Date: 10/01/2022

Name of Post-Secondary Institution:
Attn: First Name, Last Name: **,Chair, Board of Governors**
Email:
Attn: First Name, Last Name: **,President**
Email:

From: Student First Name, Last Name
Email:

RE: Open Letter to Post-Secondary Institutions, Call to Action
Removal of Covid-19 Policies

Dear members of the Board of Governors and Executive Team,

I am a concerned student, and I am sending this endorsed open letter in response to the Covid-19 policies at this institution.

I am part of the student body across Canada whose unanimous position is that post-secondary institutions are violating the most fundamental rights of Canadians by endorsing and/or mandating experimental mRNA gene therapy injections that have not been proven to be either safe or effective.

The evidence is now clear that a statistically significant number of students receiving the experimental mRNA gene therapy injections can be seriously harmed. Appendix B highlights 9 pages of known "adverse events" from Pfizer, one of the manufactures of the mRNA gene therapy. Related to the "adverse events", Covid-19 policies are in direct misalignment with a post-secondary institutions' duty to protect students.

Experimental mRNA gene therapy injections put students and their parents in an untenable situation. Consequently, students must choose between taking an experimental injection with known associated "adverse events" or discontinuing their education.

Are you aware of the following?

1. The scientific evidence does not support the claim of Covid-19 vaccine efficacy or safety.
2. The Covid-19 injections are not a vaccine as they do not prevent infection or transmission. They are more accurately a medical injection treatment.
3. None of the Covid-19 injections have completed Phase III clinical trials and thus are still regarded as experimental. No long-term safety data is available currently.
4. The short-term safety data has demonstrated the risk of the injections to youth is substantially higher than the risk of Covid-19.
5. Tal Zaks, chief medical officer of Moderna, Inc. confirmed mRNA injection for Covid-19 ***can*** change the genetic code.
6. Canada has a criminal ban on anything that affects our genome since the human genome has to be protected as specified in the Principals of the Assisted Human Reproduction Act S.C. 2004, c. 2.
7. The principle of free and informed consent must be promoted and applied as a fundamental condition of any medical intervention.
8. Human individuality and diversity, and the integrity of the human genome, must be preserved and protected.
9. Changing anything in the human genome as with the injection of a spike protein via the experimental mRNA gene therapy technology has criminal offence considerations.
10. The United States Food and Drug Administration was compelled by court order to release Pfizer data concerning safety and efficacy of Covid-19 (BNT162b2). ***Appendix B: Pfizer's Post Authorization Adverse of Events Report*** *includes 9 pages of known adverse events*.
11. Canadian National Report on Immunization, 1996 states: *"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution."*
12. The Canadian Charter of Rights and Freedoms, 1982 recognizes the inherent legal right of Canadians to exercise free power of choice and thus to refuse medical

treatment without disadvantage or prejudice**.** The Supreme Court of Canada recognized this inherent right under Section 7 of the Charter ii) Right to liberty.

13. Informed consent cannot technically be provided since the vaccine manufacturers have never provided the actual vaccine contents even to the purchasers.

14. The Covid-19 *'Injection Pharmacovigilance Report'* prepared by the World Council for Health, reveals sufficient evidence on all pharmacovigilance databases examined in this report to establish a *concerning safety signal* about experimental mRNA gene therapy injections.

15. The above 14 datapoints were compiled from in-depth and referenced materials found in **Appendix A: Supporting Evidence.**

Violations of Nuremberg Code

It is rather disconcerting that post secondary institutions endorse and or mandate experimental mRNA genetic technology in this 75th anniversary year of the completion of the Nuremberg Trials, which resulted in the Nuremberg Code.

The moral significance of the Nuremberg Code cannot be overstated:

- The Nuremberg Code is the most authoritative, internationally recognized document in the history of medical ethics.
- This landmark document was formulated in response to the evidence of medical atrocities committed by Nazi physicians and scientists.
- The Code sets forth moral boundaries for research involving human beings.
- The Nuremberg Code rejects the ideology of Eugenics and **unequivocally** asserts the primacy and dignity of the individual human being – as opposed to "*the greater good of society.*"
- **The Nuremberg Code defined foundational, universal, moral and legal standards,** affirming fundamental human rights. These human rights apply to every human being.
- The Code sets limits on the parameters of permissible medical experiments.
- The objective of the Nuremberg Code is to ensure that medicine never again deviates from the precautionary ethical principle, "*First, do no harm.*"

- The Nuremberg Code has served as a blueprint for subsequent national and international codes of human rights – to ensure that:
    - the rights and dignity of human beings are upheld.
    - to ensure medical doctors never again engage in morally abhorrent experiments.
- The first of 10 ethical principles lay down the foremost ethical requirement – which is spelled out in detail:

"*The voluntary consent of the human subject is* ***absolutely essential***".

"*This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force… constraint or coercion;* ***and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.***

This… requires that before the acceptance… of an affirmative decision by ***the experimental subject…*** *[he] should be [informed of] the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.*

The ***duty and responsibility*** *for ascertaining the quality of the consent* ***rests upon each individual who initiates, directs or engages in the experiment****. It is a personal duty and responsibility which may not be delegated to another with impunity.*"

Given the lack of data to allow for fully informed consent of **experimental** mRNA gene therapy injections endorsed and/or mandated by post-secondary institutions, it is now clear that those responsible are in violation of the Nuremberg Code.

Given that experimental mRNA gene therapy injections do not prevent infection or transmission, their long-term safety profile is unknown, and as these injections are still **experimental**, it is time for post-secondary institution stakeholders to refrain from endorsing and/or mandating that students, faculty, and support staff stay up to date on Covid-19 vaccinations and boosters.

The above directives are contrary to the science, inconsistent with how other institutions are responding and morally flawed.

The undersigned signatories herein, support the Canadian student body, and call for the immediate removal of all Covid-19 policies now known to subject students, faculty, and support staff to serious health risks including disability and possible death.

I look forward to your prompt response.

Sincerely,

From:
Email:

Open Letter Signatories:

Tanya Gaw, Action4Canada
Kristen Nagle, Canadian Frontline Nurses
Alan Brough, Canadian Health Alliance
Amanda Forbes, Children's Health Defence Canada
John Carpay, Justice Centre for Constitutional Freedom
Sheldon Munroe, Students Against Mandates
Ryan Penn, Take Action Canada
Ted Kuntz, Vaccine Choice Canada
Eddie Cornell, Veterans4Freedom
Andrej Litvinjenko, Taking Back Our Freedoms

Attachments and Appendices:

Appendix A: Supporting Evidence
Appendix B: Pfizer's Post Authorization Adverse of Events Report

Appendix A: Supporting Evidence

1. Denial of Natural Immunity

Any post-secondary institution that endorses and or mandates experimental mRNA gene therapy injections ignores the natural immunity of students who recovered from Covid-19. https://jennifermargulis.net/peter-mccullough-md-compassion-crisis-in-medicine/

2. Violation of Canadian Charter of Rights and Freedoms

Any post-secondary institution that endorses and or mandates experimental mRNA gene therapy injections violates the Canadian Charter of Rights and Freedoms.

- Section 2(a) of the Charter, which provides the fundamental freedom of conscience to all Canadians.
- Section 7 of the Charter, which provides all Canadians with the right to life, liberty, and security of the person.
- Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution.

https://publications.gc.ca/collections/collection_2016/aspc-phac/HP3-1-23-S4-eng.pdf (bottom left page 3)

3. Violation of the Canadian Bill of Rights

Any post-secondary institution that endorses and or mandates experimental mRNA gene therapy injections violates the Canadian Bill of Rights. Part 1 as follows.

1 (a) The right of the individual to life, liberty, security of the person and enjoyment of property, and the right not to be deprived thereof except by due process of law;

1 (b) The right of the individual to equality before the law and the protection of the law. https://laws-lois.justice.gc.ca/eng/acts/c-12.3/page-1.html

4. Violation of Freedom of Information and Protection of Privacy Act, R.S.O. 1990 [FIPPA]

Any post-secondary institution that requests personal, private, medical information violates Section 38(2) of the Freedom of Information and Protection Privacy Act.[74]

"No person shall collect personal information on behalf of an institution unless the collection is expressly authorized by statute, used for the purposes of law enforcement or necessary to the proper administration of a lawfully authorized activity." https://www.ontario.ca/laws/statute/90f31#BK60

5. Violation of Post-Secondary Institution Non-Discrimination/Harassment Policy

Post-secondary institution non-discrimination/harassment policies ensure that working and learning environments allow for full and free participation of all members of the community. Discrimination that imposes burdens, obligations, or disadvantages on an individual or group not imposed on others or, that withholds or limits access to opportunities, benefits, and advantages available to other members of society are not tolerated. Upholding these policy objectives ensures that the fundamental rights, personal dignity and integrity of individuals or groups of individuals are not violated.

Appendix A: Supporting Evidence

6. Violation of Policies on Ethical Research

Any post-secondary institution that endorses and or mandates experimental m-RNA gene therapy injections yet to be approved by Health Canada, not first tested on animals, and still undergoing phase III clinical trials, conflict with standard post-secondary institution policies of ethical research[3,4] and Canada's Tri-Council Statement: Ethical conduct for Research involving Humans TCPS2-2018. Chapter 3 The Consent Process. https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter3-chapitre3.html

Research ethics require all members to conform to the highest standards of ethical practice in research.[5] Restrictions for failure to commit to experimental mRNA gene therapy injections still part of a clinical trial, without full disclosure and informed consent, contravene the very basic precepts of ethical research and send an unethical and dangerous message to students who are the researchers of tomorrow. https://www.canada.ca/en/health-canada/services/science-research/science-advice-decision-making/research-ethics-board/policy-guidelines-resources.html

7. Violation of Academic Rigor, Integrity, and Accountability

Canadian post-secondary institutions have policies that uphold academic values of integrity and accountability.[6,7] Any post-secondary institution decision that endorses and/or mandates experimental mRNA gene therapy injections based on selective evidence, absent of long-term post-marketing surveillance data veers significantly from the academic rigour, integrity, and accountability that a post-secondary institution expects from its students.

Furthermore, such a requirement is not only based on findings of inadequate and incomplete clinical trials,[8-11] it overlooks deceptive efficacy data that cite relative risk reduction (RRR) values of over 95% for experimental mRNA gene therapy injections. Meanwhile, the far more relevant measure of protection that considers absolute risk reduction (ARR) is overlooked. Findings indicate that the ARR of these injections is around 1%. In other words, *the injections do not provide significant protection*.[12-14]

Failure to disclose such information contradicts a post-secondary institutions' stated position regarding integrity and accountability.

8. Failure to Acknowledge mRNA Injections are Novel and Untested

Arguments presented to justify deviation from established policies of integrity and accountability [6,7] not only violate human rights and academic credibility but also put students at risk. For example, London, Ontario's Chief Medical Officer of Health, Dr. Mackie, referred to school vaccination policies as justification for enforcing experimental mRNA gene therapy injections. However, traditional vaccines are very different from the unprecedented "firsts" associated with experimental mRNA gene therapy injections.

This is the first time that researchers are using polyethylene glycol (PEG) and genetically modified polynucleotides despite established concerns such as allergic reactions.[15,16]

This is the first experimental mRNA gene therapy agent given to humans for a coronavirus despite previous catastrophic, deadly failures such as the dengue fever and RSV vaccines.[17-19]

Further troubling is the recurring association of lethal antibody-dependent enhancement (ADE), which halted past coronavirus vaccine trials.[20-23] Of great concern is the fact that this is the first time that Moderna has brought any product to market.[24]

Appendix A: Supporting Evidence

9. Lack of Prior Animal Trials and Randomized Control Protocols

Vaccine manufacturers skipped animal trials and abandoned essential randomized control trial protocols of placebos and blinding, which are essential to determine product safety and efficacy before adequate analyses can be completed. It typically takes between 8-13 years to properly test a vaccine. The manufacturers claim they did a pre-market trial in only 69 days. Simply put, it is not remotely possible to test the safety of an experimental mRNA technology-based drug in such a short space of time.[3]

Equally concerning is the failure to complete important bio-distribution studies to determine the means of distribution of spike proteins produced by this mRNA gene therapy injection in the body. Researchers also failed to verify the estimated duration of immune stimulation. The missing data is essential in understanding the associated risks and long-term safety. Several prestigious researchers are now calling for a pause on experimental mRNA gene therapy injections as a result of this and other research gaps.[26-29,72]

10. Claims Safe and Effective are Premature and Unfounded

Many experts are demanding investigations to clarify findings suggesting that spike proteins, produced in response to experimental mRNA gene therapy agents, may pose serious harm by binding and interacting with various cells throughout the body and increasing the risk for tissue damage.[30,31]

Furthermore, experimental mRNA gene therapy injections are showing failure to successfully combat inevitable Covid-19 variants.

Seventy credible experts are also challenging the current narrative in the media that it is the unvaccinated who are fuelling the development of variants.[71]

An August 2021 peer-reviewed research paper examined findings from a large Israeli field study and European Medicine Agency's Adverse Drug Reaction database concluded, that governments should rethink their Covid-19 experimental mRNA gene therapy injection policies due to risks and lack of clear benefit.[32]

Therefore, sweeping claims of mRNA gene therapy injection benefits and safety are utterly premature and unfounded.

11. Covid-19 Less Dangerous to Youth than Annual Influenza

Any post-secondary institution that endorses and/or mandates experimental m-RNA gene therapy injections, is challenged further by findings that show Covid-19 caused only 1/3 of life-years lost to the yearly influenza variants.[33] These influenza variants pose harm to the young, old and vulnerable, killing between 4,000-8,000 annually with up to 20,000 hospitalizations.[34] Canadian health officials admit this data may be inaccurate due to gaps in standardized measurements and those findings are likely just "the tip of the iceberg".[35] Yet, there is no documentation available to indicate that post-secondary institutions have ever mandated a flu vaccine despite obvious risks. In contrast, some post-secondary institutions endorse and/or mandate experimental mRNA gene therapy injections for Covid-19 proven harmless to the vast majority of the public[36] and especially to our youth and student population.

Appendix A: Supporting Evidence

According to the CDC, the survival rate for people infected Covid-19 is as follows: [37]

Age:	**Survival Rate:**
0 – 19	99.997%
20 – 49	99.98%
50 – 69	99.5%
70 +	94.6%

This means the infection fatality rate (IFR) for people under the age of 20 is statistically zero. This was for the original Alpha Wuhan strain, which was the most virulent strain. Delta was half as virulent as the original strain and Omicron is less than half of half of that. Statistically, adolescents are five times more likely to be injured by experimental mRNA gene therapy injections than they are to require hospitalization from the original version of this virus.

12. Declaration of Helsinki Requirements Not Met

In 1964, the international medical community working through the World Medical Association, adopted the Declaration of Helsinki, which contains bio-ethical principles designed to restrict human experimentation. It appears the minimum requirements of that Declaration have not been met here**.** Does your institution provide full disclosure of the possible known "adverse events" associated with the experimental mRNA gene therapy injection? Only through providing full disclosure of known associated "adverse events", is it possible to obtain informed consent. As such, these students face participation in a dangerous human trial without meeting the minimum standards required by modern notions of Bioethics.

At some point, those injured by these experimental mRNA gene therapy injections will seek compensation, and it will be very difficult for any institution that endorses and/or mandates these injections to avoid liability. https://research.wayne.edu/irb/pdf/2-3-declaration-of-helsinki.pdf

13. mRNA Injections Pose Significant Risk to Youth

Post-secondary institution leadership are cautioned to carefully consider known risks that can result from experimental mRNA gene therapy injections, before establishing policies for a virus that holds such low threat.

Adverse events associated with experimental mRNA gene therapy injections have dwarfed those of other mass vaccination programs such as the influenza vaccine.[38-45] Between 2019 and 2020, the influenza vaccine was administered to approximately 170 million Americans. During this time there were 45 deaths associated with the influenza vaccine, a mortality rate of 0.0000265%. In contrast, the mortality rate for the experimental mRNA gene therapy injection is stated as 0.0024%, over 90 times higher than the influenza vaccine. Reported adverse events of experimental mRNA gene therapy injections include cardiovascular, vaccine-induced autoimmunity, and neurological harms.[46-49] Experimental mRNA gene therapy risks specific to younger populations warrant serious investigation. These risks include cardiac conditions including myocarditis, rare in this age group.[50-55]

Recently, the FDA and CDC advisory committees determined there is a link between heart inflammation after Pfizer and Moderna injections.[56] The committees heard evidence that showed this risk was particularly relevant to adolescents and young males. A troubling report

from the CDC found there was over a 200x risk of myocarditis and pericarditis post the second shot in people under the age of 25.[73] In addition, young women are at risk for menses irregularities, as well as reproductive deficiencies for both females and males.[57,58]

Vaccine developers and other physicians have added their voice of concern about such risks.[59,60] Vaccine manufacturers are shielded against liability for injury caused by their vaccines.[62] Serious concerns have also been raised by Canadian physicians around worrisome gaps in Canada's vaccine adverse events reporting system.[63] Recurring reports of vaccine adverse events from diverse and concerned citizen groups worldwide warrant further investigation.[64-68]

Endorsing and or mandating experimental mRNA gene therapy injections with proven adverse events set a dangerous precedent for generations to come. Any decision to restrict students for non-compliance with post-secondary Covid-19 policies that endorse and/or mandate experimental mRNA gene therapy injections is unconscionable and potentially criminal.

The link herein reports USA adverse events from the experimental mRNA gene therapy injections. https://www.openvaers.com/covid-data (currently under reported by Health Canada). A study conducted for Harvard found only 11%-13% of vaccine injuries are ever reported.[61]

Legal actions are underway worldwide requesting post-secondary institutions to revoke Covid-19 injection requirements.[69] Decision makers, policy makers, and related stakeholder can be held personally liable for injuries and deaths from these experimental mRNA gene therapy injections and boosters without full disclosure and informed consent.

2022 Court Precedents

France - Life insurer refuses to cover vaccine death. Insurer's defense is recognized as well-founded and contractually justified, as this publicly known fatal risk is legally considered suicide, since the customer has been notified and has agreed to voluntarily take the risk of death without being obliged or compelled to do so. https://freewestmedia.com/2022/01/14/life-insurer-refuses-to-cover-vaccine-death/

Italy - Historic Decision Against Mandatory Vaccination by Italian Court and Covid Vaccine Risk to Human Genome Now Legally Established. https://childrenshealthdefense.eu/eu-issues/historic-decision-by-italian-court/

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Appendix B: Pfizer's Post-Authorization Adverse of Event Report

The United States Food and Drug Administration (FDA) was compelled by court order https://phmpt.org/wp-content/uploads/2021/11/091621-Complaint.pdf in response to a Freedom of Information Act (FOIA) request, to release important Pfizer data concerning the safety and efficacy of the Covid-19 (BNT162b2) "vaccine".

On March 1, 2022, FDA released the Pfizer's Post-Authorization of Adverse Event Report document representing the initial three (3) months of the Covid-19 vaccine rollout for Dec. 01, 2020, to Feb. 28, 2021.

Pfizer's Post-Authorization of Adverse Event Report

Appendix 1 Page 30 reveals 9 pages of known adverse events.
https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

Within the Pfizer's Post-Authorization of Adverse Event Report, table 7 (pages 16-25) provides a summary review of cumulative cases showing there were 158,893 events that resulted from 42,086 reported cases in the first three months after the vaccines were released to the public. The total number of people in this group was not disclosed. Of the 42,086 case reports:

1. 1,223 of the cases list death as the outcome.
2. 9,400 of the cases list unknown as the outcome (that is 22% of the total 42,086 cases).
3. 11,361 of the cases were not recovered at the time of the report (final outcome is unknown for these).
4. Majority of Adverse Events include nervous system disorders (25,957), musculoskeletal/connective tissue disorders (17,283), and gastrointestinal disorders (14,096), in addition to anaphylaxis, facial paralysis, COVID-19 infection, cardiovascular, dermatological, hematological, hepatic and autoimmune conditions.
5. Pfizer's post-authorization data emphasizes that "...reports are submitted voluntarily, and the magnitude of underreporting is unknown."
6. The Harvard Pilgram Study states "Adverse events from vaccines are common but underreported, with less than 1% reported to the Food and Drug Administration (FDA)." Thus, these vaccine injuries and deaths are likely much higher than presented.
   See: Results page 6 https://openvaers.com/images/r18hs017045-lazarus-final-report-20116.pdf