

The Canadian Peoples Union NFP

Ohsweken, June 14th, 2021

"BY BAILIFF, FAX & EMAIL"

OPEN DEMAND LETTER

"WITHOUT PREJUDICE"

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RE : Demand for an investigation into the SARS-COV-2 criminal malfeasance committed against the citizens of Canada

Mr. Lametti,

The purpose of this letter is to question the criminal harms associated with SARS-CoV-2 by our public health officials and our federal, provincial and municipal governments who have created a "**health scare by health care**", namely: "**ARE THEY MORALLY, ETHICALLY AND CRIMINALLY GUILTY?**"

I have a crucial question to ask you: have you looked at the Canadian report **SARS-CoV-2 Coronavirus Isolation** done that was officially announced **March 12, 2020**, by Sunnybrook Research Institute and McMasters University? Several accredited media outlets distributed this news on March 12 and 13, 2020, [Appendix 1](#), [Appendix 2](#), [Appendix 3](#), and [Appendix 4](#).

The research paper released in September 2020, included all the facts regarding the science that would justify the measures undertaken by all governance in Canada and especially Public Health officials, [Appendix 5](#).

Most Canadians would think that, as the Minister of Justice and Attorney General of Canada, the updated information that was coming from valid research teams in Canada would have been given weight as valid “scientific evidence”, and part of the information package provided by the Senior Health Officials guiding all Health Ministers both Provincially and Federally across Canada.

That those Health Ministers would have questioned everything and asked for solid science and research with which to make decisions, given that the Canadian Federal, Provincial and Municipal Governments were about to unlawfully derogate from the Canadian Peoples International Human Rights, the Canadian Charter of Rights and Freedom and the Provincial Human Rights.

That, notwithstanding, as time went on, the abuse of power that was being undertaken by all of them and the Public Health officials (executives) across Canada should have been questioned as they all seemed more related to protecting a mismanaged hospital system across Canada than protecting the lives of those living in Canada.

Especially regarding the provinces continuously extending decrees without scientific proof or reason and without the legislatures taking part in the decision-making process of democracy in Canada.

No one was ensuring that the legislative assembly was asking the right questions, getting the right information, or keeping the executives in check on behalf of the Canadian people.

You, of all people in this country, are the person that holds the two most important positions responsible to ensure that the laws are accurate and that any corruption, acts of fraud or any types of criminal activity be questioned, investigated, and if necessary be taken to trial.

Given your political party affiliation in the Federal Government, your priority is to be to the Canadian people first and foremost. You are also the person who is in the position to advise all levels of Governance in Canada as to what they can and cannot legally derogate from, even in a pandemic or war.

You as the Attorney General, although not elected by the people to your two positions of power, have the duty to investigate the Canadian Federal and Provincial Governments actions regarding the derogation and illegality of their actions against our combined Human Rights.

If you are unaware of this issue at hand, then please read the information provided as appendices to this formal open letter to you.

Three years ago, when we met during your sponsorship of the Ecofest2 at the church hall in Verdun Quebec, you agreed with my statements that the country belongs to the Canadian people and Indigenous nations and that we the people, needed to be the final decision makers inserted

in our Canadian Constitution as the Collective Sovereigns and that it is our right to be the final decision makers when it comes to something that affects us all.

I trust that you will remember the standing ovation you gave me along with all the others after my statements were made and that you had requested a meeting with me, of which I never received a call back.

I would still love to have that conversation with you to see where your true loyalty is, either with the Canadian people or your political party.

Your actions, or non-actions, as the Minister of Justice and Attorney General resulting from this Official Open Letter, will serve to determine your loyalty.

Mine will always remain with the protection of the people, this country, and the generations to come.

Therefore, to answer the question in the above title, “Are They Morally, Unethically and Criminally Guilty?”, is a resounding “YES”.

Once we connect the historical information related to SARS Coronavirus 2003 and the unethical actions that were researched and exposed, having been perpetrated by the Canadian Federal and Provincial Governments from that event, and then, add all the facts of the SARS-CoV-2 2020 together, we see their unethical behavior once again.

But this time, we can further add insult to injury, because this time they knew what they were doing deliberately to the people of Canada.

To save debate time and energy, what is important here, is to differentiate between morality and criminal legal guilt given the Federal, Provincial and Municipal Canadian Governments actions of International, National and Provincial Human Rights derogations by the parties involved.

Food for thought:

*“Though a **crime** may not be **morally** wrong, it is **morally** permissible for the law that creates it to be enforced so long as the policy the enforcement supports is a **morally** sound policy, and there is no alternative to criminalization to achieve compliance”.*

*“**Moral** guilt is always factual **guilt**. Further, the **law** may specify **in a** relatively arbitrary way the norms that regulate conduct and the circumstances under which violation **of** these norms incurs **guilt**. ... **Moreover, legal guilt is restricted to those situations in which a wrong is done to society”.***

When researching our Canadian historical pandemic past, it becomes obviously clear that the whole premise of the ethics research, not just in Canada but worldwide at the time, was to change the laws by shifting the responsibility out of our levels of government hands and into the hands of unelected Public Health professionals.

These unelected professionals would then have the authority and responsibility in leading the way, fully in charge when Pandemics would arise without question more easily so that Canadians would comply.

The argument was that unelected Public Health Experts know healthcare best, so the governments should leave it to the unelected Medical and Science experts, the World Health Organization (WHO), and the USA Center for Disease Control (CDC) and take all direction from their expert advice and decisions.

Unfortunately for Canadians, Indigenous people and all who live in Canada, both the Canadian Federal and Provincial Governments washed their hands of their constitutional responsibility of the decision-making process, by shifting it over to Public Health Officials and committees and blindly following all decisions made by those who are unaccountable to, and unelected by the Canadian and Indigenous people.

When reading their research and verifying many other scientific facts post SARS, H1N1, H5N1 and MERS supposed pandemics, and now after 15 months of imposed lockdowns, curfews, bogus RT-PCR testing at thresholds too high to detect live viral infections, contact tracing and forced vaccinations through intimidation measures and so on, it becomes noticeably clear that all of these impositions did not happen without having previously undertaken pre-planning measures as seemingly indicated at the beginning of the lockdowns.

The “shock and awe” lockdown and manufactured infectivity and deaths by SARS-CoV-2 coronavirus, and the branding of COVID-19 disease charade, were produced to instill fear into the Canadian and Indigenous population and the population worldwide.

It was enough to place all Canadians at the mercy of our Canadian Federal and Provincial Governments and Public Health officials, thus forcing the people through a false fear to forgo the multitude of human rights violations being done before our very eyes.

It was all carefully crafted without the people being allowed too much questioning or legal action against those deciding for “the greater good”, since most of us were made to assume that the virus was in fact deadly to almost everyone.

That since we could be unknowing carriers of a deadly virus that would kill over 300,000 people in weeks if extreme measures were not taken, and therefore place everyone we met at risk, we all were to simply take their word for it and follow Public Health orders without question, [Appendix 6](#), [Appendix 7](#), [Appendix 8a](#), and [Appendix 8b](#).

Even though only scientific modelling, that went against all previous scientific advice by both Federal and Provincial Health Officials, was used as proof by the Prime minister, the Provincial Premiers and their Public Health officials.

FACTS:

- 1) The Canadian Federal and Provincial Governments including Health Canada and the Provincial Public Health knew or had to have known about the MILD infectivity rate for most Canadians other than the elderly or those with severe comorbidities as early as March 2020. Yet little was done to protect the most vulnerable. Instead, the whole population of Canada was put under extreme health measures while leaving the most at risk the most vulnerable, as the reports from Stats Canada and CAF Operational Observation in Ontario confirm, [Appendix 18, Appendix 19 and Appendix 20](#).

After all, a Canadian Research Team, was reported to have found the information on how the virus affected both healthy and unhealthy cells, as of March 2020. The data and research the media reported on was the “Isolation, Sequence, Infectivity, and Replication Kinetics of Severe Acute Respiratory Syndrome Coronavirus 2”, found in full as [Appendix 5](#).

Isolation, Sequence, Infectivity, and Replication Kinetics of Severe Acute Respiratory Syndrome Coronavirus 2

In conclusion, we report that although a human lung cell line supported replication of SARS-CoV-2, the virus did not propagate in any of the tested immune cell lines or primary human immune cells. Although we did not observe a productive infection in CD4+ primary T lymphocytes, we observed virus-like particles in these cells by electron microscopy. Thus, SARS-CoV-2 can enter CD4+ primary T lymphocytes but is unable to replicate efficiently. Our data shed light on a wider range of human cells that may or may not be permissive for SARS-CoV-2 replication, and our study strongly suggests that the human immune cells tested do not support a productive infection with SARS-CoV-2.

Acknowledgments

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DEFINITIONS

Useful definitions for a better understanding of the terms used in the Isolation of the SARS-CoV-2 done by Sunnybrook Research Institute and McMasters University in early March 2020, of its limited ability of infectivity, added as [Appendix 5](#).

In vivo: *In vivo* is Latin for “within the living.” It refers to work that is performed in a whole, living organism.

In vitro: *In vitro* is Latin for “within the glass.” When something is performed in vitro, it happens outside of a living organism.

Vero E6 cells: Vero E 6 cells are African green monkey cells

Helper T cells: CD4+ T cells help antiviral CD8+ T cells in two main ways: they maximize CD8+ T cell population expansion during a primary immune response and also facilitate the generation of virus-specific memory CD8+ T cell populations. In addition to their helper functions, CD4+ T cells contribute directly to viral clearance.

Calu-3 Human Lung Cancer Cell Line SK1980-533: Calu-3 is a non-small-cell lung cancer cell line that grows in adherent culture and displays epithelial morphology. These cells have constitutively active ErbB2/Her2 due to amplification of the ERBB2 gene. They express wildtype EGFR and mutant K-Ras (G13D). In addition, they harbor mutations in TP53 and CDKN2A genes. The Calu-3 cells are sensitive to erlotinib (EGFR tyrosine kinase inhibitor) and cetuximab (a monoclonal antibody that blocks ligand binding to EGFR and prevents downstream signaling), two commonly used drugs targeting ErbB receptors. These cells are capable of forming tumors in immunocompromised mice.

- 2) Use of PCR test without stating that the PCR test is mainly a DNA splitting tool means that the DNA of Canadians was being collected without their full understanding and consent. It was

indicated by the provincial governments and public health in each province that the RT-PCR was used to identify live viruses while fully knowing that the RT-PCR test does not have that ability above 25 CT (cycle threshold). This was the result from testimony at a court hearing in Manitoba that my colleagues and I were able to visually attend. Please see DR. Bullard's [Appendix 9 and Appendix 10](#).

Also see Justice Center for Constitutional Freedom news release [Appendix 11](#):

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

Hearing May 03-13, 2021 Manitoba: Gateway Bible Baptist Church, Pembina Valley Baptist Church, et al. vs. Manitoba and Chief Public Health Officer Dr. Brent Roussin

Chief Microbiologist and Laboratory Specialist Dr. Jared Bullard is a witness for the Manitoba government in this hearing. Questioned under oath by Justice Centre lawyers on Monday May 10, Dr. Bullard acknowledged that the PCR test has significant limitations. The head of Cadham Provincial Laboratory in Winnipeg, Dr. Bullard admitted that PCR test results do not verify infectiousness and were never intended to be used to diagnose respiratory illnesses.

Dr. Bullard testified that PCR tests can be positive for up to 100 days after an exposure to the virus, and that PCR tests do nothing more than confirm the presence of fragments of viral RNA of the target SARS CO-V2 virus in someone's nose. He testified that, while a person with Covid-19 is infectious for a one-to-two week period, non-viable (harmless) viral SARS CO-V2 fragments remain in the nose, and can be detected by a PCR test for up to 100 days after exposure.

Dr. Bullard testified that the most accurate way to determine whether someone is actually infectious with Covid is to attempt to grow a cell culture in the lab from a patient sample. If a cell culture will not grow the virus in the lab, a patient is likely not infectious. A study from Dr. Bullard and his colleagues found that only 44% of positive PCR test results would actually grow in the lab.

Dr. Bullard's findings call into question the practice used in Manitoba (and elsewhere in Canada) of the results of classifying positive PCR tests as "cases," which implies infectivity. Equating positive PCR tests to infectious cases, as so many provinces have done over the course of the past 13 months, is incorrect and inaccurate, according to this Manitoba Government witness.

Dr. Bullard acknowledged that he has been closely studying the correlation between Cycle threshold (Ct) value and infectiousness since at least May 7, 2020. Dr. Bullard acknowledged that Manitoba has known for some time that a given

PCR test's Ct value is inversely correlated with infectiousness. This means that testing for Covid at higher threshold levels can result in false positives as explained in this article. Even the World Health Organization (WHO) notes that careful interpretation of weak positive results is needed.

Weak results are those run at higher thresholds (more cycles). For example, someone with a positive PCR test that is run at 18 cycles is more likely to be sick and infectious than someone who has a test run at a Ct value of 40.

Dr. Bullard confirmed this was one of the first studies of its kind linking Ct value to infectiousness, and his study confirmed the findings of other studies in France and elsewhere.

Dr. Bullard also testified that Ct value (how many amplification cycles were used in a given PCR test to reach a positive test result) is significant as a proxy or indicator for infectiousness.

However, despite Dr. Bullard's findings and recommendations in his two peer-reviewed studies, Manitoba still does not consider Ct values as a proxy for infectiousness in its public health response to Covid-19. Both Dr. Bullard and Manitoba Chief Medical Officer Dr. Brent Roussin confirmed under cross-examination that Ct values are not provided to public health officials by laboratories. Dr. Roussin admitted that he could mandate that the Ct value be provided to him, but that he has not done so.

Some jurisdictions, for example Florida, do consider Ct value in their public health response to Covid.

Finally, it should be noted that some Canadian news agencies have quoted Dr. Bullard as testifying that a positive PCR tests indicates infectivity 99.9% of the time. This is incorrect. Rather, Dr. Bullard testified that a PCR test will detect any viral RNA that is present in a sample 99.9% of the time. However, Dr. Bullard testified that determining whether or not a sample is actually infectious (containing a viable virus, capable of replicating) needs to be confirmed by lab culture. As noted, only 44% of the "positive" samples using a Ct of 18 returned a viable lab culture. Samples tested at a Ct of over 25, according to Dr. Bullard's report, produced no viable lab cultures.

Manitoba has confirmed that it utilizes Ct's of up to 40, and even 45 in some cases. This indicates "cases" resulting from such tests (above a Ct of 25) are almost certainly not actually infectious.

- 3) Unlawful breach of our International Covenant on Civil and Political Rights regarding non-derogation from our International Covenant in connection with the COVID-19 pandemic and the human rights of Canadians and Indigenous Nations that have been legally signed onto by Canada and entrenched into our Canadian Charter of Rights and Freedoms.

The provinces and the federal Government are both in breach of this covenant.

Inserted below was a guidance declaration on the actions the states were to take regarding COVID-19 measures which were ignored by both the Governments of Canada and the Provinces. Please see [Appendix 12](#).

Statement on derogations from the Covenant in connection with the COVID-19 pandemic

A number of States parties to the International Covenant on Civil and Political Rights have in recent weeks notified the Secretary-General, pursuant to article 4 of the Covenant, of emergency measures that they have taken or are planning to take with a view to curb the spread of the coronavirus (COVID-19) pandemic, in derogation from their obligations under the Covenant. It has been brought to the attention of the Committee, however, that several other States parties have resorted to emergency measures in response to the COVID-19 pandemic in a manner seriously affecting the implementation of their obligations under the Covenant, without formally submitting any notification of derogation from the Covenant.

- (a) *Where measures derogating from the obligations of States parties under the Covenant are taken, the provisions derogated from and the reasons for the derogation must be communicated immediately to the other States parties through the Secretary-General. Notification by a State party must include full information about the derogating measures taken and a clear explanation of the reasons for taking them, with complete documentation of any laws adopted. Further notification is required if the State party subsequently takes additional measures under article 4, for instance by extending the duration of a state of emergency. The requirement of immediate notification applies equally to the termination of the derogation. The Committee considers the implementation of the obligation of immediate notification essential for the discharge of its functions, as well as for the monitoring of the situation by other States parties and other stakeholders;*
- (b) *Derogating measures may deviate from the obligations set out by the Covenant only to the extent strictly required by the exigencies of the public health situation. Their*

predominant objective must be the restoration of a state of normalcy, where full respect for the Covenant can again be secured. Derogations must, as far as possible, be limited in duration, geographical coverage and material scope, and any measures taken, including sanctions imposed in connection with them, must be proportional in nature. Where possible, and in view of the need to protect the life and health of others, States parties should replace COVID-19-related measures that prohibit activities relevant to the enjoyment of rights under the Covenant with less restrictive measures that allow such activities to be conducted, while subjecting them as necessary to public health requirements, such as physical distancing;

- (c) *States parties should not derogate from Covenant rights or rely on a derogation made when they are able to attain their public health or other public policy objectives by invoking the possibility to restrict certain rights, such as article 12 (freedom of movement), article 19 (freedom of expression) or article 21(right to peaceful assembly), in conformity with the provisions for such restrictions set out in the Covenant, or by invoking the possibility of introducing reasonable limitations on certain rights, such as article 9 (right to personal liberty) and article 17 (right to privacy), in accordance with their provisions;*
- (d) *States parties may not resort to emergency powers or implement derogating measures in a manner that is discriminatory, or that violates other obligations that they have undertaken under international law, including under other international human rights treaties from which no derogation is allowed. Nor can States parties deviate from the non-derogable provisions of the Covenant – article 6 (right to life), article 7 (prohibition of torture or cruel, inhuman or degrading treatment or punishment, or of medical or scientific experimentation without consent), article 8, paragraphs 1 and 2 (prohibition of slavery, the slave trade and servitude), article 11 (prohibition of imprisonment because of inability to fulfil a contractual obligation), article 15 (principle of legality in the field of criminal law), article 16 (recognition of everyone as a person before the law) and article 18 (freedom of thought, conscience and religion) – or from other rights that are essential for upholding the non-derogable rights found in the aforementioned provisions and for ensuring respect for the rule of law and the principle of legality even in times of public emergency, including the right of access to court, due process guarantees and the right of victims to obtain an effective remedy;*
- (e) *Furthermore, States parties may not derogate from their duty to treat all persons, including persons deprived of their liberty, with humanity and respect for their human dignity, and must pay special attention to the adequacy of health conditions and health services in places of incarceration, and also to the rights of individuals in situations of confinement, and to the aggravated threat of domestic violence arising*

in such situations. Nor can States parties tolerate, even in situations of emergency, the advocacy of national, racial or religious hatred that would constitute incitement to discrimination, hostility or violence, and they must take steps to ensure that public discourse in connection with the COVID-19 pandemic does not constitute advocacy or incitement against specific marginalized or vulnerable groups, including minorities and foreign nationals;

- (f) *Freedom of expression and access to information and a civic space where a public debate can be held constitute important safeguards for ensuring that States parties resorting to emergency powers in connection with the COVID-19 pandemic comply with their obligations under the Covenant.*

- 4) Forced injection/vaccination by Intimidation (coercion) without the right to try other already approved drugs:
- a) Loss of employment: No injection/vaccine, no job.
 - b) Forbidden entry for services: Hockey stadium or theaters etc.: No vaccine, no entry.
 - c) Travel to New Brunswick pending: No vaccine, no entry into the province.

These measures are not lawful as it is an abuse of power and ultra vires by the provinces who entertain this requirement. Only the government of Canada oversees transportation and not the provinces. Canadians and indigenous peoples cannot be withheld from travelling across their country by the order of the provinces.

Furthermore, neither can the Canadian nor provincial governments, private corporations or public & private partnership corporations cannot legally override the Canadian and Indigenous peoples' rights or the rights of their employees even during emergency measures.

- 5) The Canadian Federal and Provincial Governments have neglected and purposely disallowed the Canadian people of their choice of treatment. Repurposed Canadian and FDA approved medications that could have been utilized were removed so that people and medical professional could not have access to them which have resulted in unwarranted deaths and stress upon Canadians such as:
- a) Ivermectin
 - b) Steroids
 - c) Hydroxychloroquine
 - d) Etc.

Please see Appendix 13

The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro

Although several clinical trials are now underway to test possible therapies, the worldwide response to the COVID-19 outbreak has been largely limited to monitoring/containment. We report here that Ivermectin, an FDA-approved anti-parasitic previously shown to have broad-spectrum anti-viral activity in vitro, is an inhibitor of the causative virus (SARS-CoV-2), with a single addition to Vero-hSLAM cells 2 h post infection with SARS-CoV-2 able to effect ~5000-fold reduction in viral RNA at 48 h. Ivermectin therefore warrants further investigation for possible benefits in humans.

- 6) Obvious criminal “abuse of power” by all provincial governments in enacting Decrees which prevented the legislatures from performing their duties within constitutional law. This breach and abuse of power has affected every Canadian and Indigenous person in Canada. It was also an infringement on our International (instruments) Covenants, National Charter of Rights and Freedoms and Provincial Rights and Freedoms.

The Canadian Federal, Provincial and Municipal Governments and their executives, including Public Health officials do not have complete immunity from prosecution. Nor do they possess prerogative powers that are not justiciable in a democracy such as Canada.

Their actions concerning the emergency measures given the fact that they knew or had to have known about the scientific fact that the SARS-CoV-2 Coronavirus could only be dangerous for those with existing comorbidities and the elderly had the effect of frustrating or preventing, without reasonable justification, the ability of Parliament to carry out its constitutional functions as a legislature and as the body responsible for the supervision of the executive. Furthermore, the legislatures including the Canadian Parliamentarians are also responsible to ensure that the democratic rights and fiduciary duty to its citizens and the Indigenous nations are not lawfully abused. Please see [Appendix 14 \(precedent\) UK](#):

R (on the application of Miller) v Prime Minister
Cherry and others v Advocate General for Scotland
[2019] CSOH 70, [2019] EWHC 2381 (QB), [2019] CSIH 49, [2019] UKSC 41

A prerogative power was limited by statute and the common law, including, in the present context, the constitutional principles with which it would otherwise conflict.

Two fundamental principles of constitutional law were relevant to the present case: Parliamentary sovereignty and Parliamentary accountability. For the purposes of the present case, therefore, the relevant limit on the power to prorogue was that a decision to prorogue Parliament (or to advise the monarch to prorogue Parliament) would be unlawful if the prorogation had the effect of frustrating or preventing, without reasonable justification, the ability of Parliament to carry out its constitutional functions as a legislature and as the body responsible for the supervision of the executive. That standard was not concerned with the mode of exercise of the prerogative power within its lawful limits. On the contrary, it was a standard which determined the limits of the power, marking the boundary between the prerogative on the one hand and the operation of the constitutional principles of the sovereignty of Parliament and responsible government on the other hand. The court would have to consider any justification advanced with sensitivity to the responsibilities and experience of the Prime Minister, and with a corresponding degree of caution. Nevertheless, it was the court's responsibility to determine whether the Prime Minister had remained within the legal limits of the power. An issue which could be resolved by the application of that standard was by definition one which concerned the extent of the power to prorogue and was therefore justiciable.

- 7) Code of Ethics negligence 2003- 2021: RECAP of the breaches in ethics during SARS and MERS Canadian study that does not even consider the International Covenant on Political and Civil Rights non-derogation, let alone, the Canadian Charter of Rights and Freedoms, **Appendix 15.**

Ethical considerations in preparedness planning for pandemic influenza

Leaders in governments and health care systems had not previously developed an ethical framework or held prior consultations on to deal with the suite of ethical issues forced on them by SARS. Decision makers had to balance individual freedoms against the common good, fear for personal safety against the duty to treat the sick, and economic losses against the need to contain the spread of a deadly disease. Decisions had to be rapid, and were as transparent as possible given the limitations of the time.

Therefore, the lesson learned is to establish the ethical framework in advance, and to do it in a transparent manner. One major finding of the JCB research was that people are more likely to accept such decisions if the decision-making processes are reasonable, open and transparent, inclusive, responsive and accountable, and if reciprocal obligations are

respected. Although these principles can sometimes be difficult to implement during a crisis, SARS showed there are costs from not having an agreed-upon ethical framework, including loss of trust, low morale, fear and misinformation. SARS taught the world that if ethical frameworks had been more widely used to guide decision-making, this would have increased trust and solidarity within and between health care organizations.

- 8)** Considerable Criminal acts and negligence against the citizens and indigenous of Canada's International Human Rights, and our Political and Civil rights which are continuously being committed by:
- a) The Canadian Federal Government
 - b) The Provincial Governments
 - c) City Mayors and Councilors
 - d) Businesses (Private Corporations and Public & Private Partnership Corporations) through the forced wearing of masks and or vaccine requirement their policy for employment or service

Perhaps, all have forgotten the peoples' rights against such actions with the knowing that the virus isolation detected that the SARS-CoV-2 was a mild virus for most Canadians and not reason enough to proceed with lockdowns nor the use of the RT-PCR tests without full disclosure of the DNA collection and of their knowledge.

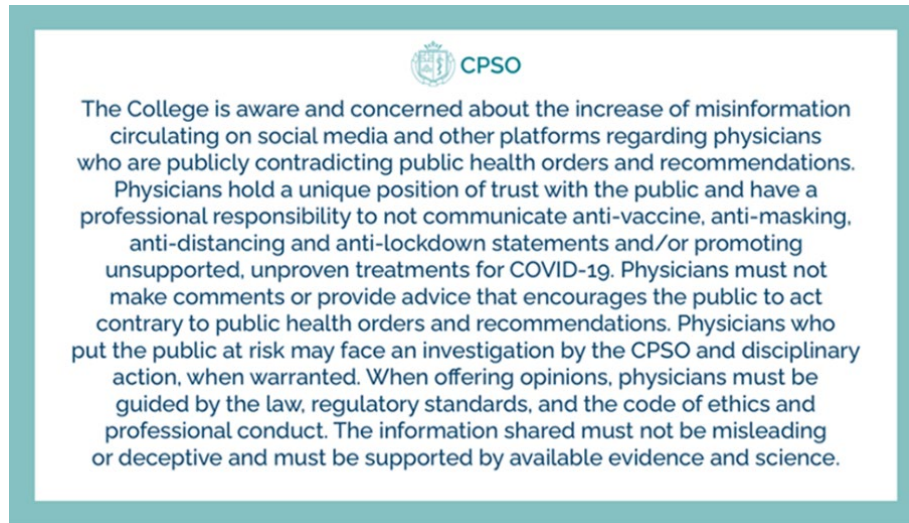
That the RT-PCR was ineffective in identifying a live virus from dead cells at the required cycles established by public health and the provinces.

That mask use was ineffective in stopping spread by healthy people, [Appendix 21](#) and instead mandated for all so those sick could not be easily identified.

We could easily consider that our Federal, Provincial and Municipal Governments, including all those in public health through their further enforcement of injections and vaccinations by coercion is an act of a biochemical war against all Canadians and Indigenous peoples.

Intimidation (coercion) examples:

- a) for employment
- b) receiving goods and services
- c) being able to travel within Canada (pending decrees or laws)
- d) coercion by the medical associations who have threatened our Health professionals directly in their website such as disclosed here:



What is being done given the fact, that our Federal, Provincial and Public Health officials knew beforehand that most of the Canadian population were not at risk of a deadly virus, as they have made the SARS-CoV-2 to be; yet have allowed unproven vaccines and mRNA injections to be inoculated into our immunized people, without testing if they are immune or not prior to getting an improperly tested Vaccines or mRNA injections, need to be deemed as criminal acts.

Given that open discussion is not allowed around vaccines and mRNA injections and that they may not stop the virus at all, and instead may create large asymptomatic spread, means people are intentionally not being informed of all the risks involved, [Appendix 22](#).

People are under the impression, by media and information from our Federal and Provincial governments and Public Health that being injected/vaccinated means an end to the pandemic and those not being injected/vaccinated are putting everyone at risk. This deliberate misinformation and targeted information by governments, health officials and the media, needs to be deemed as a criminal act.

Children who are the least at risk are also being coerced into Vaccines and mRNA injections.

They should NOT be forced vaccinated through the coercion by allowing them to make decision like this at the age of 12. This is criminal. Just because laws are created to allow it, does not mean that governments can take away parental rights and legally abuse children by placing their health at risk with unproven Vaccines and mRNA injections.

Where is the morality and ethics in these actions? Who will make them accountable?

The mRNA Injections are created to affect and make changes to our DNA without reasonable research and explanations to the Canadian people without getting their complete understanding and full consent, and therefore, allowing the pharmaceuticals “carte blanche” without proper clinical trials is atrocious, it is downright criminal.

This decision alone made by the Federal and Provincial Governments and all those who demand this or utilizing round about methods to induce fear so that the people will take the injections should be criminally charged for not only malfeasance but genocide. These acts are irresponsible.

The RT-PCR test’s main purpose is used as a DNA collection test. Since the Isolation of the SARS-CoV-2 coronavirus is a variant of the SARS-CoV-1 and 70% identical to it, this means that the people could and most likely already have an immunity to it. This explains the non or asymptomatic results of an accurate RT-PCR test since cultures could not be generated past the 25 thresholds for testing.

Public Health Ontario

How do you know when a COVID-19 test is positive?

PCR tests tell you if the virus is detected (positive) or not (negative). Each PCR test has cutoff points (the number of cycles it runs), which tells the machine to stop running the test. It is important to note that different brands who make the PCR tests may have different cutoff values based on how sensitive the test is and how the test is designed. Additionally, [laboratories across the province](#) involved in COVID-19 testing use different testing kits.

At PHO, we have developed a PCR test in our lab, with positive and negative cutoff points. The cutoff point for a positive result for PHO’s developed lab test is 38 cycles. This means that if the virus is found at or before 38 cycles are completed, then the test is considered positive. The cutoff point for a negative result is 40 cycles. If the virus is detected between 38 and 40 cycles, we call this an indeterminate or inconclusive result. **All inconclusive results are considered [probable \(likely\) cases](#) for public health reporting.**

Within the phrase used by Public Health Ontario is where we find the onset of the fear mongering and manipulation by all levels of public health and all of our levels of government: “All inconclusive results are considered [probable \(likely\) cases](#) for public health reporting.”

Some Canadian labs are using RT-PCR 36 to 45 thresholds which makes the testing irrelevant for infectious viral detection. However, these high thresholds yield DNA splitting.

POLYMERASE CHAIN REACTION (PCR) GENE AMPLIFICATION

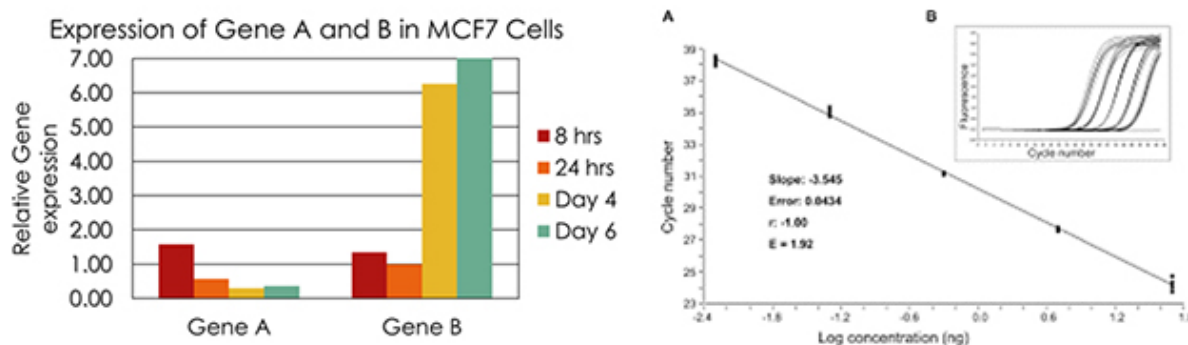
The Polymerase Chain Reaction ([PCR](#)) specifically amplifies DNA while Quantitative Polymerase Chain Reaction ([QPCR](#)) amplifies DNA in a quantitative way. Using a technique called reverse transcription (RT) (with the use of a reverse transcriptase enzyme) RNA can also be amplified. First the RNA is purified, then Reverse Transcribed into complementary double stranded DNA and subsequently, the DNA is amplified and quantified by QPCR. This method, RNA, to DNA, to quantification is termed QRT-PCR. The QRT-PCR measures RNA at any one time providing the vital method to measure [gene expression](#) in eukaryotic or bacteria cells and amplification of viral RNA. To avoid confusion, QPCR is also called real-time PCR because the amplification of DNA is detected as it progresses in Real Time using a fluorescent reporter. The fluorescent reported signal strength is directly proportional to the number of amplified DNA molecules So for QRT-PCR, the signal is proportional to the number of RNA molecules that was reverse transcribed. This technique is also commonly used to measure genetic responses to drugs.

PCR measures genes, gene activation and gene regulation, such as regulation due to ligands triggering receptors and gene modifications by microRNAs ([miRNA](#)) and silencing [siRNA](#). Typically, the transcribed gene product, mRNA, is normalized to a selected normal unique 'housekeeping' gene sequence that would not be regulated or vary in cells under these experimental conditions for gene activation or regulation.

Once DNA or RNA amplification is completed by PCR or RT-PCR, respectively, then the amplified region can be sequenced and compared to the nucleotide sequences from known gene sources, for example, from specific individual patients, cells, animals or pathogens. Quality controls include PCR product melting curves in which the double strand DNA product is heat denatured and, thus, becomes single-stranded as the temperature is raised above the double-stranded DNA melting temperature. This melting temperate of the double-stranded PCR product is specific for each unique sequence and display of this single-stranded product on a sizing gel clearly shows that this particular unique sequence was indeed amplified.

Some of the common uses of PCR or RT-PCR include, as follows:

- Presence of a gene RNA or DNA sequence in human samples which may be, for example, either homozygous (two identical genes) or heterozygous (having inherited different forms of a particular gene from each parent)
- Quantitation of an expressed RNA, e.g. RNA expression in response to a drug dosed into a cell
- QRT-PCR Analysis (Left Panel): For a MarinBio example, the Figure below shows suppression of the expression of Gene A and the activation of the expression of Gene B in direct response to human cells transfected with siRNA specific for Gene A at various times after transfection as measured by QRT-PCR.
- QPCR (Right Panel):
please see graph on the next page to notice the cycle thresh old for DNA splitting.



https://www.marinbio.com/services/pcr-qpcr-polymerase-chain-reaction-and-quantitative-pcr/?gclid=CjwKCAjwtpGGBhBJEiwAyRZX2gP2I_JI3jWxUJpLIO0_UhovY3ecCra4ok8-ggH7vZZW0LdXtJBVFxoC4fAQAvD_BwE

Furthermore, the measures that were undertaken adding insult to injury were the effects of medical neglect causing deaths of the population by Government and Public Health orders if not being biological warfare measures against the people showing how far they will go in lying to all of us.

When Governments or Public Health officials cannot be trusted to protect the people and place our children and elderly at risk of life and death by making such drastic decisions while fully knowing what we and they know from the true facts in the documents provided to you which proves without a doubt that they all knew that the SARS-CoV-2 was far from a NOVEL

deadly virus and yet, they persisted. There is NO justification for their actions. SARS-CoV-2 is not NOVEL.

Again, this could easily be considered nothing short of an act of “Planned Biological Warfare” against the Canadian and Indigenous people of Canada.

It is time for justice to step in and remove those who participated or knew and said nothing.

Those who had access to all information and could have made a difference but instead, used their power to enact orders that enforced horrific measures for all Canadians, while leaving the most at risk the most vulnerable.

Those who, under the guise of “For the Greater Good”, committed these heinous crimes against us all and our children.

Any Governments, Public health officials or Public Health employees enforcing any type of medical testing, injections, or vaccines without providing individual copies for the person receiving the service to keep. This would include documents of the risks involved, copy of their signed informed consent, signed waivers of risk, and methods of reporting all health issues they experience after.

Without this information for people to keep, they have no way to follow-up with what they are consenting to and has been done intentionally, unethically, and criminally no matter how old the person is and especially even more so for those making these decisions for themselves at the ages of 12 to 18 years old.

See the Genetic Non-Discrimination ACT below and the Criminal Code (R.S.C., 1985, c. C-46) for Intimidation (coercion).

Genetic Non-Discrimination Act S.C. 2017, c. 3

Assented to 2017-05-04

An Act to prohibit and prevent genetic discrimination

Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Short Title

Marginal note: Short title

1 This Act may be cited as the [*Genetic Non-Discrimination Act*](#).

Interpretation

Marginal note: Definitions

2 The following definitions apply in this Act.

disclose includes to authorize disclosure. (*communiquer*)

genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis. (*test génétique*)

health care practitioner means a person lawfully entitled under the law of a province to provide health services in the place in which the services are provided by that person. (*professionnel de la santé*)

Prohibitions**Marginal note: Genetic test**

3 (1) It is prohibited for any person to require an individual to undergo a genetic test as a condition of

(a) providing goods or services to that individual;

(b) entering into or continuing a contract or agreement with that individual; or

(c) offering or continuing specific terms or conditions in a contract or agreement with that individual.

Marginal note: Refusal to undergo genetic test

(2) It is prohibited for any person to refuse to engage in an activity described in any of paragraphs (1)(a) to (c) in respect of an individual on the grounds that the individual has refused to undergo a genetic test.

Marginal note: Disclosure of results

4 (1) It is prohibited for any person to require an individual to disclose the results of a genetic test as a condition of engaging in an activity described in any of paragraphs 3(1)(a) to (c).

Marginal note: Refusal to disclose results

(2) It is prohibited for any person to refuse to engage in an activity described in any of paragraphs 3(1)(a) to (c) in respect of an individual on the grounds that the individual has refused to disclose the results of a genetic test.

Marginal note: Written consent

5 It is prohibited for any person who is engaged in an activity described in any of paragraphs 3(1)(a) to (c) in respect of an individual to collect, use or disclose the results of a genetic test of the individual without the individual's written consent.

Marginal note: Exceptions: health care practitioners and researchers

6 Sections 3 to 5 do not apply to

(a) a physician, a pharmacist or any other health care practitioner in respect of an individual to whom they are providing health services; or

(b) a person who is conducting medical, pharmaceutical or scientific research in respect of an individual who is a participant in the research.

Offences and Punishment

Marginal note: Contravention of sections 3 to 5

7 Every person who contravenes any of sections 3 to 5 is guilty of an offence and is liable.

(a) on conviction, to a fine not exceeding \$300,000 or to imprisonment for a term not exceeding twelve months, or to both.

Canada Labour Code

8 [Amendment]

Canadian Human Rights Act

9 [Amendment]

10 [Amendments]

Coordinating Amendments

11 [Amendments]

Criminal Code (R.S.C., 1985, c. C-46) for Intimidation (coercion).

Intimidation

423 (1) Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than five years or is guilty of an offence punishable on summary conviction who, wrongfully and without lawful authority, for the purpose of compelling another person to abstain from doing anything that he or she has a lawful right to do, or to do anything that he or she has a lawful right to abstain from doing,

(a) uses violence or threats of violence to that person or their intimate partner or children, or injures the person's property;

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

(c) persistently follows that person;

(d) hides any tools, clothes or other property owned or used by that person, or deprives him or her of them or hinders him or her in the use of them;

(e) with one or more other persons, follows that person, in a disorderly manner, on a highway;

(f) besets or watches the place where that person resides, works, carries on business or happens to be; or

(g) blocks or obstructs a highway.

Marginal note: Exception

(2) A person who attends at or near or approaches a dwelling-house or place, for the purpose only of obtaining or communicating information, does not watch or beset within the meaning of this section.

R.S., 1985, c. C-46, s. 423

2000, c. 12, s. 95

2001, c. 32, s. 10

[2019, c. 25, s. 159](#) [Previous Version](#) Date modified: 2021-05-27

CONCLUSION:

To better understand the rights and freedoms of Canadians, we have attached a PDF document that should be read in its entirety and the inserted links followed, [Appendix 16](#).

The information provided within clearly indicates that the Canadian peoples have been lied to and intimidated by all levels of Health Canada and public health within each province at the guidance of the Canadian Federal, Provincial and Municipal Governments.

The scientific and logical proof clearly indicates that injections, vaccines, contact tracing, and lockdowns were never required but used for control of the Canadian population under false pretenses.

All involved or who knew and said nothing should be found guilty of “Criminal Malfeasance” given the committing of many abuses of power, breaking their codes of ethics, neglecting their fiduciary responsibility, manufacturing fear through the media, disrupting our lives and economy as well as causing an insurmountable amount of medical neglect and deaths due to their actions.

Looking back to SARS in 2003, H1N1, H5N1, MERS etc., it is easy to connect the dots and recognize the agenda that was created to generate the atrocities that have transpired since March 2020 to June 2021.

Coining the term “Coronavirus disease” in the application of COVID-19 that includes the symptoms of all regular colds and flus we have had without claiming “pandemics” is another deception that is unjustifiable.

No number of excuses can justify the Public Health and Federal, Provincial and Municipal Government actions since March 2020. Now, it is up to all of you receiving this correspondence with the clear facts attached to review and do your duty to the Canadian people by helping us against such tyranny.

There will be no great reset created by those who have disrupted our lives. What has happened worldwide was not an opportunity but a setup to implement an evil strategy for control of the masses and resources placing us further into massive debts.

Within your job description and as Canadian citizens, it is also your duty to help us enforce our collective and individual rights, and to have those rights respected so that our lives can return to as normal as can be in order to protect our children, our elders, our economy, our country, our rights and our future.

Furthermore, I would like to state that in regards to the Federal Genetic Non-Discrimination Act the Government of Québec referred to the Appeals Court of Québec for hearing and consideration the following question: Is the **Genetic Non-Discrimination Act** enacted by sections 1 to 7 of the **Act to prohibit and prevent genetic discrimination**, ([S.C. 2017, c. 3](#)) *ultra vires* to the jurisdiction of the Parliament of Canada over criminal law under paragraph 91 (27) of the **Constitution Act, 1867**?

At that time of the Quebec Court Appeal hearing to answer the question, took place December 11 and 12, 2018. The Canadian Minister of Justice and Attorney General was Jody Wilson-Raybould.

The judgement from the Quebec Court of Appeal answered in the affirmative:

The Government of Quebec referred the constitutionality of ss. 1 to 7 of the Act to the Quebec Court of Appeal, asking whether these provisions were ultra vires to the jurisdiction of Parliament over criminal law under s. 91(27) of the Constitution Act, 1867. The Court of Appeal answered the reference question in the affirmative, concluding that ss. 1 to 7 of the Act exceeded Parliament's authority over criminal law.

The Supreme Court of Canada Judgement was released July 10, 2020:

The Canadian Coalition for Genetic Fairness, which had intervened in the Court of Appeal, appeals to the Court as of right.

*Held (Wagner C.J. and Brown, Rowe and Kasirer JJ. dissenting): **The appeal should be allowed and the reference question answered in the negative.***

However, Sir, you became the Minister of Justice and Attorney General of Canada January 19, 2019.

As the Minister of Justice and Attorney General of Canada, it was also YOUR DUTY to APPEAL to the Supreme Court of Canada once you received the judgement from the Appeals Court of Quebec.

The only one who appealed in the case, was the Canadian Coalition for Genetic Fairness (Coalition) and you sir, became a respondent along with the Attorney General of Quebec.

Either this fact is due to incompetency or conspiracy against the Canadian people regarding our rights to DNA protection.

If not for the Canadian Coalition for Genetic Fairness appealing to the Supreme Court of Canada, and for Justices Abella, Moldaver, Karakatsanis, Côté and Martin, all Canadians would be in dire straits as the judgment was being handed out July 10, 2020.

If Justices Wagner C.J. and Brown, Rowe and Kasirer had, had their way according to their dissenting reasons, our genetic rights would not have been protected since it is the ultimate goal in crying pandemic was to remove the rights all Canadians and Indigenous nations under false pretenses.

This alone has made me suspicious of your own participation in this matter and the malfeasance of the Canadian federal, Provincial, Municipal governments and all levels of Public Health Officials, is the fact that you did NOT appeal, why?

Was it to open the flood gates to forced vaccination and mRNA injections to change the DNA of Canadians and Indigenous peoples so that we would have ZERO legal recourse during this manufactured pandemic and using the people as trial subjects for evil experimentations?

If not for the coalition appealing and the Supreme Court Justices taking care of YOUR RESPONSIBILITY to the Canadian citizens and your fiduciary duty to the Indigenous Peoples, we would not have this opportunity to get justice.

One thing for certain, is that your failure to appeal to the Supreme Court of Canada does, is that it sheds a huge light at the corruption that seems to exist by YOU as the Minister of Justice and Attorney General for Canada and your political and Public Health cohorts within our Federal and Provincial justice system.

It is shameful when we, the Canadian must rely on YOU and the Attorney Generals of the provinces to decide who and which crimes get prosecuted.

One more issue that requires mentioning that needs deep pondering is the fact that on January 23, 2021, the Chief Justice and Deputy Governor General of Canada, Justice Wagner became Administrator of the Government of Canada following the resignation of Governor General Julie Payette.

He is now acting as Interim Governor General giving Royal Assent when the office is vacant. However, he can still sit in as Chief Justice during Supreme Court of Canada hearings.

This, as with your own positions, poses doubts as to conflict of interest, ethics and the efficacy of the Canadian Justice system in providing and ensuring that Canadians get true justice from the present Government and Public Health abuse of Power.

The proof that the Trudeau Government was opposed by the bill and the actions and statements of Jody Wilson-Raybould and of yourself in regard to the Genetic Non-Discrimination Act tells the story itself and then some when we add the SARS-CoV-2 criminal malfeasance proof to the equation.

Don't you think that it is high time that all responsible for honesty, truth and justice to prevail start answering to the Canadian people instead of furthering the agendas of those who are placing this country and its people at risk? [Appendix 17](#)

[Reference re Genetic Non - Discrimination Act, \[2020\] SCJ No 17](#)

Appeal by the Canadian Coalition for Genetic Fairness (Coalition) from a judgment of the Quebec Court of Appeal that found ss. 1 to 7 of the Genetic Non-Discrimination Act were ultra vires the jurisdiction of Parliament to enact criminal law pursuant to s. 91(27) of the Constitution Act, 1867. The challenged provisions criminalized compulsory genetic testing and the non-voluntary use or disclosure of genetic test results in the context of a wide range of activities including obtaining goods and services and entering into contracts. The Government of Quebec had referred the constitutionality of ss. 1 to 7 of the Act to the Quebec Court of Appeal. The Court of Appeal held that, in pith and substance, the Act aimed to "encourage the use of genetic tests in order to improve the health of Canadians". In the Court of Appeal's view, nothing in the challenged provisions of the Act prohibited or even addressed genetic discrimination, and thus the Act did not pursue a valid criminal law purpose. The Coalition appealed.

HELD: Appeal allowed.

***** (Wagner C.J. and Brown, Rowe and Kasirer JJ. Dissenting)*****

Parliament had the power to enact the challenged provisions under s. 91(27) of the Constitution Act. Parliament's purpose was reflected clearly by the title and text of the Act. The pith and substance of the challenged provisions was to protect individuals' control over their detailed personal information disclosed by genetic tests, in the broad area of contracting and the provision of goods and services, in order to address Canadians' fears that their genetic test results would be used against them, and to prevent discrimination based on that information. The provisions combatted discrimination based on genetic test results by criminalizing compulsory genetic testing, compulsory disclosure of test results, and non-consensual use of test results in a broadly-defined context. The provisions were supported by a criminal law purpose because they responded to a threat of harm to several overlapping public interests traditionally protected by the criminal law. The prohibitions and penalties in the Act protected autonomy, privacy, equality, and public health, and represented a valid exercise of Parliament's criminal law power. Concurring and dissenting reasons were provided.

Let us remind everyone that it is up to the Canadian Citizens and Indigenous Nations who own this country and are to collectively decide together what our future and the future of this country will be.

Collectively, we are the ones that possess that political power by our collective right of self-determination, and no one else! Not the Queen, and not the Government of Canada nor the Crown.

Only those who do right by the Citizens and Indigenous peoples of Canada can be said to be HONORABLE. Respect is earned, and not to be freely expected when working for the people of this country.

Given the facts herein, and with the documented proof provided, I would hope that justice be done so:

1. that all the court proceedings and fines given to the Canadian citizens, be automatically extinguished.
2. that restitution be given for mental anguish and jail time suffered by far too many without concrete proof.
3. that the continued Human Rights violations will cease. As these actions were undertaken by not only, businesses through forced masking, etc., also by police officers and judges making wrongful decisions across Canada, under all levels of Government and Public Health under false pretenses.

International Human Rights laws are specific. Our Rights were not to be derogated from with COVID-19 or war.

I thank you for your time in advance. I look forward to hearing from you within the next 15 days of receipt of this OPEN DEMAND LETTER, further legal action maybe taken.

Without prejudice,



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CC to: ***NOTE...there is an excel spreadsheet for all the CC ***

Justice Richard Wagner, Chief justice of the Supreme Court of Canada, Interim Governor General of Canada

***All Lieutenant Governors of Provinces

Mario Dion, Conflict of Interest and Ethics Commissioner Parliament of Canada

François Boileau, Taxpayers' Ombudsperson

Doug Downey, Attorney General of Ontario

***All Attorney Generals of Provinces

Brenda Lucki, RCMP Commissioner

Thomas W.B. Carrique, Commissioner of the Ontario Provincial Police

***All Police Commissioners of Provinces

*****All Senators**