

Nazi family awarded UK contract for Digital Vaccine Passports

20(1) [redacted]@hotmail.com>

Mon 2021-08-16 1:46 PM

To: Deena.Hinshaw@gov.ab.ca <Deena.Hinshaw@gov.ab.ca>; premier@gnb.ca <premier@gnb.ca>; Professional.Corporations@cpsa.ab.ca <Professional.Corporations@cpsa.ab.ca>; ProvincialOffice@una.ca <ProvincialOffice@una.ca>; Office of the Premier <Premier@gov.ab.ca>; premier@gov.nl.ca <premier@gov.nl.ca>; pm@pm.gc.ca <pm@pm.gc.ca>; premier@gov.pe.ca <premier@gov.pe.ca>; premier@gov.sk.ca <premier@gov.sk.ca>; Premier <PREMIER@novascotia.ca>; premier@ontario.ca <premier@ontario.ca>

Cc: Camrose@assembly.ab.ca <Camrose@assembly.ab.ca>; RedDeer.North@assembly.ab.ca <RedDeer.North@assembly.ab.ca>; RedDeer.South@assembly.ab.ca <RedDeer.South@assembly.ab.ca>; Don Iveson <Don.Iveson@edmonton.ca>; DraytonValley.Devon@assembly.ab.ca <DraytonValley.Devon@assembly.ab.ca>; Drumheller.Stettler@assembly.ab.ca <Drumheller.Stettler@assembly.ab.ca>; carna@nurses.ab.ca <carna@nurses.ab.ca>; calgary@globalnews.ca <calgary@globalnews.ca>; complaints@cpsa.ab.ca <complaints@cpsa.ab.ca>; GlobalBarrie@globalnews.ca <GlobalBarrie@globalnews.ca>; GlobalGuelph@globalnews.ca <GlobalGuelph@globalnews.ca>; GlobalKitchener@globalnews.ca <GlobalKitchener@globalnews.ca>; GlobalOttawa@globalnews.ca <GlobalOttawa@globalnews.ca>; gopublic@cbc.ca <gopublic@cbc.ca>; GrandePrairie@assembly.ab.ca <GrandePrairie@assembly.ab.ca>; nurses@una.ca <nurses@una.ca>; news@ctv.ca <news@ctv.ca>; newswatch@corusent.com <newswatch@corusent.com>; edmontonam@cbc.ca <edmontonam@cbc.ca>; education.minister@gov.ab.ca <education.minister@gov.ab.ca>

** EXTERNAL EMAIL / COURRIEL EXTERNE **

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Hello 😊. I hope you are all enjoying this summer. I am asking you to bring the following perspective to mind when considering the Digital ID/Vaccine Passport idea for Canadians.

ENTRUST is the company that was awarded the contract for the Digital ID/Vaccine Passports in the UK.

The company is owned by a Nazi family, the Quandts, who had their own private concentration camp and had slaves working in their battery factory. [A Nazi family was awarded UK contract for Digital Vaccine Passports.](#) This is the perspective I am asking you to see.

The Digital ID/vaccine Passport will segregate the undesirable members of society, which today it is the unvaccinated. History tells us where this leads.

I hope and pray that all people, including all of you, stand in solidarity with the unvaccinated by withdrawing support of the idea of Digital ID/Vaccine Passports to access normal life, even if you have had the jabs. By accepting a Digital ID/Vaccine passport and giving your time/money to companies that require it, you are supporting the segregation of those who won't get vaccinated, and you are aiding in the repeat of history that creates deaths of the undesirables, under the guise of health measures. If everyone refuses to frequent any business that requires this Digital ID, there will be no way it can continue. If we stick together with the 'undesirables' the unvaccinated, this can't segregation can't succeed.

Most people know that the 'Great Reset' is dictating all these changes to digital tracking and surveillance, digital currency, and so much more. The world is being reset.

We must all stand in solidarity with the unvaccinated so that society doesn't repeat history of the past where groups of people are pushed out of participating in normal life.

Anyone who supports the Digital ID/Vaccine Passport is complicit in what will follow for those who do not comply with getting jabbed, for whatever various reasons there are to not get jabbed.

Check out the article. Here is the link and article that is copy/pasted below link. [Nazi family awarded UK contract for Digital Vaccine Passports.](https://adarapress.com/2021/08/06/ultra-wealthy-german-nazi-family-holds-uk-contract-for-digital-vaccine-passports-meet-the-quandts-owners-of-entrust-slave-labor-clearly-has-its-perks-videos/)

Consider the issue from this perspective. The guise is for health and saving lives, but the reality is quite a lot more.

~ Colette

<https://adarapress.com/2021/08/06/ultra-wealthy-german-nazi-family-holds-uk-contract-for-digital-vaccine-passports-meet-the-quandts-owners-of-entrust-slave-labor-clearly-has-its-perks-videos/>

Search

Menu

SKIP TO CONTENT

HOME | ABOUT

COVID-19 / DEUTSCHLAND / EUGENICS / FASCISM / GENOCIDE / GERMAN WAR
CRIMINALS / GERMANY / HOLOCAUST / NAZIS / SLAVERY

ULTRA WEALTHY German NAZI Family awarded UK contract for DIGITAL VACCINE PASSPORTS –

Meet the Quandts, owners of ENTRUST (during WWII, this family ran their own, private concentration camp, supplying slave labor to their battery factory) VIDEOS

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Page 004 to/a Page 010

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2/11/22, 12:41 PM

Mail - Premier - Outlook

Vaccine Mandates

20(1)

@pm.me>

Sun 2021-08-29 3:18 PM

To: premier@ontario.ca <premier@ontario.ca>

 4 attachments (4 MB)

r18hs017045-lazarus-final-report-20116.pdf; SARS-CoV-2 mass vaccination- Urgent questions on vaccine safety that demand answers from international health agencies regulatory authorities governments and vaccine developers.pdf; 1. Geert Vanden Bossche - Scientific_Evidence_Final_March_13_2021.pdf; Preventing Vaccine Mandates Info.pdf;

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Dear Premier Doug Ford and Premiers of Canada,

I strongly oppose provincial and federal interference in medical decisions, including mandated vaccines (and experimental gene therapies) or "vaccine passports". After being fully informed of the risks and benefits of a medical procedure, patients have the right to reject or accept that procedure.

Governmental pre-emption of patients' or parents' decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child-rearing. All the while giving children, aged 12, the ability to go behind their parent's backs to make their own medical decisions, while being influenced or coerced and peer pressured, is also expressly immoral.

A public health threat is the rationale for the policy on mandatory vaccines. But how much of a threat is required to justify forcing people to accept government-imposed risks? Regulators may intervene to protect the public against a one-in-one million risk of a threat such as cancer from an involuntary exposure to a toxin, or one-in 100,000 risk from a voluntary (e.g. occupational) exposure. What is the risk of death, cancer, or crippling complication from a vaccine? There are no rigorous safety studies of sufficient power to rule out a much higher risk of complications, even one in 10,000, for vaccines. Such studies would require an adequate number of subjects, a long duration (years, not days), an unvaccinated control group ("placebo" must be truly inactive such as saline, not the adjuvant or everything-but-the-intended-antigen), and consideration of all adverse health events (including neurodevelopment disorders).

VAERS, the Vaccine Adverse Event Reporting System, put in place in the United States in 1990, is a voluntary reporting system that has been estimated to account for only 1% (see the Lazarus Report attached) of vaccine injuries. [OpenVAERS.com](https://openvaers.com) is built from the HHS data available for download at vaers.hhs.gov.

As of August 20, 2021 in the United States, there were 13,627 Post-COVID Vaccine Reported Deaths, 55,821 Post-COVID Vaccine Reported Hospitalizations and 623,341 COVID Vaccine Adverse Event Reports.

As of August 6, 2021, the Canadian Covid-19 Vaccine Adverse Health Reaction Statistics reported:

- 12,006 Adverse Health Events (AH)
- 3,063 Serious & 8,943 Non-serious AH's
- 169 deaths; 72 cases of blood clots
- 2,138 Special Interest AE's; 423 cases of myocarditis/pericarditis

2/11/22, 12:41 PM

Mail - Premier - Outlook

- 68% rise in COVID-19 cases (989,108) vaccines started Canada
- (https://canadianadvocacycentre.blogspot.com/2021/08/covid-19-vaccines-adverse-health_14.html)

Have you heard? The placebo control groups for the Moderna and Pfizer Vaccines have been "unblinded" in that they may now receive the vaccine if they desire, thus decimating any hope of comparison between the unvaccinated and vaccinated. This is not science. -

<https://www.npr.org/sections/health-shots/2021/02/19/969143015/long-term-studies-of-covid-19-vaccines-hurt-by-placebo-recipient-getting-immune>

Vaccines are necessarily risky, as recognized by the U.S. Supreme Court and by Congress. In the United States, the Vaccine Injury Compensation Program has paid some \$4 billion in damages, and high hurdles must be surmounted to collect compensation. The damage may be so devastating that most people would prefer restored function to a multimillion-dollar damage award.

The smallpox vaccine is so dangerous that you can't get it now, despite the weaponization of smallpox. Rabies vaccine is given only after a suspected exposure or to high-risk persons such as veterinarians. The whole-cell pertussis vaccine was withdrawn from the U.S. market, a decade later than from the Japanese market, because of reports of severe permanent brain damage. The acellular vaccine that replaced it is evidently safer, though somewhat less effective

The risk/benefit ratio varies with the frequency and severity of disease, vaccine safety, and individual patient factors. These must be evaluated by patient and physician, not imposed by a government agency.

Measles used to be the much-publicized threat used to push for mandates, but now the subject is COVID-19 and by far the majority of people who contract COVID-19 make a full recovery.

Mandate advocates often assert a need for a 95% immunization rate to achieve herd immunity. However, Mary Holland and Chase Zachary of NYU School of Law argue, in the Oregon Law Review, that because complete herd immunity (and measles eradication) is unachievable, the better goal is for herd effect and disease control. The best outcome would result, they argue, from informed consent, more open communication, and market-based approaches.

Even disregarding adverse vaccine effects, the results of near-universal vaccination have not been completely positive. COVID-19 is a problem, and more complete, forced vaccination will likely not solve it. Better public health measures — prevention, earlier detection, early and effective treatment are all needed. Meanwhile, those who choose not to vaccinate now might do so later, or they can be isolated.

Issues that legislators must consider:

- Manufacturers are virtually immune from product liability, so the incentive to develop safer products is much diminished. Manufacturers may even refuse to make available a product believed to be safer, such as monovalent measles vaccine in preference to MMR (measles-mumps-rubella). Consumer refusal is the only incentive to do better.
- There are enormous conflicts of interest involving lucrative relationships with vaccine purveyors.

2/11/22, 12:41 PM

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- Early Treatment and Prevention is sufficient. "Outpatient early treatment makes of course considerable sense, not only from a medical but also from an economic perspective. Compared to hospitalization, and even vaccines, it is extremely cheap to implement, will generate huge savings for health care systems, and will help to safely reopening the economy. Conversely, a continued policy of no early outpatient treatment will not significantly reduce hospitalizations and deaths, will further stress our hospitals and health care systems, and will sadly demonstrate a lack of genuine interest in reducing the loss of life during this crisis, especially among the most vulnerable." *The Missing Pillar in Our Response to the COVID-19 Pandemic* by Peter A. McCullough, MD, MPH, FACC, FACP, FAHA, FCCP, FNKF, FNLA, FCRSA

- Research into possible vaccine adverse effects is being quashed, as is dissent by professionals and experts.

- There are many theoretical mechanisms for adverse effects from vaccines, especially in children with developing brains and immune systems. Note the devastating effects of Zika or rubella virus on developing humans, even though adults may have mild or asymptomatic infections. Many vaccines contain live viruses intended to cause a mild infection. Children's brains are developing rapidly — any interference with the complex developmental symphony could be ruinous.

- Children should not receive the COVID shot. "While benefits from COVID "vaccination" in children between the ages of 12 and 15 are rare and short-lived, side effects are common and long-term effects are completely unknown In the 12-to-15 age group, 75.5% experienced headache, along with a long list of other transient side effects. Serious systemic adverse events occurred in 2.4% of the trial subjects receiving Pfizer's mRNA shot.

- While Pfizer boasted a 100% efficacy rate in 12- to 15-year-olds, this conclusion is a statistical trick. Fewer than 2% of fully vaccinated children avoided COVID-19; 98% of them would not have gotten COVID anyway. So, the benefit is small.
- Even if vaccinating children were found to reduce infection among adults, it would be unethical and against regulations to do so, because the FDA can only authorize the use of a medical product in a given population if the benefit outweighs the risk in that same population, and in children the benefits do not outweigh the risks." *Why Children Should Not Receive the COVID shot - Dr. Joseph Mercola*

- While Pfizer claims its vaccine is 95% effective, this is the relative risk reduction. The absolute risk reduction - which is far more relevant for public health measures - is actually less than 1%.

- Vaccines are neither 100% safe nor 100% effective. Nor are they the only available means to control the spread of disease.

- "Despite progress on early multi-drug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding vaccine safety...
- Given the high rate of occurrence of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in groups excluded from clinical trials." SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers (a paper by 57 scientists from 17 countries warning of the potential risks of vaccinating the world with shots that lack adequate safety testing. The authors of the

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paper, published in Authorea, demanded answers from international health agencies, regulatory authorities, governments and vaccine developers.)

- "It is misrepresentation to call these medical products 'vaccines'. COVID shots do not function in the manner of traditional vaccine products. These shots are more accurately described as 'medical devices' in that they function through the injection of synthetic genetic technology. The long-term safety and efficacy consequences of injecting this never-before-used genetic technology is unknown. Canadians receiving COVID vaccinations are participating in human experimentation and truly informed consent is not possible." - *Position Paper, Vaccine Choice Canada*

- "The mainstream media has been widely reporting that almost every person dying of COVID-19 in the United States these days is an unvaccinated person. There have been many articles published during the past three weeks alleging that 99.2 percent of those who died of COVID-19 in the U.S. in May 2021 had not been vaccinated. All of these articles cite an "analysis" done by the Associated Press (AP) and published on June 24, 2021.

- Reportedly, the AP analysis was based on data provided by the U.S. Centers for Disease Control and Prevention (CDC). One article by WebMD made reference to a "new report" The Associated Press released looking at COVID-19 deaths during May 2021."
- The impression left by the article describing the analysis is that the AP published some sort of paper or study breaking down the number of COVID-19 deaths that occurred among fully vaccinated people versus unvaccinated people. But this doesn't appear to be the case. All the reporting about an AP analysis has been about a relatively short news article written by AP reporters Carla K. Johnson and Mike Stobbe and titled "Nearly all COVID deaths in U.S. are now among unvaccinated."
- Johnson and Stobbe said that "only about 150 of the more than 18,000 COVID-19 deaths in May were in fully vaccinated people." Assuming that figure of 150 is accurate, the assumption - because there is no way to know for sure the vaccination status of everyone believed to have died of COVID--would be that the more than 17,850 remaining deaths must have involved unvaccinated people. As an article in Forbes in June noted, "In other words, 99.2% of the people who died from COVID-19 last month weren't fully vaccinated against the virus..."
- But as Johnson and Stobbe noted: The CDC itself has not estimated what percentage of hospitalizations and deaths are in fully vaccinated people, citing limitations in the data. Among them: Only about 45 states report breakthrough infections, and some are more aggressive than others in looking for such cases. So the data probably understates such infections, CDC officials said.
- If the CDC doesn't know how many fully vaccinated people have died of COVID-19, then what methodology did the AP analysis use to conclude that only about 150 people in the U.S. died of COVID-19 in May? And, by extension then, how can it be concluded from the AP analysis that 99.2 percent COVID-19 deaths in May were among unvaccinated people? What are the other "limitations in the data" supposedly cited by the CDC?" *How Accurate is the Claim That Nearly All COVID Deaths are Among the Unvaccinated? Marco Cáceres*

- Pregnant Women should not get the vaccine. "[T]he evidence for the utility, safety, and effectiveness of the available vaccines in pregnancy is unknown.... [P]regnant people are now authorized to receive the vaccine from their physicians or other health care professionals but without the benefit of evidence that has been provided for nonpregnant patients.... Pregnant people were excluded from participating in clinical trials of COVID-19 vaccines...." -- JAMA <https://doi.org/10.1001/jama.2021.1865>

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- "Without data, guidance from professional societies is necessarily vague due to lack of evidence of vaccine efficacy and safety during pregnancy.... A major reason neither pregnant nor lactating women were included in COVID-19 vaccine trials is the concern of liability over the potential adverse effects on a fetus of a new product administered in pregnancy." -- JAMA <https://doi.org/10.1001/jama.2021.1658>
- "Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy." -- FDA <https://www.fda.gov/media/144413/download>
- "Available data on Moderna COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy." -- FDA <https://www.fda.gov/media/144637/download>
- "Available data on Janssen COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy." -- FDA <https://www.fda.gov/media/146304/download>

- Covid-19 vaccines are likely to enhance viral infectiousness and create variants. "It is because they are prophylactic vaccines – designed to build immunity in individuals before they get exposed to the pathogen/virus. They are not suitable at all for administration to people during a pandemic because the likelihood that a vaccine recipient already comes under attack while not yet being endowed with a full-fledged immune response increases as the infectious pressure augments.

- This particularly applies in case of highly infectious circulating variants...While vaccination may help to momentarily protect an individual, mass vaccination of individuals during the height of a pandemic is going to worsen the global situation by encouraging the virus to select specific mutations enabling it to overcome 'suboptimal' immunologic hurdles.
- As a consequence, the global population will likely have to deal with a worse version of the virus and a worse health-care situation than earlier in the pandemic. We should stop using conventional prophylactic vaccines in the ongoing Covid-19 mass vaccination campaigns" *Geert Vanden Bossche, DVM, PhD (March 13 2021)*

- Biodigital Convergence. "At the end of July 2021, Thales announced a digital biometric ID wallet, designed to help you "access government services from anywhere." Thales admits vaccination passports "will act as a precursor to the rollout of mobile digital IDs" The plan is to collect and join together as much personal information as possible, and there's no reason to think this data won't be shared for control, social engineering and profit. That's what Google, Facebook and other platforms have done for years. The Great Reset ties you to its new social control system through an electronic ID linked to your bank account, health records and social credit system, so that it can then be used to dictate every facet of your life." *Why Vaccine Passports Must be Rejected, Dr. Joseph Mercola*

I believe that liberty rights are unalienable. Patients and parents have the right to refuse vaccination, although potentially contagious persons can be restricted in their movements (e.g. as with Ebola), as needed to protect others against a clear and present danger. **Unvaccinated persons with no exposure to a disease and no evidence of a disease are not a clear or present danger.**

"The decision to receive a vaccine, particularly the potentially dangerous and experimental COVID vaccines, is a deeply personal health decision. Any student's decision to decline the COVID vaccines is eminently reasonable given the lack of necessity for the vaccines, the risks of severe harm and death associated, and the COVID vaccines' questionable efficacy, especially when compared to natural immunity." - James S. M. Kitchen, Chief Litigator, Liberty Coalition Canada

Respectfully yours,

2/11/22, 12:41 PM

Mail - Premier - Outlook

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(905) 20(1)

"Those who are pushing these vaccine mandates and vaccine passports ... they're doing so much more damage to vaccine confidence than anybody else," says Dr. Martin Kulldorf, one of the world's leading epidemiologists.

With contribution from Children's Health Defense - Preventing-vaccine-mandates-toolkit-7.14.21

Grant Final Report

Grant ID: R18 HS 017045

**Electronic Support for Public Health–Vaccine Adverse
Event Reporting System (ESP:VAERS)**

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SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

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Page 025 to/a Page 033

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**The science behind the catastrophic consequences of thoughtless human intervention
in the Covid-19 pandemic**

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Author: Geert Vanden Bossche, DVM, PhD (March 13 2021) – <https://www.linkedin.com/in/geertvandenbossche/>

Page 035 to/a Page 040

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Vaccine Mandates are Wrong for People and Wrong for America—Here's Why

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Page 079 to/a Page 087

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July 22, 2021

Premier Iain Rankin
PO Box 726
Halifax NS B3J 2T3



CC: Pictou Advocate, Justice Centre for Constitutional Freedoms,
Tim Houston, Progressive Conservative Party of Nova Scotia
Coming soon copy of letter on blog titled "End Lockdowns"
Coming soon read aloud on Youtube channel "End Lockdowns"

Dear Premier Iain Rankin,

I am writing to you today about quality of life, and the joy of living in Nova Scotia. I am concerned that highly restrictive and illogical lockdowns are being continually implemented. I feel that it can be implied that these measures will continue into eternity in Nova Scotia.

What do you consider living joyfully to be? Is it forever staying away from other people, in fear of an infection? Is it forever being tested for an infection even when you have no symptoms? Is it forever wearing a face mask which offers very little protection overall? Wearing a mask makes me feel like I have joined a new religion where my face must be hidden. Is it to have medical procedures forced upon myself, that I am not interested in having? These are all things that I do not consider living, I consider this to be existing half dead and like a zombie. That is not living in joy.

My suggestion on what would allow people to live joyfully in Nova Scotia is this:

1. Not having endless testing for viruses, especially when someone has no symptoms
2. Not having vaccine passports, or allowing discrimination based on vaccine passports
3. Allowing people to be around people, if they wish to be around other people
4. Allowing people to choose if they want a medical procedure or not
5. Allowing people to choose if they want to wear a mask or not

Sincerely,

20(1)



Concern Over Vaccine Divisiveness in Nova Scotia

20(1) [redacted]@gmail.com>

Sat 2021-07-17 4:03 PM

To: Premier <PREMIER@novascotia.ca>; iain@voterankin.ca <iain@voterankin.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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Hi Ian,

We spoke on the phone a few months ago as you were moving in the direction of taking over as Premier. I really appreciated that call and the care that you took in following up with me.

Today I write with a different request. I am noticing a lot of divisiveness in our communities around the vaccine roll out and vaccine choices. Many are starting to alienate and exclude unvaccinated individuals. Some aren't able to participate in choirs, others aren't allowed in workshops. This is dividing our communities in this beautiful province; A province based on community and prides itself on being kind and neighbourly. This worries me, and makes me very sad. My request to you as Premier is, can you help with this?

I read today that the Premier of Ontario has announced that there would be no vaccine passports in the province and he would not support the dividing of society (here is the article: ['We're not gonna have a split society': Doug Ford rules out a provincial 'vaccine passport' | CTV News](#)). I wonder if this is something you would be willing to do here? While I don't often support the actions of Doug Ford, in this particular case I think he is moving in a good direction. Perhaps he has read about what happened in Israel and is making sure that it doesn't happen in Ontario. If you haven't read about the divisiveness of vaccine passports in Israel, I have attached an article here for you to read.

Please Ian, I feel that this issue demands your leadership and hopefully you can guide us towards less divisiveness so that we can continue moving forward in a way that supports a community oriented Nova Scotia. We truly need your help to do this.

Thank you for taking the time to read this.

Sincerely,

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Vaccine Passports

20(1) [redacted]@openmedia.org>

Fri 2021-06-04 7:53 PM

To: Premier <PREMIER@novascotia.ca>

Cc: 20(1) [redacted]@openmedia.org>

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Dear Premier Rankin,

I'm writing to you on behalf of OpenMedia, a community-based organization that works to keep the Internet open, affordable and surveillance free. We work toward informed and participatory digital policy by engaging hundreds of thousands of people in protecting our online rights.

Our community has been voicing concerns about the prospect of digital "vaccine passports" being introduced in Canada. These concerns are based in great part on the privacy, security and accessibility issues raised specifically by the digital aspect of the various proposals.

In particular, we're hearing concerns about where and for how long passport checking may be mandated or permitted to occur, security around any data collected, including collection, storage and sharing, as well as accessibility issues which risk furthering the digital divide, including whether measures will require access to Internet and smartphones.

Safeguarding the health of people in Canada is of vital importance. But any measures adopted must strike a balance that safeguards our digital privacy and our civil rights. In order to address the concerns raised around digital vaccine passports, our community is particularly interested in hearing from your office about what proposals are being seriously considered, and whether any measures proposed are intended for use in private or public spaces in Canada such as malls, concerts, schools, and restaurants.

We would welcome the opportunity to speak with you about this issue, and share in more detail the concerns and hopes of our community.

Thank you,

20(1) [redacted]

OpenMedia

20(1) [redacted]

@openmedia.org | 1-888-20(1) [redacted]

*OpenMedia is a community-based organization that works to
keep the Internet open, affordable, and surveillance free.*



The Honourable Iain Rankin
Office of the Premier
1700 Granville Street
Halifax, Nova Scotia
B3J 1X5

June 4, 2021

Dear Premier Rankin,

I'm writing to you on behalf of OpenMedia, a community-based organization that works to keep the Internet open, affordable and surveillance free. We work toward informed and participatory digital policy by engaging hundreds of thousands of people in protecting our online rights.

Our community has been voicing concerns about the prospect of digital "vaccine passports" being introduced in Canada. These concerns are based in great part on the privacy, security and accessibility issues raised specifically by the digital aspect of the various proposals.

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Thank you,

20(1)

OpenMedia

OpenMedia

OpenMedia Engagement Network // P.O. Box 21674, 1424 Commercial Dr, Vancouver, BC, Canada V5L 5G3 // 1-844-891-5136



Covid19 Vaccination Health Passport/Passes

20(1) [redacted]@outlook.com>

Mon 2021-04-12 12:43 PM

To: info@iainrankin.ca <info@iainrankin.ca>; Premier <PREMIER@novascotia.ca>

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To: Ian Rankin, Premier of Nova Scotia

info@iainrankin.ca PREMIER@novascotia.ca

From: 20(1) [redacted] Cape Breton, Nova Scotia

20(1) [redacted]@outlook.com

Subject: Mandatory Vaccine Passports/HealthPasses

Reference: Human Rights and Freedom of Choice

April 12, 2021

Dear Premier Ian Rankin,

I write to you today to express my concerns, on behalf of myself and many, many citizens of Nova Scotia, relating to the above mentioned subject and reference.

COVID-19 vaccine passports would discriminate against Canadians if used here at home. A healthy Canadian society is, and must remain, a free and democratic society. The discussion about domestic vaccine passports relates to the notion of mandatory vaccinations.

Creating vaccine passes and have-nots doesn't just discriminate against people who haven't yet been vaccinated, it also has a coercive effect on the decision-making process they'll have to engage in. Meaningful consent is required for voluntariness to be genuine, and coerced consent doesn't meet that threshold.

We risk creating a dangerous social sorting, a categorization of human beings as safe vs unsafe, deserving vs undeserving, based on their personal decision about their health. We know what happens when we create social systems dividing people into categories—abuse, discrimination, and oppression.

Section 7 The Canadian Charter of Rights and Freedoms

Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice and security of the person, ***which includes the right to control one's own bodily integrity.***

Article 3 Universal Declaration of Human Rights

Everyone has the right to life, liberty and security of person.

Informed Consent Canadian Medical Law

It grants "every individual the right to information on material risks and the fundamental right of persons to be free from unwanted physical interference.

Consent The Universal Declaration of Bioethics and Human Rights

"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 should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

Informed Voluntary Consent The Nuremberg Code

"the person involved... should be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion."

Vaccination is an invasive medical procedure which carries a risk of both injury and death; it is not exempt from Medical Law nor the ethic of Informed Consent.

The most significant consequence of a system of coercion to promote vaccine compliance is the violation of our Charter rights and freedoms. The intention of such a passport would be to arbitrarily restrict access to travel and services of those individuals not partaking in this human experiment. Such arbitrary restrictions have no place in a free and democratic society.

If governments were to proceed with directly mandating vaccinations, they could cite section 1 of the Charter, which declares that rights and freedoms are subject to "reasonable limits" that can be "*demonstrably justified in a free and democratic society.*"

During this time of extraordinary measures, it is critical that the government's response be *measured, reasonable, and supported by demonstrable evidence that is widely and openly shared with the electorate.*

Is the COVID vaccine experimental?

Emergency use authorization is required by law to be made only if there are no effective treatments for COVID-19.

But are there effective COVID-19 treatments?

100s of studies done around the world have established, and repeatedly confirmed, fast, effective, well-tolerated treatments for COVID-19 that are in widespread use. (NO ONE needed to die if these treatments were not banned from our country.)

General risk vs benefit

An emergency experimental vaccine cannot be assumed to be safer than a virus with a very high survival rate, such as COVID-19. The average survival rate for NO COVID treatment at all, is 99.74%, and we have very successful treatments available, which should easily achieve universal survivability from COVID, if widely available.

There is no evidence that this covid virus has ever been isolated, therefore, to have a vaccine to cure a virus that has never been isolated; is absurd to say the least. It is as if people are deaf, dumb, and blind when it comes to logic, as this falsely claimed affliction called COVID, that supposedly has a survival rate of 99.74 %, is being treated as a deadly pandemic in which only an experimental vaccine can save us all. Can you not see how illogical that is? (see attached file attained from Freedoms Of Information Requests)

*COVID vaccine compliance passports are a coercive and unconscionable violation of the rights and freedoms of Canadians. Vaccine passports clearly function as a mechanism of coercion rather than as a measure of health. There is absolutely no justification that could possibly legitimize this violation of our rights and freedoms. **It takes away the freedom of choice someone has in regards to the vaccine.***

Governments are, with coercive vaccination policies, make a mockery of medical ethics that enshrine the right of individuals to self determination around all medical procedures. The spirit and intent of medical law upholds the individual's right to autonomy and full participation in the, decision making process, when considering medical treatment.

*To embrace vaccine passports would be to reject our core values, and we need to speak out as strongly as possible against it. **The Canadian HealthPass will allow unvaccinated individuals to be legally treated as second-class citizens.** Widespread vaccine passports would transform Canada into a 'show me your papers' society, further expanding the draconian power government possesses.*

Vaccine passports are about creating justification for segregation, discrimination and elimination of certain groups of people, in this case, people who don't want to be part of

the experimental vaccine program, which identifies them as noncompliant with top-down edicts. It's really about identifying the noncompliant. It's not about public health.

Vaccine passports are a device to identify who the loyal subjects of the unelected elite are, and who aren't, the intent to turn vaccine refusers into social outcasts as a tool to coerce compliance and focuses on identifying who will go along with the program and who will be a noncompliant troublemaker. ***Those who resist the edicts of the state will increasingly find themselves on the outside; outcasts in their own province/country.***

The last step will entail persecution of non-vaccinated individuals. Mandatory COVID-19 passports would spell the "end of human liberty" in Canada. This system will quickly morph into a copy of China's 'social credit' system, where undesirable behaviors are severely punished.

It is not about the vaccine, it's not about the virus, it's about your data. Your network can be sucked up. It geolocates you everywhere you go. Your credit history can be included. All of your medical and health history can be included. It has the power to turn off your life, or to turn on your life, to let you engage in society or be marginalized.

Everyone calling for vaccine certificates are guilty of following in the well-worn footsteps of the infamous dictator, repeating the very same patterns that were universally condemned after the fall of the Third Reich. ***Governments should not be permitted to sidestep Charter rights and liability for the creation of a discriminatory regime, to treat you like a second-class citizen and deny you access to everything from education, work and travel, to recreation, social engagements and daily commerce — all under the false guise of you being a biological threat to all those who have been vaccinated. This "health pass" will then grant or deny us access to public spaces and events, based on our vaccination status.***

How efficient do you reckon a modern-day holocaust by would-be dictators might be, using the technologies of today?

It would be naïve to think that digital vaccine certificates, tied to our biometric IDs, banking, credit histories, health and food allocation data, could not end up being ***used as a tool for social control and the weapon for destruction of certain groups of people***, that massive data collection can be used to manipulate societies across the globe. ***Personal data can be misused.*** Put another way, good people need to gather their wherewithal and refuse to follow instructions they suspect to be harmful or know will lead to evil ends.

Canadian Vaccine Passports, digital or otherwise, must be rejected and Canadians must take a firm stand against devolution into inhumanity, regardless of whether you think COVID-19 vaccinations are a good idea or not. ***Freedom is the cornerstone of our country, upon which Canada is most fundamentally based.***

The only thing necessary for the triumph of evil is for good men to do nothing." Are you going to do nothing and let your peoples' private information be used to punish those who do not comply?

By allowing these Vaccine Health Passes, you are acknowledging that you are part of this evil, as history repeats itself. There will be a 2nd Nuremberg Trial and following orders will not cut it. You will be as guilty as your leader, for **medical crimes against humanity**. Is this to be your fate? Is this to be your Legacy? Or, are you going to be The man and stand up to what is right, as a free person yourself, you must allow this freedom to reign for everyone, not just the governments and their elitist.

I ask that you consider the rejection of mandatory health vaccine passports. Every person is free to move about and should not be forced to participate in something that may go against their better judgement and not be force into it. **Access to essentials cannot be denied as it goes against human rights, of all facets of life in our country and the whole of the world.**

Would you go on record to all your voters, constituents and all peoples of Nova Scotia, and to all Canadians, that you do not agree with these health passports as they infringe on all freedoms and rights. Will you deny these passports for Nova Scotians? If you do not reject them, it will deny those who do not want or have not received the (experimental) vaccine, which makes them mandated, in order to freely move about. This is not Canada, a free and democratic country, if these passports become a mandate.

I urge you to Reject these Covid Vaccine Health Passports/HealthPasses and take great consideration into the concerns mentioned above. Forced and/or coercive medical intervention (covid experimental vaccines) upon a population, and assign a person '**Freedom Papers**' in order to attain a sense of 'normalcy', is invasive and unjust medical health methods.

Insisting vaccination is voluntary and in the same breath linking that choice to the likely denial of full participation in public activities, is a backhand slap in the face to anyone who might think the word voluntary equals a real choice.

We are still living in a democratic country and do not deserve unwarranted tyrannical health measures that take away every inch of freedom, self preservation, and civil rights and liberties, and freedom of choice.

I thank you in advance in taking the time to read this letter, that I consider to be Urgent at this time, the sooner the better. **Our Canadian Charter of Rights and Freedoms and our Civil Liberties are at stake.**

Yours Truly,

Darlene LeBlanc

Note: Will you be the one Premier that Canadians can point to, the one provincial government to say '*this government sought to defend individual freedom and the rights of people to make their own free and educated choice about their own level of risk tolerance.*'

August 28, 2021

Mr. Tim Houston, Premier-Designate of Nova Scotia
Dr. Robert Strang, Chief Medical Officer of Health (NS)

Dear Premier-Designate Houston and Dr. Strang:

I am pleased to have the opportunity of this letter to congratulate you both: Mr. Houston on his recent electoral success and Dr. Strang on his strong work ethic through this extended Covid-19 pandemic and its many challenges. I wish you both wisdom and energy in continuing to lead Nova Scotia through these further evolving covid-related challenges.

My specific purpose in writing you both today is to raise two increasingly urgent concerns on behalf of those Nova Scotians who have not been able to be vaccinated because of underlying medical conditions (of whom I am one). As well, I hope to draw to your attention the ongoing inadequacy of means for Nova Scotia citizens to access timely questions of clarification and advice/action on specific Covid-19 concerns personal to them and their work or families.

Immuno-suppressed and Those with Autoimmune Inflammatory Diseases (AIIDS)

Recent public communications have mentioned the challenges as lockdowns ease for those who have not been able to be vaccinated because of their “immuno-suppressed” condition, i.e. those who have weakened immune responses that are disease- or drug-related. There is an additional category of immune problems that affect a significant number of Nova Scotians. Their immune systems are not “suppressed” but are overactive, and may have multiple inflammatory disease consequences and are potentially (in some cases, significantly) susceptible to further epigenetic damage from the introduction of RNA instructions to genetic material that may already be damaged. The mRNA vaccines are very new – and extremely promising – but there is still not enough clinical data to determine how to overcome potential damage of the nature I have described.¹ 20(1)

20(1) ² I now get several calls a week from people in

¹ I don't want this letter to descend into merely academic argument, but I can offer to Dr. Strang to present him with the accumulating, if still small, academic/research literature in support of what I am identifying here and I recommend a particularly helpful exploratory piece published by the US NIH on this: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7846902/>

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@mac.com, (902) 20(1)

similar situations, a few of whom took the gamble and are still recovering from the negative impacts, months after taking the vaccine.

Those of us in these two categories urgently need to know what our options are as the pandemic goes forward. I continue to observe all full lockdown protocols, and realize I will need to continue to do that with increasing cautions, given the infectiousness of the delta variant. But I also still work full-time 20(1) Thank God for digital technology and Amazon! But without the vaccine confirmation/passport, I can't fly within Canada on business, or go to Manitoba and Alberta to visit 20(1) Soon, I will not be welcomed in restaurants, many other retail or service establishments, or at public events (e.g., concerts, et al.). I – and others like me – need some verifiable government documentation that says I am not vaccinated for reasons of medical conditions (and some fine-print explanation that I will always be wearing my mask, and gloves, and social-distancing). I am also willing to get tested for Covid weekly if the testing facility is located within 30-40 minutes of my home 20(1)

20(1)

I and others like me also need a public telephone number with a live person answering it who can answer questions or concerns that arise regarding the matters noted above. In fact, every Nova Scotian needs to have access to a human being at the end of the phone who is knowledgeable about the ongoing challenges of living with Covid. I have received a number of calls from able-bodied friends, acquaintances and others 20(1) who complain that the only health-related information lines that have a live human at the end are at 811 but, kind as they are, they have neither the information or the authority to answer basic questions about how we are all going to have to continue to live with Covid and deal with issues that affect our daily lives but that are not straightforward to answer with a paragraph on a website. Yes, it will cost some money, but it's necessary (need we discuss the voter reaction to health care issues recently?).

The Need to Obtain and Regionally Utilize Monoclonal Antibodies

Those of us who have medical reasons (autoimmune inflammatory diseases [AIDS] or immuno-suppressed) to abstain at this time from the currently available vaccines – however faithfully and cautiously we honour all pandemic protocols – run a higher risk of Covid infection that may result in hospitalization or long-Covid, even death. There is ample evidence from the United States that treatment with monoclonal antibodies within 10 days after Covid symptoms appear is very effective as a prophylactic medication that reduces hospitalization and severe consequences of the disease. In fact, they have proved to be life-saving in the US experience.³ These are also inexpensive. They may also be useful with unvaccinated children who get the delta variant.

³ See digitally attached article from *The Washington Post*.

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East Bay, NS 20(1)

20(1) @mac.com, (902) 20(1)

Perhaps there is already a supply tucked away in Nova Scotia. I have tried to watch and read most Nova Scotia documents/press conferences in recent months, but I may have missed any mention of these being stocked or used in Nova Scotia. If so, I apologize for what will seem to be a strong and urgent plea that a stockpile be acquired **now** and regionally distributed to key hospital locations in each NSH region, so that they are readily available without needing to chase them from Halifax. Timing appears to be important in their use, and they appear to reduce days of costly hospitalization as well as save lives.

I first began raising some of these concerns within the NSH board discussions last May and subsequent discussions with Dr. Carr and Dr. Davidson, both of whom were aware of the increasing timeliness of the matters I have raised here, and they have raised some or all these in their regular discussions with DHW, but the resolution of the problem(s) is not within NSH responsibilities. That resolution rests with DHW and with Dr. Strang's office.

I understand the need for time to deliberate and examine options but, at this point, that time has surely passed. We know enough for decisions to be made and implemented. Having some of these answers and options would go a considerable distance toward relieving anxiety and frustration/fear from Nova Scotians who, by and large, have had a commendable compliance with the restrictions that have been so necessary to guide us through these troubled pandemic times.

Thank you for your attention to this communication, and to your anticipated action on these matters of importance.

Sincerely yours,

20(1)

xc: Dr. Kevin Orrell, Deputy Minister, MD, FRCSC, Deputy Minister, DHW
 Dr. Brendan Carr, CEO, NSH
 Dr. Janet Davidson, Chair, Board of Directors, NSH

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East Bay, NS 20(1)

20(1) @mac.com, (902) 20(1)

Monoclonal antibodies are free and effective against covid-19, but few people are getting them

4(2)(a)

Page 104 to/a Page 106

Withheld

4(2)(a)

July 22, 2021

Iain Rankin

Office of the Premier

7th Floor, One Government Place

1700 Granville St.,

Halifax, N.S.

B3J 1X5

Dear Mr. Rankin,

My name is [20(1)] my community. I am very concerned about things that are happening in Nova Scotia and in Canada. In writing you this e-mail, I hope that you will advocate for the rights of those who are unvaccinated with the Covid jab.

I strongly disagree with the proposed covid vaccine passports in some provinces within Canada. People should have the right to determine their own risks. They should never be coerced into getting any vaccines that have no long- term studies, are experimental and authorized only under Emergency use.

It is unfair and unreasonable that people who don't take an experimental jab are excluded from malls, theatres, and restaurants and travel especially within their own country. These are our Rights and Freedoms as Canadian Citizens and to prevent us from these rights is illegal and discriminatory. The unvaccinated and the vaccinated can both get and spread Covid, so these actions are unconscionable.

Thank you for your support in this matter.

Sincerely,

[20(1)]

902-[20(1)]

Canadian public health officials have no record of SARSCOV2 isolation or purification performed anywhere ever

By 20(1) exclusively for People For Justice Canada

Further down this page you will see a screenshot of a Freedom of Information (FOI) request that was submitted to the Public Health Agency of Canada and many other Canadian institutions requesting evidence that is absolutely essential (but not on its own sufficient) for establishing the existence of the alleged "COVID-19 virus" aka "SARS-COV-2".

The request is for records describing the isolation (aka purification) of the alleged "COVID-19" virus, from a patient sample that was not first adulterated with additional genetic material (typically monkey kidney cells and fetal bovine serum). The same request has been submitted to 16 Canadian institutions in total.

Without this isolation step having been performed (followed by controlled experiments and other necessary steps), there is no way to claim scientifically that the alleged "novel coronavirus" blamed for widespread death/disease/lockdown measures actually exists.

Without this step having been performed, and followed by the necessary controlled experiments, and independently replicated, all claims of this alleged virus are nothing but wild, unscientific, fraud-based speculation backed only by fraudulent science, fraudulent tests and fraudulent diagnoses.

Before we go further, it is important to note that these requests for records describing "SARS-COV-2" isolation were not limited to records of isolation performed by the respective institution, or limited to records authored by the respective institution, rather they were open to any records held by the institution (including scientific studies downloaded from the Internet) describing isolation of "SARS-COV-2" by anyone, anywhere on the planet, ever.

Institutions are not required to provide records that are publicly available, however citations were requested for any such records that are available to the public elsewhere.

As I write this on January 4, 2021, 14 Canadian institutions have provided their responses and 2 are long overdue. None have provided, or cited, any such records, from anywhere in the world, ever.

These 14 Canadian institutions are:

Public Health Agency of Canada,
Health Canada,
National Research Council of Canada,
Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac),
Canadian Institutes of Health Research,
Natural Sciences and Engineering Research Council of Canada,
Institut National de Sante Publique du Quebec,
McGill University,
City of Toronto,
Region of Peel (Ontario),
University of Toronto,
Sunnybrook Health Sciences Centre,
McMaster University and
Mount Sinai Hospital (Toronto).

Each institution's response may be accessed by clicking on the hyperlink in the list.

Below is a screenshot of page 1 of Health Canada's response.



Health Canada Santé Canada
 Access to Information and Privacy Division
 7th Floor, Suite 700, Holland Cross - Tower B
 1600 Scott Street, (Mail Stop: 3107A)
 Ottawa, Ontario K1A 0K9

Our file: A-2020-000208 / BH

20(1)

Brampton, Ontario

20(1)

Dear 20(1)

This is in response to your request made under the *Access to Information Act* (the Act) for the following information:

All records describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to:

- the culturing of something, or
- the performance of an amplification test (i.e. a PCR test), or
- the sequencing of something.

To clarify, I am requesting all such records that are in the possession, custody or control of Health Canada (for example: downloaded to a computer, printed in hard copy, etc.).

Having completed a thorough search, we regret to inform you that we were unable to locate any records responsive to your request.

Should you have any questions or concerns about the processing of your request, please do not hesitate to contact Barbara Haase, the analyst responsible for this file, either by phone at 613-859-9073, by email at barbara.haase@canada.ca or by fax at 613-941-4541, with reference to our file number cited above.

Canada

.../2

The 2 Canadian institutions that are long-overdue in responding to the FOI request are:

Ontario Ministry of Health (submitted May 14, 2020),
Public Health Ontario (submitted July 16, 2020).

Fake "SARS-COV-2" isolates are being used in "vaccine" development

Note that a team of researchers from the last 4 institutions in the above list (University of Toronto, McMaster University, Sunnybrook Health Sciences Centre and Mount Sinai Hospital) publicly and fraudulently claimed to have jointly "isolated the virus" early last year. I wish I had a dollar for every time someone has sent me one of the press releases about this bogus "isolation" claim.

Here are the names of the authors involved in this "isolation" claim.

1 Isolation, sequence, infectivity and replication kinetics of SARS-CoV-2

2 20(1)

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4

5

6 Affiliations:

7 ¹McMaster University, Hamilton, Ontario, Canada

8 ²University of Toronto, Toronto, Ontario, Canada

9 ³Sunnybrook Research Institute, Toronto, Ontario, Canada

10 ⁴Mount Sinai Hospital, Toronto, Ontario, Canada

Below is what these researchers actually did and called "isolation". It's a typical example of what I call "fraudulent monkey business". Note that Vero cells are kidney cells from an African green monkey; FBS = fetal bovine serum. Both are sources of genetic contamination.

Virus isolation and quantification

Vero E6 cells were seeded at a concentration of 3×10^5 cells/well in a 6-well plate. Next day, 200 μ l of mid-turbinate swabs, collected from two COVID-19 patients was mixed with 200 μ l of DMEM containing 16 μ g/ml TPCK-treated trypsin and cells were inoculated. After 1 hr, the inoculum was replaced with DMEM containing 2% FBS and 6 μ g/ml TPCK-treated trypsin. The cells were observed daily under a light microscope. Supernatant from the cells were used to determine virus titres (TCID₅₀/ml) using Spearman and Karber's method (6, 7) as outlined previously (8).

According to everyday English mixing a patient sample with animal cells is the opposite of isolating anything. And it certainly isn't the meaning of "isolation" intended in Koch's postulates (more on Koch's postulates at the bottom of this page).

These Ontario researchers began using their so-called "virus isolate", and providing it to other researchers, for "COVID-19" experiments and development of "COVID-19" tests and therapeutics.

Note that the University of Toronto is a long-time "proud partner" with the vaccine manufacturing company Sanofi Pasteur. This was made very clear during a webinar entitled "*The Path to an Effective COVID-19 Vaccine*" (webinar password: 4e?x*95T) featuring Vivek Goel and hosted by the University on May 26, 2020.

The University of Toronto is still heavily involved in developing "COVID-19" tests and "vaccines", and endless "COVID-19" activity. See *What's Next? COVID-19 podcast: (Ep 33) Vivek Goel on vaccine delivery*:

<https://www.utoronto.ca/news/what-s-next-covid-19-podcast-ep-33-vivek-goel-vaccine-delivery>

Vivek Goel is Special Advisor to the President and Provost at the University, a professor in the Institute of Health Policy, Management and Evaluation at the Dalla Lana School of Public Health and touted by the University as a "*renowned public health expert*". Can Professor Goel not tell the difference between mixing things together and separating things apart?

Researchers at the Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac) at the University of Saskatchewan (the 4th institution on the above FOI response list) also claimed early in 2020 to have "isolated the virus" and started using their fake isolate in "vaccine" development.

Their alleged accomplishment was publicized by the *Globe and Mail* in March 2020. Below is a screenshot from the *G & M's* article.

On Friday, Paul Hodgson, associate director of business development at the Vaccine and Infectious Disease Organization-International Vaccine Centre in Saskatoon, confirmed to The *Globe and Mail* that the joint federal-provincial facility had quietly reached the same milestone a few weeks earlier and is now using its version of the virus for a vaccine development effort.

Samples of the Saskatoon-derived version of the coronavirus are now available for approved research groups through the National Microbiological Laboratory in Winnipeg. The Ontario group also plans to generate its version for distribution.

Sounds impressive, right? According to VIDO-InterVac's website, they have been "*Leading COVID-19 research as Canada's centre for pandemic research*".

For months, VIDO-InterVac has been engaged in "COVID-19" research, developing a "COVID-19" solution, and offering "*Support services for external groups developing vaccines, antivirals, and therapeutics against COVID-19*".

On December 10, 2020, Global News reported that "*A day after the Pfizer COVID-19 vaccine was approved for use in Canada, VIDO-InterVac is hitting a milestone with their Saskatoon-made vaccine - filing an application to start human clinical trials.*"

Hmm, well below is a screenshot from the 1st page of VIDO-InterVac's FOI response: "*...the records you wish to access do not exist....*"

VIDO-InterVac's entire letter can be seen here:

<https://www.fluoridefreepeel.ca/wp-content/uploads/2020/09/VIDO-InterVac-2020.09.04-CCT-App.pdf>.



UNIVERSITY OF SASKATCHEWAN
Office of the Vice-President
Finance and Resources
EXECUTIVELEADERSHIP.USASK.CA

204 Peter MacKinnon Building, 107 Administration Place
Saskatoon SK S7N 5A2
306-966-6631
Fax: 306-966-8676

September 4, 2020

20(1)

Brampton ON 20(1)

via email 20(1)@gmail.com

Dear 20(1)

Re: Access to Information Request 2020-006

Thank you for your access to information request received DATE, requesting access to:

All records in the possession, custody or control of the Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac) describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to:

- the culturing of something, or
- the performance of an amplification test (i.e. a PCR test), or
- the sequencing of something.

Please also note that my request is not limited to records that were authored by the VIDO-InterVac or that pertain to work done by the VIDO-InterVac. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the VIDO-InterVac has downloaded or printed.

This is to advise you that the record(s) you wish to access do not exist. For your information, this notification has been provided pursuant to clause 7(2)(e) of *The Local Authority Freedom of Information*

And so, on top of all the safety concerns re "COVID-19" "vaccines", we have the fact that vaccination against a purely theoretical and imaginary virus isn't even a little bit rational.

And thus the real purpose of the so-called "vaccines" cannot be accepted at face value.

Canadian researchers and public health officials are not alone

Right now you might be thinking "*oh well, this is strange, but surely 'the virus' does exist and proof is held by institutions all around the world!*" And this would be a reasonable thing to assume of "a virus" that allegedly turned our world upside-down in 2020.

Know this: Numerous people have submitted the same, and similar, record requests to public health and science organizations in numerous jurisdictions, including the U.S., New Zealand,

Australia, the U.K., England, Scotland, Wales, Ireland, Denmark, Slovenia and the European Union, and made them publicly available.

To date, dozens of responses have been collected from outside Canada, and **none** of them have yielded any record of "SARS-COV-2" isolation, by anyone, anywhere on the planet, ever. They are all publicly available here:

<https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Yes, we know about the many, many published "SARS-COV-2 genomes" and "isolation" claims - they're bogus

We do realize that many researchers claim to have "isolated SARS-COV-2". I've written briefly about some of those papers in the past (i.e. here and here and here).

We've looked at all of the "SARS-COV-2 isolation" studies ever brought to our attention, and have yet to see one where they accomplished any such thing. Claiming to have done something and actually doing it are sometimes two different things, even in peer-reviewed science.

And yes we are aware that thousands upon thousands of so-called "SARS-COV-2 genomes" have been published. However these "genomes" were in fact manufactured, not discovered.

And yes we are aware that EM images have been published, allegedly of "the virus", however a photo of something does not tell you what the thing is, where it came from or what it does.

One has to scrutinize the Methods used to "isolate the virus" / obtain said images / obtain the "genomes" / "confirm" the diagnoses / conclude that a terrifying "novel coronavirus" requires worldwide devastating lock-downs, and that is when absolutely everything falls apart with "COVID-19".

Regarding the "isolation" methods specifically: the problem with these claims is that they do the exact opposite of isolating anything, as shown in the examples above.

Instead, researchers take a "confirmed COVID-19" patient sample that was never shown to contain any "SARS-COV-2" but merely "confirmed" with meaningless, fraudulent PCR testing, and adulterate it with a cell line (usually Vero aka monkey kidney cells), fetal bovine serum and toxic drugs. Or they perform some slight variation on this exercise in illogic and insanity, for instance by using a different cell line.

Next, they irrationally blame "the virus" for whatever happens to the (typically monkey kidney) cell line, and pretend that their man-made concoction is "SARS-COV-2 isolate". This is fraud and it's unscientific.

Below is a screenshot from another such study, this one describing the alleged *Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia*.

This study was actually cited by the Australian Department of Health as a paper "*which led to the isolation of SARS-CoV-2 in culture*". Can you spot the oxymoron in that quote?

The authors describe their fraudulent and irrational approach to "isolation" and note in the same paragraph (found in their Supplemental Methods) that they shipped their fake "isolate" off both nationally and internationally.

2.1 Cell culture of SARS-CoV-2 and electron microscopy

Vero/hSLAM cells (African green monkey kidney cells transfected to express the human signaling lymphocytic activation molecule (SLAM; also known as CDw150)¹ were grown at 37°C, 5% CO₂ in maintenance media consisting of 10mL Earle's minimum essential medium (EMEM), 7% fetal bovine serum (FBS) (Bovogen Biologicals, Keilor East, AUS) 2mM L-glutamine, 1 mM sodium pyruvate, 1500mg/L sodium bicarbonate, 15 mM HEPES and 0.4mg/ml geneticin to 95% confluency in 25cm² flasks. Prior to use for isolation, maintenance media was removed from the flask and 500µL of respiratory swab inoculum was overlaid on the cell monolayer. The flask was returned to the 37°C incubator to allow the virus to adsorb for 1 hour before addition of 10 mL viral culture media (EMEM as above but FBS reduced to 2%). Flasks were monitored for viral cytopathic effect and 140µL aliquots of supernatant removed every 48 hours to assess virus burden by TaqMan real-time RT-PCR. First passage culture grown virus isolate was subsequently shipped nationally and internationally in packaging compliant with UN 2814 Category A shipping requirements using credentialed, specialised courier services under the appropriate Australian government export approvals processes and receiving country import permissions.

One of the places this fake isolate was shipped to was Australia's Commonwealth Scientific and Industrial Research Organisation (CSIRO), where researchers set about using it in "vaccine" development.

When researchers claim to have "sequenced SARS-COV-2" they in fact worked with a soup of genetic material from a patient sample or from a cell culture (not purified "SARS-COV-2" or purified anything) and fabricated the sequence based on this soup and comparisons with other (also fabricated!) genomes.

Below is a screenshot showing a random example of the methods used to produce a fraudulent "SARS-COV-2 genome", from a study someone recently tweeted to me. It's absurd and unscientific, but typical: assembly, mapping, trimming, alignment... everything but discovery of something that actually exists.

of Hong Kong, Hong Kong Special Administrative Region, China, where it was confirmed and sequenced.

The specimen tested positive for SARS-CoV-2 by real-time reverse transcriptase PCR (rRT-PCR) developed in the University of Hong Kong (5). Sequencing was done using the Illumina MiSeq system with the Burrows-Wheeler Aligner MEM algorithm (BWA-MEM) 0.7.5a-r405 assembly method. The full genome was amplified directly from the RNA extract from the original specimen using gene-specific primers for open reading frame 1b (ORF1b) and N (Table 1) to produce overlapping PCR products covering the full genome (5). The expected amplicon sizes of the ORF1b and N gene assays are 132 bp and 110 bp, respectively (5). The raw reads were first cleaned by trimming low-quality bases with Trimmomatic 0.36 (-phred33, LEADING:20, TRAILING:20, SLID-INGWINDOW:4:20, MINLEN:40). The new genome sequence was obtained by first mapping reads to a reference SARS-CoV-2 genome using BWA-MEM 0.7.5a-r405 with default parameters to generate the consensus sequence. In addition, the assembly produced by MEGAHIT 1.2.9 (de novo assembly), using default parameters, was used to cross-validate with the reference-based method as an internal control. The two results were consistent, and our final sequence is based on the reference-based method. The reference sequence we used was from the Global Initiative on Sharing All Influenza Database (GISAID; strain identifier EPI_ISL_405839). The reads mapped to the reference sequence were then curated in a pileup alignment file to obtain the consensus sequence (minimum coverage threshold, 10). FastQC 0.11.8 was used to assess the sequence quality before trimming and after alignment to prevent potential errors. There were 5,246,584 paired-end sequences in the raw data. A total of 9,891,431 records were included in the reference-based alignment after trimming, and 9,887,093 (99.96%) of them were mapped to the SARS-CoV-2 reference genome.

We generated a consensus sequence of 29,811 bp with no gap and high average coverage ($>77,000\times$). Primer binding sites at the 5' and 3' ends were removed, resulting in this genome being 59 nucleotides (nt) shorter than a reference genome in GenBank (accession number NC_045512), excluding the poly(A) tail of the genome.

The entire "COVID-19" / "SARS-COV-2" story is very much tied into the 2003 "SARS" story that allegedly was caused by another alleged virus referred to as "SARS-COV" or "SARS-COV-

1". Dr. Andrew Kaufman revealed in one of his brilliant presentations that no one ever isolated that alleged virus either (see Koch's Postulates: Have They Been Proven For Viruses? <https://www.bitchute.com/video/dX0wqs2xbM05/>).

And guess what? Someone recently sent me an FOI response that they obtained from the U.S. Centers for Disease Control and Prevention admitting the CDC has no record of "SARS-COV-1", or any common cold-related "coronavirus" ever having been isolated. As they say, "*you can't make this stuff up*". Page 1 is shown below; the full pdf is here: <https://www.fluoridefreepeel.ca/wp-content/uploads/2020/12/CDC-isolation-FOI-reply-any-coronavirus.pdf>

Virus transport medium

Virus transport medium. Sounds so innocuous, right? (No pun intended.) But what is actually in that stuff? My colleague in New Zealand (Michael S.) looked it up.

What Michael discovered is that the CDC's recommended recipe, found in their standard operating procedure SOP#: DSR-052-05 ("*To provide a standard operating procedure (SOP) for producing viral transport medium (VTM) for specimens for viral culture or other means of viral detection*"), calls for fetal bovine serum and toxic drugs.

This means that patient samples that were stored in virus transport medium prior to laboratory testing and/or culturing were (if following the CDC's SOP) already adulterated with genetic material and toxic drugs.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/Viral-Transport-Medium.pdf>

VIRAL TRANSPORT MEDIUM

**** For transport of specimens only****

****Not to be taken internally****

Store at 2-8°C (or temperature determined by specific data generated in stability study by manufacturing laboratory).

Ingredients: Hanks Balanced Salt Solution, fetal bovine serum, Gentamicin, Amphotericin B

Global fraud, conspiracy and terrorism

We make these "no records" responses from around the world publicly available as evidence of the "COVID-19" global fraud, conspiracy and terrorism that has been destroying lives and the

economy world-wide this year, and used to usher in a vile globalist agenda that has nothing whatsoever to do with protecting or promoting public health.

Our wish is that all individuals responsible/complicit in this crime against humanity will be held accountable to the fullest extent lawfully possible.

Thus far, in total, we have responses from over 40 institutions and offices around the world, yielding in total zero records describing the essential step of isolation aka purification.

All of these responses are publicly available from the following URL (and more are added regularly): <https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Stunningly obvious fraud at the Public Health Agency of Canada

A final example of the global incompetence and fraud currently plaguing humanity. (Fuller details on this example are available [here](#).)

The Public Health Agency of Canada (PHAC) was long overdue in responding to my FOI request submitted in **June** 2020 (you can click on the image to make it larger):

June 13, 2020

To:

Cynthia Richardson
Access to Information and Privacy Coordinator
Access to Information and Privacy Division
Holland Cross, Tower B
7th Floor, Suite 700, Room 741
1600 Scott Street, Address locator: 3107A
Ottawa, Ontario K1A 0K9
phac.atip-aiprp.aspc@canada.ca
ATIP-AIPRP@HC-SC.GC.CA

Dear Ms. Richardson,

This is a formal request made under Canada's *Access to Information Act*.

Description of Requested Records:

All records in the possession, custody or control of the Public Health Agency of Canada (PHAC) describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).

Please note that I am using "isolation" in the every-day sense of the word: *the act of separating a thing(s) from everything else*. I am not requesting records where "isolation of SARS-COV-2" refers instead to:

- the culturing of something, or
- the performance of an amplification test (i.e. a PCR test), or
- the sequencing of something.

Please also note that my request is not limited to records that were authored by the PHAC or that pertain to work done by PHAC. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that PHAC has downloaded or printed.

If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it).

The first page of PHAC's December 2020 response is shown below. Their entire letter, along with the allegedly responsive records they provided, may be accessed here:

<https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/PHAC-FOI-isolation-package.pdf>



Public Health
Agency of Canada
Access to Information and Privacy Division
7th Floor, Suite 700, Holland Cross - Tower B
1600 Scott Street, (Mail Stop: 3107A)
Ottawa, Ontario K1A 0K9

Agence de la santé
publique du Canada

2020-Our file: PHAC-A-2020-000110 / TTL

2020-12-07

20(1)

Dear 20(1)

This is in response to your request made under the *Access to Information Act* (the Act) for the following information:

All records in the possession, custody or control of the Public Health Agency of Canada (PHAC) describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to:

- the culturing of something, or
- the performance of an amplification test (i.e. a PCR test), or
- the sequencing of something.

Please also note that my request is not limited to records that were authored by the PHAC or that pertain to work done by PHAC. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that PHAC has downloaded or printed.

Clarification:

Date range of request is January 1, 2020 until June 15, 2020

Enclosed please find records responsive to your request. You will note that portions of the records are withheld from disclosure pursuant to sections 19 and 20 of the Act. For ease of reference, a copy of the Act may be found at <https://laws-lois.justice.gc.ca/eng/acts/a-1/> which provides a description of the redaction(s) applied.

Should you have any questions or concerns about the processing of your request please do not hesitate to contact Tammy Turpin-Loyer, the analyst responsible for this file, by email at tammy.turpin-loyer@canada.ca with reference to our file number cited above.

Canada

.../2

[Note that PHAC's letter indicates a date range for the requested records from January 1, 2020 until June 15, 2020. Technically this is correct (although arguably not in good faith), since my request was submitted on June 13, 2020. Had I dreamed that the Public Health Agency of Canada would take almost six months to respond to this very timely request for records that ought to have been at their fingertips I would have indicated "Jan. 1 2020 until the date of PHAC's response" as the date range.]

By way of explaining the glaring problems with this response from the Public Health Agency of Canada - which indicate at best a stunning level of incompetence - I have pasted my email response to the analyst who conveyed PHAC's response.

BEGINNING OF EMAIL ***

Hi Tammy,

Thank you for the dated letter, however there is still a problem with it. The letter states that responsive records are enclosed.

I've gone through both of the pdf attachments that contain the records and there is nothing in them that is responsive to my request.

The manuscript and emails discuss exactly what I stated in my request that I am not interested in: mixing patient samples (adulterating them) with genetic material, specifically monkey kidney (aka "Vero") cells and fetal bovine serum (FBS); and PCR tests; the emails also mention sequencing.

There is no description anywhere of what I requested: separating a thing (the alleged "SARS-COV-2") from everything else in a patient sample.

I don't even see the word "isolate" (or "isolation", or "purify" or "purification") anywhere, except in the manuscript where it appears only in the context of isolating people, not a virus (the published version of the paper is searchable.) (And note the admission on page 1: *"RT-PCR detects RNA, not infectious virus"*).

All references here to "the virus" are absurd and fraudulent and based on wild, unscientific assumptions.

No one has looked for or found "the virus". They simply assumed (based on PCR tests that are utterly incapable of determining the presence of an intact virus) that patient samples contained "the virus"; they then adulterated the samples with genetic material and toxic drugs, then irrationally blamed "the virus" for harm to the monkey kidney cells.

This is another typical example of what I call "fraudulent monkey business", the only difference being that the manuscript and emails do not even make a fraudulent claim (that I can see) of having isolated (or "purified") any virus.

[Also note that the samples were stored in "viral transport media" for 1-3 days before the PCR testing was even begun. The CDC's SOP for such includes fetal bovine serum and toxic drugs. Thus in all likelihood, the samples in this study were contaminated with genetic material before any investigation even began.]

These records have nothing to do with isolation of a virus (as per the every day meaning that I indicated in my request); they are not responsive to my request.

Thank you for your efforts, but I require an accurate response from PHAC indicating that they have "no responsive records".

Thanks and best wishes,

20(1)

*** END OF EMAIL ***

(Ms. Turpin-Loyer's responses are shown below.)

PHAC A-2020-000110

Turpin-Loyer, Tammy (HC/SC) <tammy.turpin-loyer@canada.ca>
 To: 20(1) @gmail.com>

Tue, Dec 8, 2020 at 7:45 .

Good morning,

Based on your wording, these were the records that were returned to our office. We will return to the branch with your additional concerns to see if we can help get an explanation on what you received in response to your request.

PHAC A-2020-000110

Turpin-Loyer, Tammy (HC/SC) <tammy.turpin-loyer@canada.ca>
 To: 20(1) @gmail.com>

Good afternoon,

Just wanted to touch base, and let you know that we have gone back to the program area with your concerns, and requested further clarification if

I will provide you with additional information as soon as possible.

Please do not hesitate to contact me should you require additional information.

Tammy Turpin-Loyer

ATIP Consultant

Access to Information and Privacy Division

"COVID-19" frauds and terrorists belong in jail

The Senior Leadership at the Public Health Agency of Canada is comprised of:

Patty Hajdu - Minister of Health

Dr. Theresa Tam - Chief Public Health Officer

Iain Stewart - President ("from 2016 to 2020, he was President of the National Research Council (NRC) of Canada" - which also has no records of SARS-COV-2 isolation)

The Senior Leadership at Health Canada is comprised of Minister Patty Hajdu and:

Dr. Stephen Lucas - Deputy Minister

Dr. Harpreet S. Kochhar - Associate Deputy Minister

If you would like to receive email updates re new FOI responses, let me know at [20(1)]@protonmail.com.

Connect with me [20(1)] on Twitter (twitter assigned the annoying handle): [https://twitter.com/\[20\(1\)\]](https://twitter.com/[20(1)])

If you would like to learn more about the fraud and trickery that's behind the fake pandemic known as "COVID-19", I recommend having a look at the presentations, articles and facts (not theories) from various sources that I've compiled on the page linked below. <https://www.fluoridefreepeel.ca/what-the-hell-is-going-on/embed/#?secret=zLqvOvXEgo>

CRITICAL UPDATE

Former Senior Scientist with 35 years experience at Health Canada, Saeed Qureshi: "COVID-19: The virus does not exist - it is confirmed!" <http://www.drug-dissolution-testing.com/?p=3613>

Please say no to ScotiaPass!

20(1) [redacted]@gmail.com>

Mon 2021-08-09 4:36 PM

To: Premier <PREMIER@novascotia.ca>; office@antigonishmla.ca <office@antigonishmla.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

Exercise caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien

Dear Hon. Premier and Minister Delorey,

Is the below tweet mentioning a plan for a scotia pass true?

I usually vote Liberal, however I am seriously considering changing my vote.

As an 20(1) [redacted] who believes strongly in the importance of personal freedom, I have been disturbed by the numerous attacks on freedom of speech and freedom of action that I have witnessed since winter 2020. The medical doctors I personally know, who have followed the scientific literature all this year, confirm the vaccines are neither safe--particularly for younger people, such as my five-year-old nephew who begins school in September--nor are they entirely effective. Of the people I know who have been vaccinated, at least three have endured severe side-effects and one is still unable to work months later. Other measures such as masks and lockdowns continue to prove to be minimally effective compared to more intuitive measures such as caring for one's body with a healthy lifestyle, yet this obvious truth has remained absent from the political discussion, a great tragedy in my view as it could have saved many lives. Vaccine passports represent an escalation of injustice that I cannot support or comply with, and I know there are many others who feel the same.

If you come out strongly against vaccine passports, you will earn my vote and that of my entire family. Thank you for taking the time to read this message.

With kind regards,

20(1) [redacted]



FW: Covid Vaccinations

20(1) [redacted]@eastlink.ca>

Fri 2021-05-21 8:55 AM

To: Kerr, Natasha <Natasha.Kerr@nshealth.ca>

Cc: CEO NSHA <ceo@nshealth.ca>; Premier <PREMIER@novascotia.ca>; Health and Wellness Minister <Health.Minister@novascotia.ca>; kelly@kellyregan.ca <kelly@kellyregan.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

Exercice caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien

Hi Natasha,

According to 20(1) [redacted] at Northwood,

"If a staff member comes to your door and leaves based on your note on the door, a cancellation fee would apply."

"We have also had discussion with Continuing Care. They have indicated they fully support our process and policy in regard to confidentiality of vaccination, and support our billing processes in regard to less than 24 hour cancellation."

Our notice (see attached PDF document) states:

We are specifically **forbidding & restricting access to anyone who has not been vaccinated for Covid 19**

"to ensure the health and safety of all persons" in our home / workplace.

It further states:

It is your personal decision if you consent to enter our home under these provisions, thereby acknowledging your compliance with our notice.

Please note that in our email to 20(1) [redacted] 4, 2021 10:32 AM we stated:

"It will then be your staff's decision if they consent to enter our home under these provisions. If any of your staff choose to enter our premises we will expect that they have complied with our notice. They may well show up **and choose to leave of their own volition whether they have had a Covid vaccination or not**, but we have no intention of declining the service nor expect to be charged should your staff choose to leave and not to enter our home under precautions that we have taken and deem to be **reasonable in the circumstances**."

The above notice does not in any way make it a decision that we have made to decline their services or the services of any carer who comes to our door. The decision to enter our home is a personal decision that each of their staff can make. We have therefore not cancelled the appointment; the carer has, and we will not accept billing for services not rendered.

I need NS Health, Continuing Care to address two issues for us:

1. Under **The Occupational Health and Safety Act CHAPTER 7 OF THE ACTS OF 1996**, as owners of the premises used as a workplace, is it the position of Nova Scotia Health, Continuing Care, that we do not have the legal right to take every precaution that is reasonable in the circumstances?
2. Does Nova Scotia Health, Continuing Care contest that the precautions that we have taken with this notice are an unreasonable precaution in these circumstances

- a. in dealing with an unprecedented contagious world-wide pandemic, COVID 19 and its variants
- b. where seniors / others are receiving home care in their baths/showers, with no social distancing, and no PPE worn by naked clients in restricted bathroom spaces with limited ventilation

Per the New York Times article, April 21, 2021, "An **unvaccinated** health care worker set off a Covid-19 outbreak at a nursing home in Kentucky". I again refer you to their article's two referenced studies by the CDC whereby people who were vaccinated contracted COVID 19; people were hospitalized, and a couple people died.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s_cid=mm7017e2_w

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s_cid=mm7017e1_w

As stated in our email to the Premier, Wed 5/19/2021 2:03 PM, "how is our freedom to live without fearing Covid being addressed when Northwood can provide carers who have not been vaccinated against this pandemic's contagious disease and its variants. And if we refuse entry to our home, they will bill us for services not rendered. **Where are our rights as seniors of this province?"**

Why should we assume a preventable risk.

Sincerely,

20(1)
Hubbards, NS 20(1)

Home: (902) 20(1)
Cell: (902) 20(1)

CC:
Brendan Carr
President & CEO
ceo@nshealth.ca

The Honourable Zach Churchill
Minister of Health and Wellness
Health.Minister@novascotia.ca

Honourable Kelly Regan

Minister of Seniors

kelly@kellyregan.ca

(As we have no email address for Dr. Robert Strang, we kindly ask that someone CC him a copy of this discourse for his consideration and review.)

Please note the use of **Bold**, *Italics*, or underline is strictly for the purpose of drawing attention to relevant facts and specific wording.

From: 20(1) [redacted]@eastlink.ca]
Sent: Thursday, May 20, 2021 3:45 PM
To: 'Kerr, Natasha'
Subject: FW: Seniors exposed to preventable Covid risk

Hi Natasha,

No I have not heard back from the government but I also sent them this email today which also supports our position on this issue. If we don't hear back and nothing is done, I guess the next step will be to take this to the media to raise public awareness to advocate this issue being addressed.

As previously stated this is a world-wide, unprecedented virus with very serious variants. This should not be treated as the flu where the downside is normally not so catastrophic if you infect others.

We do respect worker rights to not have the vaccination, but we should also have the right to restrict their access to our home without penalty.

20(1) [redacted]

From: 20(1) [redacted]@eastlink.ca]
Sent: Thursday, May 20, 2021 9:05 AM
To: 'premier@novascotia.ca'
Cc: 'seniors@novascotia.ca'
Subject: FW: Seniors exposed to preventable Covid risk

Dear Premier:

To reinforce our position asking you to restrict non-vaccinated home care workers from entering the homes of seniors and others who are vulnerable requiring home care assistance, I draw your attention to an article in the New York Times about an **unvaccinated health care worker**:

April 21, 2021

An unvaccinated health care worker set off a Covid-19 outbreak at a nursing home in Kentucky where the vast majority of residents had been vaccinated, leading to dozens of infections, including 22 cases among residents and employees who were already fully vaccinated, a new study reported Wednesday.

Most of those who were infected with the coronavirus despite being vaccinated did not develop symptoms or require hospitalization, but one vaccinated individual, who was a resident of the nursing home, died, according to the study released by the Centers for Disease Control and Prevention.

Here is link to the CDC study which reaffirms the New York Times article's facts.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s_cid=mm7017e2_w

See their reference to another **CDC study in Chicago where two residents were hospitalized because of COVID-19, and one died.**

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s_cid=mm7017e1_w

As seniors, our rights need to be protected to safeguard our health and safety in our own homes. **Please protect our rights to be able to live in our own homes and not be fearful of contracting COVID.** Enact legislation to restrict home care services to only workers who have been vaccinated.

Sincerely,

20(1) [redacted]

From: 20(1) [redacted]@eastlink.ca]
Sent: Wednesday, May 19, 2021 2:03 PM
To: 'premier@novascotia.ca'
Cc: 'seniors@novascotia.ca'
Subject: Seniors exposed to preventable Covid risk

We have noted the following news item on CBC

CBC News · Posted: May 15, 2021 4:00 AM ET

Nova Scotia's Premier Iain Rankin says he'll continue to use every legal means available to stop the spread of COVID-19 in the province — even if the effort ends up limiting individual rights.

"I recognize that people really value their freedom, freedom of expression. And I believe in all those things. But you can't take away the freedom for individuals to be able to live in a society where they're not fearful of contracting COVID."

Dear Premier,

You have stated: "you can't take away the freedom for individuals to be able to live in a society where they're not fearful of contracting COVID." So we ask you, how is our freedom to live without fearing Covid being addressed when Northwood can provide carers who have not been vaccinated against this pandemic's contagious disease and its variants. And if we refuse entry to our home, they will bill us for services not rendered. **Where are our rights as seniors of this province?**

Individual rights should be limited when their actions can potentially have devastating and/or long-term consequences to other persons. Why should we have to assume additional risk to ourselves and our family just because of naysayers don't want to have the vaccine or do not believe in the vaccine? It is one thing to protect worker rights to privacy, but it is another when our health & safety, in our own home, is being threatened by their actions in not getting the vaccine.

Once again we ask for legislation to be enacted to protect the rights of seniors and others who need care in their own homes. We specifically ask that you restrict home care service providers to only those workers who have been vaccinated. If the province has the right to quarantine and fine individuals thereby restricting their freedom of choice, to safeguard the community, you can enact legislation to address this issue, dealing with an unprecedented virus and issues that never needed to be addressed before.

See our previous email:

Sent: Friday, May 14, 2021 10:38 AM
To: 'premier@novascotia.ca'
Cc: 'seniors@novascotia.ca'
Subject: FW: Covid Vaccinations

SENIORS ARE TOTALLY & VULNERABLY EXPOSED IN THEIR OWN BATHROOMS.
(with Unvaccinated Home Care providers)

- **No Social Distancing in Showers or Baths**
- **No Personal PPE worn by Patient/Client while Showering or Bathing**
- **Services usually provided in Confined Spaces with Limited Ventilation**

Sincerely,

20(1) [redacted]

Hubbards, NS 20(1)

Home: (902) 20(1)

Cell: (902)

From: 20(1)@nwood.ns.ca]

Sent: Monday, May 17, 2021 2:52 PM

To: 20(1)

Cc:

Subject: RE: Covid Vaccinations

Hi 20(1) thanks for the email. We of course always encourage anyone to seek further clarification with any party. I feel confident that the Premier and Dr. Strang will acknowledge our efforts to follow their guidelines. I definitely understand your concerns during this pandemic.

I would like to reiterate our efforts to keep you and 20(1) safe. We continue to encourage and educate staff to get vaccinated, follow all public health guidelines, and provide appropriate PPE.

We will happily continue to offer services, but we will not be disclosing vaccination status or schedule staff based on vaccination status. I will also note Supervisors and Staffing Officers do not have access to vaccine information in accordance to staff health privacy rights.

If a staff member comes to your door and leaves based on your note on the door, a cancellation fee would apply. We would not be able to reschedule the staff elsewhere and would need to recover our cost of staff. You always have the right to cancel your service as it is your home. I encourage you to continue with your services, and we will continue to follow public health guidelines while providing 20(1) care.

If you do decide to cancel with more than 24 hours notice, this provides us the time to reschedule the worker elsewhere and we would not need to charge any cancellation fees.

We have also had discussion with Continuing Care. They have indicated they fully support our process and policy in regard to confidentiality of vaccination, and support our billing processes in regard to less than 24 hour cancellation. They have also asked me to share their contact information so that they can have discussion with you to see if there are other options for you. Northwood is still happy to maintain your services for you following all of our policies and procedures, as well as government regulations. Continuing Care has indicated they want to make sure you are aware of all options. Your Care Coordinator is Natasha Kerr (902) 229-5246.

Please take care,

20(1)

From: 20(1)@eastlink.ca]

Sent: Friday, May 14, 2021 10:38 AM

To: 'premier@novascotia.ca'

Cc: 'seniors@novascotia.ca'

Subject: FW: Covid Vaccinations

(As we have no email address for Dr. Robert Strang, we kindly ask the Premier's office to forward a copy of this discourse for his consideration and review.)

CTV News - Published Saturday, May 8, 2021 4:24PM EDT

Canada's chief public health officer reminded Canadians on Saturday that even those who are fully vaccinated remain susceptible to COVID-19. " Dr. Theresa Tam said the risk of asymptomatic infection and transmission is far lower for anyone who receives two shots of the Pfizer-BioNTech, Moderna, or Oxford-AstraZeneca vaccines." "But it's not absolute. There's reduction in your risk of transmission, but it doesn't necessarily eliminate your risk of transmission,"

Attn: Iain Rankin, Premier of NS

SENIORS ARE TOTALLY & VULNERABLY EXPOSED IN THEIR OWN BATHROOMS.

(with Unvaccinated Home Care providers)

- **No Social Distancing in Showers or Baths**
- **No Personal PPE worn by Patient/Client while Showering or Bathing**
- **Services usually provided in Confined Spaces with Limited Ventilation**

We ask the Premier of NS, Iain Rankin, and Dr. Robert Strang, Chief Medical Officer of Health to enact legislation to do more to protect seniors and those more vulnerable to this contagious disease, Covid 19 and its variants. We specifically ask that the legislation restrict home care providers and carers who have not been vaccinated from entering home owner premises and working in close personal contact with clients who are totally and vulnerably exposed with no PPE protection, especially in their shower or bath.

(The Occupational Health and Safety Act CHAPTER 7 OF THE ACTS OF 1996).

We feel that this measure constitutes taking every precaution that is reasonable in the circumstances especially dealing with an unprecedented worldwide pandemic for the health & safety of all concerned.

As noted in our email correspondence with Northwood, if one works in the construction industry they are required to wear safety boots, a hard hat, and safety goggles or they are not allowed to work on specific job sites. Why can't an employer require employees in the health care field to be vaccinated against an extremely contagious disease and if they cannot for medical reasons, or simply choose not to, they are not allowed to work at a specific job site, i.e. private client residences?

We do not question someone who cannot have a Covid vaccination on medical grounds, but we do question if they should be working in a health care field directly in contact with people. These individuals could perhaps be offered alternative positions, e.g. administration, order desk, switchboard, etc or perhaps they need to seek employment in another field that doesn't require compliance to industry specific health and safety protocols that are, or should be conditions of employment.

These are unprecedented times dealing with an unprecedented virus which calls for unprecedented health and safety precautions that should be mandated and not an optional choice for workers who are in direct personal contact with the public.

The accompanying email correspondence with Northwood, our initial inquiry and their response, is what prompted the necessity of this request. Both myself and my wife are seniors who have health issues and the only preventative precaution we can now take is to restrict access to our home to only those who have been vaccinated for Covid 19 and its variants. (see the attached notice that we will be posting June 1st, 2021 on our front entrance door)

Per Dr. Theresa Tam, when we are fully vaccinated, we can still contract the virus and possibly transmit it to others. Even if we ourselves survive the virus with little to no symptoms, we can transmit it to family members when they

are allowed to visit, and this virus would most likely kill our 20(1)

20(1)

It is one thing to protect worker rights to privacy and allow vaccinations to be a personal choice, but do they have the right to potentially infect others? What about our choice to health & safety in our own home and what about the health and safety that is posed to others, perhaps family members that we may be in contact with? What about our rights?

My wife has hardly ever left the house in over a year other than for medical appointments and we have had no home visits other than my wife's carers. I limit grocery shopping to once every 2-3 weeks. We do our part to limit our exposure and any risk to others, following all the health and safety protocols. We ask the government to do their part in helping to protect people who need home care. Please provide us with the protection we deserve and restrict unvaccinated carers from entering private dwellings, thank you.

Sincerely,

20(1)

Hubbards, NS 20(1)

Home: (902) 20(1)

Cell: (902)

From: 20(1)@eastlink.ca]

Sent: Friday, May 14, 2021 10:32 AM

To: 20(1)

Cc:

Subject: RE: Covid Vaccinations

Hi 20(1)

Thanks for your quick reply and details regarding Northwood's protocols regarding this issue.

I have read: "While there are no mandatory vaccination laws governing Canada, students who wish to enrol in schools in Ontario and New Brunswick are required to provide immunization records to the school at the time of registration. In Ontario and New Brunswick, students are required to be immunized for diphtheria, tetanus, polio, measles, mumps, and rubella." This is an instance where individuals can be compelled to provide "personal health information" under provincial legislation.

I would posit that Covid 19 and its variants can be just as serious and perhaps as contagious as any of the aforementioned diseases that require vaccination in Ontario and New Brunswick schools. And I think Covid 19 and vaccinations are just as serious an issue for seniors and those with health care issues.

We live in unprecedented times. I 20(1) and have never experienced a worldwide pandemic in my lifetime. While it may be a personal choice for people to get a Covid vaccination with respect to their own health care needs, **we do not feel anyone has the right to endanger someone else's health, safety, and wellbeing**. We and your staff do not live in a vacuum. The choices we make can have a detrimental effect on others; people can die from this disease. This is not like having the choice of whether or not to get your flu shot, whereby you put yourself at risk, may get sick, or possibly pass it to a family member.

While we understand your position legally, it is particularly ironic that you can require your staff to wear face masks and a face shield but you cannot require them to have been vaccinated. If one works in the construction industry they are required to wear safety boots, a hard hat, and safety goggles or they are not allowed to work on specific

job sites. Why can't an employer require employees in the health care field to be vaccinated against an extremely contagious disease and if they cannot for medical reasons, or simply choose not to, they are not allowed to work at a specific job site, i.e. private client residences?

We do not question, someone like 20(1) who cannot have a Covid vaccination on medical grounds, but we do question if they should be working in a health care field directly in contact with people. I am also not aware of any law that prohibits anyone from disclosing any of their own private and/or personal health information if they choose to do so.

If a carer who normally wears glasses is without them, we may well ask "don't you usually wear glasses?". If they volunteer that they had cataract surgery thereby "discussing their health with clients", is this also to be construed as " inappropriate conversation" or is just two people who know each other having a normal conversation. This is the same as the carer volunteering info, being just so happy that she had her 1st Pfizer shot and very thrilled to be getting her 2nd shot that week 20(1) was not asked about it and we do not think that mentioning it to another carer who knows her breaches any confidentiality of the staff member when the information was readily volunteered and was unsolicited.

Northwood's "LIVE MORE" green coloured pamphlet states: "**YOUR HOME IS OUR WORKPLACE**". While we may not be entitled to ask your staff under the PHIA Act whether they have been vaccinated for Covid 19 or not, we do have the right to restrict access to anyone in our home who does not meet our job site, workplace health and safety requirements.

The Occupational Health and Safety Act CHAPTER 7 OF THE ACTS OF 1996 defines:

"owner" includes a trustee, receiver, mortgagee in possession, tenant, lessee or occupier of lands or premises used as a workplace

Owners' precautions and duties

19 Every owner shall (a) take every precaution that is reasonable in the circumstances to provide and maintain the owner's land or premises being or to be used as a workplace
(i) in a manner that ensures the health and safety of persons at or near the workplace,

Precautions to be taken by providers of service

20 Every person or body who, for gain, is a provider of an occupational health or safety service shall take every precaution that is reasonable in the circumstances to
(a) ensure that no person at a workplace is endangered as a result of the provider's activity;

These unprecedented times call for owners and providers of health and safety service to **take every precaution that is reasonable in the circumstances** we are now experiencing.

Noting the above, as **owners of premises used as a workplace**, we will be posting a notice on our door specifically forbidding access to anyone who has not been vaccinated for Covid 19 "**to ensure the health and safety of all persons**" at our home / workplace. We shall make this effective as of June 1, 2021 which provides a timeframe for any of your staff to be vaccinated if they so chose.

We ask that you continue to provide your services as in the past. It will then be your staff's decision if they consent to enter our home under these provisions. If any of your staff choose to enter our premises we will expect that they have complied with our notice. They may well show up and choose to leave of their own volition whether they have had a Covid vaccination or not, but we have no intention of declining the service nor expect to be charged should your staff choose to leave and not to enter our home under precautions that we have taken and deem to be **reasonable in the circumstances**.

Kind regards,

20(1)

Hubbards, NS 20(1)

Home: (902) 20(1)

Cell: (902) 20(1)

PS: Some countries, including Canada, are considering a Covid vaccination passport or certificate for international travel and Canada already requires a pre-entry Covid test, and ArriveCAN test results, so the restricting of carers who have not been vaccinated to your own home, especially when they are working with clients who are totally and vulnerably exposed with no PPE protection in their shower or bath, is not an unreasonable consideration in the circumstances.

PPS: We are forwarding copies of this correspondence to the following to seek their advice and guidance and we ask that legislation be enacted to do more to protect seniors and those who are more vulnerable to this contagious disease. As we have no email address for Dr. Robert Strang, we kindly ask the Premier's office to forward a copy of this discourse for his consideration and review.

Iain Rankin, Premier NS premier@novascotia.ca
 Dr. Robert Strang, Chief Medical Officer of Health
 Dept of Seniors seniors@novascotia.ca

Please note the use of **Bold**, *Italics*, or underline is strictly for the purpose of drawing attention to relevant facts and specific wording.

From: 20(1)@nwood.ns.ca]

Sent: Thursday, April 29, 2021 9:43 AM

To: 20(1)

Cc:

Subject: RE: Covid Vaccinations

Hello 20(1) thank you for the communication. I hope you and 20(1) are doing well. I have read over your concerns and would like to provide some information in relation to these concerns.

All Northwood staff, both in Long Term Care and Homecare follow all federal and provincial guidelines for safety, and infection prevention and control in the workplace. We have strict guidelines and compliance with donning and doffing of personal protective equipment(PPE), have provided education and ongoing reinforcement of PPE use, hand washing, & screening.

Workers go through a screening process daily to check for all symptoms, are provided with exposure lists to ensure they have not been at an exposure site, and are encouraged to comply with government regulations even when not at work.

Our Occupational Health and Staff Health departments have provided education and encourage our staff to get vaccinated. We have provided phone numbers, links, date and times of clinics, and are still encouraging our staff to get vaccinated. In addition to public sites, many Home Care staff have been vaccinated at our own Northwood site in Halifax.

In Canada, currently there is no mandatory vaccination for the Covid-19 virus. Canadians do have a personal choice as to whether they get vaccinated or not. We of course strongly recommend all our staff do, but they do have the freedom of choice and privacy when it comes to this decision.

Staff also are protected under the PHIA Act (Privacy of Health Information). Staff do not have to disclose personal health information. Staff should not be discussing their health with clients. Even if they choose to, it is not appropriate conversation to have with a client. The client in turn should not be sharing a workers personal health information with any other staff member.

We can't disclose personal health information to clients as we do not have the legal right. We will continue to educate and enforce our infection prevention and control policies which are consistent with the Department of Health and Wellness, and the Provincial government standards.

We also continue to offer support to our staff in finding vaccination clinics. I am aware of a project even just yesterday where the Occupational Health team was calling staff and providing vaccine rollout information.

Just like members of your family, we may have home support workers who would have health reasons why they could not safely get vaccinated. This would be a personal health matter discussed with their Doctor in private. The government has listed health situations where it would not be safe to have the shot, and this could have an effect on anyone in any field of work.

We will continue to be as safe as we can while following all direction from the government.

I wish you and [20(1)] all the best, and hopefully we will all see the end of this pandemic soon so that we can all get back to our friends, families, and loved ones.

Please take care,

[20(1)]

From: [20(1)]@eastlink.ca>
Sent: April 28, 2021 4:13 PM
To: [20(1)]@wood.ns.ca>
Cc: [20(1)]@nwood.ns.ca>
Subject: RE: Covid Vaccinations

Hi [20(1)]

[20(1)] I gratefully had our 1st dose of the Pfizer Covid vaccine on Friday, April 16th. It is supposed to take effect in approx. two weeks which would be this Friday, but I have read that even people fully vaccinated can get Covid 19 ... maybe with milder symptoms and most likely not requiring hospitalization.

[20(1)] & I have been extremely careful. [20(1)] seldom goes out, i.e. medical appointments maybe twice in over 6 months. I wear a face mask when shopping every 2-3 weeks on average, and disinfect my hands entering stores and after returning to my car. We have always been very diligent in constantly washing our hands especially when returning home. We do our part to keep us safe and your staff safe.

On Monday March 22nd [20(1)] came in [20(1)] place as her [20(1)]
 [20(1)] In the course of discussions with [20(1)] she told us that she had already had her 1st dose of the Pfizer vaccine and she was happy about having her 2nd dose on that Wednesday [20(1)] was mentioning this [20(1)] on her next visit and asked [20(1)] if she'd had hers yet. [20(1)] told [20(1)] that she isn't going to get the vaccine and neither are any members of her family and commented that Covid mostly effects old people, which we think might well be most of your clientele??

She stressed twice that it is good that they have a choice as to whether or not to have the vaccine. Should we risk our potentials to further exposure with [20(1)] whose household of [20(1)] working adults, visits and attends family gatherings with her parents, and other family members.

20(1) is very kind to 20(1) always so willing and the 20(1) We are both fond of 20(1) so this is very disappointing. While it may be a personal choice to get the vaccine, we do not think it should be a choice for caregivers who are in and out of peoples' homes, where they are dealing with people who have health care needs, people who could be more vulnerable. Not to mention that carers may also be in contact with other members of a client's household who may or not be conscientious in maintaining safety protocols.

If a client were to get Covid 19 and/or a variant of this disease from an unvaccinated carer, it could be life threatening and even if they do not die from it, the long term effects are still relatively unknown and can be extremely detrimental to one's health and well-being.

Does your firm know if individual carers are vaccinated or not? We think if carers refuse to get the Covid vaccine, at the very least your clients should be advised and be given the opportunity to decline services from any carer who is not vaccinated. I would appreciate your thoughts on this matter and would like to know what company policies you have in this regard, thanks.

We would also like to take the time to express our appreciation for all the lengths that you and your staff have gone through to accommodate my wife's needs.

Kind regards,

20(1)

Hubbards, NS 20(1)

Home: (902) 20(1) Cell: (902) 20(1)

PS 20(1) hopes to some day visit as soon as its allowed and reasonably safe but she cannot if we have carers who are not vaccinated. 20(1)

20(1)

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[www.nwood.ns.ca]Northwoodcare Group Incorporated

Vaccine mandates/passes/passports are illegal and discriminatory

20(1) [redacted]@gmail.com>

Sat 2021-08-28 6:00 PM

To: Human Rights Web HRWEB <HRCINQUIRIES@novascotia.ca>

Cc: Premier <PREMIER@novascotia.ca>; pictoueastamanda@gmail.com <pictoueastamanda@gmail.com>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

Exercise caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien

I have attached the following:

VCC Position Paper - Covid 19 Mandates and Exemptions
The Birth of Medical Apartheid

in support of my filing a Human Rights complaint against the Province of NS. The mandatory mask wearing, mandatory vaccination requirements, the proposed NS PASS and the proposed Vaccination Passport have already and will continue to caused segregation, discrimination, inequality and injustice.

Already we are seeing people who cannot wear masks, or who have not been vaccinated, being turned away from business and medical care. This is causing a two-tiered system. We are being told to disclose medical information, that is protected by several privacy Acts/Legislation - and being denied service if we choose not to disclose that information or for a variety of reasons, do not comply with the vaccinations.

Many people who have disabilities, are of limited income and cannot afford cell phones with data plans to carry around with them. The homeless face the same. Both groups also have higher cases of health conditions that don't allow vaccinations (contraindications).

Millions of Canadians have already had COVID, and already have natural antibodies/titres and don't require vaccinations. They should not have to expose themselves to an unnecessary medical procedure that have health risks.

Theses 'mandates' and are against the Charter of Rights, the Constitution, the Canada Health Act.

Coerced medical procedures violate the Canadian Charter of Rights and Freedoms.

20(1) [redacted] Halifax, NS 20(1) [redacted]
250-20(1) [redacted]

Fwd: Vaccine mandates/passses/passports are illegal and discriminatory

20(1) [redacted]@gmail.com>

Sun 2021-09-12 10:51 AM

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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Mandatory mask wearing, mandatory vaccination requirements, the proposed provincial vaccine passes (and in some provinces already in effect) and the proposed Vaccination Passport have already and will continue to caused segregation, discrimination, inequality and injustice.

Already we are seeing people who cannot wear masks, or who have not been vaccinated, being turned away from businesses and medical care. This is causing a two-tiered system. We are being told to disclose medical information, that is protected by several privacy Acts/Legislation - and being denied service if we choose not to disclose that information or for a variety of reasons, do not comply with the vaccinations.

Many people who have disabilities, are of limited income and cannot afford cell phones with data plans to carry around with them. The homeless face the same. Both groups also have higher cases of health conditions that don't allow vaccinations (contraindications).

Millions of Canadians have already had COVID, and already have natural antibodies/titres and don't require vaccinations. They should not have to expose themselves to an unnecessary medical procedure that have health risks. Vaccines can trigger dangerous & deadly hyper-immune responses to those who've already had it.

Vaccine injuries are rampant – and yet the Canadian government is tuning a blind eye.

Coerced medical procedures violate the Canadian Charter of Rights and Freedoms. Theses 'mandates' and are against the Charter of Rights, the Constitution, the Canada Health Act, various provincial privacy acts and PIPEDA.

The Holocaust didn't start with boxcars, camps, and showers. It started with fear, bigotry and intolerance. Slavery didn't start with ships and plantations. It started with the misguided concept that one group of people is considered inferior or superior to another. The travesties in our human history have not solely been the result of an extraneous evil. Atrocities occur when good people turn their backs on their own inherent moral decency rather than stand up and do what is right.

The latest out of Israel (where now they are headed to a 4th booster, and people with the 1st 2 injections are considered unvaxxed): "The government has also set an expiry date of six months for the controversial Green Pass – the tool by which the government restricts the freedoms of the unvaccinated. In addition, the government now excludes those who have recovered from COVID and considers them as unvaccinated. This, despite scientific studies, including a recent Israeli study that shows that those with past COVID infection have greater protection against future infection even compared to the vaccinated."

The latest out of Australia as per the Prime Minister of Australia:
Interstate travel is banned, and politicians warn the unvaxxed will be "locked out of society as.

Australia is a preview of where COVID mandates are headed - with police forcing people to stay in concentra--er, quarantine camps, and arresting people sharing anti-lockdown posts.

I have attached the following:

VCC Position Paper - Covid 19 Mandates and Exemptions
The Birth of Medical Apartheid

My voice will be heard,

20(1)

Halifax, NS 20(1)

--

20(1)



VaccineChoiceCanada.com
PO Box 23023 Belleville Ontario K8P 5J3
Info@VaccineChoiceCanada.com

Position Paper – Medical Coercion
Monday, July 19, 2021

The Birth of Medical Apartheid in Canada

4(2)(a)

Page 143 to/a Page 144

Withheld

4(2)(a)

DRAFT

**VCC Position Paper
COVID-19 VACCINE MANDATES and EXEMPTIONS
August 15, 2021**

4(2)(a)

Page 146 to/a Page 150

Withheld

4(2)(a)

Vaccine Passport Implimentation

20(1) [redacted]@icloud.com>

Wed 2021-08-11 1:25 PM

To: premier@leg.gov.mb.ca <premier@leg.gov.mb.ca>

Cc: premier@ontario.ca <premier@ontario.ca>; premier@leg.gov.mb.ca <premier@leg.gov.mb.ca>; premier@gnb.ca <premier@gnb.ca>; premier@gov.pe.ca <premier@gov.pe.ca>; premier@gov.sk.ca <premier@gov.sk.ca>; premier@gov.bc.ca <premier@gov.bc.ca>; premier@gov.ab.ca <premier@gov.ab.ca>; Premier <PREMIER@novascotia.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

Exercise caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien

Dear Mr. Legault,

Please see the attached correspondence regarding the implementation of vaccine passports in the province of Quebec.

I have also cc'd other Premiers, as this is information I believe should be considered Canada wide before restricting the freedom of Canadian people.

Respectfully,

20(1) [redacted]

August 11, 2021

Premier François Legault
Édifice Honoré-Mercier, 3e étage
835, boul. René-Lévesque Est
Québec (Québec) G1A 1B4

Dear Mr. Legault,

I am writing regarding the introduction of vaccine passports in the province of Quebec as of September 1, 2021.

I would first like to clarify that I am neither pro nor anti-vaccine. In a world increasingly divided by the belief that we are able to make generalizations about what is right for the general public or another person, without having an understanding of their personal situation, I choose to believe that we cannot in fact make generalizations. Instead, we need to be sensitive to the fact that what's right for one person, may not be right for another. This is what makes it incredibly frustrating to see the push for vaccine passports that result in the restriction of civil liberties for non-vaccinated people.

I would also like to say thank you, for being in a position of leadership during such a chaotic and confusing time. I am empathetic to the fact that leading a province, country, or a state is a heavy responsibility during a global crisis such as this.

I believe leaders strive to make the best decisions they can with the information they have. Because of this, I would argue that there is no shame in admitting that you were one speaking from a less informed place.

I would like to bring to light some important information that I believe needs to be considered before mandating vaccine passports for individuals in the province of Quebec.

I firmly believe the actions you are taking are motivated by a desire to keep the public healthy. What you may not have considered, is that a large majority of the population may actually face long term, and life-threatening side effects from the vaccine. For some people, COVID-19 will be deadly. I am not dismissing that perspective. I simply want to highlight that for some people, the vaccine will be deadly. A large portion of Canadians suffer from autoimmune disease, and there are numerous studies on the potential tragic effects of mRNA vaccines in these individuals.

(1)

I also don't believe that either of these statements take away from the validity of each other. We know on a small scale that each of us are unique and individual. Doctors change prescriptions for patients many times because a treatment that works for one person doesn't always work for everyone. That's the driving force behind the need for medical innovation and personalized care. We need to remember that what's right for one person may not be right for everyone, which I'll admit, amidst a crisis, is difficult. It's easy to have tunnel vision during a traumatic event because it makes the solution seem simple- reducing our stress and giving us a sense of control when in reality we are just delaying further chaos due to unforeseen side effects from lack of research and misinformation.

One of the ways we are seeing that manifest currently is in an off-season spike of covid 19. Why is the virus having a breakout in the middle of the summer when respiratory viral syndromes don't do that? Why are we seeing a spike in numbers when 75% percent of people are now vaccinated? Logic would indicate that vaccinated people must still be contracting and spreading the virus (2).

We cannot make these viruses go away. The natural history of all viruses is that they circulate all year, waiting for the immune system to become weak in the winter or become deranged- which is what has happened recently.

This brings me to another important factor in science that, once again, clearly does not support the need for measures such as vaccine passports.

Antibody mediated viral enhancement is something we have seen in every coronavirus study done in animals on covid after SARS and RIV. Antibody mediated viral enhancement causes the immune system to fight the virus incorrectly, resulting in the virus becoming worse than it would with native infection. You can read more about this on the NIH's website, I have stated all my sources on the last page of this letter (3).

So, to summarize, not only does science tell us that there is a very real risk of vaccinated people contracting a worse case of the virus, but it also tells us that any virus with animal reservoirs cannot be filtered out of society (4).

Smallpox had no animal reservoirs which was the reason it was so easily controlled, just to provide some contrast in what we are dealing with here that may help you understand. This key difference is important to note because in cases where the virus has animal reservoirs, vaccinations do NOT help in the filtering out of the virus from society.

As I previously mentioned, it is important we have an understanding of how vaccinations and immunology work before we start restricting the freedoms of Canadians (5).

75% of people who had symptomatic covid-19 cases in a Massachusetts outbreak were fully vaccinated. In 2014 there was a mumps outbreak in the NHL, and the only symptomatic people were unvaccinated or unknown vaccine status.

Half of the people who had symptoms had no contact with an unvaccinated person, which supports the conclusion that they contracted the virus from a vaccinated person. This is what is happening with this virus as well. Vaccinated people get infected and shed pathogens. That is the nature of things.

There is no scientific evidence to support treating the unvaccinated any differently than the vaccinated (6).

People who have recovered from covid-19 naturally get no reduction in symptoms, and suffer **2-4x the rate of side effects if subsequently vaccinated after initial natural infection.**

In conclusion, I urge you to remember that a leader has an obligation to protect his people, not just the people who blindly comply with measures that are not backed by science. A leader has the duty to protect the whole of his people, including those who may face long term effects from vaccination.

I encourage you to remember that if we do not fight for freedom, we will lose it. We tend to believe that if we comply, things will end.... but I believe it is because we comply- because we don't educate ourselves and make informed decisions, and because we have lost the ability to look at another human through anything but the eyes of opposition and hatred if they hold a different opinion than us, that things will never end.

Sincerely,

20(1)

(1) Autoimmune Risks of Vaccines

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7846902/>

<https://cloudhedges.com/2021/08/10/bombshell-study-finds-mrna-vaccine-may-cause-tragic-and-even-catastrophic-side-effects/>

(2) Vaccine Season Abnormalities

<https://www.annualreviews.org/doi/10.1146/annurev-virology-012420-022445>

(3) Antibody Mediated Viral Enhancement

<https://pubmed.ncbi.nlm.nih.gov/32908214/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/>

(4) Animal Reservoirs and Respiratory Viruses

<https://academic.oup.com/bioscience/article/58/8/680/380472>

<https://www.sciencedaily.com/releases/2015/11/151110102147.htm>

<https://www.sciencedirect.com/science/article/pii/S1319562X2100293X>

(5) How Vaccines Work

<https://www.cdc.gov/vaccines/hcp/conversations/understanding-vacc-work.html>

<https://www.mayoclinic.org/coronavirus-covid-19/how-the-vaccines-work>

(6) Transmission by Vaccinated Individuals

<https://www.jhsph.edu/covid-19/articles/new-data-on-covid-19-transmission-by-vaccinated-individuals.html>

https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w

please see my concerns.

20(1) [redacted]@gmail.com>

Wed 2021-08-18 9:38 PM

To: Premier <PREMIER@novascotia.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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Hello there, I've attached a letter concerning the possibility of a vaccine passport type system. Please consider my thoughts.

Thank you

20(1) [redacted]

Dear Premier Houston,

First of all congratulations on your win in the recent provincial election. I'm hopeful it's a breath of fresh air for us as Nova Scotians and a reinstated confidence in our government. I'm thrilled to have a PC MLA, Chris Palmer in my riding.

Im writing to express my concerns on the possibility of a vaccine passport type system in Nova Scotia. Although this was not initially mentioned by yourself, my concern is that it may become part of your 'pandemic plan'. Don't get me wrong, I am concerned for the health of myself, my family and fellow Nova Scotians, but I'm also concerned about the possibility of losing our freedom to make our own medical decisions for ourselves and our families.

While i'm not denying the seriousness of covid, it has only lead to death in 1.5% of those who contracted the virus and .009% of the entire population in our province. (Many of those being the vulnerable elderly population in a nursing home.).

20(1) and I'm passionate about fighting for their future freedom, making sure they have the right to choose what goes into their bodies. I'm also a registered nurse. And while i'm up to date on all vaccinations, and encourage vaccination, I would stand on the side of Pro-Choice—Get the vaccine if you want to, don't mandate it for those who don't. This will surely be the start of medical segregation and just the beginning of loss of freedoms for your family and mine.

The percentage of fully vaccinated Nova Scotians is at 67.73% without any need for mandating. Although this may not be the target percentage, it's still a great number of people who will not experience severe illness or require hospitalization from covid-19 therefore our health care system will not be over-burdened. Our hospitals have not been over run with covid patients in the first 3 waves, so I'm confident that even through the 4th wave, with 67.73 % of the population being fully vaccinated that our health system will be just fine.

Trying to bully and coerce people with a passport, to take a vaccine with risks including death is wrong and does not allow Nova Scotians to practice their right of informed consent. As well as blaming the unvaccinated for further covid-19 illness outbreaks. Let's remember, those with the vaccine can still get and transmit the virus, even to those who are fully vaccinated. Are the percentages of death listed above, really worth dividing a province over and pitting unvaccinated against the vaccinated?!?!? We have no idea the long term side effects these vaccines could have. We need to be really cautious about coercing people. Last but not least, a vaccine passport and or mandating vaccines for anyone is an infringement of our Charter of Rights & Freedoms.

I hope & pray that you will consider these thoughts and fight for the rights of your fellow Nova Scotians. Let's keep Nova Scotia FREE. Say NO to segregation!

Thank you for your time and again, congratulations on your win!!

Sincerely,

20(1)

RE: To Premier-Designate Tim Houston

20(1) [redacted]@hotmail.com>

Wed 2021-09-01 4:05 PM

To: Premier <PREMIER@novascotia.ca>

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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Premier Houston;

I am resending this email that was put on hold pending your formal take over of power.

Although the e-mail was originally sent to Mr. O'Toole, there are certain common questions and issues of concern to me as a Nova Scotian.

I am deeply concerned with the government's recent phrasing of the re-opening plan regarding Phase 5...in that it may open if the vaccine rates reach certain levels by 15 September 2021.

I am of the opinion that we are being groomed once again for the continued emergency order and lockdown of the province akin to last spring. That action to me was both Draconian and an overreach of power that likely resulted in Premier Rankin's demise. You would be wise to heed the lesson of that, and early on in your mandate.

There is a certain level of reluctance amongst many Nova Scotians to have a sole vaccine choice foisted upon us. And now we see many provinces especially Ontario and Quebec ordering vaccine passports for their citizens.

So now it's out in the open, government blackmail and coercion is clearly out in the open if we wish to move freely within our borders. I expect that the same pressures and exhortations will be foisted upon you and your government to do the same. It is morally and ethically wrong to do so.

If you want more people vaccinated, then offer us all the available types of vaccines including the Johnson and Johnson (Jansen) vaccine...Until you do that, there's no free choice in the matter, only fascism and the decline of our democracy and freedom of choice.

Full disclosure, I'm doubly vaccinated, however, I'm serving you notice that I do not wish to be a guinea pig in this mass unethical public experiment and desire a free vaccine choice that includes Johnson and Johnson (Jansen) vaccine or other similar type now under development.

Thank you for your consideration.

20(1)
Shubenacadie 20(1)

Sent from Mail for Windows

From: 20(1)
Sent: August 20, 2021 11:34 AM
To: premier@novascotia.ca
Subject: To Premier-Designate Tim Houston

Premier (Designate) Houston;

I would like to congratulate you on your recent and surprised victory in the recent Provincial Election.

I know that you have a very challenging road ahead, particularly regarding health care. And I wish you well in those and other economic endeavours that are in the best interests of all Nova Scotians.

I amongst your correspondence will be a carbon copied letter dated 6 Aug 2021 to Dr. Strang concerning Nova Scotia's vaccine program – specifically an ongoing query concern the Johnson & Johnson vaccine for which I have never received a satisfactory reply or explanation) copy is attached above).

It is my belief that the government is not making available all options regarding vaccine choice, hence, reluctance and hesitancy amongst the populace. Hopefully the new broom sweeps clean, and I would ask that you consider my opinion that I put forth to Erin O'Toole this date.

Here's a copy of the e-mail to Mr. O'Toole:

"Mr. O'Toole and Staff.

I've been reading through your economic recovery plan, and so far, I found it to be thoughtful, well presented, and very comprehensive.

A matter of specific concern to me though, and for many Canadians deemed Anti-vaxxers and hold-outs, is the following statement in your plan:

“Canadians will likely need booster shots to protect against COVID-19. We need to be ready for this. Canada’s Conservatives will implement a plan to ensure that Canada has faster and more consistent access to vaccines and that we have rapid access to booster shots to deal with future variants.”

Full disclosure, I am doubly vaccinated, but know that many of my acquaintances have been holding out for the promised and the already approved Health Canada “Johnson & Johnson’s Janssen COVID-19 Vaccine”.

To be honest at this point in time, I have my doubts about the efficacy of the mRNA types if we are already considering a booster shot after only 8 months. Frankly, I would have preferred to have taken the single dose traditional vaccine at the outset, but that decision was taken away from me as I was coerced into taking the mRNA type as the government single option for my age group for a number of health reasons at the time.

I would ask then that you consider modifying the plan to include all available approved vaccine types immediately, including the use of the Johnson & Johnson’s Janssen COVID-19 Vaccine should you come to power 20 Sep 2021.

Let’s face facts, whether you are vaccinated or not, this insidious virus has made in roads and is already infiltrating those who consider themselves safe, the fully vaccinated. I suggest then that you have an alternate tool in the box and that a push be made for the single dose types to get ahead of the coming wave.”

That fourth wave is just around the corner, and many have serious doubts that the mRNA types are as effective as they are touted to be given the growing trend that infections are now growing amongst the fully vaccinated. We need another tool in the too box, sooner rather than later.

Thank you for hearing me out....and no...I won’t be taking a third shot any time soon. In my mind they aren’t working as planned.

Sincerely

20(1)

Sent from Mail for Windows

Your proposed vaccine passport

20(1) [redacted]@outlook.com>

Wed 2021-08-11 2:48 PM

To: Premier <PREMIER@novascotia.ca>

** EXTERNAL EMAIL / COURRIEL EXTERNE **

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Mr. Premier, many thanks to you for admitting publicly your platform for implementing the above if elected. You have saved me a lot of time and money. As a native Nova Scotian living in Ontario, my wife and I were in the process of shopping for land to build a future retirement home and be closer to friends and family in the province. After your announcement, we have changed our mind and now have no interest in living in NS. You and your team have been very lazy in researching this Covid issue and the track record of the approved vaccines. Maybe do a search for some statistics in Iceland or Israel where the populations are well over 80% double vaccinated and guess what - they are besieged by Covid outbreaks amongst their vaccinated population. Here in Ontario it was reported today that a significant amount of hospitalized COvid patients have either one or two doses of vaccines. Guess they can't find a 100% scapegoat such as the non-vaccinated to blame for their outbreaks. So by shunning the legal citizens of NS (and the rest of Canada when visiting) from attending open public places for dining or other social activities, you will accomplish absolutely nothing against Covid. You will however have success in creating a great divide amongst your population and tremendous paranoia amongst your residents and stress on those businesses who are left to enforce this foolish idea. Just because Quebec, France and NYC with their incompetent leaders think this is a good idea, you do not have to be a lemming and jump off the cliff as well. Oh and since you seem to be lacking some information for a more balanced look at Covid, check out the attached graphic comparing deaths from Covid and the flu in Canada by age. Darn it all, why didn't anyone think of flu passports back in 2018, so many lives could have been saved. And to capture the growing analogy between policies like what you propose and the darkest time in modern history being Nazi Germany, check out the second attachment which was a Nazi directive against the Jews at that time. Yes it does seem that history can repeat itself. Here is some extra advice on protecting NS residents from Covid - spend a little effort into possible treatments like Ivermectin and Vitamins C and D. Very puzzling and discouraging that provinces seem to have zero interest in researching treatments that are proving successful elsewhere (India, Dom Republic, Mexico and in select areas of the US thanks to some diligent doctors). Good luck in the election.

Disappointingly yours, 20(1) [redacted] Oakville, ON