



Canadian Peoples' Union NFP
ThePowerShift.ca

URGENT UPDATE – CEASE and DESIST VACCINE MANDATES, POLICIES and PASSPORTS

YOU ARE BEING USED TO COMMIT ILLEGAL ACTS AGAINST CANADIANS!

November 26, 2021

To: All Employers and Employee Unions - UPDATE

Greetings,

My name is Nicole Lebrasseur. I am the CEO of the Canadian Peoples Union NFP INC. This letter is for your benefit. Please take this information into consideration and think deeply about what you believe you must do to protect yourselves, your employees and all Canadians affected by your decisions. It is the difference between life, injury, and death of, not only the Canadian people, but also its economy and this country as we know it.

We are a Union of Canadian citizens and Indigenous peoples united to protect our collective Political and Civil Rights under International, National and Provincial laws, federally registered and incorporated under public administration.

Our mandate is to ensure that the rights of Canadians, as the official shareholders and co-owners of the Crown of Canada, be finally recognized. We have, as shareholders and co-owners, a vested interest in the well-being and treatment of our Canadian human resources, the Canadian employees within and beyond its borders.

The purpose of this entreaty, on behalf of your members across the country, concerns the statement you have made in support of mandatory mRNA vaccination/injections for all employees. Attached is a copy of a warning by the [American Heart Foundation against the mRNA injections](#).

Are you aware of the Power Workers' Union (PWU) grievance against the Electric Safety Authority (ESA); and that PWU won against the vaccine mandate? Attached is a copy of this [grievance](#) for your perusal. Please note that their situation applies to both unionized and non-unionized employees. This sets precedence; and it would therefore be to your benefit to have the vaccination/injection mandates ceased for your employees. It would also benefit your union to take a stand and protect your employees against these illegal mandates.

You may not have all the facts regarding the Virus SARS-CoV-2; and the laws in Canada that protect our [GENOME](#) and [Genetic Non-Discrimination rights](#), including [International Laws](#) that are embedded into our Charter of Rights and Freedoms. Even if the federal or provincial governments create laws, these laws do not and will not have an effect nor are they nor would they be enforceable according to law and the Canadian Constitution. Policies and Mandates that interfere with our Constitutional Rights and International Law also fall under these same parameters.

Attached are a few files regarding the truth of the SARS-CoV-2, which was *not* classified as a [High Consequence Infectious Disease \(HCID\)](#) as of March 19, 2020, and remains as such since then, *not* a HCID. The [Canadian Isolation](#) of the virus demonstrates this, [confirmed by the CDC](#). There is also proof that the spike protein cannot bypass the natural immune system of most Canadians as we already have immunity to it.

This information is sent to you to help your legal team defend your members and employees from our federal, provincial, municipal governments and public health officials' overreach who promote a false narrative regarding SARS-CoV-2 COVID-19, to coerce and implement experimental mRNA gene therapy injections, commonly referred to as vaccines.

You need to ask yourself: What is the motivation behind the use of a wide-scaled experimental vaccine which supposedly emulates protection against a coronavirus, known in past medical literature as [the common cold](#), when the natural immune system of the majority of the population is efficacious.

As time progresses, it is also evident from the cumulative reports that the side effects of these vaccinations are more dangerous than the actual SARS-CoV-2 coronavirus, placing both adults and especially children in a very vulnerable position. Are you willing to risk endangering the lives of all of your employees or union members, and Canadian citizens?

Employee unions and Employers also need to be reminded that corporate policies or mandates do not override the Human Rights of Canadians, thus their employees. The Federal government, the treasury board and the provinces do not have the authority, nor the right to derogate from our International Rights to which Canada is a signatory, even if the country should be in a true pandemic or state of war according to International Law.

You will find links of "Open Demand Letters" and supporting [appendices](#), sent by bailiff to the Minister of Justice and Attorney General David Lametti on [June 14, 2021](#) and [August 10, 2021](#) respectively.

Attached are also important documents, including the additional letter to employers and unions which may be read, copied and forwarded to your legal department. They will not only ensure the rights of your members, but also your own rights. Know that supporting mandatory experimental vaccinations/injections could result in a lawsuit against your members' employers or even yourselves. Please see the following links: [Letter #4](#), [Letter #5](#), [Letter #6](#)

You are invited to join us in helping protect your members who are the true owners of the Crown of Canada as Canadian citizens, not just as union members and employees. We can schedule zoom meetings, free of charge, at your earliest convenience as time is of the essence.

If we don't stand up together against this stratagem, who will? Your mandate is to protect your employees, and that begins with questioning the SARS-CoV-2, the injections, and the mandates using verifiable sources. Otherwise, once their agenda is fully implemented, there will be no turning back.

"Canadians are richer and more powerful than they know, as nothing in Law supersedes the will of the people", until it is given away through voting in elections, without the protection of our collective political and civil rights, and not being recognized legally within the Canadian Constitution. This must be stopped.

I thank you in advance for your patience and look forward to your prompt reply.

Without prejudice.

Respectfully and warmest regards,



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Coronavirus

What is a coronavirus?

Coronaviruses (CoV) are a large family of viruses that are common and are typically associated with mild illnesses, similar to the common cold.

A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The severe diseases have included:

- Middle East Respiratory Syndrome (MERS-CoV) (first reported in 2012, all cases have been linked to countries in or near the Arabian Peninsula)
- Severe Acute Respiratory Syndrome (<https://www.ccohs.ca/oshanswers/diseases/sars.html>) (SARS-CoV)

In late 2019, a coronavirus was identified in China (Wuhan City), and was initially known as 2019 Novel Coronavirus (2019-nCoV). An illness was reported on December 31st, 2019, and confirmation of the coronavirus identification occurred on January 7th, 2020. Formally, the disease is now known as coronavirus disease or COVID-19. The virus causing the disease is known as "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2).

ATTENTION

Coronavirus disease "The Common Cold" is now called COVID-19

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Circulation

 FREE ACCESS | ABSTRACT

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 \pm 20 above the norm to 82 \pm 75 above the norm post-vac; sFas increased from 22 \pm 15 above the norm to 46 \pm 24 above the norm post-vac; HGF increased from 42 \pm 12 above the norm to 86 \pm 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

For Authors & Reviewers



Instructions for Authors

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