



Canadian Covid Care Alliance
Alliance canadienne pour la prévention
et prise-en-charge de la covid

Website: www.canadiancovidcarealliance.org
E-mail: info@canadiancovidcarealliance.org

THE VAXXED AND VEXED

Nicole Smith

October 10, 2022

Reviewed by the Scientific and Medical Advisory Committee
of the Canadian Covid Care Alliance.

Nicole Smith © 2022

Table of Contents	
Introduction	4
History	5
Making Sense of the World Today	9
Part 1: Mass Conformity	9
Part 2: The Nudge Paradigm and Other Psychological Factors	11
Informed Consent	18
Pfizer’s Data Reports	20
Whistle Blowing, Conflicts of Interest, and Other Issues with Pfizer	26
Vaccinating Our Children	29
Alternative Treatments	33
Misleading Information	35
Health Care Mandate	38
Education Mandate	40
Masks and Asymptomatic Spread	44
Human Rights and Legalities	46
Fundamental Freedoms	47
Mobility Rights	47
Legal Rights	47
Equality Rights	48
Democracy or Dictatorship?	49
Censorship	52
Natural Immunity Vs. Pfizer-BioNTech COVID-19 Vaccine	55
Conclusions	58
References	61
Appendices	65
Appendix A	65
Appendix B	65
Appendix C	66
Appendix D	66
Appendix E	67
Appendix F	67
Appendix G	68

Appendix H 69

Appendix I..... 70

Introduction

The COVID-19 pandemic has forced the division of the people in this world into two discriminatory classes: the vaccinated and the unvaccinated. Yet, these are two interchangeable castes, since the efficacy of the COVID-19 vaccines quickly wane in a few months, and an unvaccinated person could become vaccinated through their own volition or coercion at any time. What's even worse is that many in each group views the other with disdain, labelling one another 'sheep' or 'anti-vaxxers' or worse. The pandemic has, and continues to erode, our health, freedom, relationships, and ability to connect empathetically with one another. History is in the midst of repeating itself yet again. Parallels can be drawn between today and various events that have long since passed and some that have occurred much more recently. Society has, in many ways, been subject to groupthink, disabling our abilities to think clearly and rationally. A strong and unwavering governmental narrative has encouraged our population to vaccinate to protect ourselves and those around us. This narrative, however, is narrowly focused and leaves out critical statistical details that have evolved over time. It provides us with what we want to hear, regardless of whether the evidence exists to support it. Canadians have a right to informed consent, but not all information is readily provided to make informed decisions. Alternative treatments and preventative measures have received little discussion in the media. Many scientists and doctors have been censored for presenting alternative viewpoints in relation to COVID-19, the vaccines, and various mandates. The Charter of Rights and Freedoms has been violated, costing all of us of some level of our freedoms. Each of us has struggled through this pandemic. Stress and anxiety from fear of catching the virus or passing it on to a loved one have been prevalent. Many have been isolated and unable to see friends and family, and have lost jobs due to cancellations, closures, or government-enforced mandates. Whether it be the aforementioned worries, or the inability to travel, or the shift to online learning, we have all been profoundly affected.

It is our human nature to be curious and questioning. Those with high levels of education are respected for their academic successes and the benefits they provide to society in their area of expertise. Scientists and doctors are held to a high ethical standard, as they should be. Thoughtful debate surrounding new and emerging topics should be encouraged. Educated and opposing views should be discussed to provide insight into the pandemic and its effect on individuals and society. Respectful questioning is how we learn. By implementing a natural curiosity into our

daily lives, respectfully considering all of the regulations, data, and thoughts of scientists and peers alike, we can begin to expand our knowledge beyond the narrow scope that has been provided to us. Educating ourselves about COVID-19, the virus, the vaccines, the various mandates, and regulations is critical to our understanding of society today. In this way, we can create a healthier, happier environment where we are no longer divided by our biases and vaccination status. At this time, the US Center for Disease Control has finally recommended that those that are vaccinated and unvaccinated for COVID-19 are now to be treated the same in their daily lives.

History

Throughout our existence, humans have often made poor ethical decisions. Thinking back hundreds of years ago to the witch trials, women were murdered due to the belief that they were witches, simply because they may have had a wart on their nose, because someone had accused them of ‘witchcraft’ or because something unexplainable (at the time) had happened. These women were scapegoated due to a widespread belief that was not founded by any science or logic. People were scared, and they needed someone to blame, so they did that without bothering to think things through. It is estimated that around 60,000 women were killed between the 15th and 18th centuries due to the belief that they were witches. Many of their deaths were horrendous, resulting from brutal torture [1].

Slavery has also existed for thousands of years. Even through the 17th to 19th centuries, slavery was widely accepted and practiced in North America, South America, and Africa. Nearly 4 million enslaved people were enslaved in the US alone [2]. They were captured, beaten, starved, and raped, and the slave trade was far from uncommon. While slavery may have dissipated over the years, racial segregation and racism still continued to thrive. The US government enacted laws and statutes that legalized and enforced the segregation of coloured and white people [3]. Black people were forced to sit at the back of the bus, and it was illegal for them to attend certain events or be in the same section as white people.

Not so long ago, women did not have the right to vote, and even to this day, women still struggle for equal rights, and equal pay. During WW2, in one of the most atrocious events in the past

hundred years, Hitler led the Nazis in the genocide of 6 million Jews [4]. He convinced the mass population that these people did not have the same rights as other Germans did, that they did not even have the right to live.

Hitting closer to home for Canadians across the country, we cannot forget the abuses that were committed to our First Nations community in the recent past. The last residential school closed only in 1996 [5]. The Native community continues to struggle today, burdened with the legacy of what they have endured and ongoing issues.

Many of these events, including those during WW2 and the crimes against First Nations, happened within the lifetime of many of us. However, we tend to think of these events as being in the distant past. Not only were these crimes committed, but it is essential to remember that they were *legal*, enforced by the government, and believed to be just by the mass population. The thought process was entirely backward. When slavery was prevalent, it was not the kidnapping and exploitation of slaves that was illegal; it was freeing them that was illegal. During the holocaust, it was the capturing, terrorizing, killing, and other horrendous events the Jewish population endured that was legal, and the hiding and protection of them was illegal. During a time of heightened racism, segregation and discrimination were legalized, and standing up for equal rights was criminal and punishable. These despicable events did not simply exist. These horrible events in human history were encouraged, legalized, believed to be true and fair by the mass population, and perpetuated through generations. It provides repetitive evidence of what we are capable of, and capable of overcoming. It provides support that horrible things can and do happen. Regular people like you and me are often swept up into it and fall in line with most of society who believe that these terrible acts are reasonably justified. When people are faced with new ideas or situations (such as witchcraft, slavery, racism, the holocaust, or the spread of a new virus), it is natural to be frightened and want to buy into the narrative that claims to explain the phenomenon and provide the solution, regardless of whether the solution is ethical or logical. The narrative is often provided by those in a position of authority or power, which provides them a level of credibility that is not always warranted. In times like these, it is imperative that we not let fear propel our thoughts and actions, or we may find ourselves repeating the unthinkable evils of our past. Looking back, we tend to be mortified at what has happened in history, what we as a people, our ancestors, have done to others and have had done to us. Yet they happened. We like to think that we know better now, that we

have become more evolved and humane, and these kind of things don't happen anymore. Yet they do. It would be ignorant of us to say that they do not. In fact, Historian Wolfgang Behringer claims that even the persecution of witches is still practiced today in some countries [1]. If we have learned anything from our history classes, it is that history tends to repeat itself. When the masses believe something to be true, even when the government is enforcing new laws and regulations, it is critical that we think for ourselves to prevent repeating past mistakes. It is imperative that we step back from the situation and consider the facts, the evidence, and the science. We are rational and intelligent people with the capabilities to consider logically what is before us and make ethical decisions. It is quite possible that if our ancestors had stopped to consider their actions, the actions of those around them, and the actions of the government, these terrible events would never have occurred or been carried out to the extent that they were.

Now look to the recent times. We have lived in a time where the SARS-CoV-2 coronavirus has caused frenzy around the globe. Some people are still afraid to leave their homes for fear of catching the virus or transmitting it to loved ones. Our governments created rules and regulations claiming to help keep us safe. With all these new and changing rules and regulations, it is our responsibility to think critically and rationally about them. It is our responsibility to question their full implications. The science behind the mandates needs to be considered – does the scientific evidence exist to really support the mandates, and do they keep us safe? This is one of many questions we should be asking ourselves. The greater implications of the existing and future mandates need to be factored in as well. The consequences of these actions need to be critically analyzed before being implemented. Several of these regulations infringe upon the Charter of Rights and Freedoms. This is the supreme law of Canada. If laws are being implemented that contradict these rights and freedoms, then it is critical there be justifiable reasons for doing so. I implore you to consider the reasonability and sensibility of these actions, and their broader implications. Without doing so, we risk repeating mistakes of the past. The history lesson provided was to highlight the parallels and recurring themes between the events. We previously discussed the legalized segregation of people. Today, we are witnessing the same type of discrimination. This time, however, the segregation is not due to the colour of one's skin, but vaccination status. Most logical people realize now that segregating people due to race is immoral, unethical, and senseless. We should be considering now the morality and sensibility of continuing to segregate

our unvaccinated friends and family. With such widespread and impactful regulations being enforced, we need to consider if they are just; if they make sense; and if the evidence is there to support the measures that are being taken. While many such restrictions have recently been lifted, they could easily be reinstated based on current rhetoric from governments and public health agencies. Before enforcing any new regulation, it is imperative that a risk analysis of it be assessed and provided. Both the risks and the benefits need to be considered. For example, arguably, the implementation of lockdowns seemed to make some level of sense. Viruses are transmitted through germs that we can only pass onto others if we are close to one another. If the planet is on lockdown, it would make sense that the transmission of the virus would slow. But this is not a sustainable solution. Once again, we need to consider the broader implications of these actions. Some questions to consider are as follows: How do these lockdowns affect domestic and child abuse [6, 7, 8]? How do lockdowns and closures affect the ability to feed and keep our children warm if we no longer have a job? How will this action impact those with depression? Will suicide rates increase? What will the impact be on our economy? How does closing our schools and at-home learning impact education [9, 10]? What effect will masking our children have on their ability to socialize? These are all important but just some of the questions to consider. Our answers to them determine the outcome of enforcing the regulations. Even now, after the implementation and lifting of many of these measures, it is still unclear just how impactful they have been for their benefits and harms. We need to learn from these experiences and ensure that mistakes are not repeated with the next infectious diseases outbreak.

When the risks outweigh the rewards, the regulations will cause more harm than good. All impacts need to be considered. It would appear that no one in charge of enforcing these regulations stopped to consider the long-lasting consequences that may occur as a result. Instead, it was a panicked attempt to try and slow the spread of COVID-19. We tend to follow the masses without stepping back to consider the full possible outcomes of our actions. We tend to believe that if the government enforces something, it must be just and okay. Looking back in history, we know that is just not always the case.

Making Sense of the World Today

Part 1: Mass Conformity

If you're like me, you may have wondered how Hitler could have ever possibly gotten away with his cruel and inhumane dictatorship. You may have been baffled and confused as to how he could convince an entire nation, half the world if you will, that it was okay, encouraged even, to kill all the Jews; that the Jews were the evil ones. The answer to this and the various other unethical occurrences in history that we have discussed can be attributed to various psychological factors that have been known to influence people's thoughts and behaviors, including, but not limited to, mass conformity.

The concept of mass conformity has been studied in depth by famous psychologists. In 1951, a social psychologist named Dr. Solomon Asch performed an experiment that is commonly referred to today as the Asch experiment. Asch presented four vertical lines to eight individuals, seven of whom were an aide of the experimenter. The participants were asked to indicate which two lines were the same length, to which there was an obvious answer. The seven aides to the experimenter went first, stating aloud which of the three lines was a match in length to the first. The seven aides had all been instructed to give the same wrong answer. The eighth, and actual participant, was then asked which line was the same length as the target line. Despite that there was only one clear, correct answer, the eighth participant provided the same wrong answer as the first seven. Twelve critical trials were repeated, and of these twelve trials, the participants conformed at least once, 75% of the time. In comparison, the control group who had no pressure to select the wrong answer, answered incorrectly less than 1% of the time [11].

The experiment demonstrates that when individuals are faced with social pressure from a majority group, they are likely to conform to that group. Participants were interviewed after the experiment and asked why they selected the same answer as the first seven participants. Two common answers were provided. The first answer participants gave for selecting the wrong answer was because after hearing the first seven aides all choose the same answer, they truly believed that that must be the correct answer. However, most of participants claimed that they did not honestly believe the answer they provided, but had given the same answer as the first seven for fear of being ridiculed or considered an outcast; in other words, they wanted to fit in. Overall, this demonstrates that there

are two main reasons why people conform. 1) They believe the group is better informed than they are. This is known as informative influence, and 2) they want to fit in with everyone else. This is known as normative influence [11].

Another of Asch's experiments was conducted in an elevator and aired on *Candid Camera* in an episode titled "*Face the Rear*." He once again uses confederates in his experiment to present an unusual circumstance to test whether others will conform. The confederates entered the elevator and faced towards the back, rather than turning to face the front as is custom when riding an elevator. When people who were unaware that they were involved in the experiment entered the elevator, they initially faced the doors, as per the norm. When they noticed the confederates continuing to face the back, for reasons unbeknownst to them, and despite their confusion, they slowly turned to face the same direction as the confederates [12].

This experiment further supports the concept that when humans are faced with unusual circumstances, they will often conform to the group's norm, even if that behaviour goes against what they know to be true, fair, or correct. In terms of COVID-19, specifically the vaccination passports (vax pass) and various other discriminatory regulations, it is conceivable that conformity plays a role in how many of us view these unusual circumstances. It is likely that because the vax pass and similar restrictions are enforced by the government (an organization that is supposed to keep us safe, be non-discriminatory, and have our best interests in mind), are discussed biasedly within the media, and are strongly encouraged by our colleagues, family, friends and peers, that many of us begin to conform to the overall group's behaviours, without even realizing the outcome of our actions or intending to cause harm. Conformity is a natural reaction to an unnatural action. As humans, we want to fit in. This does not mean that conformity is always bad. What it should convey, however, is our individual responsibility to question our behaviours and the behaviours of those around us. It is important we ask ourselves if these behaviours make sense, and if they align with our true inner beliefs. If they do, then that is the correct response for you. If it does not, reconsider *why* you are choosing to react the way you are. If you decide that your actions do not coincide with your true thoughts, then change your actions to align with your core values. Science is built on the foundation of asking why and responding rationally based on the evidence. It is being curious, questioning and challenging what we have come to know. What we once believed to be true is often rejected today.

The idea of mass conformity and the conclusions that have been drawn from these conformity experiments can also explain the insanity of the witch trials and the other atrocities in human history. In the case of witch trials, women were accused of being the problem. Once that idea spread, everyone began to focus on that and attempted to eradicate the problem by murdering innocent women, so much so that in some areas, no women were left alive [13]. This example demonstrates the absurd extremes to which a population will conform. The solution provided in an attempt to control the problem actually morphs into an even greater problem. This also holds true in relation to the regulations and mandates that have been imposed as an attempt at a solution to the spread of SARS-CoV-2 coronavirus. We have seen people turn on each other and lose relationships due to beliefs of whether we should vaccinate or not. We have scapegoated the unvaccinated by labelling them ‘anti-vaxxers,’ or ‘conspiracy theorists,’ or worse. As a result, the small unvaccinated population gets blamed for the problem. This has occurred to the extent that many unvaccinated are scared to stand up for themselves for fear of social retribution. We project our problems on the unvaccinated, without stopping to consider their reasoning for their personal medical choice or questioning if blaming them even holds any truth. It certainly does nothing to help solve the problem; it only drives us further apart in a time when we are already isolated and feeling alone. The same thought process can be seen in the unvaccinated as well. The unvaccinated need a scapegoat to blame for their problems, and so the government becomes the enemy, and the vaccinated become compliant ‘sheep.’ This scapegoating is senseless and unproductive. We have seen this behaviour repeat itself time and time again throughout history. We do not want to make the same mistake. Instead, we should be treating others with respect and compassion.

Part 2: The Nudge Paradigm and Other Psychological Factors

While mass conformity helps to explain why groups conform to a similar way of thinking, several other psychological methods have been employed to shape public opinion. Sources indicate that governments all over the world are using behavioural science to influence our thoughts and behaviours to promote compliance with COVID-19 policies and mandates [14, 15]. Government officials using psychology as a way to sway the public’s thinking and behaviour is not a new practice and has been exercised by governments around the world for decades. As the UK Government put it “*Today’s policy makers are in the business of influencing behaviour*” [15].

The nudge paradigm – a form of behavioural psychology that uses choice architecture to influence the thoughts and decisions of others, was introduced by behavioural economists Thaler & Sunstein in 2009 [16]. Nudging presents information in a way that influences our behaviour by using language, images, and other means to convey carefully constructed messages that often changes our perception of the world around us.

In the UK, the nudge method used by the government to influence the public's behaviour and thought process is guided by the mnemonic MINDSPACE [17]. This is a checklist used by the government in order to influence the public's behaviour when making and implementing new policies. MINDSPACE stands for Messenger, Incentives, Norms, Defaults, Salience, Priming, Affect, Commitments and Ego. Appendix A captures a brief description of each of these. Essentially, these are ways in which behaviour can be influenced. For example, M stands for messenger, which recognizes that we are heavily influenced by who communicates the information. N stands for norms, which recognizes the concept of conformity – we are strongly influenced by the thoughts and behaviours of those around us. S is for salience, meaning we are drawn to what is novel and relevant to us. P represents priming, which indicates that people's behaviour may be altered if they are first exposed to certain cues, such as words or sights, and E is for ego, understanding we act in ways that make us feel better about ourselves [17]. Each of these nine effects have repeatedly been proven to have strong impacts on our behaviour, and it is how the government continues to sway public opinion in relation to COVID-19.

While MINDSPACE is used in the UK, Impact Canada uses similar behavioural techniques in Canada [14]. In March 2020, Impact Canada launched a program that uses methods of behavioural psychology such as those discussed above to support the government's message to encourage handwashing and staying at home, and then eventually to encourage people to get a COVID-19 vaccine and comply with mandates. Data was obtained from tracking the public's behaviours and responses (such as public knowledge and perception of risk) in relation to COVID-19. These data were then used to create tactics that would promote compliance with mandates and influence people to get the vaccine [14]. Given the greater than 90% vaccination rates, these practices were highly effective.

The program used to influence our compliance with the vaccine was carried out in several phases. Some of the many phases included Vaccine Study 2: The Effects of Messaging and Messengers on Vaccine Perceptions, a study which researched the most efficient modes of communication to influence people to get the vaccine took place from October 2, 2020 – November 1, 2020. From August 12-16, 2021, the government conducted COSMO Wave 15, which researched the public's intentions on getting a second dose and vaccinating children. From August 19, 2021 through October 4, 2021, the government's study was Vaccine Study 6: Testing Principles of Operational Transparency to Bolster COVID-19 Vaccine Acceptance Among Unvaccinated Canadians. This study's focus was to understand how to better influence those who remained unvaccinated into getting the injection [14]. Several other phases of research were conducted in order to better understand and then influence people's behaviour since the beginning of the spread of COVID-19. Since the beginning of the COVID-19 pandemic, our perceptions have been carefully monitored and analyzed to determine the best course of action that will subtly nudge us into compliance.

The use of behavioural science, daily death counts, frightening images, and various other propaganda that we have been bombarded with created moral panic. Moral panic occurs when the public is presented with *“false or exaggerated perceptions or information that exceeds the actual threat society is facing”* [18]. While health concerns related to COVID-19 do exist for some people, the claims being made and information shared in the media highly exaggerate the actual seriousness of the situation. Moral panic is often spread by the media and enhanced by politicians, and often results in increased social control [18]. Moral panic was deployed with the intent to cause fear and confusion and engage the public to comply with the lockdowns, restrictions, vaccine passports, and mandates that were imposed. This was in response to advice provided to the government from the Scientific Pandemic Influenza Group on Behaviour (SPI-B). Meeting minutes from SPI-B, which reports into the Scientific Advisory Group for Emergencies (SAGE), and took place on March 22, 2020, reported disturbing content. One of the key questions presented to SPI-B captured in the meeting minutes was how the government would get people to comply with lockdowns and various other mandates. One of SPI-B's recommendation was that people were not frightened enough, and that in order to get people to adhere to the mandates, fear should be utilized [19]. Similar documents emerged in other countries, including leaked emails between

ministers and behavioural scientists called ‘panic papers’ that revealed deeply concerning methods of inducing fear, including making children feel guilty for going out to play by telling them that they could give the disease to their loved ones and that they could die, or that people would be terrified if images of people dying and gasping for air were presented to them [19]. As a result of these recommendations, governments created moral panic, amplifying the threat of COVID-19 to increase public fear as a way to promote compliance with the mandates and encourage people to get the vaccine. This did not only happen in the UK, but in Canada too and across the globe.

There are multiple examples of how fear was instilled around the world. Some of the propaganda that was used to induce excessive fear in the public were dystopian-like images of nurses in full PPE, where the nurse was wearing a mask which looked like a gas mask. Under the photo the caption read “*If you go out, you can spread it. People will die*” [19] (see Appendix B). Another captured a similar dystopian-like image with “*Don’t let a coffee cost lives*” [19] (see Appendix C). These messages imply that you are the risk. It is highly unlikely that going for a cup of coffee would ever kill anyone. In fact, going for a coffee with a friend is likely to boost morale and satisfy our social needs. Given that research conducted by a group called Recovery found that 15% of people felt their mental health had been directly affected by the governments advertising for COVID-19 [19], and 49% of people in another study [14] indicated that their mental health had declined since COVID-19 and the mandates and restrictions had been implemented, it is more likely that going for coffee with a friend would reduce their negative or suicidal thoughts that were brought on by the excessive restrictions. Other propaganda we have seen show images of people and/or cartoons wearing masks and social distancing in long line ups waiting to get the vaccine. These images influence our thoughts by normalizing the behaviour of mask wearing, social distancing and getting the shot. These advertisements are just a couple of ways in which images were used as a manipulative behavioural science tool to increase our perceived threat of COVID-19.

Several other psychological techniques have been used to influence our behaviour and primed us for a new normal. At the beginning of the pandemic, we were initially told that we were to isolate for just two weeks to flatten the curve. A sense of urgency was created as we were told that if we left our homes we could die, or kill others. This is called the ‘*foot-in-the-door*’ tactic and is used to grab our attention. It presented one rule that was to last only a limited amount of time. Then we

were told that it would be another two weeks. Next, we were not allowed to go to parks and only to ‘essential’ services, and even that was limited. Following that we were mandated to wear masks, and later on local, family-owned businesses shut down, people lost their jobs and children were not allowed to go to school. Finally, the mandates went so far as to enforce vaccine passports that excluded some people from society and encouraged prejudice, hatred, and discrimination. The restrictions and mandates continued to mount. This tactic is referred to as *‘boiling the frog gradually.’* It initially presents a minor inconvenience with the allure of returning to a sense of normalcy for compliant behaviour. Then, once that becomes familiar to us, another inconvenience is applied, then another and another. We slowly become accustomed to it and the behaviour becomes normalized and acceptable. There are many complex ways in which behaviour and thinking were influenced to align with the government’s narrative.

We discussed above how fear was used to influence behaviour, but other emotions were targeted as well. Two of the categories of Maslow’s Hierarchy of Needs are love and belonging, as well as safety. These things were taken away from us, as we were no longer allowed to visit with friends and family, and many of us lost our jobs. They were then used as rewards for compliant behaviour. If we stay home for two weeks, if we wear masks, if we get the vaccine, then we can do all of these things again. The allure of having back these basic needs causes euphoria and excitement, which in turn encourages us to comply, and reject those that do not.

The concept of social responsibility was also used and plays on our need for socialization. We want to be liked and respected by others, and we want to fit in and be a part of something, to do our civic duty. The only way to do this was to get the vaccine. Otherwise, you are shunned from society and your social needs fail to be met. The vaccine passports were used as a behavioural science tool to increase inoculation rates. People were ‘nudged’ to get the vaccine by being rewarded for obedient behaviour and punished otherwise. The vaccinated were forced to carry around a piece of paper that set them apart from the rest of society. The people who held these passes were provided a higher societal status, being allowed to attend certain events, and go certain places that those who did not hold the same piece of paper were excluded from. Those who received the vaccine were rewarded and allowed to be a part society, while those who decided that the shot was not in their best interest – a choice they have every right to make [20] – were punished by draconian policies and mandates that took away their bodily autonomy. This is inexcusable.

Another instance of nudging arose when politicians presented the debate on whether or not children need their parents' consent to get the inoculation. Behavioural psychologist Patrick Fagan refers to this as "the leapfrog effect." Fagan says *"it leapfrogs one stage of the debate and in doing so, sets the baseline assumptions which become accepted implicitly. Specifically, by having people debate whether or not parents' consent should be sought, they are establishing the unspoken assumption that children should receive the vaccine in the first place. Those who think they are debating the government, arguing that parents' consent is needed, are actually accepting its true goal, to jab kids"* [21]. Essentially, the government is sneakily trying to get us to believe that children should get the vaccine by focusing our attention on whether or not their parent's consent is needed. It suggests that regardless of whether parents' consent is needed, children should be vaccinated.

Yet another example of nudging arises when Michael Gove, a British politician was coined "Minister for Christmas" or when Boris Johnson joked that he *"didn't want to have to cancel Christmas again"* [21]. These nudges encourage us to comply with the mandates and to get the vaccine in order to 'save' Christmas. Not only does it promote adherence, but it also shifts the focus to the public and pits us against each other. It is implied that those who are not vaccinated are the reason that Christmas may be 'cancelled', rather than governments who actually are in control of the policies that dictate whether or not we are allowed to see our families.

The excessive fear caused due to the lockdowns, masking, vaccine passports and constant COVID-19 related barrage in the media has resulted in long-term health issues. Studies show that the more media we consume the more frightened we become, and social media allows fear to spread in ways that becomes successively more frightening [19]. The fact that Public Health England and the England Government were two of the biggest advertisers in England in 2020 supports that that they are aware of this and used it to their advantage to spread fear [19]. Daily press briefings overwhelmed our televisions; admissions from COVID-19 were tallied and communicated, but not recoveries; the death count was presented to us daily, but not the survival rate, and never compared to how many people die naturally every day or from other diseases [19]. Everything was presented without context, and only selective information was readily shared and broadcasted. Not only was this increased fear unnecessary, it has, and will, continue to cause significant damages to people's health. Psychiatrists Ana Nikčević and Marcantonio Spada coined the term COVID-19

anxiety syndrome [22]. These psychiatrists found that around 20% of people were left in a state of anxiety, even after the mass population had been inoculated or naturally developed anti-bodies through contracting COVID-19 [19].

Researchers suggest that COVID-19 anxiety is a result of the isolations, fear of contracting SARS-CoV-2, the uncertainty during the 2020-2022 crises, and the many restrictions that were enforced [22]. Children as young as five years old have had panic attacks about meeting with friends, and it is expected that 1.5 million children will need mental health support post the lock downs and restrictions instigated by the government [19]. These consequences are bad enough, but increasing fear in the public makes recovery from the trauma of the isolations and lockdowns even harder, and the governments do not appear to have an exit strategy in place to begin the required recovery.

We have witnessed several instances of nudging being used as a way to enforce compliance with the policies and regulations implemented by the government. Behavioural sciences have been used to gradually shift our mindset, thinking, and behaviours surrounding COVID-19, and they have been effective. These practices have the power to entirely change an individual's personality. This is evident in many of ourselves and those around us. For example, if two or three years ago we were told that we would not be able to sit down at a restaurant or go to the movies with friends if they chose not to participate in an experimental drug trial, we likely would not have believed them. We never would have anticipated that those who made a personal choice not to get a shot would be harassed, discriminated against, excluded from society, or be forced out of work or an education. But here we are, doing the very thing that many of us never thought we would do, and supporting it and being a part of it as well! These instances of nudging and carefully constructed words and images presented to us gradually over the past couple of years have changed our perceptions of normalcy and our ideas of what is right and wrong.

Using behavioural psychology to change people's ways of thinking or acting is not necessarily malevolent. For example, by placing an apple at eye level and putting less healthy options in harder to reach places, people can be encouraged to make healthier choices [23]. However, the impact of the nudges that have occurred throughout the pandemic have undeniably swayed people's attitudes and behaviours relating to COVID-19 and the vaccines, which does not respect an individual's choice. Choosing not to get the vaccine, or not to wear a mask, or to comply with any of the other

unscientific mandates has resulted in severe consequences. We have seen the unreasonableness of the mandates extend to fining people for leaving their homes, forcing people out of work and the right to an education, or excluding people from public places, denying them their social needs and causing a multitude of long-term, possibly life-long health issues far worse than the effects of SARS-CoV-2. While the nudge method introduced by Thaler and Sunstein was intended to be used to encourage healthy habits, governments have used them in unacceptable and inexcusable ways.

Mass conformity, the nudge theory, and the use of fear and other psychological methods discussed above has undoubtedly impacted the way each of us perceives this pandemic, and it has turned us against one another. The pandemic is not the fault of the unvaccinated. Nor is it the fault of the vaccinated. Contrary to popular belief, your decision to vaccinate, or not to vaccinate, has little or no impact on no one other than yourself; but we'll get into the science shortly. For now, let's all stop to question our unconscious biases, and pause to think things through. Think critically and rationally—question what you have been told by the media, friends, family, and colleagues. Consider what we have been told, and what we have not. Research the science and make rational decisions relevant and reflective of *you*. Our situation will get much worse if we continue to allow this pandemic to tear us apart rather than supporting one another. The only way to get through these challenging times and prevent repeating the terrible mistakes that have been made throughout history is to think critically and treat each other with kindness and respect.

Informed Consent

Informed consent is the law. Informed consent means that every individual should be fully informed of the benefits, risks, and side effects associated with any medical intervention, as well as alternative treatments available [24]. Risks and benefits can vary based on personal situations, and individuals have the right to know how a treatment is likely to affect them specifically. In Canada, even uncommon but serious potential risks should be disclosed [24].

The Nuremberg Code was developed in 1947 post World War II to protect humans from inhumane and unethical medical experiments. The first and most fundamental principle is that “*the voluntary*

consent of the human subject is absolutely essential” [25]. The standards outlined by the Nuremberg Code are accepted worldwide. The Supreme Court of Canada also states that “*the patient’s consent must be given voluntarily and must be informed...*” [24]. Throughout the pandemic, we have not been informed of the risks or the impacts of the vaccine on varying demographics. The message we receive is clear, and narrowly focused. Get the vaccine. The vaccine is effective. The vaccine is safe. The vaccine is the only way to protect us and others, and the only way to get through this pandemic. The results of mass vaccination, however, have failed to be as effective as we were originally led to believe. Until recently, politicians and the media did not provide any alternative solutions, yet ivermectin and basic vitamins such as vitamin D have proven beneficial. Both have long-term safety data for other indications and have been used to treat billions of patients [24]. By contrast, the Pfizer vaccine is still unproven for lasting efficacy and remains experimental in phase III clinical trials until March 2023. This means that many long-term and even short-term effects are still unknown [24].

Consent needs to be provided without undue influence, or duress. If you feel coerced, bribed, threatened, or pressured in any way, then your consent has not been provided freely or voluntarily. If you feel this way, your rights to medical autonomy and informed consent have been violated. It is undeniable that the government has used coercion to pressure society to get vaccinated. The consequences of choosing not to get vaccinated are severe. The unvaccinated are shunned from society, vilified, marginalized, and discriminated against. They no longer have the same rights as the vaccinated. They are excluded from employment and travel for no other reason than a personal medical choice that, despite the message passed down through media, has no impact on anyone else. They have become a minority, the outcasts, deviants. The media has filled our heads with the message that the unvaccinated are bad, that they are dangerous, that anyone who chooses not to get vaccinated is part of the problem. This type of ostracization causes people to feel pressured and coerced. Informed consent is our right.

Pfizer's Data Reports

The Pfizer and Moderna clinical data reports of their COVID-19 vaccines showed suboptimal research design, implementation and results. Part of being informed is understanding the benefits the vaccine will provide us. The public should be aware of the efficacy, safety issues, rewards and risks that have been identified throughout Pfizer's study. As studies and data continue to be conducted, the public should be informed of the results and their implications - the good and the bad. The Canadian Covid Care Alliance (CCCA) is an alliance that includes more than 600 doctors, scientists, and health care practitioners, whose mission is to provide quality, evidence-based information to the Canadian public regarding COVID-19. Its overall goal is to reduce the strain on hospitals, keep the public healthy, and restore Canada to a level of normalcy [26]. The CCCA's website provides a multitude of valuable resources to the public. The "*More Harm Than Good*" resource (available in both video and pdf format), uses Pfizer's own data to explain the results of the COVID-19 trials and the science that enables the general public to understand the scientific data. The highlights of Pfizer's report and the CCCA's explanations are discussed in the following paragraphs.

To begin, it is important to note that the governing bodies of Canada have a responsibility to protect the health of all Canadians, as well as the Charter of Rights and Freedoms. In addition, medical students must take the Hippocratic Oath "*First, do no harm*" before becoming a doctor [26]. It is their primary duty to carry out due diligence by ensuring the proper research has been conducted, ensuring vaccines and other medical interventions are proven safe before administering them to patients, and that they follow protocols that adhere to the doctor/patient relationship, informed consent, and scientific inquiry [26]. Failing to do so would be a breach of the Hippocratic Oath, and would put patients and the public in danger.

Pfizer's original trial report displayed two months of data and was published in the New England Journal of Medicine on December 30, 2020. A total of 43,548 participants were involved in the study and were broken into two groups: the control group, which was injected with saline, and the treatment group, which actually received the inoculation [26]. At the beginning of this study, the participants did not know to which group they belonged. At the end of the study, Pfizer claimed that the inoculations were safe and indicated 95% efficacy seven days after the second dose.

Sounds great, right? Wrong. 95% efficacy is not synonymous with being 95% effective. The 95% number refers to the relative risk reduction (RRR). The RRR does not indicate how much a patient's overall risk is actually reduced by vaccination. To determine this, we need the absolute risk reduction (ARR). Of the participants in the treatment group, 8 out of 18,198, or 0.04%, developed COVID-19 as determined by symptoms and a genetic test with a 90% false positive rate under the conditions used in the study. In the placebo group, 162 out of 18,325 participants, or 0.88%, contracted COVID-19 [26]. These results show that the chances of contracting the SARS-CoV-2 virus are less than 1%, whether vaccinated or not. The ARR - the value that indicates how much taking the drug will actually protect a patient was only 0.84% (0.88%-0.04%) [20]. The 95% efficacy Pfizer claimed that sounded so promising actually refers to the relative difference between the 0.04% and 0.88% - the net benefit. It is widely known that the RRR often misleads patients. The Food and Drug Administration (FDA) recommends using the ARR as opposed to the RRR for this reason, stating that the RRR inaccurately influences patients, which results in improper or poorly informed decisions [26]. Not only are the chances of contracting the virus less than 1% regardless of vaccination status, but Pfizer's data showed that vaccination provided less than 1% benefit to patients.

When conducting a study, it is crucial that the trial group be reflective of the population that the drug will primarily affect. In the case of the COVID-19 vaccination, this would be the elderly and immunocompromised. However, in the two-month study, only a small portion of the participants were elderly, only 4% were over 75 years of age, and no immunocompromised individuals nor pregnant women were included [26]. Persons with more than one co-morbidity were also excluded. When a study fails to include specific demographics that are at the greatest risk, it is unethical to conclude on its effectiveness relating to that demographic, and there is no valid evidence to support the claim that the COVID-19 vaccines are safe for that group of people.

Pfizer's 6-month data yielded results that were no more reassuring. The trial began July 27, 2020, and was intended to continue until May 2, 2023. After the first two months, however, Pfizer unblinded the clinical trial, meaning that the study participants, who initially did not know whether they belonged to the control or treatment group, now knew. This compromised the study, since 89% of the placebo control group then opted to be vaccinated [26]. A hierarchy of scientific evidence exists, which indicates the value of various types of research. Level 1 of the hierarchy is

a randomized control trial, representing the strongest and most respected evidence. Levels 4 and 5 of the hierarchy are based on speculation and expert opinion; these are the lowest levels of the hierarchy. This is important because prior to the unblinding of trial participants, Pfizer's study would have been considered a level 1 study, as it was randomized and controlled (the participants were unaware of the group to which they belonged). Once the results were public and the participants were aware of whether they had been injected with the vaccine or not, the study could no longer be classified as level 1 evidence, as everyone involved in the trial know the vaccination status of the participants and could be unduly influenced. For example, the genetic testing for the SARS-CoV-2 virus was performed at the discretion of the doctors in the trial. Without a proper control group of sufficient size, the ability to assess long-term effects and overall safety is extremely diminished [26].

On September 15, 2021, Pfizer's 6-month report was published. This time, the results supported a relative efficacy of 91.3%. This means that the inoculated group did show a decrease in positive cases compared to the placebo group. However, the inoculated group also showed a significant increase in overall illness and deaths [26]. The entire purpose of a vaccine is to protect people from illness – remember, *'First, do no harm.'* If the vaccine results in less COVID-19 cases, but there are increased reports of illness and death, it provides no benefit and is essentially useless [26]. In fact, it is counterproductive. The clinical endpoint of Pfizer's study tested whether people who received the vaccine tested positive for COVID-19 less often than those who did not. What should have been tested is *"Do people who take the vaccine have less illness and death than those who do not."* A table obtained from the supplementary appendix section of Pfizer's report (see Appendix D) shows an increase in adverse events – any unfavourable medical occurrence that arises in a patient as a result of a clinical trial. Pfizer reported 5,241 cases of related adverse events - events that were determined to be caused by the inoculation, in the inoculated arm. In the placebo group, only 1,311 participants showed adverse events. Therefore, there was a 300% increase in adverse events in the inoculated group. Severe adverse events – events that result in trips to the ER or long-term side effects, impacted 127 participants in the inoculated group and only 116 in the placebo group, a 10% increase. Not only is this the opposite of what a vaccine should do, but it also failed to prove the vaccines are safe [26]. If the vaccine is causing higher illness rates, this does nothing to lessen the strain on healthcare professionals who are already overworked. Yet, one

of the reasons we are pressured into getting the vaccine is to reduce hospitalization rates. Furthermore, the inoculated group actually showed a slightly higher death rate. Deaths in the inoculated group were reported at 15, compared to 14 in the placebo group in the first two months of the study. Subsequent to the unveiling of the data, participants in the placebo group were offered the vaccine, which several opted to take. After this took place, five more people died in the vaccine group, resulting in a 43% increase in death for those that were inoculated [26]. The evidence reported in Pfizer's own study when conducting the trials at level 1 evidence (before they released the two-month data) indicated the vaccines caused more harm than good [26]. By receiving the vaccine, the result is that one is much more likely to have an adverse reaction than they would be of protecting themselves from COVID-19.

Pfizer did not follow established protocols throughout its study. Typically, vaccine development takes place over the course of ten to twelve years. In extreme circumstances, it can be done in five. In the case of the COVID-19 inoculations, testing was done in just one year [26]. Phase III trials are ongoing until at least March 2023 [26]. That means that the vaccine has not been officially approved, and until it has been, the COVID-19 vaccine is an experimental drug. When testing a vaccine, the focus should be on the group of people who would most benefit from the vaccine; in the case of COVID-19, key target demographics would include the immunocompromised, those that are diabetic, obese and the elderly. According to the CDC, people aged 75 and older account for 85% of deaths arising from COVID-19 [27] (refer to Appendix E). However, the population in the 6-month Pfizer trial was made up of about 4% of people aged 75 and over (see Appendix F). The immunocompromised should have also made up a significant portion of the participants, yet only 21% had a co-existing condition of any kind [28]. A shocking 95% of people who have died from COVID-19 have had at least one co-morbidity listed as the cause of the death, with the average death actually documenting four co-morbidities [29]. Co-morbidity is the simultaneous presence of two or more diseases or medical conditions in a patient [30]. As such, healthy people are at very low risk of dying from COVID-19. While we are reassured repeatedly that the vaccines are safe, the population in the trials failed to adequately consist of those who would most benefit from the vaccine. The trials also failed to include a long list of participants, including pregnant or breastfeeding women, people with allergies, psychiatric conditions, *etc.* Realistically speaking, it cannot be confirmed that the vaccines are safe for the entire population, as no data have been

studied to indicate that they are safe for the people excluded from the trial [26]. Anyone who claims that the vaccine is 100% safe and effective is lying, especially regarding the demographic not included in the study. If there is no study testing this idea, there is no evidence to support that it is completely safe. Similarly, claiming the vaccines have little to no long-term side effects is also invalid, as the vaccines have not existed long enough to say for certain what their long-term effects are, or to what extent they will affect our health. The vaccines were tested on healthy individuals and then immediately provided to the elderly and those with underlying health conditions. *“This is unscientific and unethical”* [26]. It is not even clear that the COVID-19 vaccines reduced transmission or the severity of the illness in this trial and the other trials, despite frequent pronouncements by public health officials that they did.

Pfizer should have included two other study groups in its trial. The trial included a group that was unexposed to the virus and inoculated, and an unexposed and not inoculated group. To provide a more useful study, Pfizer should have also included a group that was exposed to the virus and then inoculated. This would indicate if the inoculation was safe for this group of people. The trial should have also included a group who had been exposed, recovered, and were not inoculated. This would allow a contrast group to see how the inoculation compared to natural immunity [26]. Another weakness of the Pfizer study is that not all participants were tested for previous COVID-19. Instead, an investigator was instructed to test participants who showed COVID-19 symptoms. What COVID-19-like symptoms were considered was never specified. It was left up to the investigator to determine what these symptoms were, resulting in a high level of subjectivity and opportunity to sway results [26]. This makes the results of the test unreliable. In addition, Pfizer lost touch with several participants in both the inoculated and placebo group, meaning that it cannot be confirmed if those persons became sick. There were also more than 1,500 participants in each of the inoculated and placebo group that showed signs of COVID-19-like symptoms but were never tested [26]. This further supports that there were several flaws in Pfizer’s testing of its vaccine that has now been injected in over a billion people worldwide.

Despite the various flaws in the Pfizer study, including the fact that the participants did not adequately reflect the real-world population, all were subjected to the vaccine passports and government-imposed mandates [26]. Additionally, the vaccine was never tested to see if it reduced the spread of infection. That parameter was expressly excluded from the Pfizer study [26]. There

is absolutely zero controlled clinical evidence to support the idea that the vaccine will prevent or even reduce transmission of the virus. Understanding this is crucial, because the basis for the vaccine passports is that by segregating vaccinated and unvaccinated individuals, the transmission of the virus will be prevented/reduced, and as a result we will be safer. This is entirely unfounded. Not only this, but we are told time and time again that we are protecting ourselves and *others* by getting the vaccine. As we have just deduced, the idea that we are protecting others is untrue. If we pause for a moment and think things through, we realize that we are at a stage in the pandemic where the population has the highest vaccination rates so far, and we have yet endured a seventh wave, after reporting the highest number of cases to date with the fifth wave in early 2022. This shows that not only does the vaccine fail to prevent or reduce the spread of the virus, which indicates the vaccine passports and various other mandates do nothing to protect society, it indicates that, if anything, the infection rates are increased as a result of the vaccine. This is supported by a study conducted by Harvard and Canadian researchers. This study was published in the European Journal of Epidemiology and concluded that there is “*no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases...In fact, the trend line suggests a marginally positive association...*” [31] (see Appendix G). This finding confirms that not only do the COVID-19 vaccines fail to prevent the spread of the SARS-CoV-2 virus, COVID-19 cases are higher in populations where there are higher percentages of fully vaccinated individuals. Furthermore, the US Centres of Disease Control has indicated that four of the five US counties with the highest vaccination rates were considered ‘high’ transmission counties. In comparison, of the counties that the CDC identified as having ‘low’ transmission, 15 of 57 had less than 20% of their population fully vaccinated [31]. The CDC has also reported an increase in hospitalizations and deaths amongst the fully vaccinated. These statistics are shocking, and something we should all be aware of in order to make an informed decision. Unfortunately, statistics like this are rarely divulged to the public via the media. It is up to us to question the narrative and look deeper into the science.

Real-world data, including Pfizer’s own studies, have shown the vaccines are less than sub-par at mitigating the virus beyond a few months. Despite these findings, the media continues to state that the vaccines are the best course of action to protect ourselves and others from COVID-19. Of course, the COVID-19 vaccines have shown some benefits. Hospitalizations due to COVID-19

patients have decreased, and it appears that those who are vaccinated and become infected show minor symptoms. However, the existence of natural immunity to SARS-CoV-2 and the steady evolution of this virus into more benign forms is completely overlooked in these analyses. We already know this information as it is publicly and frequently shared, although the latest reports from health authorities actually show little difference between those that are vaccinated and double vaccinated with respect to hospitalizations, ICU admissions and deaths. In fact, triple vaccinated people show higher rates of infection than unvaccinated individuals [32]. Further complexity arises when those that acquire COVID-19 within two to three weeks of their first vaccination are considered as unvaccinated, even though the risk of getting COVID-19 increases in the first week post vaccination [33]. However, the information I have shared is only rarely or never discussed publicly. Our government and its media outlets should not be withholding information or misleading individuals when it comes to their health and the health of their families. All data should be displayed for individuals to make informed decisions. The risks should be as openly discussed as the benefits. To deprive the public of this information is to hinder informed consent. All decisions regarding vaccination should be respected. It is no one else's final decision to determine what should be put in *your* body. It is crucial that we investigate the evidence and data ourselves before we inject ourselves and our children with an experimental drug, as what we are being led to believe is not always accurate or true.

Whistle Blowing, Conflicts of Interest, and Other Issues with Pfizer

Not only has the Pfizer trials proven to be suboptimal, but there are various other concerning events that the public should be aware of. The British Medical Journal investigated Ventavia, one of the companies Pfizer hired to carry out the COVID-19 trials. A whistleblower reported Ventavia to the FDA for falsifying data, mislabeling specimens, and not following up on participants who reported symptoms, among other unethical practices. This claim was backed by several other employees. What is really concerning is that neither Pfizer nor the FDA ever followed up on these claims - they were never investigated nor audited. What's more is that Ventavia has been hired to carry out additional COVID-19 trials on behalf of Pfizer.

Further concerns in the safety of the Pfizer vaccine have been raised by the first release of Pfizer's post marketing pharmacovigilance report. On November 17, 2021, the FDA released the first batch of what will ultimately be at least 451,000 pages that it was ordered by a court to provide to satisfy a Freedom of Information request by a group called Public Health and Medical Professionals for Transparency who want access to the data used by the FDA to approve Pfizer's COVID-19 inoculations. The FDA originally asked in court to have 55 years to release the documents, and then calculated it would take 75 years. With the first release that covered the period of up to February 28, 2021, there were 42,086 cases of vaccine injury, of which 19,582 (46.5%) were still recovering and 1,223 deaths recorded [34]. In the 9 pages of the appendix of this report, there were over 1,236 different disease indications that were associated with the Pfizer/BioNTech COVID-19 vaccine.

Pfizer's position in the COVID-19 vaccine rollout presents a conflict of interest. Forbes released an article stating that Pfizer was set to make \$33.5 billion due to vaccine revenue in 2021 alone [35]. This provides a huge monetary incentive for Pfizer to distribute vaccines as quickly as possible. Accordingly, the safeguards surrounding the testing and manufacturing of the vaccine should have been increased significantly. Pfizer is a public company. The primary goal of a public company is to increase profit and satisfy its shareholders with high returns on investments. It is *not* to ensure the medical safety of the public.

The public should also be aware of Pfizer's long history of unethical behaviour, which has resulted in billions of dollars-worth of settlements and fines. Pfizer's criminal activities include but are not limited to: conducting trials on African children without their parent's approval, which resulted in some children dying; lying to get federal approval for a heart valve that fractured; killing hundreds of patients around the world; and withholding information that their drugs caused cancer and bribing doctors as a way to increase sales [36]. The CCCA's website provides links to several other unethical and criminal actions that Pfizer has carried out. Being informed about Pfizer's history is concerning enough, but the company has also been granted unconditional authority regarding the vaccine. Pfizer has been indemnified in Canada, the US and most countries for damages in the event that its inoculations result in harm to vaccine recipients. In other words, they have no legal liability if the vaccine hurts or kills people. Instead, they stand to increase profits by

billions of dollars with ultimately no financial nor legal risks. It is irresponsible to have provided Pfizer with this much authority, at no risk, for an experimental vaccine that is being rolled out globally. Pfizer should have been held to the highest scientific standards, but this was not done.

It is also worth noting that Pfizer sponsors several TV channels and shows, such as Good Morning America, CBS Health Watch, CNN Tonight, CBS Sports, and several others [37]. It is no secret that the media is, and always has been, an incredibly biased source of information. With Pfizer sponsoring several of the top media outlets, there is no doubt that it impacts what the media will share with the public. Increasingly, newscasts are becoming informercials that are further interspersed with commercials for pharmaceutical products.

Potentially more troubling, the Centre of Disease Control has changed the definition of vaccine with the rollout of Pfizer's drug. Prior to the pandemic, the CDC defined a vaccine as "*A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease.*" As of September 2, 2021, the CDC changed the definition to "*A preparation that is used to stimulate the body's immune response against diseases*" [38]. The words 'immunity' and 'protect' no longer accompany the new definition. The original definition is much more comforting and in line with vaccines such as the ones received as babies and young children, as they do protect and provide immunity. Dr. Rochelle Walensky, the head of the CDC, also admitted on CNN that the COVID-19 vaccines do not prevent the transmission of or protection from SARS-CoV-2. The drastic change in the definition of vaccine after noting the weaknesses in Pfizer's genetic inoculation looks a lot like fraud.

Dr. Donald Welsh, a professor of physiology at the University of Western Ontario, acknowledges that the science that has occurred throughout the duration of this pandemic has not been conducted in an appropriate manner [37]. He notes that when it is realized that a mistake has been made or something is not working as expected, it needs to be reconsidered and improved. In the case of COVID-19, despite the ineffectiveness of the mandates and measures in place, the overall response has not changed [37].

While it is understandable to want to put our faith and trust in the government and these massive organizations such as the FDA and Pfizer, we should absolutely be conducting our own research

on vaccines that have such a significant impact on our health. This does not mean we need to be scientists or conduct our own trials; it simply means that we should be looking beyond the legacy media as a source for information. Evidence and science should be top of mind when it comes to our bodies and our health. It is critical to consider all the risks and rewards involved, informing ourselves with multiple, factual sources of data, not just listening to the media that is already so biased in nature. Science is based on the foundation of questioning results and debating all scenarios, yet our supply of readily accessible information is limited and narrow in scope.

Vaccinating Our Children

Vaccinating healthy children appears to result in greater risk to their health than the potential risks associated with contracting COVID-19. Pfizer has conducted a study on the impact of the vaccine in children aged 12-15. Its study included 1,005 inoculated participants and 978 placebo participants. For a vaccine that is intended for children worldwide, this is an incredibly small test group, especially considering that such underpowered test groups reduce the chances that potential risks will be identified [39]. Pfizer claimed that its study yielded impressive results, “*but since adolescents are at statistically 0% risk of death from COVID-19, and very low risk of severe illness, the inoculation is of little benefit to them. Instead, it presents a very real risk of adverse events*” [26]. Even with Pfizer’s test group being so small, it did result in at least one very serious adverse event: Maddie De Garay, a twelve-year-old child. Her symptoms included delayed gastric emptying, vomiting, memory loss, seizures, and loss of feeling from the waist down. As a suspected adverse effect of the COVID-19 vaccine, she is now wheelchair-bound and has been tube fed for over ten months [26]. When recording De Garay’s illness in its report, Pfizer simply passed these symptoms off as ‘functional abdominal pain.’ I don’t know about you, but being wheelchair-bound and tube-fed for the rest of your life hardly sounds like a stomach-ache to me. This attests to the fact that Pfizer’s history of unethical behaviour is hardly in the past. It shows blatant disregard for the health and well-being of our children. Further, it supports that Pfizer’s interest is not in helping the public through this pandemic, but getting the vaccine administered to as many individuals as quickly as possible to turn a profit.

Maddie De Garay's fate is not an isolated event. There have been multiple instances of vaccine injury, including myocarditis and death, since the vaccine has been made available to the adolescent population. Myocarditis is a serious and irreparable life-long risk associated with the vaccine. Myocarditis is an inflammatory process of the myocardium (heart muscle). Severe myocarditis causes the heart to work harder to deliver blood to the rest of the body, which can result in higher blood pressure and blood clots. Such clots can lead to heart attacks and strokes. The Journal of Cardiovascular Magnetic Resonance published a study concluding that the mortality rate related to myocarditis "...is up to 20% at 6.5 years" [39]. Myocarditis is becoming increasingly present in young adults, and there have been several accounts of the world's top athletes collapsing during games, most of whom had recently received COVID-19 vaccines. Myocarditis is supposed to be rare in children. The rates we are seeing are not normal [26].

Isiah Harris, 18 years old, now suffers from myocarditis after receiving the vaccine. He was rushed to the hospital after complaints of being unable to breathe. Upon arriving at the hospital, he suffered a heart attack and was diagnosed with myocarditis [40]. As of November 14, 2021, there had been 1,127 cases of myocarditis or pericarditis across Canada as a result of the vaccine [41], and it is expected that some of these kids who have suffered from myocarditis will need a heart transplant in the future [42]. Harris shared that he felt pressured to get the vaccine and believed it was safe and that no risks were involved [40]. Ernesto Jr., a 16-year-old boy died just five days after receiving Pfizer's vaccine due to heart complications [42]. These children represent only a fraction of those who have been negatively impacted due to Pfizer's vaccine. If they and their parents had been adequately informed, these deaths and serious injuries might have been averted. These teenagers were not even allowed to vote, or old enough to drive a car, yet they were pressured into making decisions that may affect them for the rest of their lives. They deal with more societal pressure than adults as they face opinions and judgements from their friends, peers, teachers, parents, coaches, and social media. Regardless of their choice, the consequences are severe. They may be shunned from their friend group, or no longer allowed to participate in the sport or extra-curricular activities that they love. In some cases, the consequences can be severe life-long injuries, or death. They are children. They should never be put in this position, especially without having all relevant data available to make an informed decision. As adults, it is our job to protect them and shield them from these things. We need to properly assess the relative dangers of

COVID-19 and of the COVID-19 vaccines that they face. Parents often lecture their kids on waiting to get tattoos and piercings, cautioning on the harms and long-lasting impacts of these decisions. We should be encouraging them to research the effects of a medical decision as well. Regardless of whether they decide to vaccinate or not, it is our duty to ensure they are appropriately informed and educated.

The chance that a child dies from COVID-19 is negligible (less than 1 in 100,000), but their risk of serious long-term damage from the inoculation is not [43]. Is it worth vaccinating children who are at such low risk when the risk of fates like Maddie's exists? The UK's Vaccine Advisory Board believes it is not, as they refused to recommend injecting children aged 12-15 with the COVID-19 vaccines [44]. In response, the UK no longer offers COVID-19 vaccination for those 11 years and younger, except those in clinical risk groups [45]. Likewise, Denmark [46], Norway [47], Sweden [48], and Uruguay [49] similarly recommend against vaccination of those that are 11 years to 18 years of age and younger depending on the country. In fact, Denmark no longer recommends vaccination of anyone that is otherwise healthy under 50 years of age [50].

In view of some countries halting or refusing to vaccinate children, Rick Nicholls, a member of the Ontario Provincial Parliament has questioned statements - according to the Minister of Health - that the vaccines are "*perfectly safe*" [51]. This is one of several contradictory and mixed messages that have been provided to the public. It is concerning that anyone in a position of power would claim that any vaccine or medical intervention is perfectly safe, especially one that is so new and has no long-term data and has already resulted in multiple deaths and serious injuries. Everything comes with risks and rewards. Another contradiction exists even between the COVID-19 mRNA vaccines. For example, Ontario Public Health released a statement on September 29, 2021, originally stating that young males between the ages of 18-24 should take the Pfizer vaccine, which they calculated had a 1 in 28,000 risk of symptomatic myocarditis as opposed to the Moderna vaccine, which presented a 1 in 5,000 risk [52]. They subsequently estimated risks of symptomatic myocarditis are much closer to 1 in 5,200 for the Pfizer vaccine [53]. Finland, Sweden, Denmark and France deemed the Moderna vaccine so risky with respect to symptomatic myocarditis that these countries stopped administering it to people under 30 years of age [54,55]. Moreover, the risks of asymptomatic myocarditis, where the same underlying damage to the heart occurs, are likely 3-fold higher [56]. In fact, a recent clinical study from Thailand that included

201 males ages 13 to 18 years of age showed a 1 in 29 occurrence of asymptomatic myocarditis or perimyocarditis with the second inoculation with the Pfizer COVID-19 vaccine [57]. By contrast, AstraZeneca's assumed safe COVID-19 vaccine was taken off the market in Ontario, because it presented a 1 in 60,000 risk of clotting [58]. Pfizer presents more than ten-times the risk of the AstraZeneca vaccine relating to clotting and myocarditis, but there is no indication that it will be taken off the market.

While Pfizer acknowledges the risk of myocarditis is present in the 5–11-year-old age group, it claims that there will be 0 deaths, but this is based on only a level 4 or 5 on the scientific evidence scale, meaning it is only speculation [26]. Due to the increased risk of heart problems resulting from the inoculation, the Toronto Sick Kids Hospital has put together brochures on dealing with these issues [26]. If more children are falling ill or dying as a result of the vaccine compared to illnesses and deaths caused by COVID-19, the risk of the vaccine will have outweighed the benefit. Vaccines are only beneficial if taking them results in fewer deaths, not more.

Medical interventions are supposed to be proven safe before administering to the public. When Dr. Eric Rubin, a member of the FDA, was asked his opinion on administering the COVID-19 inoculation to children aged 5-11, he recklessly stated, *"We're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes"* [59]. Instead of opting to continue testing the vaccine in a controlled and closely monitored study, the general population become the test group with only passive monitoring. Our children have become the guinea pigs in what has become the largest experimental drug trial in history. Not only that, but there have been several instances where cartoons and mascots have been used to market the vaccine to young children. Direct-to-consumer marketing of prescription drugs is illegal in Canada, yet politicians are targeting our children [26]. This is highly unethical.

Like adults [60], the vaccine clearly poses unwarranted risks to children. Of course, each case is very situational. On the one hand, in instances where children have an underlying health condition, getting the vaccine might very well be in their best interest. On the other hand, many parents might have opted out of vaccinating their healthy children if they had been adequately informed of the associated risks and benefits. Everyone deserves to be aware of the facts in order to make the best decisions for themselves and their families. The evidence continues to mount that the risks from

vaccinating children who are at low risk from COVID-19 are greater than the risks the actual disease presents to them.

Alternative Treatments

Safe, alternative COVID-19 treatments are being withheld from Canadians. There are a variety of drugs that can treat COVID-19 that doctors are being advised not to provide to patients. For example, ivermectin and vitamin D are two drugs with long-term safety data, little to no risk, can treat COVID-19, and are still not being administered to COVID-19 patients. Renowned scientists and doctors including Dr. Robert Malone, who is credited with the discovery of the mRNA lipid delivery technology, and several others, have spoken out on this topic, frustrated that these widely available treatments are not being used. Additionally, doctors who do recommend them are being unjustifiably reprimanded [37].

Ivermectin has been proven effective in treating COVID-19, especially if used early on. It can even reduce the chances of contracting COVID-19, unlike the vaccine [61]. Ivermectin is a Nobel Prize-winning drug that has been administered to billions of people worldwide for treatment of parasites. Of those billions of doses administered, 0 deaths have been recorded from ivermectin [61]. Since the pandemic, ivermectin has been researched in over 92 COVID-19 related studies with matched placebo controls by more than 979 scientists and tested on over 134,000 patients across 27 countries. These studies concluded that the use of ivermectin in COVID-19 patients resulted in: significant decreases in mortality; reductions in cases, ICU admissions, hospitalizations; speedier recovery from infection and other benefits. One study tested the effects of a single dose of ivermectin in asymptomatic, SARS-CoV-2 infected subjects. This study found that of the group that was provided ivermectin, 0% required hospitalization, compared to 6% of the control group who developed clinical symptoms resulting in hospitalization [62]. Despite all the research findings demonstrating the benefits of ivermectin, doctors are being advised that they cannot treat patients with it. Why is this? In Alberta, Dr. Daniel Nagase, an ER Physician, stated ‘something malicious is going on’ after being banned for practicing medicine in Alberta for administering ivermectin to three COVID-19 patients. All three patients consented to trying ivermectin, as in their current state they were all on oxygen and short of breath. After taking

ivermectin, two of the patients were up and walking around within 24 hours. The third, an elderly patient, remained in the same condition. Despite these impressive results, Dr. Nagase suffered severe and undeserved consequences for administering a highly effective and safe drug, simply because it was not considered a recognized COVID-19 treatment drug. It should be realized that physicians are normally legally permitted to prescribe existing approved drugs for off-label indications.

Vitamin D, a natural nutrient, is also not being used to treat COVID-19. Doctors have been told not to use this vitamin, even though it poses virtually no risks to patients. Vitamin D has been involved in over 85 studies, 27 treatment trials (many of which have been published in scientific, peer-reviewed literature) and has reduced mortality rates in COVID-19 by 56% compared to those who did not take vitamin D. Several studies have been conducted to determine the effect of vitamin D on COVID-19 patients. One study found a *“highly significant correlation between the prevalence of vitamin D deficiency and COVID-19 incidence”* [63]. This means that people with lower vitamin D levels are more likely to become more ill from COVID-19. Another study indicated that those with a vitamin D deficiency were 4.6 times more likely to test positive for COVID-19 than those without a vitamin D deficiency [64]. It is completely illogical that doctors would be advised not to provide such a natural, low-risk treatment to their patients when it has been proven to have therapeutic and preventive properties.

Various other drugs have been tested and proven successful in combatting COVID-19, including but not limited to hydroxychloroquine, quercetin, doxycycline, and zinc [65]. In spite of these safe and effective treatments, doctors continue to be prevented from providing these drugs to patients and penalized if they do. In the middle of a pandemic, it would be expected that all available and effective treatments would be used to provide the best outcome for all patients. It is unconscionable that doctors are being told not to use certain safe, highly beneficial treatments on patients infected with COVID-19 that have proven to reduce mortality and even prevent the likelihood of testing positive for SARS-CoV-2.

Misleading Information

Much of the information relating to COVID-19 has been controversial. From the very beginning, there have been exaggerated predictions that have caused unnecessary fear. Professor Desmet, a statistician, began looking into the data and numbers presented early in the pandemic [66]. He states that most models, such as those predicted by the Imperial College vastly overestimated the dangers of the virus. For example, countries like Sweden were predicting COVID-19 deaths to be around 80,000 by the end of May 2020, assuming no lockdowns occurred. Lockdowns were not enforced during this time, and only 6,000 people died from COVID-19 in Sweden [66]. This is about 13x less than the number predicted. Nevertheless, as a result of these poorly estimated numbers, the world was thrown into a panic. Additionally, Chris Whitty, Chief Medical Officers and Patrick Vallance, Chief Scientific Advisor of the UK stated on September 21, 2020, that infections were expected to be 50,000 per day by mid-October. At this time the daily infections were only averaged at around 16,000 per day [67]. In a similar situation of extreme exaggeration and worst case scenario, SAGE advised that up to 7,000 people were likely to be hospitalized per day. Instead, hospitalizations were at a rate of about 1,000 per day and continuing to decrease [67]. In today's world of leading technology and brilliant statisticians and mathematicians, these poorly calculated predictions do not make sense. The purpose of these numbers was not to be accurate. What they did do is increase fear in the public and assisted in trying to justify the mandates. The frightening, inaccurate and highly exaggerated predictions used the behavioural psychology principal of salience, which focuses our attention on what is risky and novel. Figueiredo, who works as a mathematician and statistician for the Vaccine Confidence Projects stated *"Since the beginning of the pandemic it seems many modelling assumptions, such as the infection fatality rate, have been quite pessimistic. I think this has been why many of the predictions – such as hospitalizations and deaths – have been overstated"* [67]. It is disastrous when those in positions of power and authority choose to exaggerate the numbers as a way to increase fear and compliance with the policies, in a situation that is already naturally to cause some fear and anxiety.

COVID-19 deaths have been inflated. MP Derek Sloan held a news conference on Parliament Hill, where he expressed concerns on behalf of health professionals who were scared to speak up for fear of social retribution or losing their jobs [37]. Of these, a nurse with 20 years of experience reached out to inform the public about what was going on in the hospital in which she worked.

This hospital was experiencing very low numbers of COVID-19 patients until it began accepting COVID-19-patients from Toronto, many of whom were fully vaccinated. Accepting these patients artificially inflated the COVID-19 numbers, making the pandemic appear worse in that area and inciting increased fear [37]. Circumstances like this are far from uncommon. It is now known that hospitals were testing everyone who came through the doors for COVID-19, and if they died, regardless of their health conditions, the death was automatically declared a COVID-19-related death. This is strikingly exemplified in the case of a 14-year-old boy from Alberta. Nathanael was in palliative care, dying of stage four brain cancer [68]. Two days before his death, he tested positive for COVID-19. His death was included in Alberta's death count, claiming him the youngest person to die from COVID-19. It was stated that Nathanael had "*complex, pre-existing conditions*" but failed to include that his condition was terminal brain cancer. His family was understandably appalled that their loved one's death was counted as a COVID-19 death and used to elicit fear in the public by stating that he was the youngest COVID-19 death [68]. Obviously, despite testing positive for COVID-19, his death was not a result of that illness. His death has since been removed from the COVID-19 death count, but it is likely several similar scenarios have occurred, resulting in inaccurate and inflated COVID-19 death counts. Ontario Public Health Ontario estimated that up to January 1, 2022, about 46% of hospitalization cases with COVID-19 were individuals that had an existing comorbidity or death from other causes, but happened to test positive for SARS-CoV-2 at the time of admission or during their stay in hospital [69].

Misleading information has also been prevalent surrounding the use of mask-wearing. The director of the US CDC, Dr. Rochelle Walensky on September 26, 2021 speaking on CBS's Face the Nation program pronounced that from a study of 1,000 public schools in Arizona, those schools that did not have mask mandates were 3.5-times more likely to develop COVID-19 than those that did. However, this study has received heavy criticism for many flaws in the selection of schools that were tracked and a lack of transparency with the data [70]. Moreover, a systematic meta-analysis review article on the effectiveness of surgical face masks concluded that public mask-wearing is not significantly associated with reducing acute respiratory infections [71].

Several accounts of misleading information have been disseminated to the public. What has not been shared is the alarming statistics relating to the COVID-19 vaccine. Dr. Jessica Rose, who holds an MSc in immunology and a Ph.D. in computational biology, has been researching the

statistics on the COVID-19 vaccines and comparing them to other vaccines. One study using VAERS (Vaccine Adverse Event Reporting System) found that there has been a “5,427% increase in annual deaths following COVID-19 shots compared to all vaccines in the past ten years” [60]. Additionally, there has been a 1,373% increase in adverse reactions following receipt of the vaccine [60]. Dr. Rose noted that 1 in every 324 people who received the vaccine reported an adverse event. This contrasts with the observation that during the Pfizer 6-month clinical study as many as 1 in 20 people experienced a severe adverse reaction [26]. Dr. Rose found that “*the data in VAERS is under-reported by a factor of X42.*” To further put this in the context of whole numbers, 12,791 deaths related to COVID-19 vaccines, which occurred over eight months, can be compared to 8,966 deaths which accounts for all other vaccine deaths combined over the past 31 years [72]. Those statistics are extremely concerning.

Presenting misleading information relating to COVID-19 vaccines that is strongly encouraged during the middle of a pandemic is deplorable. As the vaccines have been rolled out, we have learned more about the risks associated with them. Yet, despite emerging statistics, Canadians continue to be uninformed, making decisions they otherwise may not have made had they been provided all relevant information. The COVID-19 RNA and adenovirus vaccines rely on the production of the spike protein of SARS-CoV-2 by the body’s own cells. Dr. Bridle, a viral immunologist, sums up some of the findings with these vaccines in an interview with Alex Pierson. “*In short, the conclusion is, we made a big mistake. We didn’t realize it until now. We thought the spike protein was a great target antigen. We never knew the spike protein itself was a toxin; and was a pathogenic protein. So by vaccinating people, we are inadvertently inoculating them with a toxin. For some people this gets into circulation, and when that happens in some people it can cause damage, especially in the cardiovascular system*” [73]. When scientists know information such as this, but the vaccine continues to be pushed on the public, we have a much bigger problem than the virus.

All statistics – the favorable and the unfavorable – need to be shared with people for them to make an informed decision. Failing to share this knowledge with full transparency with the public and instead continuing to encourage vaccination for all individuals is highly unethical. Publicizing misleading and inaccurate information does not allow people to make an informed decision. Instead, it causes excessive fear and causes additional health issues. It is critical that we scrutinize

the information shared with us and continue to search for multiple sources of scientific evidence to support our decisions.

Health Care Mandate

Healthcare professionals are being unjustifiably forced to choose between their careers and their health. On December 3rd, 2021, Nova Scotia announced that over 1,000 individuals, including 960 health care professionals, emergency health service workers, educators, and 93 civil servants, are now on unpaid leave due to non-compliance with the new government-enforced mandates [74]. The reasoning for this was claimed to be the safety of the public. Premier Houston stated, “... *It’s unfortunate they are no longer in the workplace, but I’m glad they won’t be putting patients, students, seniors and other vulnerable people at risk.*” There have been zero studies conducted to support the opinion that Nova Scotians or any Canadians are safer as a result of forcing a very small unvaccinated portion of the population out of their professions. There has been no evidence to support the contention that an unvaccinated educator or healthcare practitioner has been the cause of an outbreak in the facility in which they work. Even in the well-known Nova Scotian case of the East Cumberland Lodge outbreak, 100% of staff and residents were vaccinated. No one is any safer as a result of this mandate. In fact, “...*existing workforce shortages mean that even a small number of unvaccinated staff could result in a facility or agency not being able to accept new residents or seniors...*” [75]. By forcing unvaccinated employees out of the workforce, the government caused increased risk and detrimental damage to the health and safety of the elderly and frailest members of society. It defies all logic that our government would lay off arguably the most critical people during the middle of a pandemic. We now have fewer healthcare professionals operating in a system that was already understaffed, even before the pandemic. This does nothing to ensure the safety of society. In reality, we are much worse off. The Government of Canada’s website indicates that the four main determinants of health are income, social status, employment and working conditions [76]. The Canadian government took all four primary health factors away from these professionals, increasing their risk of poor health. By forcing capable employees out of work without pay and encouraging segregation and scapegoating healthcare professionals, the mandates are detrimental to public health, not to mention the overall economy.

The increased risk resulting from laying off healthcare professionals, and the fact that the mandates are not backed by any relevant scientific data, is cause for deep concern. We have observed evidence from Pfizer's study and the admittance of the head of the CDC that the vaccine does nothing to prevent or reduce the transmission of the virus. On July 30, 2021, the Director of CDC stated, "*Delta infection resulted in similarly high SARS CoV-2 viral loads in vaccinated and unvaccinated people*" [77]. This is further evidence that we are all capable of transmitting the virus to one another, regardless of vaccination status. In either case, the risk that a vaccinated versus unvaccinated individual poses is almost the same, and insignificant in both cases.

After nearly two and a half years into the COVID-19 pandemic, only about 11.5% of the population of Nova Scotia officially tested positive with SARS-CoV-2 infection, likely because they did not experience symptoms that would have prompted them to suspect that they were infected. Interestingly, 91% of people aged twelve and older who tested positive for COVID-19 were fully vaccinated [78]. Knowing that the vaccines fail to prevent transmission of the virus and that most of the population is vaccinated, it makes sense that many of the COVID-19 cases would be from vaccinated individuals. However, statistics like these are not widely shared in the media. Additionally, the unvaccinated continue to get the blame for spreading the virus to others. This is entirely illogical. Our belief that blaming the unvaccinated is validated stems from the proclamations of the media. To share information stating that the vast majority of those infected with SARS-CoV-2 are fully vaccinated and can still transmit the virus would be contrary to the message the media presents, and people would begin to question the vaccine's efficacy and the mandates. As an example of how the media plays a role in the public's beliefs, remember that healthcare employees working in the face of the pandemic were considered heroes less than a year ago. With the shift in the media's narrative and Premier Houston's comments attempting to justify the government's mandates, most of the public now believe that laying off healthcare workers was validated. The mandates were enforced under the illusion that they will keep the public safe, but there was no data to support this theory. While we have seen strong scientific evidence proving that the vaccines and mandates are largely ineffective at preventing transmission or protecting others, we have seen increased scapegoating, a widening divide between people, and increased fear. It is abundantly clear that the purpose of these mandates is not to protect the public, but they do put a great deal of pressure on those affected. It creates stress, anxiety, and coerced incentive

to force people into unwillingly getting the vaccine, because if they do not, they lose their careers, and all that they have worked for. Their livelihoods are being jeopardized. They have lost their income and the ability to support their children, their elderly parents, and their families who rely on them. Giving healthcare workers an ultimatum to decide between their careers or participating in a medical experiment is not a choice. Let's bring these heroes back across all of Canada.

Education Mandate

Students were being forced to choose between their education and their health. Educating governing bodies are reverting to in-person examinations after months of remote learning, which was implemented to ensure students' safety from SARS-CoV-2. Saint Mary's University required all students and faculty to upload proof of full vaccination for the 2022 winter semester. Students who had not done so were to be unenrolled from their course and provided a tuition refund. Students who are not fully vaccinated were not even allowed on campus [79]. Acadia University adopted similar protocols, although it, at least, provided unvaccinated students an alternative of taking two rapid tests weekly (at the student's cost), rather than refusing them access to the University if they did not comply with the vaccine mandate [80]. However, for students in residence proof of full vaccination was still required [81]. Dalhousie University also required students to provide proof of full vaccination for the winter 2022 semester. If students consistently provided twice weekly rapid testing, they could continue this testing for the winter semester. By May 1st, 2022, Dalhousie University required all students to be fully vaccinated [82]. Non-compliance with Dalhousie's regulations was to result in a Code of Student Conduct report being filed and immediate banning from campus and could result in deregistration from courses. The report did not mention if students would be eligible for a refund on tuition. For faculty, the disciplinary consequences might consist of unpaid leave and termination of employment. The Nova Scotia Real Estate Commission mandated that students be fully vaccinated to be eligible to write their exam [83]. This mandate applied to students who began the course before the mandate was in effect and provided no alternative for unvaccinated students. Students who had studied for months and paid for their course were forced to drop out and choose new career paths for non-compliance with an outrageous and senseless mandate that protects no one. At the other end of the country, the University of British Columbia ultimately completely abandoned their rapid antigen

testing program after a few months when few if any students were confirmed as having COVID-19 with the rapid antigen test for SARS-CoV-2 proteins. While most of these measures in universities and colleges across Canada have since lifted their COVID-19 mandates, some such as the University of Toronto have re-introduced some of these in the Fall of 2022.

The public ought to expect that mandates designed to reduce disease transmission are sensible, logical, and proven to be effective. The COVID-19 mandates have not proven to be sensible, logical, or even effective. The COVID-19 vaccines play no role in reducing the spread of the virus. Therefore, requiring students to be fully vaccinated to attend campus provides no benefit. All that mandates do is cause additional stress, anxiety, and complications. Providing students an option to be vaccinated or adhere to rapid testing protocols makes a little more sense if these tests were effective, as it provides students an alternative to being removed from University for non-compliance and enables the University to monitor any potential cases. However, a rapid antigen test yields true positives if the person is typically obviously symptomatic. This renders the test useless on asymptomatic individuals as it would not show a positive result, even if they were infected with SARS-CoV-2. This provides no value to the health of the public. Regardless, these new mandates make it much harder for students to receive an education, find a place to live, and puts even more financial pressure on an already costly endeavor, and all the while prices for food, housing, and gasoline have continued to rise. Where students were not required to be fully vaccinated to attend classes, the requirement to provide proof of vaccination for extra-curricular activities still exists. Enforcing this restriction robbed students of the full University experience. Participating in on-campus events, extra-curricular activities, and clubs is critical to ensuring an enjoyable University experience and getting the most of students' time and money. It also provides an excellent opportunity to meet friends and improve mental health – something all of us could benefit from in times like these. During peak pandemic phases cancelling or limiting these events holds some logic, as less contact with others would lessen the risk of spread. More than two and a half years into the pandemic, much of the world is trying to move into the endemic or 'living with COVID-19' phase. In Canada, with continued mandates and increasingly harsh penalties for non-compliance, we are far from returning to any sense of normalcy.

We should also consider those who are fully vaccinated but do not feel comfortable attending in-person classes or examinations. This applies to students and proctors alike. This pandemic and the

information shared in the media have unnecessarily caused increased stress and anxiety levels. We should not be forcing people to attend events that they are uncomfortable attending. There should be alternative options for unvaccinated students, those who are uncomfortable attending, or for those with other legitimate health reasons. There is no valid reason why students could not continue their education by writing at home. Another option could be to ask students to take a rapid test, or even a PCR test prior to an examination. There are multiple alternatives for these students, even if an illogical mandate is to be enforced. Educational institutions should be accommodating all individuals and considering all positions. What works for one student might not be suitable for another. There is no reason why we could not continue as we have been, especially in a time where cases are at their worst and continue to rise, despite the highest vaccination rates we have seen yet.

As a result of regulations enforcing students to be fully vaccinated, many students are put in a position to make what might be the most difficult decision of their life. Do they comply with the regulations and become fully vaccinated in order to write their exam and proceed with their education and careers? Or do they stand up for themselves and choose to put their ethics, health, and personal well-being first, knowing that their lives will be halted or changed forever if they do not comply? No one should ever have to choose between a personal medical decision and an education, career or future. Requiring students to choose between their education and their health results in severe consequences to both the students who choose to stand up for themselves and what they believe in, and to us as a society. By teaching our youth, our next generation of leaders, that compliance is more important than their education, their health, than standing up for what they believe in, we are left with less educated individuals, less critical thinkers, less independence, and more world problems. We are squashing and contradicting the very things we have taught our children to strive for. Be independent. Exercise critical thinking. Stand up for yourselves and what you believe in. Put your health first. Your body, your choice. These are all things that we have said to our children, that we want for our children and that we should want for ourselves. We should not now be going against that, simply because we were told to do so by authorities, or because that is what everyone else is doing. Another common phrase we tell our children is “*if all your friends jumped off a bridge, would you jump too?*” This phrase is commonly used to get children to think about their actions and consider that something may not be a good decision just because others are

doing it. We should now be asking ourselves the same question. The key is to always think for ourselves and use critical judgement. We need to consider if what we are told makes sense, and if it is in line with our knowledge and personal beliefs. We need to think about the risks and rewards associated with the decisions we and our government make. Throughout our schooling, we are taught to be critical analysts and to think for ourselves. To question what we are being told and investigate it for ourselves and make our own judgements and decisions. We do these things not to be defiant, not to cause issues, but because we are rational thinkers with our own brains, thoughts, and ideas.

There are several reasons why a person might choose not to be vaccinated: health reasons, moral, ethical, religious, etc. The possibilities are endless. Regardless of the reason, no student should ever have to choose between their education and their health. It is highly unethical and immoral to enforce regulations pertaining to one's bodies that affect education, careers and livelihoods. The message being sent to students as a result of COVID-19 mandates is that complying with governmental standards is more important than their education, and that their personal choices and moral beliefs are inferior to the regulations that are supposed to keep them safe, but instead do the opposite. It is time to reconsider the logic surrounding these mandates. Everyone has different comfort levels and different health concerns when it comes to COVID-19. We are two and a half years into the COVID-19 pandemic that is still evolving, but we have learned much about the virus, COVID-19 treatments and the COVID-19 vaccines during this time. Our priority as a society should be encouraging individuals to do what is best for themselves, for their health – both physical and mental. We should not be forcing everyone to comply with one way of thinking and one way to do things. What works best for me and what makes me feel safe and comfortable, and what works best for you and makes you feel safe and comfortable may not be the same thing. AND THAT'S OKAY! There will never be one best way to tackle this worldwide pandemic. There are too many variables. We need to change our mentality on this. Instead of turning on each other and pointing fingers as to who is to blame, we should be encouraging each other to do what is right for them, even if that differs from what is right for us. That is how we will get through this pandemic, not by turning on each other in a time when we all could use a little extra comfort and support. Regardless of what you decide, the decision between an education and a personal medical and moral choice is one that no student should ever have to make.

Masks and Asymptomatic Spread

Masks on asymptomatic individuals provide little to no benefit. For the past two years, regulations have been enforced requiring society to wear masks in indoor public facilities. There have been several debates on whether the use of masks is effective. Dr. Byram Bridle, a professor at the University of Guelph who holds a Ph.D. in viral immunology, discussed the science, or lack thereof, behind masks. Dr. Bridle suggested that there is no such thing as significant asymptomatic spread. If you are asymptomatic, you are healthy and are much less likely to spread a virus. We all carry viruses, but we are not sick if we never show symptoms [84]. It is possible to become infected and not yet show symptoms, however, this is pre-symptomatic. At this point, it would still be highly unlikely that an infected individual would transfer the virus to another. Viruses are spread via aerosol droplets that we release when coughing or sneezing. These aerosol droplets rapidly shrink in size due to evaporation, and even if initially captured on a mask, will soon contract to a size that can easily pass right through the typical pore size on masks. If you are pre-symptomatic, you are not coughing or sneezing, and therefore not as easily spreading particles that could attach to someone else. Even if you did release particles at the pre-symptomatic stage, the particles released are so small that the masks would not contain them [84]. If an individual is out in public coughing and sneezing within close range of another, at that point, the masks may provide some level of protection against spreading the SARS-CoV-2 virus. However, individuals who are symptomatic and clearly sick should be staying at home, regardless of whether they have COVID-19 or the common cold. The idea that a healthy person wearing a mask will protect others around them provides a false sense of security. It is also a common misconception that wearing a mask will provide effective protection, but there is scant evidence for this in fact. Wearing a mask only protects others near you if you have COVID-19 and barely that. Wearing masks can increase your risk of catching a virus, and early on in the pandemic, people were advised not to wear masks. Wearing masks encourages touching the face, meaning your hands – the most germ infected area of your body, is close to your mouth, nose, and eyes more often, increasing the risk of catching COVID-19.

In place of masking and social distancing, grocery stores had the authority to prohibit unvaccinated individuals from entering the premises. December 5, 2021, marked the first full day that grocers

(as well as malls and salons) in New Brunswick could enforce the vaccine passport mandate. Initially, the vaccine passport was only enforced at non-essential services. It expanded to include essential services. We all have the right to access food, a basic essential need for every person. We all have the right to food security. According to the United Nations' Committee on World Food Security, food security “...means that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life” [85]. By enforcing vaccine passport mandates at grocery stores, people were denied physical and social access to this fundamental right. No one should be denied access to a grocery store simply because they chose not to participate in an experimental drug trial. This is discrimination of a minority group, and it is entirely unwarranted. Once again, this mandate provided safety to no one. Vaccinated and unvaccinated alike all carry similar viral loads of the virus; we can all get and transmit SARS-CoV-2. Keep in mind that the Harvard University's study indicated marginally increased rates of COVID-19 in populations with higher rates of vaccination [31]. This would imply that the spread of the virus in locations with 100% fully vaccinated individuals would increase infection rates. These vaccine mandates do nothing but encourage the segregation and division of people. They allow a platform for hate and blame, which spreads quicker than the virus. The mandates do not keep us safe. Instead, they make matters worse for everyone.

When enforcing mandates that affect the entire population, their implications need to be considered for all members of society. As with the other health mandates the benefits have not been weighed against the risks. Taking away food security from families is harmful and unethical. Wearing masks presents problems to those with asthma or people who have difficulty breathing. Many people agree that wearing a mask increases their anxiety and causes them to panic. Anyone who wears glasses can agree that mask-wearing and glasses do not pair well together, as their glasses are constantly fogging up. This also demonstrates that masks do not capture all emitted particles. Most masks do not provide full coverage, as they do not seal tightly around the face. Air also takes the path of least resistance [84]. If you cough, the air and particles released will go out the sides of the mask or up by your nose, as this is the path of least resistance. Moreover, due to evaporation, larger water droplets that are laced with the SARS-CoV-2 virus, while potentially too large to enter into masks can shrink in size within minutes to pass through these masks unhindered. There are

various reasons why people might not want to wear a mask, for example, issues related to mental or physical health, yet the mandate applies to everyone. Only in very rare circumstances are people excused from mask-wearing.

We are constantly being bombarded with biased and misleading information. With limited scientific data readily provided to society through the media, we must continue to search for evidence-backed data to understand the risks and benefits of our actions. It is nonsensical to enforce a mandate that has little to no benefit. As a result of enforced mask-wearing, additional health issues arise. If a mandate is causing more problems than it is solving, the mandate is counterproductive. We have been led to believe that wearing masks will protect ourselves and others, but the scientific evidence demonstrates that the benefits of mask-wearing are negligible.

Human Rights and Legalities

The Canadian Charter of Rights and Freedoms (refer to Appendix H) is being violated as a result of the mandates. In an emotional and eye-opening speech, Corporal Daniel Bulford, a former member of the RCMP whose primary duty for the past eight years was to serve and protect the Prime Minister, spoke out against the atrocities happening in Canada today, saying “...*I can’t serve another day doing what I did before*” [86]. The Federal Emergencies Act is a document outlining the procedures in the event of a federal emergency [87]. It is subject to the Canadian Charter of Rights and Freedoms [88]. Paragraph 3 of the Emergencies Act states, “*whereas the Governor in Council, in taking such special temporary measures, would be subject to the Canadian Charter of Rights and Freedoms, and the Canadian Bill of Rights and must have regard to the International Covenant on Civil and Political Rights, particularly in respect to those fundamental rights that are not to be limited or abridged, even in a national emergency*” [89]. The Charter of Rights and Freedoms “*is subject only to reasonable limits prescribed by law as can be demonstrably justified in a free and Democratic society*” [88]. The government has failed to demonstrate that the actions it has enforced in relation to COVID-19 are justifiable. The Charter of Rights and Freedoms states the following:

Fundamental Freedoms

Section 2. “*Everyone has the following fundamental freedoms: (a) freedom of conscious and religion; (b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication; (c) freedom of peaceful assembly; and (d) freedom of association.*” The Charter specifies that we are entitled to our own thoughts, and beliefs. The thoughts and beliefs of others, or the government, should not be forced upon us. Yet, we have seen an unwavering narrative that encourages the vaccine despite increasingly worrisome statistics relating to its efficacy. We have also seen the unacceptable use of behavioural psychology to alter the public’s opinion regarding COVID-19, the vaccine, and the mandates.

Mobility Rights

Section 6. (1). “*Every citizen of Canada has the right to enter, remain in and leave Canada*” [70]. The restrictions on travel are a direct violation of our fundamental rights. They make entering or leaving Canada difficult to impossible. The enforcement of the 14-day quarantine only complicates things further. The freedom of movement includes the right to inter-provincial mobility, which has been restricted throughout the pandemic.

Legal Rights

Section 7. “*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*” [88]. As Canadians, it is our fundamental right to express our thoughts, be free to make our own decisions, and feel safe. “*Security of the person includes a person’s right to control his/her own bodily integrity. It will be engaged where the state interferes with personal autonomy and a person’s ability to control his or her own physical and psychological integrity, for example by prohibiting assisted suicide or regulating abortion or imposing unwanted medical treatment*” [89]. It is explicitly stated that imposing unwanted medical treatment violates the Charter of Rights and Freedoms. Even in the case of a national emergency, the Emergencies Act states that these fundamental rights are not to be breached.

Section 8. “*Everyone has the right to be secure against unreasonable search or seizure*” [88]. Police officers are carefully monitored when it comes to this fundamental freedom. There are severe penalties if an authority of the law violates this right. But today, anyone can demand your private medical information at the door to any public facility. This is not legal. In order to search a suspect’s home, police officers are required to obtain warrants as not to breach the suspect’s privacy unnecessarily. Police officers need written consent to obtain a victim’s medical record. Even in the case of obtaining DNA from a suspect who may have been involved in a violent crime, a DNA warrant would need to be obtained, and the criteria to acquire this is exceptionally high.

Equality Rights

Section 15. (1). “*Every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination...*” “*Discrimination perpetuates or promotes ‘the view that the individual is less capable or worthy of recognition or value as a human being or as a member of Canadian society, equally deserving of concern, respect, and consideration’*” [90]. It is discriminatory to prevent individuals from accessing certain facilities or services based on a medical decision. By depriving people of the right to socialization and shunning unvaccinated individuals, it is implied that they are not equally deserving of concern, respect, or consideration. Favouring individuals who comply with regulations and marginalizing those who do not is *not* an example of treating individuals equally. It is a very clear example of discrimination.

Finally, the Canadian National Report on Immunization (1996) states, “*...immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution*” [91]. Therefore, it is illegal in Canada to make a vaccine mandatory. Similarly, it is unlawful to use coercion and fear to force people into compliance.

Above all, Section 52 of the Constitution Act, 1876, states that “*The Constitution of Canada is the supreme law of Canada...*” [92]. Therefore, no document or person has the right to violate the Charter of Rights and Freedoms.

There have been countless violations of Canadians basic fundamental rights during the pandemic. They have not been demonstrably justified and are a blatant example of abuse of power. There is no basis for these actions. Choosing to get or not get a vaccine that is still unapproved is not a crime, and it is not illegal. The fact that it is being treated like it is, is wrong. With the enforced mandates and violations of the Charter, Canadians are losing their fundamental freedoms. The science does not support the mandates nor indicate that anyone is safer as a result. This is clear to see, simply by looking around us and noting that nothing has changed. Cases have not decreased. In fact, they have increased during the fourth and fifth waves, remained significant with the sixth wave and are evident in the current seventh wave. These deliberate violations affect all of us. Restricting our right to travel, enforcing vaccine passports that prohibit access to facilities, and allowing anyone to demand our personal medical information, as well as the discrimination that has been evident throughout the pandemic, are not only unethical and immoral, but they are illegal activities approved by seemingly uncaring or unsympathetic federal and provincial governments.

Democracy or Dictatorship?

Fear is being dispersed in a top-down approach. In a social media post on January 16, 2022, Prime Minister Justin Trudeau informed the public, *“Update: It is now illegal to intimidate doctors, nurses and patients – or to obstruct them from providing care or seeking treatment – as our government’s legislation to criminalize this behaviour comes into force today. We’ll continue to have the backs of our health care workers”* [93]. I want to reiterate that last sentence: *“We’ll continue to have the backs of our health care workers.”* This hypocritical statement is appalling. Trudeau promises to protect health care workers, after firing nearly 1,000 unvaccinated health care providers in Nova Scotia alone for a personal medical decision. In British Columbia, at least another 2,500 unvaccinated health care workers were also fired [94]. Does protecting our health care workers refer only to those who chose, or were pressured, into participating in an experimental drug trial? That hardly sounds like *“having the backs of our health care workers.”*

In another of Trudeau’s social media posts he claims, *“It’s never too late to get your first shot. If you don’t have it yet, please, get that taken care of. And let’s continue to work together to keep*

each other safe.” Again, I’d like to draw your attention to the final sentence: “*And let’s continue to work together to keep each other safe*” [93]. Trudeau again contradicts himself by encouraging Canadians to ‘*work together,*’ yet the mandates he enforces have done nothing but create a divide between the unvaccinated and the vaccinated. The mandates have done nothing but cause people to point fingers and blame those who do not take the shot. He claims that working together will ‘*help keep each other safe,*’ yet it is profoundly evident that choosing to get the shot protects you, and only you, and it is questionable if it even does this. There is zero evidence to support the idea that getting the vaccine will protect anyone else, as it does not prevent the transmission of the virus. Again, this sentence further tears Canadians apart by shaming those who make a personal medical decision not to get the shot and directing the vaccinated population’s anger towards the unvaccinated. Essentially, this statement leads people to believe that 1) the vaccine will prevent the spread of the virus (which is known to be untrue), and 2) if you do not get the vaccine, you are the problem, as you are failing to keep your family, friends, and society safe. Again, this idea is untrue and continues to force Canadians to divide, doing the opposite of working together.

In what may be Trudeau’s most appalling and offensive statement, he groups the unvaccinated with the most loathed in society. “*...but there are also people who are vehemently opposed to vaccination. These are the extremists...who do not believe in Science, who are often misogynists, often racists, too; it is a sect, a small group, but who are taking up space...Do we tolerate these people*” [95]? This statement is incorrect and deplorable. Over 10% of eligible Canadians have chosen not to become vaccinated against COVID-19. Trudeau claims that the unvaccinated do not believe in Science, which is false. A large fraction of the unvaccinated do believe in the scientific method. They believe in evidence-backed Science. What they do not believe in is forcing people into taking an experimental vaccine that has seen minimal benefits, or enforcing mandates that have no scientific validity, and instead cause segregation and discrimination. Many individuals have investigated the Science, not just the propaganda spewed by the media, and considered all facts, evidence, risks, and rewards, and made informed decisions. The only threat the unvaccinated pose is conflicting with Trudeau’s mantra of ‘*vaccinate, vaccinate, vaccinate.*’ These are the people who stand up for what they believe in, even when it is difficult. They choose not to let the media and the rest of society pressure them into doing something they are not comfortable with and have every right to refuse. Not only does Trudeau allude that this minority population is a threat, but

they are now also labelled misogynists and racists. This claim is entirely inappropriate and unfounded. By claiming the unvaccinated are *'taking up space,'* he is insinuating that the unvaccinated are not worthy of even existing in the same space as the rest of society (a violation of the equality section of the Charter). The use of the words *'these people'* is dehumanizing. The phrase, *'Do we tolerate these people?'* is an action statement and is intended to elicit fear and anger in the public in order to put more pressure on those who remain unvaccinated, continuing to turn Canadians against each other.

Trudeau's behaviour is counter-intuitive and an example of false flagging. False flagging is "*a hostile or harmful action that is designed to look like it was perpetrated by someone other than the person or group responsible for it*" [96]. Again, the blame is pinned on the unvaccinated when the real issue is the government mandates and vaccines that do not do what they were intended to do.

Trudeau continues to circulate propaganda through his social media posts and televised interviews. Daily, he pushes the vaccine and booster shots on citizens. Ironically, he has been at least triple vaccinated, and has gotten COVID-19 twice in the last 6 months himself. The idea that the unvaccinated are 'bad' people and that 'they' are the reason we are still in this pandemic, stems from a top-down approach, directly from Canada's leader. This message creates division amongst Canadians and is damaging to our society.

We will be reaping the consequences for years to come if we do not consider our reality and come together. Canadians should be supporting one another through this pandemic. We should be respecting one another's medical autonomy, understanding that what is right for one individual, may not be right for another. Understanding that there are a multitude of reasons for the choices an individual makes and being empathetic with one another; that is how we get through this. Respect, compassion, and kindness is the only way to persevere.

I would like to share with you another definition for "Totalitarianism." "*A form of government and political system that prohibits all opposition parties, outlaws individual opposition to the state and its claims, and exercises an extremely high degree of control and regulation over public and private life*" [97]. That sounds strikingly familiar from the recent past. It resembles what we are

facing today. We are seeing censorship of those with opposing opinions, and only biased propaganda is spread in the media. We are experiencing a high degree of control over public life, as the government now dictates who can go where and do what due to the vax pass. We are seeing a high degree of control over private life as well, as private medical information is no longer personal or confidential. It can be demanded by anyone, and it dictates how you are viewed by your employer and the rest of society. This conforms to the definition of totalitarianism. And that is terrifying.

Censorship

There are high levels of censorship surrounding the information released to the public about COVID-19. MP Derek Sloan hosted a panel of doctors at a news conference in Parliament Hill who offered their thoughts on this topic [37]. Dr. Bridle was one of the doctors who expressed his concerns regarding censorship and the vaccine. He shared his own experience with censorship and the consequences of deviating from the government's narrative. During a radio interview, Bridle was asked for his expert opinion as someone who works on vaccine development on whether he believed there was a link between the vaccine and the increased cases the world was seeing of inflammation in young males. With his vast knowledge, he stated that yes, this was a possibility [37]. Immediately after the interview, Bridle began experiencing vicious and slanderous attacks on social media. He had fake accounts created in his name, and confidential medical information about his parents was released [37]. Other videos of Bridle sharing scientific data on COVID-19 have been deleted or removed from the internet, denying people the ability to access relevant, alternative scientific views concerning the pandemic.

Dr. Patrick Phillips, a family physician, also spoke out about his experiences during the pandemic [98]. He expressed concerns regarding the impact of the lockdowns and regulations imposed by the government on the physical and mental well-being of his community. Never in his career has he experienced such a high volume of suicidal youth coming into his office seeking help, or people who went into the ER for the first time with metastatic cancer. The effects of health issues like these pose detrimental current and long-term impacts. Along with many other doctors and

scientists who have expressed similar concerns, Dr. Phillips is troubled knowing that safe and effective alternative medicines and preventative measures to treat COVID-19 are not being used. As previously discussed, doctors have been advised not to use these treatments, despite their benefits. Phillips also spoke out about how the College of Physicians and Surgeons of Ontario threatened disciplinary action on health care professionals who provided information relating to COVID-19 that contradicted the media and the governmental narrative. Prohibiting medical professionals from discussing the potential risks associated with the vaccine violates their obligation to provide all relevant information to patients. It also violates the basic ethical principles of respect for autonomy and beneficence. Respect for autonomy means that medical professionals are obliged to respect the decisions of their patients [99]. Beneficence in medicine means that the patient's goals and desires are always the top priority [99]. Medical professionals have a moral obligation to act in the best interest of others by providing patients with all relevant information and options related to a medical intervention, present the risks and benefits of those options, and to respect and support our goals and decisions, regardless of what they are. We were never told what the risks or harms of the vaccine were, decisions not to get vaccinated were not respected, and per the aforementioned threat, nurses and physicians were explicitly told not to share information that contradicted the narrative to vaccinate and comply with the mandates, and if they did, they could lose their jobs and license to practice medicine. Indeed, Dr. Phillips has received threatening letters from his employer and has had his privileges suspended as a result of speaking out about COVID-19 and informing patients about alternative treatments [98]. Preventing experienced doctors from expressing their informed opinions is unthinkable.

Dr. Malone, a pioneer of mRNA technology, is another victim of censorship who has had his freedom of speech violated. After posting on Twitter and LinkedIn sharing his opinion and evidence-backed information about COVID-19, he has been banned from these social media outlets. Dr. Malone was not even informed which of his posts was the cause for this course of action [100]. Interestingly, Malone shared that Reuters, a corporation involved in the 'fact-checking' of social media posts, has business relationships with Pfizer. This presents another conflict of interest where Pfizer is concerned. Pfizer would not want any information being spread that would deter the public from wanting to get its vaccine, thereby reducing its profits.

Similarly, Facebook is being sued over a lawsuit relating to its ‘fact-checkers.’ John Stossel, a well-known journalist, is suing the company for defamation after his posts were removed or given warning labels by Facebook ‘fact-checkers’ stating that the information in the posts was false or incorrect. To defend its actions, Facebook is now admitting that its so-called ‘fact-checkers’ don’t actually check facts at all, but just offer someone else’s opinion [101].

The media is incredibly biased. Causing it to be even more biased is the heightened censorship around how the media portray the pandemic. Media outlets that have shared information relating to the shortcomings of governmental policies have suffered severe consequences. Data gathered by the International Press Institute (IPI) released that at least 426 media freedoms violations relating to COVID-19 have occurred in just six months. There have been 192 instances of journalists being arrested and charged after sharing news that differs from the message promoted by the government. Governments are imposing laws that restrict access to information and criminalize behaviour that is contrary to that of the government’s opinion or ideology [102].

The Freedom Truckers’ Convoy on Parliament Hill in February, 2022, highlighted the media’s biases. Tens of thousands of Canadians banded together to peacefully protest the various mandates and regulations imposed by the Federal government. Unfortunately, it was inevitable that in crowds that large, a tiny minority of people might take advantage of the situation to promote hate. This was not tolerable, and it was not what the Freedom Movement stood for. The media, however, focused on the minuscule negative aspects of the protest to sway public opinion to coincide with their own biases. I recently saw an image that clearly depicts how the media operates when it comes to deciding what information to share and how it is portrayed to viewers, specifically in the context of this protest. It is worth sharing and is referenced in Appendix I. It is a reminder to critically assess what is conveyed in the media and consider its logic and intent. Despite the media’s portrayal of the protest, its purpose was not to spread hate or cause any form of harm. On the contrary, it was to spread love, respect for one another, and freedom of choice, as nobody should ever have a say in what happens to *your* body. The Truckers were standing up for the rights and liberties of all Canadians, many of which have already been discussed: mobility rights, medical autonomy, our right to thought, belief, opinion, and expression, including freedom of the press and other media of communication, and freedom of peaceful assembly. These rights are being denied to Canadians, and it is intolerable. While many restrictions have been lifted by the time of

publication of this document, it is just as easy that they will be invoked once again under even less justification.

During a pandemic, all factual and relevant information should be shared with the public in order for individuals to make informed decisions. Unfortunately, this is far from what has occurred. The COVID-19 vaccines are new, and there is still much that we do not know about them. Scientific debate surrounding the vaccines should be encouraged. Asking legitimate, scientific questions should be urged. Everyone should be informed of the risks and rewards. If the top doctors in the world are being censored and are unable to speak out about their concerns, who can? The suppression that is happening is plainly evident. The hate that has evolved between Canadians surrounding personal opinions relating to COVID-19 and vaccination status is real. But none of these societal inadequacies are discussed in the media; instead, they are encouraged. Keep in mind that others' individual medical choices have no impact on anyone else, regardless of whether they have the vaccine or not. The censorship needs to stop, and so does the hate and division. Regardless of your opinion or medical decisions, no one has the right to be disrespectful, abusive in any way, or censored if the information provided is scientific and evidence-based. As Canadians, we should support each other and stand up for our rights and freedoms. We should be patriotic; strong, and free.

Natural Immunity Vs. Pfizer-BioNTech COVID-19 Vaccine

Natural immunity is more effective than Pfizer's BioNTech COVID-19 vaccine or any of the other COVID-19 vaccines. Continuing research indicates that immunity received from the Pfizer vaccine may not be as strong as immunity acquired as a result of actually contracting and recovering from the SARS-CoV-2 virus [31, 103, 104]. The National Institutes of Health (NIH) found that the immune systems of more than 95% of people who recovered from COVID-19 retained memory of the virus, providing natural immunity for up to eight months post-infection [105]. Researchers in Australia found that the antibodies produced as a result of recovering from COVID-19 are likely to last a lifetime. Mounting research has demonstrated detectable antibodies against SARS-CoV-2 more than two and a half years after initial infection. Even antibodies against

SARS-CoV-1 in the 2002-2003 pandemic were still evident three and a half years later in recovered patients [106, 107].

By contrast, the protective effectiveness from the COVID-19 vaccines are more limited, as studies have shown a substantial decline in immunity from mRNA vaccines 6-months post-immunization. This finding is consistent with the fact that the Canadian federal government has signed contracts to pay \$65 million in Pfizer and \$35 million in Moderna vaccines. This will provide enough vaccines for everyone in Canada to receive 2-3 booster shots per year for at least the next two years [108]. The WHO has stated that repeated booster doses are not a sustainable plan to end the pandemic, and vaccines need to be more effective at protecting against new and emerging variants [108]. This is not the first time the WHO has stated concerns relating to the effectiveness of the vaccines. Dr. Srinivas Murthy, who co-chairs the WHO's clinical research committee on COVID-19, has said, *"the booster response is panicky politics not public health"* [108]. Dr. Tedros Adhanom Ghebreyesus, the WHO Director-General, stated, *"no country can boost its way out of the pandemic"* [109]. Dr. Eric T. Payne, a doctor in pediatric neurocritical care and epilepsy, also stated that *"even with 100% forced compliance – you cannot eradicate SARS-CoV-2 through vaccination"* [110]. Iceland's top epidemiologist has also admitted that the COVID-19 vaccine has not and will not lead to herd immunity. Instead, he says that the only way to achieve herd immunity is via natural immunity [111]. The ability of SARS-CoV-2 to propagate in cats, minks, ferrets, pangolins and wild deer amongst other mammals clearly demonstrates how impossible it would be to eradicate this virus [112], even if all humans were successfully immunized with a COVID-19 vaccine. It would inevitably return to infect the human population from animal reservoirs of the SARS-CoV-2 virus.

Europe recognizes the benefit of natural immunity as its green pass (its version of Canada's vaccine passports) requires vaccination, a positive PCR test, or proof of a COVID-19 infection. In Canada, however, this latter option is not even discussed. Dr. Robert Malone, the scientist who discovered the potential of mRNA technology for vaccination, has also agreed that we cannot vaccinate our way out of the pandemic. He even shared that by vaccinating such a large percentage of the population mid-pandemic, it is likely to make matters worse. The virus can mutate in the fully vaccinated and become stronger and more resistant to COVID-19 vaccines by vaccinating mid-pandemic. This concept is confined to vaccinated individuals, yet it is the unvaccinated who

are blamed. Malone says this is particularly common with leaky vaccines, such as the COVID-19 vaccine. A leaky vaccine does not fully protect individuals from contracting the virus and does not protect against transmission. The idea that these leaky COVID-19 vaccines are the cause for the emerging variants is supported by Dr. Luc Montagnier, a Nobel Prize-winning French Virologist. Montagnier agreed that mass vaccination is the cause of the emerging variants, *not* the unvaccinated. Montagnier has also cautioned of the dangers of trying to vaccinate the entire population mid-pandemic as a result of this occurrence [113]. Multiple scientists, doctors, and respected organizations have admitted that COVID-19 vaccines, and booster shots specifically, are essentially useless. Pfizer has implied as much, as it is offering an anti-viral treatment called Paxlovid for people who contract COVID-19 [114]. That's pretty convenient timing now that the world is beginning to realize that the vaccines are not as effective as was promised. Pfizer's shareholders must be thrilled with the availability of this new drug.

There are much better ways to combat the virus than endless booster shots. Dr. Murthy, the co-chair of the WHO's clinical research committee on COVID-19, has recommended that diverting vaccines to countries with a much smaller percentage of their population vaccinated would be more efficient at slowing the virus than continuing to inject those who are already fully vaccinated [108]. Dr. Tedros Adhanom Ghebreyesus of the WHO, agreed, criticizing the push on the public to get booster shots saying, *"blanket booster programs are likely to prolong the pandemic, rather than ending it, by diverting supply to countries that already have high levels of vaccination coverage, giving the virus more opportunity to spread and mutate"* [109]. Rather than trying to force the entire population into mass compliance, we should be focusing on vaccinating those who are most at risk. Unfortunately, those at most risk are likely to suffer from immune-senescence further reducing vaccine efficacy.

Science has shown that natural immunity provides more complete, longer-lasting protection than the COVID-19 vaccines. The antibodies that are produced from natural infection are more appropriate for an airborne respiratory virus that gains entry through the nose or mouth than generated from injection of a vaccine into the arm. Additionally, administering booster shots to fully vaccinated individuals is likely to prolong the pandemic. Encouraging everyone to take leaky vaccines makes matters worse by providing the virus opportunities to continue to mutate and evade the vaccines. The results of the virus infecting the fully vaccinated is the reason why these new

variants emerge. Instead, the best practice would be administering the vaccines only to those most vulnerable to SARS-CoV-2 and letting natural immunity build in the rest of the population to establish herd immunity and thereby limit its spread. This is the scientific solution; not the mandates and vaccine passports.

Conclusions

The past two and a half years have been undeniably difficult for everyone. We have struggled, faced hardships, been separated from friends and family, and made sacrifices. It is unknown how long this pandemic will last, and we are exhausted. We have been denied important information that would influence our decision-making throughout the pandemic and have been outright lied to. Alternative treatments have not been discussed, and doctors have faced severe consequences for administering and even discussing them, despite their efficacy and long history of safety data. In many respects, we have been misinformed and have witnessed several examples of contradiction from organizations that should have our best interest in mind. Even the facts checkers have stirred further confusion with questionable pronouncements.

Our children have been adversely affected too. Their education has been limited and uncustomary. They have spent the last two and a half years forced to recognize people with masks, and unable to play with their friends. For many of them, this is all they have ever known or will remember. Older kids have faced immense pressure, more so than what many of us have faced at that age. Secondary education has been restricted.

We have been subjected to censorship, misinformation, biases, and narrowly focused opinions. The official narrative has undoubtedly impacted our own thinking and biases. We have experienced segregation and discrimination and have been subject to enforced mandates not backed by science. Employees have lost jobs due to cancellations, closures, or mandates. Hate and segregation have been, and continue to be, encouraged by the media and by our Prime Minister, turning us against one another. Our right to informed consent and several fundamental rights have been violated. The pandemic has caused increased levels of stress, anxiety, and fear. The mandates, restrictions, and governmental narrative have only enhanced these emotions. The pandemic has unquestionably affected many people's physical health. Even more so, it has had a deep and devastating impact on everyone's mental well-being. The full effects are unknown, but they may

last a lifetime. We have a choice to make. We can keep living the way we are and continue to conform with the masses, allowing the media to shape our thoughts and behaviour, or we can think critically and sensibly. We can devise a better, more inclusive solution by supporting our friends, family, and neighbours, and connecting empathetically with one another.

There will come a time when people realize the vaccine passports and these unjustifiable regulations are morally unacceptable and will be rejected. The direst concern presently is how long it will take us as a society, as a nation, as an entire world, to realize this and come together rather than allowing it to tear us apart. How we respond to and think about the situations relating to COVID-19 dictates how history will be written. This pandemic will be written about in textbooks and taught to our children and our children's children for years to come. The pandemic, however, is no longer the primary concern. The negative impacts of the enforced mandates and divide that has been created between vaccinated and unvaccinated individuals is much more damaging. I predict that how we deal with the pandemic, respond to governmental laws, and treat our vaccinated and unvaccinated friends, family, and strangers is what will be taught alongside the pandemic facts. This pandemic is not yet over, and therefore what will be written in the history books is not yet determined. I encourage you to strongly consider how you want our history to be written. Do we want to live the rest of our lives in fear and abide by unnecessary and unscientific restrictions for years to come? Do we want unpredictability and constantly changing regulations and rules? Do we want to turn on each other and further divide the vaccinated and unvaccinated? Or do we want to come together and treat each other with kindness and compassion, regardless of vaccination status, understanding that there is a plethora of reasons why a person might choose to be vaccinated, and a plethora of reasons why they might choose not to be vaccinated. Choose the decision is that is best suited for you. Be informed, consider all sources of valid data and scientific evidence, think critically, weigh all risks and rewards, and consider the tremendous implications of your actions. Consider those factors carefully. We are the ones who choose how history will be written. What do you want to recall about how you reacted to the pandemic? How do *you* wish to be remembered?

References

1. <https://www.dw.com/en/witch-hunts-not-just-a-thing-of-the-past/a-54509188>
2. <https://www.history.com/topics/black-history/slavery>
3. <https://www.history.com/topics/early-20th-century-us/jim-crow-laws>
4. <https://www.history.com/topics/world-war-ii/world-war-ii-history>
5. <https://www.thecanadianencyclopedia.ca/en/article/residential-schools>
6. <https://time.com/5928539/domestic-violence-covid-19/>
7. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>
8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264607/>
9. <https://www.mckinsey.com/industries/education/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>
10. <https://www.brookings.edu/blog/brown-center-chalkboard/2022/03/03/the-pandemic-has-had-devastating-impacts-on-learning-what-will-it-take-to-help-students-catch-up/>
11. https://www.cbsd.org/cms/lib/PA01916442/Centricity/Domain/2773/commonlit_asch-experiment_student.pdf
12. <https://www.atlasobscura.com/articles/watch-these-awkward-elevator-rides-from-an-old-episode-of-candid-camera>
13. <https://www.dw.com/en/witch-hunts-not-just-a-thing-of-the-past/a-54509188>
14. <https://impact.canada.ca/en/behavioural-science/timeline>
15. <https://www.instituteforgovernment.org.uk/our-work/policy-making/mindspace-behavioural-economics>
16. <https://behavioralpolicy.org/what-is-nudging/>
17. <https://www.bi.team/publications/mindspace/>
18. <https://www.simplypsychology.org/folk-devils-and-moral-panics-cohen-1972.html>
19. <https://www.youtube.com/watch?v=DGKn4UkwZVQ>
20. <https://laws-lois.justice.gc.ca/eng/const/page-12.html>
21. <https://lauradodsworth.substack.com/p/winter>
22. <https://www.medicalnewstoday.com/articles/covid-19-anxiety-syndrome-a-pandemic-phenomenon#Possible-causes-of-COVID-19-anxiety>
23. [https://en.wikipedia.org/wiki/Nudge_\(book\)](https://en.wikipedia.org/wiki/Nudge_(book))
24. https://www.instagram.com/p/CS7Q12gg1qw/?fbclid=IwAR3UJXIEqI0X2YrxFxrRo9_C--nPCrCAw2o9gGfrCMaofS_FLfPatOERrNM
25. https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf
26. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>
27. <https://wonder.cdc.gov/bridged-race-v2019.html>
28. <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2034577?articleTools=true>

29. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q#Comorbidities
30. https://www.google.com/search?q=comorbidity+definition&rlz=1C1CHBF_enCA832CA832&oq=comorbidity+definition&aqs=chrome..69i57j0i13l6j0i13i30i457j0i13i30l2.4168j1j4&sourceid=chrome&ie=UTF-8.
31. https://www.scribd.com/document/545827611/Increases-in-COVID-19-are-unrelated-to-levels-of-vaccination-across-68-countries-and-2947-counties-in-the-United-States?fbclid=IwAR3l8IFR1erm_0HpAj0-Kb4PdSePwZ-ID8FeMnvYtijH5fNIWQuOUHV2Mfk
32. https://www.publichealthscotland.scot/media/11916/22-02-16-covid19-winter_publication_report.pdf
33. <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>
34. <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
35. <https://www.forbes.com/sites/aayushipratap/2021/07/28/pfizer-expects-335-billion-in-vaccine-revenue-in-2021/?sh=36349663217d>
36. https://www.instagram.com/tv/CXkLkvigDD4/?utm_medium=copy_link&fbclid=IwAR1uK m5iKVNoDKY_9sVIdnYIN0X30X6BV_mQtR_bw2CTBdwmvkL6VjO1l1g
37. <https://www.cpac.ca/episode?id=cd50ce93-5138-4489-a88f-bb8065b7aa32>
38. [https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm?](https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm)
39. <https://www.ncbi.nlm.nih.gov/books/NBK459259/>
40. <https://nomoresilence.world/pfizer-biontech/isaiah-harris-pfizer-severe-adverse-reaction/>
41. <https://health-infobase.canada.ca/covid-19/vaccine-safety/ - specialInterest>
42. <https://circleofmamas.com/health-news/grieving-father-ernest-ramirez-shares-heartbreaking-story-of-his-teen-sons-death-5-days-after-pfizer-vaccine/>
43. <https://www.sciencedirect.com/science/article/pii/S221475002100161X>
44. Merchant, H.A. (2022) Why COVID vaccines for young children (5–11 years) are not essential at this moment in time?. *J of Pharm Policy and Pract* 15, 25 (2022). <https://doi.org/10.1186/s40545-022-00424-0>
45. <https://www.theguardian.com/world/2022/sep/06/anger-at-plans-to-roll-back-covid-vaccines-to-under-11s-in-england>
46. <https://www.sst.dk/en/English/Corona-eng/Vaccination-against-covid-19/Vaccination-fall-and-winter-2022-2023>
47. <https://www.regjeringen.no/en/aktuelt/vaccination-of-children-and-adolescents-against-covid-19/id2895513/>
48. <https://www.reuters.com/world/europe/sweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27/>
49. <https://abcnews.go.com/International/wireStory/uruguay-suspends-covid-vaccination-children-13-86409875>

50. <https://www.sst.dk/en/English/Corona-eng/Vaccination-against-COVID-19>
51. <https://www.facebook.com/druthers.net/videos/4047344552034144>
52. https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-myocarditis-pericarditis-vaccines-epi.pdf?sc_lang=en
53. https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-aefi-report.pdf?sc_lang=en
54. <https://www.reuters.com/world/europe/finland-pauses-use-moderna-covid-19-vaccine-young-men-2021-10-07/>
55. <https://www.france24.com/en/live-news/20211109-france-advises-against-moderna-for-under-30s-over-rare-heart-risk>
56. Daniels, C.J., Rajpal, S., Greenshields, J.T. *et al.* (2021) Prevalence of clinical and subclinical myocarditis in competitive athletes with recent SARS-CoV-2 infection: Results from the Big Ten COVID-19 Cardiac Registry. *JAMA Cardiol* 6(9):1078-1087. doi:10.1001/jamacardio.2021.2065
57. Mansanguan, S., Charunwatthana, P., Piyaphanee, W., Dechkhajorn, W., Poolcharoen, A., Mansanguan, C. (2022) Cardiovascular manifestation of the BNT162b2 mRNA COVID-19 vaccine in adolescents. *Trop. Med. Infect. Dis.* 7, 196. *Trop. Med. Infect. Dis.* 2022, 7, 196. doi: 10.3390/tropicalmed7080196
58. <https://www.cbc.ca/news/canada/toronto/ontario-update-astrazeneca-vaccine-1.6022545#>
59. https://www.youtube.com/watch?v=laaL0_xKmmA&t=24751s
60. <https://www.globalresearch.ca/phd-researcher-analysis-vaers-data-reveals-5427-increase-deaths-covid-shots-compared-all-vaccines-past-10-years/5759321?>
61. <https://c19ivermectin.com/>
62. <https://earlycovidcare.org/wp-content/uploads/2021/07/viruses-13-00989-v2.pdf>
63. <https://www.medrxiv.org/content/10.1101/2020.09.04.20188268v1.full.pdf>
64. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7716744/pdf/main.pdf>
65. <https://earlycovidcare.org/review-the-evidence/>
66. <https://www.youtube.com/watch?v=IqPJiM5Ir3A>
67. <https://lauradodsworth.substack.com/p/winter>
68. https://westernstandardonline.com/2021/10/spitzer-family-says-alberta-government-ndp-spreading-fake-news-that-nathanaels-death-was-from-covid/?fbclid=IwAR0Ze6bDYeGDysLvsDDsXxfX0B-0UTD9frCfb5_tcNVmqsnGF-8xmsutCXc
69. <https://covid-19.ontario.ca/data/hospitalizations>
70. <https://www.theatlantic.com/science/archive/2021/12/mask-guidelines-cdc-walensky/621035/>
71. <https://www.frontiersin.org/articles/10.3389/fmed.2020.564280/full>
72. <https://www.ronjohnson.senate.gov/2021/8/sen-johnson-to-federal-health-agencies-expediting-approval-process-appears-to-serve-the-political-purpose-of-imposing-and-enforcing-vaccine-mandates>

73. <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>
74. https://nscla.org/news/no-nova-scotia-is-not-safer-today/?fbclid=IwAR1M_b2gmCgfsi876pAUaay_0ykF0AWk6eylrY9zxhpNyJ0bdLAJQPWgkxY
75. <https://novascotia.ca/news/release/?id=20211130002>
76. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
77. <https://www.jccf.ca/wp-content/uploads/2021/09/Sep-15-FINAL-PAYNE-CPSA-letter.pdf>
78. https://canadiancovid.substack.com/p/the-vast-majority-of-covid-19-cases?fbclid=IwAR1fO_pNSH5UDXVFmFDIjO12hImJB2oQZZNJYmL-TbNJc4ulCiLZ8PO-n-I
79. <https://www.smu.ca/covidinfo/covid-19policyfaqsforstudents/>
80. <https://www2.acadiau.ca/covid-19/testing.html>
81. <https://www2.acadiau.ca/covid-19/vaccination.html>
82. <https://www.dal.ca/covid-19-information-and-updates/covid-19-resources/campus-check-vaccination-and-testing-requirements.html>
83. <https://www.nsrealtors.ca/NSREALTORS/Content/BecomeaRealtor/EducationandLicensing.aspx?>
84. https://twitter.com/net_nuance/status/1386208111871078400?lang=en
85. <https://www.ifpri.org/topic/food-security#:~:text=Food%20security%2C%20as%20defined%20by,an%20active%20and%20healthy%20life>
86. https://muse.ai/v/orKNUyt-Corporal-BulfordRCMP?fbclid=IwAR1CgX3BRficgJ5LIV4AasmhQYF_eNYKe7_wNAx70b1Ra02qg0CD6P-WKKs
87. <https://laws-lois.justice.gc.ca/eng/acts/e-4.5/page-1.html>
88. <https://www.canada.ca/content/dam/pch/documents/services/download-order-charter-bill/canadian-charter-rights-freedoms-eng.pdf>
89. <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art7.html>
90. <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art15.html>
91. https://publications.gc.ca/collections/collection_2016/aspc-phac/HP3-1-23-S4-eng.pdf
92. <https://laws-lois.justice.gc.ca/eng/const/page-13.html#h-59>
93. <https://www.facebook.com/JustinPJTrudeau>
94. <https://vancouversun.com/news/local-news/about-2500-health-care-workers-lost-jobs-over-refusal-to-vaccinate>
95. <https://www.ctvnews.ca/health/coronavirus/quebec-s-tax-on-unvaccinated-trudeau-says-strong-measures-have-worked-1.5737100> <https://www.lifesitenews.com/news/trudeau-calls-unvaccinated-canadians-racists-misogynists-in-unhinged-interview/>

96. <https://www.merriam-webster.com/dictionary/false%20flag>
97. <https://en.wikipedia.org/wiki/Totalitarianism>
98. <https://rumble.com/vnnxtg-doctor-talks-19-1-on-1-with-dr-patrick-phillips.html>
99. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863255/>
100. https://www.youtube.com/watch?v=_NpW-FvWkRE
101. <https://nypost.com/2021/12/13/facebook-bizarrely-claims-its-misquote-is-opinion/>
102. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/policy-orientation-covid-19.aspx?lang=eng
103. <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>
104. <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>
105. <https://www.facebook.com/watch/?v=367113211711774>
106. <https://pubmed.ncbi.nlm.nih.gov/18258008/>
107. <https://www.nejm.org/doi/full/10.1056/NEJMc070348>
108. <https://www.cbc.ca/news/politics/pfizer-moderna-contracts-2024-1.6311559>
109. <https://www.cnn.com/2021/12/22/who-says-covid-vaccine-booster-programs-will-prolong-pandemic.html>
110. <https://www.jccf.ca/wp-content/uploads/2021/09/Sep-15-FINAL-PAYNE-CPSA-letter.pdf>
111. <https://www.wired.com/story/iceland-bets-on-herd-immunity/>
112. <https://doi.org/10.3389/fvets.2020.596391>
113. <https://muslimmirror.com/eng/covid-vaccines-creating-new-variants-says-nobel-winning-scientist/>
114. <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-oral-antiviral-treatment-covid-19>

Appendices

Appendix A

The MINDSPACE mnemonic used by the UK government to influence the public's behaviour that encourages compliance to enforced policies, regulations, mandates and restrictions.

Messenger	we are heavily influenced by who communicates information
Incentives	our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	we are strongly influenced by what others do
Defaults	we 'go with the flow' of pre-set options
Salience	our attention is drawn to what is novel and seems relevant to us
Priming	our acts are often influenced by sub-conscious cues
Affect	our emotional associations can powerfully shape our actions
Commitments	we seek to be consistent with our public promises, and reciprocate acts
Ego	we act in ways that make us feel better about ourselves

<https://www.bi.team/wp-content/uploads/2015/07/MINDSPACE.pdf>

Appendix B

One of the advertisements used to incite fear in the public as a means to induce compliance



<https://www.theguardian.com/world/2020/apr/01/stark-warnings-part-of-governments-new-coronavirus-messaging>

Appendix C

Another of the advertisements used to incite fear in the public as means to induce compliance



<https://www.facebook.com/staffordshirelibraries/posts/dont-let-a-coffee-cost-livesif-you-are-getting-a-takeaway-coffee-remember-to-was/3644317842317032/>

Appendix D

Screen capture from Pfizer's 6 Month Supplementary Appendix

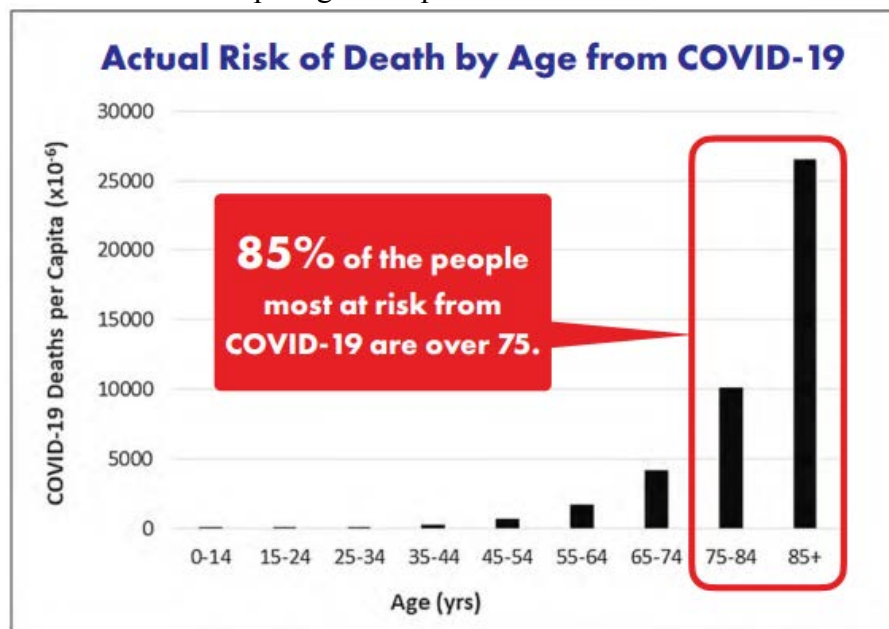
Adverse Event	BNT162b2 (N ^a =21,926) n ^b (%)	Placebo (N ^a =21,921) n ^b (%)
Any event	6617 (30.2)	3048 (13.9)
Related ^c	5241 (23.9)	1311 (6.0)
Severe	262 (1.2)	150 (0.7)
Life-threatening	21 (0.1)	26 (0.1)
Any serious adverse event	127 (0.6)	116 (0.5)
Related ^d	3 (0.0)	0
Severe	71 (0.3)	66 (0.3)
Life-threatening	21 (0.1)	26 (0.1)
Any adverse event leading to withdrawal	32 (0.1)	36 (0.2)
Related ^c	13 (0.1)	11 (0.1)
Severe	10 (0.0)	10 (0.0)
Life-threatening	3 (0.0)	7 (0.0)
Death	3 (0.0)	5 (0.0)

Table S3 | Participants Reporting at Least 1 Adverse Event from Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period. The population included all ≥16-year-old participants who received ≥1 dose of vaccine irrespective of follow-up time. a. N=number of participants in the specified group. This value is the denominator for the percentage calculations. b. n=Number of participants reporting ≥1 occurrence of the specified event category. For 'any event', n=number of participants reporting ≥1 occurrence of any event. c. Assessed by the investigator as related to investigational product. d. Shoulder injury related to vaccine administration, right axillary lymphadenopathy, and paroxysmal ventricular arrhythmia (as previously reported). Adverse events for 12–15-year-old participants were reported previously.¹¹

https://www.nejm.org/doi/suppl/10.1056/NEJMoa2110345/suppl_file/nejmoa2110345_appendix.pdf

Appendix E

COVID-19 Deaths per age Group



COVID-19 Deaths per capita by age in the United States (as of Jun 5, 2021). Population-based on U.S. CDC WONDER Bridge-Race Population Estimate 2019. Data obtained from <https://wonder.cdc.gov/bridged-race-v2019.html>

Appendix F

Pfizer's Trial Demographics

Pfizer Trial Demographics

Demographics (population for the primary efficacy endpoint). The number of participants who received vaccine and placebo, stratified by age.

AGE GROUP	Pfizer-BioNTech COVID-19 Vaccine (N = 18,242) n (%)	Placebo (N = 18,379) n (%)
≥12 through 15 years ^b	46 (0.3 %)	42 (0.2 %)
≥16 through 17 years	66 (0.4 %)	68 (0.4 %)
≥16 through 64 years	14,216 (77.9 %)	14,299 (77.8 %)
≥65 through 74 years	3176 (17.4 %)	3226 (17.6 %)
≥75 years	804 (4.4 %)	812 (4.4 %)

Yet 75+ year olds represent only 4% of trial subjects.

Fact sheet for healthcare providers administering vaccine (Vaccination Providers) Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 vaccine to prevent Coronavirus Disease- 2019 (COVID-19). <https://labeling.pfizer.com/ShowLabeling.aspx?id=14471>

Appendix G

Graph from Harvard University's study depicting the relationship between the % of population fully vaccinated and COVID-19 cases

S. V. Subramanian, A. Kumar

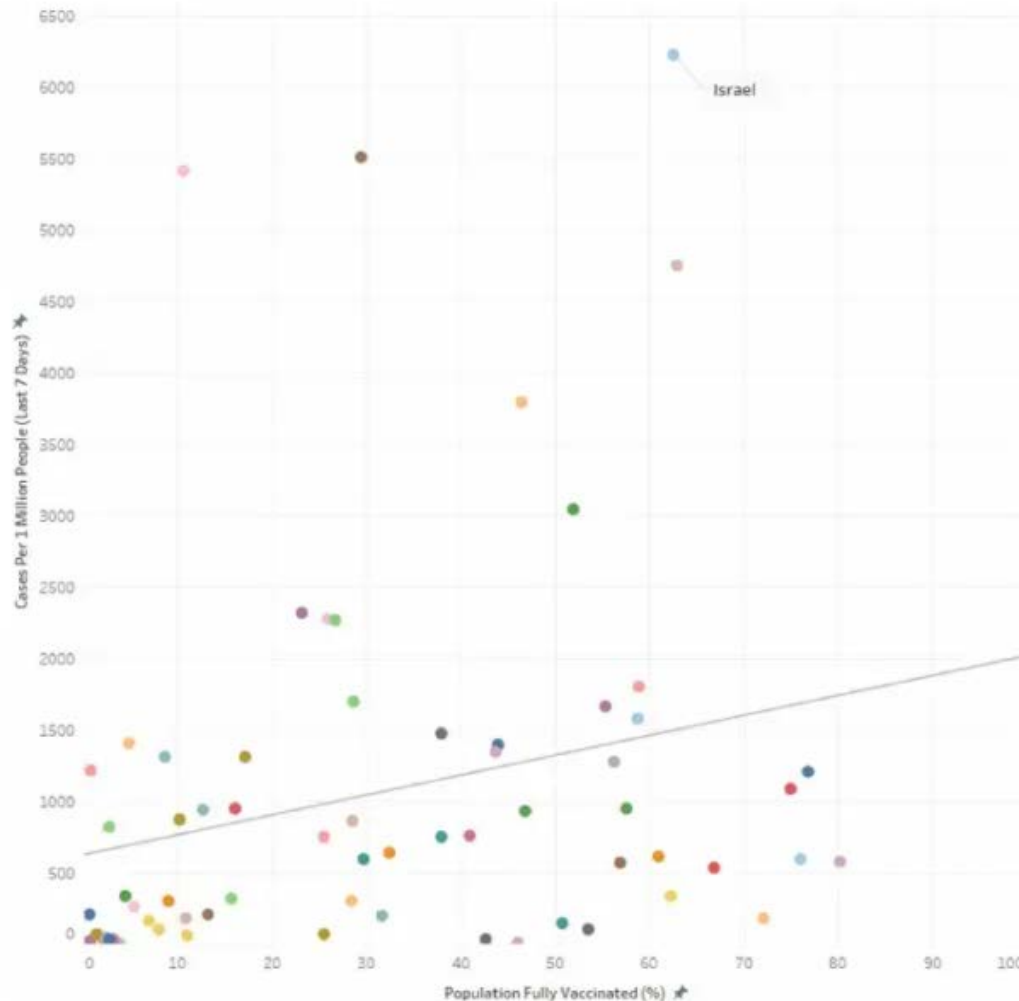



Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)


https://www.scribd.com/document/545827611/Increases-in-COVID-19-are-unrelated-to-levels-of-vaccination-across-68-countries-and-2947-counties-in-the-United-States?fbclid=IwAR3l8IFR1erm_0HpAj0-Kb4PdSePwZ-lD8FeMnvYtijH5fNIWQuOUHV2Mfk

Appendix H

The Canadian Charter of Rights and Freedoms



CANADIAN CHARTER OF RIGHTS AND FREEDOMS



Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law:

Guarantee of Rights and Freedoms

1. The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

Fundamental Freedoms

2. Everyone has the following fundamental freedoms: (a) freedom of conscience and religion; (b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication; (c) freedom of peaceful assembly; and (d) freedom of association.

Democratic Rights

3. Every citizen of Canada has the right to vote in an election of members of the House of Commons or of a legislative assembly and to be qualified for membership therein. 4. (1) No House of Commons and no legislative assembly shall continue for longer than five years from the date fixed for the return of the writ at a general election of its members. (2) In time of real or apprehended war, invasion or insurrection, a House of Commons may be continued by Parliament and a legislative assembly may be continued by the legislature beyond five years if such continuation is not opposed by the votes of more than one-third of the members of the House of Commons or the legislative assembly, as the case may be. 5. There shall be a sitting of Parliament and of each legislature at least once every twelve months.

Mobility Rights

6. (1) Every citizen of Canada has the right to enter, remain in and leave Canada. (2) Every citizen of Canada and every person who has the status of a permanent resident of Canada has the right (a) to move to and take up residence in any province; and (b) to pursue the gaining of a livelihood in any province. (3) The rights specified in subsection (2) are subject to (a) any laws or practices of general application in force in a province other than those that discriminate among persons primarily on the basis of province of present or previous residence; and (b) any laws providing for reasonable residency requirements as a qualification for the receipt of publicly provided social services. (4) Subsection (2) and (3) do not preclude any law, program or activity that has as its object the amelioration in a province of conditions of individuals in that province who are socially or economically disadvantaged if the rate of employment in that province is below the rate of employment in Canada.

Legal Rights

7. 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. 8. Everyone has the right to be secure against unreasonable search or seizure. 9. Everyone has the right not to be arbitrarily detained or imprisoned. 10. Everyone has the right on arrest or detention (a) to be informed promptly of the reasons therefor; (b) to retain and instruct counsel without delay and to be informed of that right; and (c) to have the validity of the detention determined by way of *habeas corpus* and to be released if the detention is not lawful. 11. Any person charged with an offence has the right (a) to be informed without unreasonable delay of the specific offence; (b) to be tried within a reasonable time; (c) not to be compelled to be a witness in proceedings against that person in respect of the offence; (d) to be presumed innocent until proven guilty according to law in a fair and public hearing by an independent and impartial tribunal; (e) not to be denied reasonable bail without just cause; (f) except in the case of an offence under military law tried as a military offence, to the benefit of trial by jury where the maximum punishment for the offence is imprisonment for five years or a more severe punishment; (g) not to be found guilty on account of any act or omission unless, at the time of the act or omission, it constituted an offence under Canadian or international law or was criminal according to the general principles of law recognized by the community of nations; (h) if finally acquitted of the offence, not to be tried for it again and, if finally found guilty and punished for the offence, not to be tried or punished for it again;

Equality Rights

15. (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. (2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Official Languages of Canada

16. (1) English and French are the official languages of Canada and have equality of status and equal rights and privileges as to their use in all institutions of the Parliament and government of Canada. (2) English and French are the official languages of New Brunswick and have equality of status and equal rights and privileges as to their use in all institutions of the legislature and government of New Brunswick. (3) Nothing in this Charter limits the authority of Parliament or a legislature to advance the equality of status or use of English and French. 16.1 (1) The English linguistic community and the French linguistic community in New Brunswick have equality of status and equal rights and privileges, including the right to distinct educational institutions and such distinct cultural institutions as are necessary for the preservation and promotion of those communities. (2) The role of the legislature and government of New Brunswick to preserve and promote the status, rights and privileges referred to in subsection (1) is affirmed. 17. (1) Everyone has the right to use English or French in any debates and other proceedings of Parliament. (2) Everyone has the right to use English or French in any debates and other proceedings of the legislature of New Brunswick. 18. (1) The statutes, records and journals of Parliament shall be printed and published in English and French and both language versions are equally authoritative. (2) The statutes, records and journals of the legislature of New Brunswick shall be printed and published in English and French and both language versions are equally

Minority Language Educational Rights

23. (1) Citizens of Canada (a) whose first language learned and still understood is that of the English or French linguistic minority population of the province in which they reside, or (b) who have received their primary school instruction in Canada in English or French and reside in a province where the language in which they received that instruction is the language of the English or French linguistic minority population of the province, have the right to have their children receive primary and secondary school instruction in that language in that province. (2) Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in English or French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language. (3) The right of citizens of Canada under subsections (1) and (2) to have their children receive primary and secondary school instruction in the language of the English or French linguistic minority population of a province (a) applies wherever in the province the number of children of citizens who have such a right is sufficient to warrant the provision to them out of public funds of minority language instruction; and (b) includes, where the number of those children so warrants, the right to have them receive that instruction in minority language educational facilities provided out of public funds.

Enforcement

24. (1) Anyone whose rights or freedoms, as guaranteed by this Charter, have been infringed or denied may apply to a court of competent jurisdiction to obtain such remedy as the court considers appropriate and just in the circumstances. (2) Where, in proceedings under subsection (1), a court concludes that evidence was obtained in a manner that infringed or denied any rights or freedoms guaranteed by this Charter, the evidence shall be excluded if it is established that, having regard to all the circumstances, the admission of it in the proceedings would bring the administration of justice into disrepute.

General

25. The guarantee in this Charter of certain rights and freedoms shall not be construed so as to abrogate or derogate from any aboriginal, treaty or other rights or freedoms that pertain to the aboriginal peoples of Canada, including (a) any rights or freedoms that have been recognized by the Royal Proclamation of October 7, 1763; and (b) any rights or freedoms that now exist by way of land claims agreements or may be so acquired. 26. The guarantee in this Charter of certain rights and freedoms shall not be construed as denying the existence of any other rights or freedoms that exist in Canada. 27. This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians. 28. Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons. 29. Nothing in this Charter abrogates or derogates from any rights or privileges guaranteed by or under the Constitution of Canada in respect of denominational, separate or dissentient schools. 30. A reference in this Charter to a province or to the legislative assembly or legislature of a province shall be deemed to include a reference to the Yukon Territory and the Northwest Territories, or to the appropriate legislative authority thereof, as the case may be. 31. Nothing in this Charter extends the legislative powers of any body or authority.


Application of Charter

32. (1) This Charter applies (a) to the Parliament and government of Canada in respect of all matters within the authority of Parliament including all matters relating to the Yukon Territory and Northwest Territories; and (b) to the legislature and government of each province in respect of all matters within the authority of the legislature of each province. (2) Notwithstanding subsection (1), section 15 shall not have effect until three years after this section comes into force. 33. (1) Parliament or the legislature of a province may expressly declare in an Act of Parliament or of the legislature, as the case may be, that the Act or a provision thereof shall operate notwithstanding a provision included in section 2 or sections 7 to 15 of this Charter. (2) An Act or a provision of an Act in respect of which a declaration made under this section is in effect shall have such operation as it would have but for the provision of this Charter referred to in the declaration. (3) A declaration made under subsection (1) shall cease to have effect five years after it comes into force or on such earlier date as may be specified in the declaration. (4) Parliament or the legislature of a province may re-enact a declaration made under subsection (1). (5) Subsection (3) applies in respect of a re-enactment made under subsection (4).

Citation

34. This Part may be cited as the *Canadian Charter of Rights and Freedoms*.

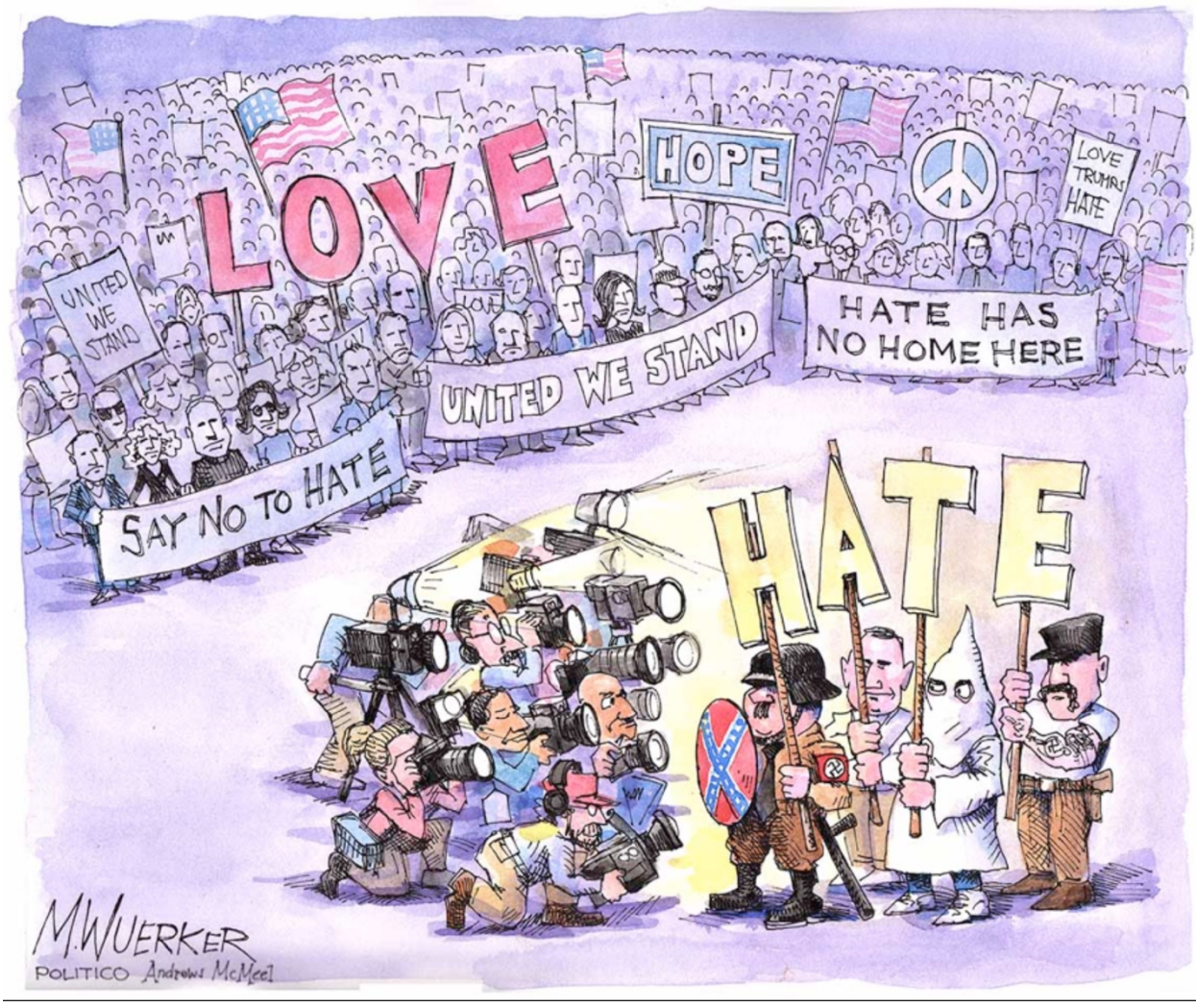
"We must now establish the basic principles, the basic values and beliefs which hold us together as Canadians so that beyond our regional loyalties there is a way of life and a system of values which make us proud of the country that has given us such freedom and such immeasurable joy."


P. E. Trudeau 1981

<https://www.canada.ca/content/dam/pch/documents/services/download-order-charter-bill/canadian-charter-rights-freedoms-eng.pdf>

Appendix I

Visual image depicting the biases of the media



<https://medialaw.unc.edu/2019/05/freedom-speech-unc-chapel-hill-campus-students-understand-first-amendment-issues/>