

# The Canadian Peoples Union NFP

Ohsweken, August 10<sup>th</sup>, 2021

“BY BAILIFF, FAX & EMAIL”

OPEN DEMAND LETTER #2

“WITHOUT PREJUDICE”

## **M. David Lametti**

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## **SECOND DEMAND LETTER FOR A PUBLIC INVESTIGATION and THE FILING OF AN URGENT MORATORIUM IS NEEDED AGAINST MANDATORY mRNA GENE THERAPY TREATMENT INJECTIONS AND VACCINE IMMUNIZATION PASSPORTS.**

THE ONLY NARRATIVE ALLOWED, TO INFORM THE PUBLIC, WAS CREATED ON PURPOSE THROUGH FEAR DESPITE CANADA'S OWN ISOLATION OF SARS-CoV-2 VIRUS PROVING THERE WAS NEVER ANYTHING OUT OF THE ORDINARY FOR HEALTHY PEOPLE TO FEAR. CANADA'S OWN RESEARCH SHOWED SARS-CoV-2 IS A Milder VARIANT OF SARS-CoV-1, OF WHICH MOST CANADIANS AND INDIGENOUS NATIONS HAVE AN IMMUNITY TOO.

IN CANADA MILLIONS OF PEOPLE HAVE BEEN FORCED TO TAKE MULTIPLE PCR TESTS TO PROVE THEY ARE HEALTHY SO THEY CAN WORK, TRAVEL, SEE FAMILY THAT ARE DYING AND IN LONGTERM CARE FACILITIES. ALL DERROGATING FROM CANADA'S CHARTER RIGHTS.

A FALSE SCENARIO WAS CREATED FOR CANADIAN PUBLIC OPINION TO FAVOR MASS INJECTIONS THAT COULD ONLY BE APPROVED IF AN EMERGENCY WAS DECLARED. ALL CURRENT APPROVED INJECTIONS AND VACCINES ARE REGISTERED AS CLINICAL TRIALS IN THE US UNDER THE CLINICAL TRIALS GOVERNMENT IDENTIFIER OF NCT040368728 (PFIZER), NCT0447427 (MODERNA), NCT04516746 (ASTRAZENECA) AND NCT04505722 (JOHNSON & JOHNSON).

THIS SCENARIO WAS CREATED BY CONSTANT FALSE MESSAGING AROUND AN UNPRECEDENTED DEMAND ON CANADA'S HEALTH CARE SYSTEM. IN ADDITION TO THE FALSE MESSAGING, THOSE WHO WORK WITH AND IN OUR HEALTH CARE SYSTEM IN CANADA WERE EFFECTIVELY SILENCED FROM SPEAKING OUT OR EVEN DISCUSSING, AS EXPERTS IN THEIR MEDICAL FIELD, THEIR OPINION. ONLY A POLITICALLY DRIVEN NARRATIVE HAS BEEN ALLOWED WITH ZERO ROOM FOR PUBLIC DISCUSSION.

**GIVEN THE INFORMATION WITHIN, THE PANDEMIC EMERGENCY MEASURES and FORCED MANDATORY mRNA GENE TREATMENT THERAPY INJECTIONS or FORCED VACCINATIONS ARE CRIMES AGAINST ALL CANADIANS and INDIGENOUS NATIONS.**

Mr. David Lametti

Our first Demand Letter dated June 14, 2021, to you as Minister of Justice and Attorney General of Canada, was a request for an investigation to be launched for the criminal prosecution of those committing SARS-CoV-2 malfeasance.

For your reference, a full copy can be obtained at <https://www.thepowershift.ca/open-letter>.

No action or response was given or undertaken by you or anyone else on your behalf from your department.

What will it take for the truth to come out and for those in governance and law to step up and protect The Canadians and Indigenous peoples of Canada if you persist in ignoring the facts and the people of Canada?

Instead, we continue to see more manipulative and coercive measures aimed at the people of Canada via a "Joint Statement" released and dated August 03, 2021, the Canadian Medical Association, the Canadian Nurses Association et al, all Canadian Federal, Provincial and Municipal Governments, Political Parties, Universities, Education boards, Organizations and Associations of their demands for us all to comply under the guise of "the greater good" for a Canada wide mandatory enforcement of the illegal mRNA Gene therapy treatment injections.

Have they been made aware that they are being used for a questionably, deceptive worldwide transhumanist agenda, and the sale of the collected samples of negative and fictitious false positive SARS-CoV-2 Nasopharyngeal RT-PCR DNA tests? These tests have been collected and sold as being done in the USA for \$200 US without the people's knowledge and informed consent as illustrated to everyone in this "Demand Letter".

These negligent actions, bring us all back to the times of human medical experiments done by the NAZI Germans and the Canadian apartheid of the 1940's. Has our current government learned nothing from history?

Illicit Criminal activity is being undertaken through coercion and manipulation by all who push the Registered Clinical Trial mRNA Injections and Vaccinations that have yet to pass all efficacy and safety trials while at the same time they are suppressing informed consent or even questions the public may have about them.

Their actions are not for the greater good, they are willfully committing these heinous crimes against us all and our children.

It is estimated that the total number of reported side effects following COVID-19 vaccination in Canada on Health Canada's database and website reflects less than ¼ of all submitted reports.

The adverse effects are being extremely downplayed, and the public is not only not informed of them, but they are also not allowed to ask about them or discuss them.

The government messaging from top to bottom is very clear, if you are not vaccinated you are dangerous to your family, friends, neighbours, coworkers, etc.

At no time in our Country's history have healthy people been treated as sick, yet, that is exactly what the governments across Canada are promoting.

At the same time, our DNA has become a very valuable commodity to the same pharmaceutical companies who are lobbying all levels of health care and government around injections and vaccines, continued testing and changing Canada's legislation for several Acts and Codes to allow Transhumanism actions via the Canadian Government projects under the Federal Government Program Policy Horizons Canada.

<https://horizons.gc.ca/en/2020/02/11/exploring-biodigital-convergence/>

This must end, otherwise, freedom will have been eradicated over those who take our DNA sample under any guise they see fit to and without our express consent on how it will be used, to create a new future economy and transhumanist industry by destroying laws that protect our rights as shown within this document.

If we do not stop this insanity to protect our country, our children, future generations and even those who are creating these crimes blindly without morals or ethics even against themselves and the rest of Canadians and Indigenous Nations, who will?

## **Criminal Contraventions under the:**

1. Assisted Human Reproduction Act S.C. 2004, c. 2
2. Genetic Non-Discrimination Act S.C. 2017, c. 3
3. Intimidation (coercion) Criminal Code (R.S.C., 1985, c. C-46)
4. Privacy Act (R.S.C., 1985, c. P-21)
5. Canadian Human Rights Act (R.S.C., 1985, c. H-6)
6. Other contraventions of Acts and Criminal code apply.

**ATTENTION:** The SARS-CoV-2 Canadian Isolation of the virus as of March 12, 2020, proves that there was no legal or common-sense basis for the declaration of a Pandemic, Emergency measures, forced vaccination / injections, contact tracing or demanding Vaccine Passports for Canadians.

Sars-C0V-2 is a milder Variant of SARS-CoV-1. According to the Isolation, it only spreads faster but with less infectivity. The use of the SARS-CoV-2, COVID-19 is a fraud upon Canadians and Indigenous Peoples.

### ***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 wide 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.***

## CMA and CNA call for mandatory COVID-19 vaccinations for health care workers

**August 3, 2021** – The Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA), representing physicians and nurses across Canada, are joining the call for mandatory COVID-19 vaccinations for health care workers.

With mounting concerns over highly contagious COVID-19 variants and leveling-off vaccination rates across Canada, the mandatory vaccination of health care workers is an additional measure to protect patients, the health workforce and health care system capacity. Higher rates of vaccination will reduce the burden of COVID-19 in our communities and bolster ongoing pandemic management efforts.

“As health providers, we have a fundamental duty of care towards our patients and the public. There is significant evidence that vaccines are safe and effective and as health professionals who are leading the vaccination campaigns, it is the right call and an appropriate step,” says Dr. Ann Collins, CMA president.

Historically, health care workers have always been at the forefront of population-wide immunization. Tim Guest, CNA president noted “throughout this pandemic, health workers have been on the front lines and were among the first to get vaccinated. We need to maintain this trend and ensure that we take all the necessary steps to protect our patients and, of course, protect each other.”

Beyond mandatory vaccination of health care workers, the CMA and the CNA are also calling on all levels of government and employers to implement strategies that decrease barriers to accessing vaccines and improve vaccine acceptance. While vaccines are readily available across Canada, we recognize that the history of inequity within the health care system impacts trust. Therefore, governments and employers must continue to support and address vaccine hesitancy and system barriers to achieving the highest rate of vaccination among the public and health workforce.

With COVID-19 cases increasing among unvaccinated Canadians, it is essential to double down on vaccination efforts. The CMA and the CNA continue to urge all Canadians to get fully immunized and bring any questions or concerns to a health care professional.

### **About the CMA**

The Canadian Medical Association is the national voice of the medical profession. Our focus is on creating strong and accessible health systems, fostering well-being and diversity in medical culture, and ensuring every person in Canada has equal opportunity to be healthy. In partnership with physicians, medical learners, patients and others, we advance these goals through advocacy, knowledge sharing and granting.

### **About the CNA**

The Canadian Nurses Association (CNA) is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses and retired nurses across all 13 provinces and territories.

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**Question of GROSS NEGLIGENCE or CRIMINAL MALFEASANCE but what about ETHICS and PRIVACY issues?**

1. The Canadian Provincial and Federal Governments along with Public Health, KNEW in MARCH 2020 that the SARS-CoV-2 was not deadly to most Canadians as they made it to be.
2. THE RT-PCR TEST CAN NOT IDENTIFY A VIRAL INFECTION OVER 24 TO 25 CYCLE THRESHOLDS. The thresholds for most Provinces were done at the 35 to 45 CYCLE THRESHOLDS as indicated in court testimony and on their websites. This was also under the directives of the World Health Organization (WHO). This is DNA/RNA SPLICING. They were not looking for SARS-CoV-2 INFECTIONS.
3. All Positive or probable RT-PCR tests claiming viral infection of the SARS-CoV-2 COVID-19 are therefore, purposely, criminally misrepresented.
4. Any SARS-CoV-2 symptoms were treatable with conventional treatments and medications.
5. No mRNA Injections or regular vaccines are required other than the normal flu/ SARS vaccines for the elderly and those with comorbidities would be helpful for those wanting them.
6. No children should have been Injected with the mRNA, this is also criminal.
7. The WHO, the CDC, our Minister of Health, Health Canada, Public Health nor the Canadian and Provincial Governments have the authority to circumvent or to derogate from the International Human Rights, Charter Rights of Canadians, and Indigenous Nations.
8. Neither do any of the above mentioned have the right to override our existing laws and Criminal code even in a pandemic, and especially not within the pretence of one such as with SARS-CoV-2 COVID -19.

Can the CDC be trusted after 18 Months of utilizing a RT-PCR TEST under their recommendations that cannot detect what type of infection can be detected between SARS-CoV-2, or any other virus or bacteria to still be utilized until December 31, 2021?

[https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes\\_CDC\\_RT-PCR\\_SARS-CoV-2\\_Testing\\_1.html](https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html)

*CDC: 07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing  
Audience: Individuals Performing COVID-19 Testing*

*Level: Laboratory Alert*

*After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.*

*Visit the FDA website for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, visit this page.*

*In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season. Laboratories and testing sites should validate and verify their selected assay within their facility before beginning clinical testing.*

**Repeated Food for thought from the Open Demand Letter to Minister of Justice and Attorney General David Lametti sent by me, June 14<sup>th</sup>, 2021:**

*“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**”.*

The Canadian Federal and Provincial Governments, Health Canada and Public Health had no right to refuse the use of alternative medications for its treatment even in a pandemic, and especially not in a false pandemic.

This too is criminal.

The Canadian Government did not have the right to implement the use of vaccines or injections in such a manipulative and coercive manner by claiming a pandemic due to a created fear of unprecedented demand on Canada's health care system.

The Canadian Government did not have the right to subject Canadians and Indigenous Nations to mRNA's new technology BEFORE the proper Registered Clinical Trials were completed and without allowing antibody testing so those who are already immune need not be subjected to these trial injections and vaccines.

The false pandemic cry did not give the Canadian Federal and Provincial Governments the right to order mandatory mRNA Injections without full due diligence which allows for disclosure of the total ingredient list, full explanation of how they work in our bodies, and full disclosure on all risks should people already have antibodies or be immune compromised.

It is the Government's job to ensure all areas of our health care system including Drs and Nurses are protecting our Charter Rights when it comes to our right to decide on what health measures, we choose for ourselves.

It is not the Government's job to protect PATENT rights over the health, safety and welfare of Canadians and Indigenous Nations.

To say that the Injections are safe even to a 12-year-old or adult as advertised by the Public Health Officials, the Medical and Nursing Associations, Governments, Educators and Universities, etc., without valid proof is atrocious, deceptive, and criminal under the Intimidation and Genetic Non-Discrimination Acts.

The mRNA Injections are used for GENE Therapy Treatment which in fact is DNA/ RNA GENOME manipulation which affects your immune system's reaction.

**This is Illegal in Canada.**



**The question most asked is:** “WHY is it that when you follow the science, and the history of previous SARS outbreaks and pandemics none of this currant Pandemic makes any common sense at all”?

The answer only makes sense when we connect the dots by asking the next questions below.

Was the term COVID-19 and its supposed symptoms from SARS-C0V-2 scare manufactured to enforce the collection of the RT-PCR test for our DNA/RNA obtained illegally for more than 18 months without the informed consent of the Canadian and Indigenous Peoples:

- to remove parental rights to enable the Governments, Educators and the Medical and Nursing Associations to illicit the coercion of underage children to give them mRNA injections; and,
- to create a DNA collection for Genome Canada, Genome British Columbia, Genome Alberta, Genome Prairie, Ontario Genomics, Génome Québec, Genome Atlantic, CanCoGen and from tens of thousands of Quebec COVID-19 RT-PCR tests stored at the Quebec Biobank in Saguenay, Lac, St-Jean as mentioned in a video interview but not claimed in their website; and,

<https://www.bqc19.ca/en/access-biological-material>

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## ACCESS TO DATA AND BIOLOGICAL MATERIAL

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### Biological material Access Process

The *Biobanque québécoise de la COVID-19 (BQC19)* invites the scientific community to submit their requests for access to the BQC19 biological material and data.

Requests for access biological material and data are accepted throughout the year. The reviews of the requests by the BQC19's access committee will be done at fixed dates on a quarterly basis.

The next rounds of reviews will be held in August and in November 2021.

The access process has been updated ([see here](#)) and the data and material currently available, as well as those to come, are announced on [the BQC19 website](#). The participants recruited to the BQC19 are from two cohorts, hospitalized participants or participants who demonstrated non-hospitalized forms of COVID-19.

The **biological material** currently available corresponds to different types of samples that were collected from 2,500 participants. Samples include: plasma collected on acid citrate dextrose (ACD) tubes, serum, peripheral blood mononuclear cells (PBMCs), RNA and DNA. A more detailed list is available [here](#).

The BQC19 **data** correspond to clinical data on more than 2,500 BQC19 participants (having a positive (case) or negative (control) PCR test for SARS-CoV-2). The BQC19 can currently share whole genome coverage by GWAS on some of the participants. The access process will be extended to additional experimental data as they become available.

Note that access to data only is done through a separate process that takes place continuously throughout the year. For access to data only, [click here](#).

RNA extract	DNA extract	Plasma	Serum	PBMC
3988	2994	4558	1873	3400

- collect DNA samples for the Canadian Government's Horizon Transhumanism Program or for the Genome Canada association the USA NIH which was in receipt of a 39-billion-dollar budget as well as an increase to the USA Health Care handed out in 2019 and then increasing our own Canadian Health Budgets to cover a pandemic scheme for their SARS-CoV-2 positive or negative DNA test collection for their NEW INTERNATIONAL BIOBANK of which McGill University sits on its ethics committee, while being in conflict of interest and THE WORLWIDE "GREAT RESET" by THE WORLD ECONOMIC FORUM AGENDA; and,
- collect negative SARS-CoV-2 Nasopharyngeal DNA TEST and sell the Samples as the USA is doing for \$200 US, sold without the people's knowledge and full informed consent?

**Fiscal Year 2022 Appropriations**

	Fiscal Year 2021 Enacted	Fiscal Year 2022 President's Budget Outline	\$ Increase	% Increase
<b>HHS</b>	\$108.6 B	\$133.7 B	\$25.1 B	23.1%
<b>NIH</b>	\$41.7 B	\$51.0 B	\$9.0 B *	21.6%
<b>NHGRI</b>	\$606.3 M	TBD	TBD	TBD

\* ARPA-H would receive \$6.5 billion of the \$9 billion increase for NIH

Document 8

*USA Discovery Life Sciences Biobank SARS-CoV-2 Positive and Negative Nasopharyngeal DNA samples sold for \$200 each.*

<https://store.dls.com/clinical-research-samples/flu-respiratory-viruses/sars-cov-2/abb0000-ai110047289042920d1>

Research Sample *bioBank*

Product ID: ABB0000-AI110047289042920D1 | SARS-CoV-2 | Clinical Research Sample

PRODUCT DATA SHEET

Main Listing

Product ID	Name	Origin	Matrix	Vial (ml)	Qty. Avail. ⓘ	Type ⓘ	Price	
ABB0000-AI110047289042920D1	SARS-CoV-2	United States	Abbott UTM	1.00	1.00	Diagnostic Remnant Samples	\$200.00 <b>\$200 US</b>	<a href="#">Add To Cart</a>

Gender:	Male
Patient Ethnicity:	Non-Hispanic
Test 1:	Abbott RealTime SARS-CoV-2 (RT)-PCR
Test Data 1:	Negative [field_unit_of_measure_sf]

Blood Type:	Unknown
Swab Source	Nasopharyngeal
Date of SARS-CoV-2 Test	3/18/2020 4/29/2020

- remove our laws and the protection of Canadians and Indigenous Peoples Genome through the Assisted Human Reproduction Act and the Genetic Non-Discrimination Act, for the use of CRISPR Gene Editing Technology on the DNA/RNA RT-PCR samples of Canadian and Indigenous peoples; and,
- finally force Canadians and Indigenous Nations through coercive measures and threats to accept mandatory forced illegal mRNA Gene Therapy Treatment injections and to allow Gene editing in Canada?

By connecting the dots, it becomes obviously clear as to why our Governments, Genome Canada and provinces, Scientist and Medical Associations and Universities would all be so willing to commit illegal acts to further their HUMAN GENOME CRISPR PROJECT and the creation of an International BIOBANK of HUMAN DNA COLLECTION, collected and held in Quebec from Canadians and Indigenous Nations to instill their new future economy in Gene editing and transhumanism agenda while destroying our constitutions and rights worldwide.

Whether right or wrong these questions need to be asked and their answers proven.

Please see: <https://horizons.gc.ca/en/2020/02/11/exploring-biodigital-convergence/>

THIS IS ALSO ILLEGAL because our Federal and Provincial Governments including Health Canada and Public Health, KNEW there was never any PANDEMIC EMERGENCY given the SARS-CoV-2 Canadian Isolation before claiming the need for emergency measures.

They also know that in Canada it is ILLEGAL to PATENT NATURE.

Thank goodness that Canada has a criminal BAN on anything that affects our Genome since the HUMAN GENOME has to be protected as specified in the Principles of the Assisted Human Reproduction Act S.C. 2004, c. 2.

- genome means the totality of the deoxyribonucleic acid sequence of a particular cell. (g nome) This includes our DNA/RNA helix within the genome.
- (g) human individuality and diversity, and the integrity of the human genome, must be preserved and protected.

#### Differences between DNA and RNA



This further means that utilizing the CRISPR gene-editing system or changing anything in the HUMAN GENOME as with the injection of a spike protein in the mRNA Gene therapy treatment injections is a criminal offence, with penalties of up to 10 years in jail. This ban was imposed after the Supreme court Judgement of the Harvard College v Canada (Commissioner of Patents), [2002] 4 SCR 45 court case regarding the “ONCOMOUSE”.

One of the debates regarding the patenting of the ONCOMOUSE, was that once you change the genes of the Mice, we will not be able to find these genetically altered mice in NATURE, therefore, they no longer qualify as natural Mice.

Once this is done to the HUMAN GENOME, then the Human species will be at risk of extinction as we will all now become genetically modified transhuman not found in NATURE. We will no longer be natural humans, nor considered as part of nature.

The debate about mRNA injections not affecting DNA is irrelevant and is a play on words since the Injections do affect the Genome in one form or another which is criminally illegal in Canada other than being LIMITED to research with explicit consent.

Just because other countries are doing it, doesn't mean it's ok for our Country.

It is doubtful the Indigenous Nations would consent to their DNA to be tampered with.

Research does not include the claims "for use in a pandemic" since the SARS-CoV-2 Canadian Isolation from Sunnybrook, McMaster University, and the University of Toronto in March of 2020, did not call for or necessitate a pandemic response.

Although this may be legal in the USA, it is far from legal in Canadian law. The people have a right to know the consequences and not made to suffer the effects of being clinical trial subjects without knowing what is going into their bodies and let alone children and the elderly. This is sickening to the core.

Furthermore, the difference between the Survival rate of most Canadians infected with the SARS-CoV-2 is 99.77% while the survival rate or the side effects created by the mRNA injections seems more lethal given the reported adverse reactions than the virus itself.

mRNA Injections are different from normal vaccines. The two are far from being the same.

Was the reason to call the **mRNA VACCINES** which are in fact **mRNA Gene Therapy Treatment injections** to be more acceptable to mislead the Canadian people and everyone worldwide by instilling the same corrupt narrative?

The play on words used to make the injections sound less fearful or intrusive with what they can do, is being used against the population for an unquestionable acceptance through misinformation by our Governments and Public Health officials themselves then regurgitated by the Medical and Nursing Associations, and educators.

Either way, by wrongfully using the word “vaccination” instead of mRNA Therapy Treatment, they are manipulating our genome to change our cells.

This does not absolve the legal problem they are trying to avoid. It is a play on words.

The mRNA therapy treatment gives our cells instructions through the ribosomes, the ribosomes change the cells activity, meaning that the mRNA’s instructions or injected particles are the vehicle/messenger with the ability to induce the ribosomes to transmit to the cells to make spike proteins, thus infecting/ changing the cells and in FACT changing our GENOME which contains our DNA/ RNA double helix is illegal and without the Canadian and Indigenous populations full knowledge and informed consent.

**Quote from Byron:** Health from A-to-Z Knowledge Centre

<https://www.biron.com/en/news/health-a-to-z/do-mrna-vaccines-against-covid-19-change-our-dna/>

*“Our immune system then recognizes this foreign protein and can eventually neutralize viruses that contain it. **The messenger RNA vaccines from Pfizer/BioNTech and Moderna work differently. Instead of using a viral vector, the vaccine includes a molecule called messenger RNA (mRNA) that contains instructions to produce the famous S protein. Once inside the cell, the mRNA transmits its instructions to small cellular structures called ribosomes, which produce the S protein. Just as with a viral vector vaccine, our immune system detects this foreign protein {now created by our bodies} and learns to destroy the viruses that contain it.**”*

*Protein-based therapies are facing many challenges including low solubility and bioavailability, in vivo physicochemical instability, short circulating half-life, penetrability in vivo, biodistribution, and causing toxicity in large amounts (10–15). Another adverse effect of introducing therapeutic proteins into a patient's body is that it may result in severe immune responses, inflammation, and fever (16). To add to the woes, the production and manufacturing of high-quality therapeutic proteins have become highly complex activity (17). In fact, more than 5,000 critical steps are involved in developing a single therapeutic protein. Therefore, the quotient of unpredictability is very high in developing both chemical and protein-based therapies.*

**In other words, the mRNA communicates to our RNA WITHIN our GENOME to change itself and replicate the Spike protein.**

So technically, the mRNA doesn't not change the DNA itself but does so by communicating to the attached RNA to replicate the spike protein so that our immune system attack's the spike proteins being created inside our bodies.

The mRNA without directly changing the DNA, does change the GENOME by changing the RNA communication within our DNA.

Therefore, our GENOME has been illegally hacked with the new messenger mRNA without the Canadian people's knowledge or giving their full informed consent of how the mRNA injections are changing their bodies to replicate a spike protein that can easily have adverse effects against our own immune system which is illegal under the Assisted Human Reproduction Act S.C. 2004, c. 2.

***In the "Reference re Assisted Human Reproduction Act, [2010] 3 S.C.R. 457", at page [page 463]***

*In this case, the purpose and the effects of the impugned provisions relate to the regulation of a specific type of health services provided in health-care institutions by professionals to individuals who for pathological or physiological reasons need help to reproduce. Their pith and substance is the regulation of assisted human reproduction as a health service. In the Act, substantive and formal distinctions are drawn between prohibited activities and controlled activities. This dichotomy appears clearly from Parliament's statement of principles in s. 2 and from the titles used in the Act itself. Furthermore, whereas the category of controlled activities concerns services that are available to persons in need of assistance because of an inability to reproduce and that are used by professionals who provide the required help, the activities that are prohibited completely do not involve techniques used in assisted human reproduction. The impugned provisions do not have the same purpose as the unchallenged provisions. They were enacted to establish mandatory national standards for assisted human reproduction. As can be seen from the legislative history, this was how Parliament believed that the benefits of assisted human reproductive technologies and related research for individuals, for families and for society in general could be most effectively secured. When it decided to regulate what are called "controlled" activities, Parliament took into account the concerns expressed about the ethical and moral aspects and the safety of assisted reproductive activities. And in so doing it intended to implement a recommendation from the Baird Commission in order to ensure that Canadians could have access to assisted reproduction services. Regarding the activities that are prohibited completely, Parliament responded to what was presented to it as a consensus that they are reprehensible. Those prohibitions are therefore intended to prevent activities and the use of technologies that do not form part of the process of genetic research or assisted human reproduction.*

Activities for genetic research do not include coerced or enforced mandatory mRNA injections on the Canadian population, our elderly, and our underage children. This needs to be re-iterated many times as they should be very ashamed of themselves or do they no longer possess human morals and ethics or conscience?

**The PRINCIPALS** in the Assisted Human Reproduction Act are clear. They are principal declarations by Parliament and bear more legal power than the ACT itself.

### **Declaration**

#### **2 The Parliament of Canada recognizes and declares that**

*(a) the health and well-being of children born through the application of assisted human reproductive technologies must be given priority in all decisions respecting their use;*

*(b) the benefits of assisted human reproductive technologies and related research for individuals, for families and for society in general can be most effectively secured by taking appropriate measures for the protection and promotion of human health, safety, dignity and rights in the use of these technologies and in related research;*

*(c) while all persons are affected by these technologies, women more than men are directly and significantly affected by their application and the health and well-being of women must be protected in the application of these technologies;*

***(d) the principle of free and informed consent must be promoted and applied as a fundamental condition of the use of human reproductive technologies;***

*(e) persons who seek to undergo assisted reproduction procedures must not be discriminated against, including on the basis of their sexual orientation or marital status;*

***(f) trade in the reproductive capabilities of women and men and the exploitation of children, women and men for commercial ends raise health and ethical concerns that justify their prohibition; and***

***(g) human individuality and diversity, and the integrity of the human genome, must be preserved and protected.***

### **Prohibited Activities**

*Marginal note: Prohibited procedures*

#### **5 (1) No person shall knowingly**

*(a) create a human clone by using any technique, or transplant a human clone into a human being or into any non-human life form or artificial device;*

*(b) create an in vitro embryo for any purpose other than creating a human being or improving or providing instruction in assisted reproduction procedures;*

*(c) for the purpose of creating a human being, create an embryo from a cell or part of a cell taken from an embryo or foetus or transplant an embryo so created into a human*



being;

(d) maintain an embryo outside the body of a female person after the fourteenth day of its development following fertilization or creation, excluding any time during which its development has been suspended;

(e) for the purpose of creating a human being, perform any procedure or provide, prescribe or administer any thing that would ensure or increase the probability that an embryo will be of a particular sex, or that would identify the sex of an in vitro embryo, except to prevent, diagnose or treat a sex-linked disorder or disease;

**(f) alter the genome of a cell of a human being or in vitro embryo such that the alteration is capable of being transmitted to descendants;**

(g) transplant a sperm, ovum, embryo or foetus of a non-human life form into a human being;

(h) for the purpose of creating a human being, make use of any human reproductive material or an in vitro embryo that is or was transplanted into a non-human lifeform;

(i) create a chimera, or transplant a chimera into either a human being or a non-human life form; or

(j) create a hybrid for the purpose of reproduction or transplant a hybrid into either a human being or a non-human life form.

## Offences

### **Marginal note: Offence and punishment**

**60** A person who contravenes any of sections 5 to 7 and 9 is guilty of an offence and

- (a) is liable, on conviction on indictment, to a fine not exceeding \$500,000 or to imprisonment for a term not exceeding ten years, or to both; or
- (b) is liable, on summary conviction, to a fine not exceeding \$250,000 or to imprisonment for a term not exceeding four years, or to both.

2004, c. 2, s. 60, 2012, c. 19, s. 734

### **Marginal note:**

### **Offence and punishment**

**61** A person who contravenes any provision of this Act — other than any of sections 5 to 7 and 9 — or of the regulations or an order made under subsection 44(1) is guilty of an offence and

- (a) is liable, on conviction on indictment, to a fine not exceeding \$250,000 or to imprisonment for a term not exceeding five years, or to both; or
- (b) is liable, on summary conviction, to a fine not exceeding \$100,000 or to imprisonment for a term not exceeding two years, or to both.

2004, c. 2, s. 61, 2012, c. 19, s. 735

Reiterated from our first Open Demand Letter of June 14, 2021, and legally served to the Minister of Justice and Attorney General of Canada, David Lametti, if this was not understood the first time.

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 a NOVEL coronavirus.

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 to legally remove those who participated or knew and said nothing, or are you waiting for the people to step in and then wage another lockdown, branding non-vaccinated people, and further incarceration of Canadian and Indigenous people?**

**If you again fail to do your duty to the Canadian people, as you have since my last letter, then we will all know for certain that you have failed all those who elected you and the rest of Canadians to do your JOB.**

#### **What's the Government's Plan?**

Use their cohorts to call a non-confidence snap election before 2023 so they can run away, then have their political cohorts continue this agenda?

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 to die alone did nothing to protect Canadians.

Those who, under the guise of “For the Greater Good”, committed these heinous crimes against us all, our elderly and our children. At the least given your position, you should be giving a formal cease and desist to all the Premiers and those demanding mandatory vaccinations/ injections and Passports and QR Codes as they too are behaving as treasonous to all Canadians and Indigenous Nations. It’s time for you to decide who you are here to protect, your political party or the People?

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.

By those committing illicit crimes by coercion and intimidation to bring us back to the days of the Nazi clinical trials and Canadian Apartheid in Canada for the sake of a Mild SARS-CoV-2 COVID-19 by having people who refuse to take what could be and is presently being shown to not be a one size fits all treatment, and of which keeps the spread of the virus less adequate than our own herd immunity and immune system is atrocious and is illegal under the Genetic Non- Discrimination and Intimidation Acts listed on the next page.

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]

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

**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, [2019, c. 25, s. 159](#)

It's a shame that most Canadian doctors and scientists supporting the claims that the SARS-CoV-2 as a dangerous virus and the cause of the pandemic, have obviously not read the Canadian Isolation of the virus at the beginning of this fiasco.

The Canadian isolation of the virus was what the CDC and the WHO had based their pandemic declarations and "recommendations" on for months and the reason the Canadian Government only implemented the Quarantine and Aviation Acts and the Provinces the Emergency Measures Act Canada wide.

Recommendations made by Public Health, or the CDC are NOT law, especially when there was never any real pandemic to begin with. Their recommendations are NOT LAW! They should not be viewed as the final word by treating their recommendations as LAW without debate or consensus of the informed medical and scientific professional majority.

The Minister of Public Health cannot make laws without Parliamentary consent and Royal Assent even in a real Pandemic. They too must follow the International Non-Derogation of International Human Rights laws if this was in fact an actual pandemic, which it is NOT. It is all a FRAUD.

**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 may be taken.

Without prejudice,



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