced the police would do their job to make arrests and prevent violence against the innocent victims.

At some point, however, as Christie Blatchford recounts in her book (which relied on the OPP police union as a primary source), the OPP management held a meeting for officers and told them they were going to focus on controlling residents angry about the lack of police protection, and *not* on the lawlessness of the militants terrorizing the town. It was much easier to simply arrest peaceful, law-abiding people trying to stand up for their rights than to protect those rights by arresting the criminals willing to use violence against them (and the police).

At that point, Caledonia became a police state where rights and reasonableness no longer mattered. Thirteen years later, the Supreme Court slapped them down.

The New Brunswick police state

The author believes New Brunswick became a police state on August 19, 2021. This was the day when the province decided to order mass intimidation against citizens to coerce them into ‘choosing’ to be assaulted with a dangerous, experimental vaccine against their will to satisfy fear over an ‘emergency’ that—as shown in Section 5—does not exist, and has not existed since at least as early as July 30/21, the day lockdowns and mask restrictions were removed.

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/news/news_release.2021.08.0600.html

The author offers no motives for the bizzare turn-around from freedom to police state just as the province seemed to be back on its feet. One day, perhaps, lawsuits will reveal the truth through discovery proceedings.

In the author’s opinion, Premier Higgs’ frightening August 28th threat to find ways to make us *want* us to be vaccinated was befitting of any of history’s tyrants, but

the author ascribes no malice to the Premier or the government. He chooses to believe they have been caught up in the fear and panic of the moment and are making decisions based on echo-chamber expediency and misinformation instead of bedrock democratic principles.

One can understand, somewhat, how the Premier and Government of New Brunswick have been sucked into the odd rush to sacrifice our freedom over a virus with an exceptionally-low Infection Lethality Rate (IFR). The media bombards us with fear messaging every day while our Prime Minister demonizes un-vaccinated Canadians and holds out a billion-dollar incentive to help provinces create citizen tracking systems that are straight out of Orwell's *Nineteen-Eighty-Four*, not to mention that other provinces are joining in the madness.

The author is reminded, however, of his mother's standard response when he wanted to do something particularly dumb because someone else was doing it: "Just because Jimmy Murphy jumps off the cliff (we lived near an escarpment in Grimsby, Ontario) doesn't mean you have to do it, too."

New Brunswick does *not* have to jump off the cliff just because other provinces are, or because the Prime Minister who famously once said he "admired China's basic dictatorship" wants us all to hold hands on the way down.

<https://www.ctvnews.ca/politics/trudeau-under-fire-for-expressing-admiration-for-china-s-basic-dictatorship-1.1535116>

We don't have thirteen years

Compared to Caledonia, this situation is far worse and far more urgent due to very real and immediate threats to health, employment and societal cohesion in an entire province, not *merely* one small town. Tens of thousands, even hundreds of thousands of innocent, healthy human beings are about to lose their jobs or their bodily autonomy *now*. Every day, our neighbours are being given a vaccine that could put their lives and safety in danger.

This has to end *now*.

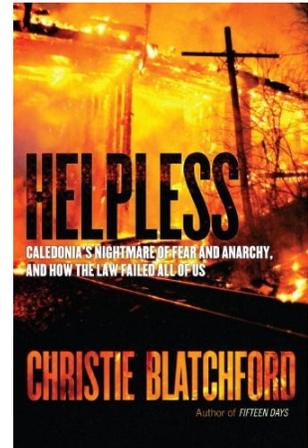
16. Recommendations to Government of New Brunswick

1. We call on you to immediately end the enrolment of children in the experimental vaccine trials.
2. We call on you to halt all COVID vaccinations until a blue-ribbon medical panel of both skeptics & proponents can investigate the issues raised herein.
3. We call on you, should it be proven that an emergency exists, to deploy reasonable, lawful, respectful, non-invasive measures such as temperature checks or instructions to stay home if one feels sick, just as you would do for any communicable disease. We call on you to focus on the most vulnerable, but also to respect *their* choices as well.
4. We call on you to end intimidation aimed at coercing consent to vaccines from those who do not want them.
5. We call on you to thoroughly investigate and test treatment alternatives to vaccines such as Ivermectin and Hydroxychloroquine.
6. We call on you to amend the New Brunswick Human Rights Act to add 'medical condition' as a prohibited ground of discrimination.
7. We call on you to establish an independent citizen's watchdog oversight committee made up primarily of concerned citizens with access to experts as necessary for the purpose of giving New Brunswickers the confidence in knowing that their concerns are being understood and addressed.
8. We call on you to encourage other provinces and the federal government to end Medical Segregation Discrimination in their respective jurisdictions and restore Canada to one, united nation governed by courage, hope, rationality and the rule of law, not by fear, despair, panic and lawlessness.

17. About The Author

Mark Vandermaas is a veteran of the Canadian Forces and a United Nations peacekeeping mission, and founded the Caledonia Victims Project.

Caledonia's nightmare of lawlessness and the story of those who fought back against racist policing by the Ontario Provincial Police using Dr. Martin Luther King Jr.'s non-violent methods is told in two books, one a bestseller by the late Christie Blatchford:



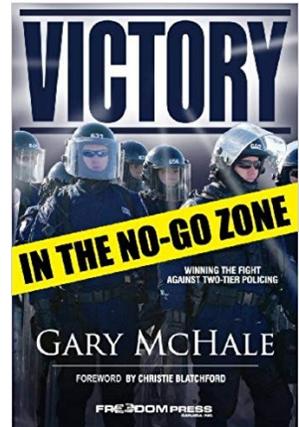
Helpless: Caledonia's Nightmare Of Fear And Anarchy And How The Law Failed All Of Us.

<https://www.amazon.ca/dp/0385670400>

Victory In The No-Go Zone: Winning The Fight Against Two-Tier Policing, by Gary McHale.

<https://www.amazon.ca/dp/192768403X>

After teammate Randy Fleming was permanently injured during an illegal arrest by the OPP despite having committed no crime, Fleming won a 9-0 Supreme Court ruling that police may not arrest innocent people in order to appease violent third parties. (*Fleming v. Ontario*, 2019)



As the founder of IsraelTruthWeek.org Mark works to fight antisemitism by teaching about Israel's forgotten land rights under international law. He has travelled Israel extensively as a UN peacekeeper with the Canadian Forces in 1978, and as a member of the 2019 Jewish National Fund Educators Mission.

In 2012, Mark received the greatest honour of his life when he was asked to help light a candle at the National Holocaust Memorial service in Ottawa.