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COURT	COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL CENTRE	CALGARY
APPLICANTS	REBECCA MARIE INGRAM, HEIGHTS BAPTIST CHURCH, NORTHSIDE BAPTIST CHURCH, ERIN BLACKLAWS and TORRY TANNER
RESPONDENTS	HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA and THE CHIEF MEDICAL OFFICER OF HEALTH
DOCUMENT	**RESPONDING BRIEF OF THE APPLICANTS HEIGHTS BAPTIST CHURCH, NORTHSIDE BAPTIST CHURCH, ERIN BLACKLAWS, and TORRY TANNER**

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Northside Baptist Church,
Erin Blacklaws, and Torry Tanner

I. REPLY

1. Respecting paragraph #s 17-18 of the Respondent Brief, the stated position is untenable. To Christians such as Ms. Tanner, Christmas is "C*hrist Mass*". It is not a secular holiday. To suggest that she must satisfy an atheistic, secular test to prove her deeply held religious belief is not supported by the case law. For Ms. Tanner, gathering with family is part of how she expresses and experiences her religious faith at Christmas. Justification by faith alone is a fundamental Christian belief, that is independent of good works or religious practice. What is in her Affidavit thus clearly meets the *prima facie* test for infringement of her protected s. 2(a) *Charter* right.

2. Respecting paragraph #21 of the Respondent Brief, standing is a procedural argument which the Respondent had ample opportunity to raise earlier in the process. It is inappropriate to raise such arguments as part of a Brief filed in anticipation of a hearing on the merits of the application. The Applicants therefore hold that this standing argument must be wholly disregarded.

3. Respecting paragraph #36 of the Respondent Brief, it is obvious from her evidence that Mr. Tanner did not attend peaceful protests for fear of police presence. There is no other rational inference which could be drawn from such evidence, other than that she felt intimidated by police presence from engaging in expressive activity. The Respondent's submission also ignores the reality that police presence at peaceful protests and suppression of them by government was something quite novel for Albertans prior to this government's oppressive pandemic measures.

4. Respecting paragraph #37 of the Respondent Brief, the evidence clearly supports the assertion that Mr. Tanner felt restricted from attending peaceful protests and expressing her political beliefs. Moreover, it is obvious that such intimidation was the very purpose behind police presence at these rallies, which evolved into outright prohibition of them by Dr. Hinshaw. There is nothing about this which is remotely trivial or insubstantial.

5. Respecting paragraph #39 of the Respondent Brief, standing is a procedural argument which the Respondent had ample opportunity to raise earlier in the procedure.

It is not appropriate to raise such arguments in a brief submitted on the merits of the case. This procedural argument must therefore be disregarded.

6. Respecting paragraph #39-41 of the Respondent Brief, it is significant to note that s.73(1) of the *Public Health Act* makes the churches liable for the conduct of its congregants in terms of masking, social distancing, and capacity restrictions. It is incongruous to argue that the church can be penalized for the conduct of its congregants but be prohibited from advancing their s. 2(b) *Charter* rights.

7. Moreover, at paragraph #148 of its Brief, the Respondent asserts that singing, talking loudly, shouting, and other activities occurring in the "high risk" indoor settings, including choirs performing indoors are a particular concern for the spread of the virus. It is therefore clear that the complained of CMOH restrictions were squarely aimed at the specific actions of church goers. It is unjust to argue that these same churches have no standing to assert the s. 2(b) *Charter* rights of their congregants.

8. Respecting paragraph #56 of the Respondent Brief, there is not evidence to support the assertion that the infringement of Ms. Tanner's s.2(b) *Charter* rights were trivial or insubstantial. It is clear from her Affidavit that a *prima facie Charter* infringement is established.

9. Respecting paragraph #73, the Respondent presumes its Covid-19 restrictions were in accordance with the principles of fundamental justice. However, this presumption is not supported by the evidence. In fact, the impugned CMOH Orders represent a complete over-reaction to and total mismanagement of a public health issue, which was used by the Respondent to justify the greatest intrusion into the private and public lives of Albertans in the history of our Province.

10. At paragraph #85, the Respondent correctly states that some form of compulsion, prohibition or state interference is always required. It is patently obvious that the Respondent has engaged in all such activities via enactment and enforcement of its CMOH Orders.

11. Paragraph #86 of the Respondent Brief advances a floodgates argument that is neither persuasive or supported by the facts of this case. Psychological harm is also clearly recognized as being protected by s.7.

12. Paragraph #91 again presumes that there is a rational connection between limiting or restricting gatherings and reducing or slowing the spread of Covid-19. The Respondents have produced no evidence apart from opinion and inaccurate modelling to support the assertion that any such measures were rationally connected to preventing the spread of Covid-19, or that they were at all effective. Consequently, these measures are clearly arbitrary.

13. Paragraph #92 of the Respondent Brief states that restrictions were not overly broad "given what is known about transmission of the virus". The Respondent's own evidence shows that the Respondent knew very little about transmission of the virus, such that 78% of the sources of infection were unknown. Rather than focus protection measures upon the most affected populations, namely the elderly and immuno-compromised, the Respondent instead imposed severe restrictions upon the 99.9% of the population who were never at any risk of serious illness or death from Covid-19.

14. Paragraph #92 also alleges that the CMOH restrictions need only be shown to reduce or slow the spread of Covid-19. There is no data to support this self-congratulatory and fanciful interpretation of how Covid-19 spread in Alberta.

15. Paragraph #93 of the Respondent brief states that "the Applicants do not deny that the Orders do not reduce or slow the spread of the virus". We quite agree, and also state that the restrictions were overly stringent, arbitrary, overly broad, pointless, and unnecessary.

16. Respecting paragraph #s 95 and 96 of the Respondent Brief, the Respondents have not produced scientific or social science evidence supporting a "reasoned apprehension of harm". In this respect, it is important to note that the Respondent constructed its scientific case for these restrictions *ex-post facto*. None of the expert evidence submitted to this Court was produced until July 2021, after most of the CMOH Orders had already been rescinded. Throughout the first, second, and third waves, the public messaging provided by the Respondents was limited to made-up computer modelling about hospitals and

ICUs being overloaded, and daily reporting in the mass media about positive PCR tests and death tolls.

17. None of Dr. Kindrachuk's expert evidence informed any part of the Respondent's Covid policies. Dr. Kindrachuk is a Manitoba expert who testified in a similar proceeding in that Province. His evidence has therefore been produced as *ex-post facto* justification of Alberta CMOH restrictions. There is no evidence that Dr. Kindrachuk was ever consulted by Dr. Hinshaw as part of her formulation of CMOH restrictions. The Applicants produced their expert evidence in January of 2021, but were told that the Respondent could not produce its expert reports until July of 2021.

18. The Applicants say that the bold assertion in paragraph #100 of the Respondent Brief that sweeping restrictions were needed to prevent the spread of Covid-19 and the necessity to avoid morbidity and mortality are not supported by the data. The reality is that only a small fraction of Albertans are exposed to the risk of severe illness or death from Covid-19, and that this category excludes the vast majority of Albertans, including Torry Tanner.

19. Respecting paragraph #s 103-104, it is ironic to read what the Respondent says about "objectively reasonable fear", since it was the Respondent which conspired with the mass media to foment mass hysteria over Covid-19. It is the Respondent which used hyperbole to great effect, and not Ms. Tanner. The true pandemic is not Covid-10, but fear of a killer virus.

20. During the pandemic, the Government of Alberta commissioned and developed an advertising campaign designed to spread irrational fear amongst Albertans about the risk of asymptomatic spread of the virus via social gatherings. These involved the image of a fanged goblin-like monster with a spiked head shaped like a corona virus. This figure was presented as a party crasher who arrived unannounced at private social gatherings such as Christmas and birthday parties to spread disease and death. These adverts were financed by $2.5M taxpayer dollars and were widely distributed on television, on the

internet, and over social media. [1] http://globalnews.ca/video/7516946/alberta-government-covid-19-ad-campaign-uses-humour-to-highlight-risk-of-large-gatherings.

21. Respecting paragraph #108, the indoor gathering restrictions limiting funeral attendance infringed upon Mr. Blacklaw's s.7 *Charter* rights precisely because, by its own evidence, so little was known by the Respondent about transmission of the virus. In fact, there is no data showing that any of the CMOH restrictions had a measurable impact upon reducing the spread of Covid-19.

DR. HINSHAW

22. Paragraph # 145 of the Respondent Brief describes the "common core of ethical principles, which guide her public health practice and decision making". These include leftist concepts such as social justice and health equity, which suppress the individual rights of Albertans under a collective health regime. This ideology has been expressed in CMOH orders which make the goal of preserving the public health care system.

23. Paragraph # 146 acknowledges how the Respondent has used the pandemic to expand the scope of Dr. Hinshaw's statutory powers to make her the single most powerful person in Alberta's history. Dr. Hinshaw is neither directed by or answerable to democratically elected officials- not even the Premier.

24. Far from using mandatory measures as a last resort, Dr. Hinshaw is permitted to use any means necessary to reduce the spread of the Covid-19 virus. It is clear from her own evidence that the "minimal restrictions" imposed through CMOH orders constituted the most draconian violation of civil liberties ever perpetrated by the Government of Alberta.

25. At paragraph #148, Dr. Hinshaw claims that there exists evidence that certain activities result in the spreading of droplets in high risk settings. Although

[1] https://calgary.ctvnews.ca/alberta-government-spends-2-5m-on-unusual-covid-19-ad-campaign-1.5362851

these are presented as scientific conclusions, they are nothing more or less than speculation about the risk of spreading the virus. There is no data to support these conclusions, only theories and computer modelling.

26. At paragraph #151 and # 152, Dr. Hinshaw quite properly acknowledges that Covid-19 disproportionately impacts only a small fraction of Albertans who are elderly, immune-compromised, and have pre-existing conditions/co-morbidities.

27. At paragraph #152, the Respondent states that although the risk of death is lower in children, Covid-19 continues to negatively impact young people. Based upon the Respondent's own data, no Albertan under the age of nineteen (19) has died from Covid-19, and death rates in persons under sixty (60) are vanishingly low.

28. At paragraph #153, the Respondent repeats the mantra that Covid-19 has overrun the Alberta health care system twice in the past year. There are however no data to support this claim, only fear mongering based upon incorrect and unreliable computer modelling.

29. Even if it were true that the health care system is overwhelmed, the Applicants say that this cannot justify violating the constitutional protected individual freedoms and autonomy guaranteed by the *Charter.*

30. At paragraph # 158-159 of the Respondent Brief, they quote from Dr. Hinshaw's Affidavit about the use of "least restrictive measures" used as "a last resort" , and "best practices". In fact, at paragraphs 218 and 220 of her Affidavit, Dr. Hinshaw lists such "minimal" restrictions, including:

a. Outside gathering were limited to five people (down from ten);

b. All indoor fitness closed, including one-on-one training;

c. No more than ten people could attend funeral services (down from twenty)

d. All post-secondary learning shifted to online learning only;

e. Faith services were limited to in-person attendance of fifteen people (down from fifteen percent capacity);

f. Hotels/motels could remain open, but pools and recreation facilities closed;

g. Working from home remained mandatory, except where in-person presence was needed for operational effectiveness.

h. Workplaces (except work camps and essential and critical services) with transmission of three or more cases were required to close for ten days;

i. In-person dining on patios at restaurants, bars, pubs, lounges and cages was prohibited as of 11:59 p.m. on May 9 (take out or delivery services permitted);

j. Personal and wellness services (hair salons, barbers, nail salons, estheticians, tattoos and piercing) must be closed as of 11:59 p.m. on May 9;

k. Health, social and professional services (e.g. physicians, dentists, chiropractors, massage therapists, lawyers, photographers) could remain open by appointment only as of 11:59 p.m. on May 9. (Exception: Services such as shelters and not-for-profit community kitchens, can remain open); and

l. All outdoor sports and recreation were prohibited except with members of your household or, if living alone, two close contacts (down from ten people) as of 11:59 p.m. on May 9.

31. In his April 2021 paper entitled "Covid Lockdown Cost/Benefits: A critical Assessment of the Literature", Professor Douglas W. Alllen of Simon Fraser University has this to say about the effectiveness of lockdowns/restrictive measures:

> *An examination of over 80 Covid-19 studies reveals that many relied on assumptions that were false, and which tended to over-estimate the benefits and underestimate the costs of lockdown. As a result, most of the*

early cost/benefit studies arrived at conclusions that were refuted later by data, and which rendered their cost/benefit findings incorrect. Research done over the past six months has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths. Generally speaking, the ineffectiveness of lockdown stems from voluntary changes in behaviour. Lockdown jurisdictions were not able to prevent non-compliance, and non-lockdown jurisdictions benefited from voluntary changes in behaviours that mimicked lockdowns. The limited effectiveness of lockdowns explains why, after one year, the unconditional cumulative deaths per million, and the pattern of daily deaths per million, is not negatively correlated with the stringency of lockdown across countries. Using a cost/benefit method proposed by Professor Bryan Caplan, and using two extreme assumptions of lockdowns effectiveness, the cost/benefit ratio of lockdowns in Canada, and in terms of life-years saved, is between 3.6-282. That is, it is possible that lockdown will go down as one of the greatest peacetime policy failures in Canada's history".[2]

32. Although the Respondent insists that it did not lockdown, this is patently untrue. The term "lockdown" is used to generically refer to state actions that imposed various forms of non-pharmaceutical interventions, including closing of non-essential businesses, schools, recreation and spiritual facilities, mask and social distancing orders, stay in place orders, and restrictions on private or public gatherings. [3] Alberta employed all of these restrictions at various times during the first, second and third waves.

33. Professor Allen's review of over 80 Covid studies also revealed that although younger people bear the costs of reduced employment and education, any benefits of lockdowns were had by much older cohorts. This utterly betrays Dr. Hinshaw's stated goals of the social justice and health equity.[4]

34. At paragraph #160 of the Respondent Brief, Dr. Hinshaw claims that there are no drug therapies to cure Covid-19 or prevent its spread. This is false. In fact, a large

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[2] "Covid Lockdown Cost/Benefits: A Critical Assessment of the Literature"- Douglas Allen ; at page 1 https://www.sfu.ca/~allen/LockdownReport.pdf

[3] "Covid Lockdown Cost/Benefits: A Critical Assessment of the Literature"- Douglas Allen ; at page 3 https://www.sfu.ca/~allen/LockdownReport.pdf

[4] "Covid Lockdown Cost/Benefits: A Critical Assessment of the Literature"- Douglas Allen ; at page 21 https://www.sfu.ca/~allen/LockdownReport.pdf

majority of randomized and observational controlled trials of Ivermectin have reported repeated, large magnitude improvements in clinical outcomes. Numerous trials demonstrate that regular ivermectin use leads to large reductions in transmission. The results of these trials also report rapid population-wide decreases in morbidity and mortality:

> *".. multiple, large "natural experiments" occurred in regions that initiated "ivermectin distribution" campaigns followed by tight, reproducible temporally associated decreases in case counts and case fatality rates compared with nearby regions without such campaigns. Conclusions: Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID_19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results form numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified."*[5]
>
> *"..Since 2012, a growing number of cellular studies have demonstrated that ivermectin has antiviral properties against increasing number of RNA viruses, including Influenza, Zika, HIV, Dengue, and most importantly, SARS-CoV-2."*[6]
>
> *"The Evidence base for ivermectin against COVID-19*
>
> *To date, the efficacy of ivermectin in COVID-19 has been supported by the following:*
>
> 1. *Since 2012, multiple in vitro studies have demonstrated that Ivermectin inhibits the replication of many viruses, including influenza, Zika, Dengue, and others.*
> 2. *Ivermectin inhibits SARS-CoV-2 replication and binding to host tissue through several observed and proposed mechanisms.*

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[5] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19- American Journal of Therapeutics at page 1 https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx

[6] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19- American Journal of Therapeutics at page 3 https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx

3. Ivermectin has potent anti-inflammatory properties with in vitro data demonstrating profound inhibition of both cytokine production and transcription of nuclear factor- kB (NF-kB), the most potent mediator of inflammation.
4. Ivermectin significantly diminishes viral load and protects against organ damage in multiple animal models when infected with SARS-CoV-2 or similar coronaviruses.
5. Ivermectin prevents the transmission and development of COVIC-19 disease in those exposed to infected patients.
6. Ivermectin hastens recovery and prevents deterioration in patients with mild to moderate disease treated early after symptoms.
7. Ivermectin hastens recovery and avoidance of ICU admission and death in hospitalized patients.
8. Ivermectin reduces mortality in critically ill patients with COVID-19.
9. Ivermectin leads to temporally associated reductions in case fatality rates in regions after ivermectin distribution campaigns.
10. The safety, availability, and cost of ivermectin are nearly unparalleled given its low incidence of important drug interactions along with only mild and rare side effects observed in almost 40 years of use and billions of doses administered.
11. The World Health Organization has long included ivermectin on its "List of Essential Medicines."[7]

"Currently, as of December 14, 2020, there is accumulating evidence that demonstrates both the safety and efficacy of ivermectin in the prevention and treatment of COVID-19. Large scale epidemiologic analyses validate the findings of in vitro, animal, prophylaxis, and clinical studies. Epidemiologic data from regions of the world with widespread ivermectin use have demonstrated a temporally associated reduction in case counts, hospitalizations, and fatality rates."[8]

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[7] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19- American Journal of Therapeutics at pages 13 and 15-16.
https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx

[8] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19- American Journal of Therapeutics at page 16.
https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx

35. Despite the fact that the benefits of Ivermectin were widely known, its use was never recommended to Albertans by Dr. Hinshaw.

36. Paragraph #163 is contradictory. It states on the one hand that "there has been significant community spread of Covid-19 over the last 19 months", but then says that "78% of cases did not have identifiable source".

37. At paragraphs 166-167, Dr. Hinshaw blames non-compliance and specific sectors, including places of worship, restaurants, and physical activity venues for community spread. This is again inconsistent with the statement that 78% of cases did not have an identifiable source.

38. At paragraph #168, Dr. Hinshaw claims that teenagers are at much bigger risk to spread the virus than younger children due to behaviours such as kissing, sharing food, and sharing water bottles and cigarettes. Again, there is no data to support this conclusion.

DR. SIMMONDS

39. In reply to paragraphs 171-174, the Respondent has produced no data to support the theoretical models developed by Dr. Simmonds. In particular, the entire concept of a "super spreader event" has no objective scientific basis.

40. Similarly, the evidence of Deborah Gordon is rife with conjecture about "the potential for Alberta's health care system to become overwhelmed", but there is no data showing that this ever occurred. In fact, at paragraph #182, the Respondent confirms that the ICU peak was only 158 Covid-19 patients in the entire Province.

DR. KINDRACHUK

41. At paragraph #197, the Respondent confirms once again that only a small fraction of Albertans are at serious risk of death from Covid-19.

42. The assertions at paragraphs 198 and 201 that children are highly impacted by Covid-19 and a risk to be infected and transmit the virus are not supported by data and are entirely refuted by Dr. Bhattacharya.

43. At paragraph #211, Dr. Kindrachuk asserts that face masks are associated with a significant reduction in transmission risk per contact and reduced infections. However, on 30 March 2021, the World Health Organization Health Emergencies Program executive director Mike Ryan issued a statement that:

> *"there is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit." He added, "In fact, there's some evidence to suggest the opposite" because of the possibility of not "wearing a mask properly or fitting it properly" and of "taking it off and all the other risks that are otherwise associated with that."*[9]
>
> *"The only RCT to test mask-wearing's specific effectiveness against Covid-19 was a 2020 study by Bundgaard, et al in Denmark. This large (4,862 participants) RCT divided people between mask-wearing group (providing "high quality" three-layer surgical masks) and a control group. It took place at a time (spring 2020) when Denmark was encouraging social distancing but not mask use, and 93 percent of those in the mask group wore the masks at least "predominantly as recommended." The study found that 1.8 percent of those in the mask group and 2.1 percent of those in the control group became infected with Covid-19 within a month, with this 0.3-point difference not being statistically significant."*[10]

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[9] City Journal- Do Masks Work? A Review of the Evidence 11 August 2021 at page 1 https://www.city-journal.org/do-masks-work-a-review-of-the-evidence

[10] City Journal- Do Masks Work? A Review of the Evidence 11 August 2021 at page 4 https://www.city-journal.org/do-masks-work-a-review-of-the-evidence

> *"In sum, of the 14 RCTs that have tested the effectiveness of masks in preventing the transmission of respiratory viruses, three suggest, but do not provide any statistically significant evidence in intention-to-treat-analysis, that masks might be useful. The other eleven suggest that masks are either useless- whether compared with no masks or because they appear not to add to good hand hygiene alone- or actually counterproductive. Of the three studies that provided statistically significant evidence in intention-to-treat analysis that was not contradicted within the same study, one found that the combination of surgical masks and hand hygiene was less effective than hand hygiene alone, one found that the combination of surgical masks and hand hygiene was less effective than nothing, and one found that cloth masks were less effective than surgical masks."*[11]

44. At paragraph #213, Dr. Kindrachuk references an outbreak of Covid-19 in Manans, Brazil in order to explain why natural herd immunity is not an effective strategy for Alberta. As Dr. Bhattacharya explains in his Surrebuttal Affidavit, this is not a rational comparison. The social, economic, and even climate factors extant in the Brazilian Jungle bear no resemblance to Alberta. Conversely, the Swedish comparison is much more useful, as Dr. Bhattacharya properly notes.

SCOTT LONG

45. Throughout his evidence, Scott Long repeatedly states that Alberta's Covid-19 pandemic response was "reasonable". By this he means that the fact the Province had no written plan and cannot produce one, is of concern. He claims that the process of developing the plan is more important than the plan itself. One wonders what would have happened on the beaches of Normandy in 1944 if the Allied Generals had adopted such a perilous and reckless approach to planning the decisive battle of WWII.

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[11] City Journal- Do Masks Work? A Review of the Evidence 11 August 2021 at page 5 https://www.city-journal.org/do-masks-work-a-review-of-the-evidence

CONCLUSION

46. Civil liberties are under attack in Alberta, throughout Canada and worldwide. The basis of public health acts and infectious disease laws, limitations to constitutional rights are imposed through emergency orders by our Chief Medical Officer of Health an unelected bureaucrat who has become, under the *Public Health Act*, the single most powerful person in the history of Alberta.

47. The *Canadian Charter of Rights and Freedoms* was written specifically to limit government overreach. In a crisis such as this, it is more important than ever to uphold *Charter* rights. Whether the Covid-19 mandates and restrictions represent reasonable and necessary limitations has yet to be seen, and is the substance of this application.

48. The Applicants have produced independent scholars to summarize the many uncertainties around the severity of the pandemic, reliance on problematic testing procedures and erratic modeling, ineffective non-pharmaceutical interventions, suppression of alternative treatments, disregard for natural immunity, and the destructive focus on vaccines as the only solution.

    After many long months of fear, misinformation, lockdowns, mandates, and broken trust, Albertans are waking up in disbelief and asking the question, What have you done Alberta?:

    a. You have convinced and continue to attempt convincing the public that we are in the midst of a major health crisis, and thrust our Province into chaos. Meanwhile, all-cause mortality in Canada is in line with trends from the past several years and indicates no such crisis. You have instilled fear in the general public of Covid-19 by publishing egregious data (such as daily cases and ICU numbers) without putting those numbers into context. How serious are those cases? How many were asymptomatic? What would similar case

numbers be in any past years for other illnesses such as the flu? How does ICU occupancy compare to previous years? You are misleading the public and priming us for unwarranted future restrictions.

b. You have not been transparent about the favourable survival rates from Covid-19. Instead, you convinced us that a positive test result is a death sentence, when in reality the virus overwhelmingly affects the elderly and those with specific vulnerabilities. Covid-19 remains relatively harmless for the majority of the population.

c. You have driven up case numbers by relying on the PCR test, deemed to be inappropriate as a diagnostic tool by its inventor and known to yield too many false positives at the cycle thresholds that have been used. In fact, the WHO recommended, on June 25th of this year, that "widespread screening of asymptomatic individuals is not a recommended strategy". And yet, you insist on driving up the case numbers by mass testing of healthy, asymptomatic individuals. You have made Albertans irrationally fearful of one another, convincing us that asymptomatic transmission is a driver of infections, while multiple studies demonstrate that this is false. Yet, you fail to update the public on the changing science.

d. You have coerced an entire population to wear masks, despite the fact that their ability to prevent transmission of Covid-19 has been seriously called into question by recent systematic reviews of the medical literature. This is also readily observed by comparing regions with and without mask mandates. Cloth masks and most mass-produced masks are not approved medical devices, rather their real purpose appears to be the creation of heightened public anxiety, isolating the wearers, and posturing visual compliance to unfounded public health *diktats*. This insidious form of psychological control has immeasurable health, social and psychological consequences, especially for children, which you fail to acknowledge.

e. You have utilized the lockdowns as a sledgehammer to bring down Covid-19 cases, while ignoring the collateral damage from lost livelihoods, stalled cancer and transplant surgeries, and increased rates of depression, drug overdose, and suicide. You have failed to take a holistic approach, and your "cure" is proving far worse than the disease. There are multiple studies demonstrating the ineffectiveness of lockdowns, easily seen by simple comparison of jurisdictions that locked down with those that did not. You are failing Albertans by failing to understand the evolution of knowledge. We learn by and through mistakes. The ethical principle is to own up to mistakes. Without that first step, ignorance flourishes.

f. You have provided madcap computer model predictions to justify lockdowns, proclaiming the lockdowns as successful, when the predictions did not materialize. This is not proof. This is manipulation. Computer models have provided too many nonsensical predictions and should have been ignored. After decades of model refinement, we still cannot accurately predict the weather, even a day in advance. Yet, you present Covid model results as if they are accurate over the span of months.

g. You have not provided any solid scientific evidence that any of the measures you have imposed on the public are either necessary or effective. You have ignored a body of scientific literature that does not support your measures, and you have not engaged with experts who have raised concerns or evaluated the same evidence in a way that does not align with your views. You have not allowed public scientific debate on these issues, choosing instead, to ignore, censor, or smear those brave enough to bring them to the public.

h. You have ignored early treatment protocols for safe, effective, and inexpensive treatments of Covid-19 with multidrug therapies, despite the

massive evidence both from front-line doctors and meta-analyses of the medical literature, with published studies showing their efficacy around the world. Instead, you have convinced citizens that Covid-19 is a death sentence and that only vaccination, indeed vaccine mandates, will save us. You have withheld important information from the public and from frontline doctors who have had the courage to prescribe lifesaving treatment to their patients. What a waste of lives!

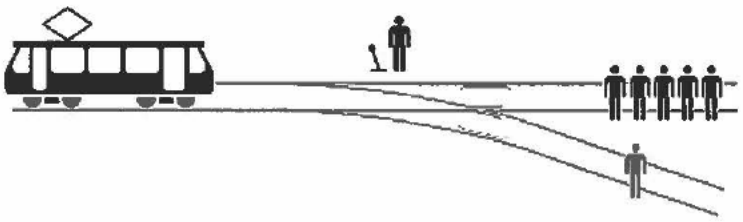
i. You are now relentlessly pushing experimental vaccines on the general population as "safe". Nothing could be further from the truth, as shown by almost $14,000 deaths reported in the US Vaccine Adverse Event Reporting System. Since December of 2020, the number of Covid vaccine related deaths are already more than one and a half times the number of deaths reported in conjunction with all other vaccines combined since the implementation of the system in 1990. Furthermore, there is a lack of long-term safety data. These genetic-based therapies only received emergency interim authorization and have not undergone the same type of review as fully approved products. You are not providing the public with the information they need to be able to give informed consent.

j. You forced family and emergency doctors to abandon their Hippocratic oaths to "first do no harm". You have destroyed the science surrounding Covid-19 and replaced it with baseless behavioural prescriptions. You have divided citizen from citizen, parent from child, brother from sister, student from teacher. Overall, you have participated in destroying a Province that was once prosperous, strong and free.

k. You have closed businesses, triple barricaded churches, imprisoned Christian pastors, trivialized and ridiculed all who have dared to question your health orders, and even prosecuted as criminals anyone with the temerity to

organize or participate in a peaceful protest without a democratically elected government.

49. There is a moral riddle taught in grade school that is directly applicable to the present case. It is called the "Bystander at the Switch", also known as the Trolley Problem. It is a story about a runaway train hurtling towards a cluster of people stuck on tracks ahead. One is faced with the dilemma of pulling the switch to send the train down another track with fewer people there, or else choose to save many lives by sacrificing a smaller number of others.



50. Although the grade school riddle is posed as a moral dilemma, it really is not. There is only one correct choice. Universal human rights were created to make it clear that no person or government has the right to pull the switch to send the train down another track towards a sacrificial group of victims.

51. In December of 1948, the aftermath of human rights violations committed during WWII, the member states of the United Nation formally adopted the Universal Declaration of Human Rights[12]. It explicitly forbids government from treating some people as worth less than others, and forbids government from sacrificing some people for the benefit of others. It forbids government from knowingly imposing harm on some individuals in order to serve an alleged greater good. And finally, it forbids government from imposing a hierarchy of rights upon its citizenry. Sadly, and horribly, all of these precepts have been violated by the Government of Alberta

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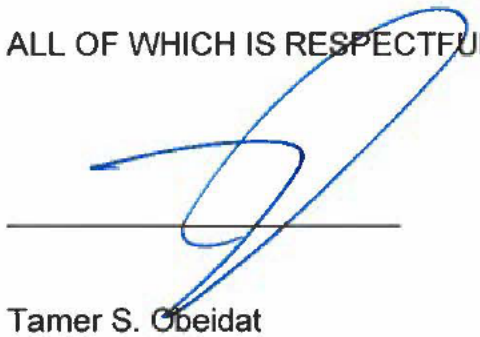
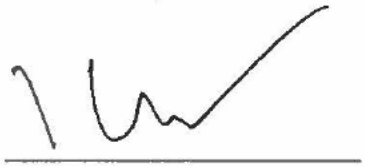
[12] Universal Declaration of Human Rights, December 10, 1948

through its oppressive mismanagement of the Covid-19 pandemic: https://rumble.com/vmsm52-case-no.-2001-14300-what-have-you-done-alberta.html

ALL OF WHICH IS RESPECTFULLY SUBMITTED THIS 21st day of September 2021:



Tamer S. Obeidat



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