

Court File No.:

FEDERAL COURT

BETWEEN:

JOHN TURMEL

Plaintiff

and

HER MAJESTY THE QUEEN

Defendant

STATEMENT OF CLAIM

(Pursuant to S.48 of the Federal Court Act)

1. Plaintiff seeks a Declaration:

- A) pursuant to S.52(1) of the Canadian Charter of Rights and Freedoms ("the Charter") that the Minister of Transport's January 15, 2022 decision to make an interim order in the form of "Interim Order Respecting Certain Requirements for Civil Aviation Due to Covid-19, No. 52" (the "Decision") restricting the mobility of Canadians based on their Covid-19 vaccination status is ultra vires section 6.41 of the Aeronautics Act and therefore of no force and effect.**
- B) that the Decision is invalid due to errors in fact.**
- C) pursuant to section 52(1) of the Constitution Act, 1982 that sections 17.1 to 17.4, 17.7, 17.9, 17.10, 17.22, 17.30 to 17.33, 17.36 and 17.40 of the Decision ("the Vaccine Provisions") violate the Plaintiff's section 6 Charter right as set out below, and that these violations are not demonstrably justified under section 1 of the Charter;**

D) In the alternative, pursuant to section 24(1) of the Charter that the Vaccine Provisions of the Decision unreasonably and unjustifiably infringe Section 6 of the Charter;

2. The Decision implements restrictions on Canadians that are not related to a "significant risk, direct or indirect, to aviation safety or the safety of the public" and are ultra vires the authority of the Aeronautics Act. The Decision, with limited exceptions, effectively bans Canadians who have chosen not to receive an experimental medical treatment from domestic and international travel by airplane. The result is discrimination and a gross violation of the constitutionally protected rights of Canadians, as guaranteed by the Canadian Charter of Rights and Freedoms (the "Charter").

3. This action is a constitutional challenge to the Decision in respect of the Constitution Act, 1982, and the Canadian Charter of Rights and Freedoms, and on the basis that the Decision breaches the Right to Mobility afforded to the Plaintiff by section 6 of the Charter; and

4. This Action seeks, inter alia,

a. An order of certiorari quashing and setting aside the Decision; and

b. A Declaration that said Decision is ultra vires the Aeronautics Act and an unconstitutional breach of the Plaintiff's Charter rights not in accordance with the principles of fundamental justice and not saved by s.1 of the Charter.

5. The Grounds of the Application are that:

1) WHO's comparing the Covid 3.4% "Case Fatality Rate" CFR "Apple" not to Flu's known 10% CFR "Apple" but to the Flu's 100-times smaller 0.1% "Infection Fatality Rate" IFR "Orange" exaggerated the threat of Covid mortality by a hundredfold;

2) WHO's finding no documented asymptomatic transmission and Wuhan's finding zero transmission by 300 asymptomatics in 10 million tested shows the "Theory of Asymptomatic Transmission" behind masked social distanced lockdowns does not agree with experiment.

3) Canada's 10,947 Covid deaths by Nov 15 2020 had 10,781 in Long-Term-Care and only 166 not in Long-Term-Care died; only 1 in 230,000 Canadians.

4) restriction on air travel to mitigate a false alarm over a virus with mortality hyped a hundredfold is an arbitrary, grossly disproportional, conscience-shocking violation of Charter right.

BACKGROUND

5. The Parties

A) The Plaintiff John C. Turmel is a 70-year-old man residing in the City of Brantford Ontario. He is a Canadian citizen, engineer, politician with the Right of Mobility guaranteed by S.6 of the Canadian Charter of Rights.

B) The Defendant, Her Majesty the Queen in Right of Canada, as represented by the Attorney General of Canada on behalf of the Governor General in Council ("GIC");

b. The Honourable Omar Alghabra, Minister of Transport, responsible for the Ministry of Transport and certain aspects of the Covid-Mitigation legislation; and

c. Transport Canada.

6. All computations were done in Basic Language by John "The Engineer" Turmel, B. Eng., 4-year Teaching Assistant of Canada's only Mathematics of Gambling course at Carleton University, "Great Canadian Gambler" "TajProfessor" <http://SmartestMan.Ca/gambler> accredited as an Expert Witness in the Mathematics of Gambling by the Federal Tax Court of Canada. <http://SmartestMan.Ca/credits>

FACTS

1) WHO EXAGGERATED COVID THREAT BY A HUNDREDFOLD

"WHO said the latest mortality rate for the virus is 3.4%. This is well above the seasonal flu, which has a mortality rate of under 0.1%." (Mar 4 2020)

7. The following definitions are used:

F: Fatalities

R: Rate

C: Cases, with best hospital treatment

CFR: Case Fatality Rate: F / C Percent.

I: Infections, estimated total

IFR: Infection Fatality Rate: F / I Percent

P: Population total

PFR: Population Fatality Rate, F / P Percent

MR: Mortality Rate: Fatalities per 100,000

8. While Case Fatality Rate and Infection Fatality Rate remain consistent, Population Fatality Rate PFR and Mortality Rate MR depend on the seasonal size of the Infected Population. If 1/5th or 1/10th of the total Population are Infected, PFR is a fifth or tenth of the IFR.

9. PFR percent is not yet used in analysis because decimals in percentages have been found to be confusing. Instead, Mortality Rate per-hundred-thousand is used. Just multiply the PFR by 1,000! A PFR = .02 per hundred is an MR = 20 per hundred thousand. Mortality Rate is almost never used unless to mislabel the CFR or IFR!

$$MR = PFR * 1,000 \text{ or } PFR = MR / 1,000$$

FLU IFR = "0.1%"

10. On Mar 2 2020, Flu Mortality = "0.1%"

Christopher Mores, a global health professor at George Washington University, calculated the average, 10-year mortality rate for flu using CDC data and found it was "0.1%." That "0.1%" rate is frequently cited among experts, including Dr. Anthony Fauci.

<https://khn.org/news/fact-check-coronavirus-homeland-security-chief-flu-mortality-rate/>

11. Professor Mores refers to Flu's well-known Infection Fatality Rate IFR cited by experts as a tenth per hundred infections, one thousandth, Mortality Rate is per 100,000, not per 100, for which yearly data for size of infection is lacking.

12. Mislabelling known percentages like the IFR or CFR as annual "Mortality Rate" takes away little from the point that Flu's reputed "death rate" is always represented to be the well-known "0.1%," whether it is the rightly labeled Infection Fatality Rate IFR per-hundred, or the wrongly labeled Case Fatality Rate CFR per-hundred, or the wrongly labeled Mortality Rate MR per-hundred-thousand. It does show expert confusion on those metrics, at best.

NIH - NIAID: FLU CFR "0.1%"

13. On Feb 29 2020, Dr. Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D. wrote:

severe seasonal influenza (which has a Case Fatality Rate of approximately 0.1%)

<https://www.nejm.org/doi/full/10.1056/NEJMe2002387>

14. NIH and NIAID have substituted Flu's known 0.1% IFR for its unknown CFR! It is commonly known that "0.1%" is the Flu's Infection Fatality Rate, not its Case Fatality Rate.

FLU CFR = 10%

15. The Flu's well-known 0.1% IFR has been mis-attributed as CFR so

regularly that most don't know the Flu's actual CFR. On Nov 1 2014, National Institute of Health wrote:

Case Fatality Risk[A] of influenza A(H1N1pdm09):
We identified very substantial heterogeneity in published estimates, ranging from less than 1 to more than 10,000 deaths per 100,000[B] cases or infections [C]. The choice of case definition in the denominator accounted for substantial heterogeneity, with the higher estimates based on laboratory-confirmed cases (point estimates = 1-13,500 per 100,000 cases) [D] compared with symptomatic cases (point estimates = 1-1,200 per 100,000 cases) or infections (point estimates = 1-10 per 100,000 infections) [E].

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3809029/>

16. [A] CFR Case Fatality "Rate" has been changed to CFR Case Fatality "Risk" which would obfuscate searches.

[B] 10,000 deaths per 100,000 is a Mortality Rate, not a CFR percentage. "More than 10,000 per 100,000" is CFR more than 10%!

[C] "Cases or Infections" shows the NIH conflates the IFR and CFR metrics. More than 10,000 of 100,000 of Cases may die but only 100 of 100,000 Infections may die. Only 0.1%, not 10%.

[D] 13,500/100,000 of lab-confirmed Cases is CFR = 13.5%!

[E] 1-10 per 100,000 infections is an IFR of 0.001%-0.01%, not the expected 0.1%! Off by a factor of 10 to 100?

17. Such confusion with decimals in percents even for "experts" only exists since most were not taught all the Inverts of Unity. Everyone knows how many pennies in a Dollar ($1*100$); how many two-pence ($2*50$) and how many half dollars ($50*2$); how many quarters ($25*4$) and how many 4-pence ($4*25$); how many fifths ($5*20$) and how many twentieths ($20*5$); even how many 3-pence ($3*33.3$) and how many third dollars ($3.33*3$). Other invert pairs are not taught, how many ninths ($9*11$) or elevenths ($11*9$) = 99% (1% error); how many eighths ($8*12$) or twelfths ($12*8$) = 96% (4% error); how many sevenths ($7*14$) and how many fourteenths ($14*7$) = 98% (2% error); how many sixths ($6*17$) and how many seventeenths ($17*6$) = 102 (2% error). TajProfessor's Inverts of Unity, the Missing Dimension in Math completes the schooling on fractions and decimal percentages: .rm250
<http://SmartestMan.Ca/inverts>

18. On Mar 17 2020, under the best of medical care:
even some so-called mild or common-cold-type
coronaviruses that have been known for decades can have
case fatality rates as high as 8% when they infect
elderly people in nursing homes.
<https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

19. With CFR = 8% for a lousy cold and up to CFR = 13.5% for a bad Flu, the data indicates CFR = 10% a workable estimate!

20. On Jan 8 2020, CDC published 2018-2019 data:
CDC estimates that influenza was associated with more
than 35.5 million illnesses.. 490,600 hospitalizations,

and 34,200 deaths during the 2018-2019 influenza season,
similar to the 2012-2013 influenza season.

<https://www.cdc.gov/flu/about/burden/2018-2019.html>

21. IFR, $F / I = 34K/35.5M = 0.097\%$, close to 0.10%
CFR, $F / C = 34K/500K = 7\%$, still not far from 10%.

22. On Mar 17 2020, IFR data:

so far this season, the estimated number of influenza-
like illnesses is between 36,000,000 and 51,000,000,
with an estimated 22,000 to 55,000 flu deaths.

<https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

23. IFR = $F / I = 55K/51M = 0.107\%$, close to 0.1%

24. In early 2020, the CDC 2019-2020 numbers showed the Flu
season had 222,552 confirmed Cases from testing and an
estimated 22,000 deaths.

<https://www.cdc.gov/flu/weekly/weeklyarchives2019-2020/Week10.htm>

25. $F = 22K$, $C = 222K$; CFR = 9.9%!

26. On Aug 25 2020, New York Times data

On average, seasonal flu strains kill about 0.1 percent
of people who become infected. In the current season,
there have been at least 34 million cases of flu in the
United States, 350,000 hospitalizations..

<https://www.nytimes.com/article/coronavirus-vs-flu.html>

27. $I / C = 34M/350K = 97$, close to 100.
 $C / I = 350K/34M = 1.03\%$, very close to 1%.

28. It's so consistent that 1/1,000, 0.1%, of Infected die that the corollary that Fatalities result from 1,000 times more Infections is also true. It works both ways.

$$F = I / 1,000 \text{ or } I = F * 1,000$$

29. It is also consistent that CFR is about 1/10, 10%, of Hospitalized Intensive Care Unit ICU Cases die and that Fatalities result from 10 times more hospitalized Cases is also true. It works both ways too.

$$F = C / 10 \text{ or } C = F * 10$$

30. The Flu Rule of Thumb:

Fatalities are a thousandth of Infected; $F = I / 1,000$

Fatalities are a tenth of Cases; $F = C / 10$

Cases are a hundredth of Infected; $C = I / 100$

Infected are a thousand times Fatalities; $I = F * 1000$

Cases are ten times Fatalities; $C = F * 10$

Infected are a hundred times Cases; $I = C * 100$

31. One Fatality per Ten Cases per Thousand Infections make Flu analysis serendipitously simple:

The Case Fatality Rate (CFR) who die of Flu,

Is "10%" in hospitals, a tenth don't make it through.

While (IFR) Infection Rate Fatality of all

Is Tenth of One Percent, Point One, a Thousandth, very small.

WHO COMPARED COVID 3.4% CFR APPLE TO FLU 0.1% IFR ORANGE

32. On Mar 4 2020 WHO Apple-Oranged the metrics:

WHO said the latest mortality rate for the virus is 3.4%. This is well above the seasonal flu, which has a mortality rate of under 0.1%.

<https://www.thestar.com/news/gta/2020/03/11/the-novel-coronavirus-outbreak-is-threatening-to-turn-into-a-global-pandemic-heres-everything-we-know-about-covid-19.html>

33. Though WHO mislabeled the Covid 3.4/100 CFR and the Flu's 0.1/100 IFR as MR Mortality Rate per 100,000, WHO is still comparing Covid's 3.4% Apple to Flu's 0.1% Orange making the Covid threat look 34 times deadlier than the Flu's.

34. On Mar 6 2020, WHO said:

Mortality for COVID-19 appears higher than for influenza, especially seasonal influenza.[A] the crude mortality ratio[B] (reported deaths divided by reported Cases) is between 3-4%[C], the infection mortality rate[D] (reported deaths divided by the number of infections) will be lower. For seasonal influenza, mortality is usually well below 0.1%[E].

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4

35. [A] Covid's 3.4% CFR is only a third of Flu's 10% CFR so Covid's Mortality should not appear higher;

[B] "Crude Mortality Ratio!" CMR: A new metric which avoids the old CFR "Case Fatality Rate?"

[C] Mortality Rate is 3-4%. Mortality Rate should be 3,000-4,000 out of 100,000, not a percentage?

[D] "Infection Mortality Rate" IMR, not IFR "Infection Fatality Rate" is another new metric.

[E] Flu's "mortality" is always below its IFR once the uninfected population are counted in too, conflating IFR and MR.

36. On Mar 18 2020, Gateway Pundit was the only news source that noted WHO had not compared Covid's 3.4% CFR Apple to Flu's 10% CFR Apple but to Flu's hundredfold too small 0.1% IFR Orange! Grape? and remains alone to this day:

HELLO WORLD! Before Economy Totally Disintegrates -
Will Anyone Else Notice WHO Director Made BASIC MATH
ERROR in Causing Global Coronavirus Panic?

WHO: Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

This statement led to the greatest panic in world history as the global elite media shared and repeated that the coronavirus was many, many times more deadly than the common flu. The problem is his statement is false.

<https://www.thegatewaypundit.com/2020/03/hello-world-before-economy-totally-disintegrates-will-anyone-else-notice-who-director-made-basic-math-error-in-causing-global-coronavirus-panic/>

37. That the Covid 3.4% CFR was 34 times worse than an average 60K Flu season justified the panic over 2.2 million predicted fatalities. Projecting that 2 million can die is 34 times a 60K Flu. When compared to the Flu's 10% Apple,

it's not 34 times worse but 3 times better. A factor of a hundred. But if the Coronavirus has similar CFR to IFR ratio as the Flu, then IFR may be the 3.4% CFR divided by 100, Covid IFR = 0.034%, a third of the Flu's tenth of a percent. Comparing to the Flu's actual 10% CFR, Covid is only a third which does allay concern. Covid's 3.4% CFR compared to Flu's 0.1% IFR amplified the panic a hundredfold:

When Fauci said Corona death rate: "thirty times the Flu,"
Would you've hit panic button sounding the alarm bell too?
Had Fauci told the truth, it's really only third as bad,
Would you've hit panic button sounding the alarm so sad?

Can't blame the Chief Executives for sounding the alarm,
It's not their job to check if expert models do more harm.
But a Chief Engineer must check the model blueprint out,
To find out Fauci fudged the metrics. "False alarm!" to shout.

When heard the Covid CFR was three point four percent!
One-third the 10% of Flu, Good News was heaven sent.
But Fauci Apple-Oranged Three Point Four to Flu's Point One
Fear Factor amplified a hundredfold when the scam begun.

Hear Gateway Pundit "apples not to apples" first complain,
When checked twas found an Apple to an Orange was the stain.
How will a world of scientists admit to being fooled,
By ruse most elementary in which we thought them schooled.

-

It's easier into a scam the simpletons to coax,
Than to convince them that they have been taken by a hoax.
Delay to cancel Fauci False Alarm is costing lives!
The nation quickest back to normal's nation that survives.

It feels like we escaped a plague that came so very near.

A panic justifiable; now hard to break the fear.

Admit it's "not so bad" to end imaginary Hell,

We must shake hands and hug again to break pandemic spell

<http://SmartestMan.Ca/fauci>

COVID 3.4% CFR NOW 1% CFR LIGHT

38. On Nov 1 1974 NIH Case Fatality RISK Definitions!

The case fatality RISK[A] for a population is estimated as the number of H1N1pdm09-associated deaths divided by the number of H1N1pdm09 cases in that population...

The denominator could be counts or estimates of the number of laboratory-confirmed H1N1pdm09 cases, the number of symptomatic H1N1pdm09 cases, or the number of infections. [B]

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3809029/>

39. [A] Case Fatality "Rate" defined as Case Fatality "Risk" can only detract from searches;

B] The denominator of the NIC Case Fatality "Risk" can include Infections, not just Cases! CFR Light! Mislabelling the Flu's IFR as its CFR to then compare to the Covid CFR is comparing a CFR Apple to an IFR Orange disguised as an CFR Apple. The Apple-Orange comparison is the most elementary scam in statistics.

40. On Feb 29 2020, Dr. Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D. wrote:

If one assumes that the number of asymptomatic or minimally symptomatic cases[A] is several times as high

as the number of reported cases, the case fatality rate may be considerably less than 1%. [B]

<https://www.nejm.org/doi/full/10.1056/NEJMe2002387>

41. [A] "Asymptomatic or minimally symptomatic" are not Cases, they're Infections. Counting "asymptomatic or minimally symptomatic" patients as Cases isn't a Case Fatality Rate any more, it's a CFR Light. Their CFR depends on how many Infections they mislabel as Cases. Add Infections with Cases, get CFR Lighter.

B] Covid does not have a case fatality rate of less than 1%, that's counting Infections. It has a claimed 3.4% CFR.

42. On Mar 26 2020, Dr. Fauci said:

"The flu has a mortality of 0.1 percent, this has a mortality of 10-times that.

<https://www.wcnc.com/article/news/health/coronavirus/data-cdc-estimates-covid-19-mortality-rate/275-fc43f37f-6764-45e3-b615-123459f0082b>

43. Though Dr. Fauci again wrongly uses the Mortality metric, the Covid threat is now only tenfold as deadly and not the 34 times as deadly as previously advertised. Walking back their 3.4% over-estimate? Compared to Flu's 0.1% IFR, Covid 3.4% CFR sounded 34 times deadlier. But reduced to 1% by counting Infections, CFR Light is only tenfold as deadly as previously feared. But always mis-compared to Flu's 0.1% IFR and never to its true 10% CFR. But when compared to the Flu's real 10% comparable rate, Covid is a now a tenth the danger of the CFR of the Flu, no longer a third!

44. Dr. Ronald B. Brown at University of Waterloo wrote:
Public health lessons learned from biases in coronavirus mortality overestimation,

The WHO got it right in that influenza has an IFR of 0.1% or lower, not a CFR of 0.1%.

Dr. Fauci reported that Covid-19 has a mortality rate of 1%, which he said had fallen from 2-3% after taking into account asymptomatic infections. [A]

And Dr. Fauci probably meant to say that Covid-19 has an IFR of 1% (not CFR of 1%) [B] after having considered asymptomatic infections. [C]

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7ACD87D8FD2237285EB667BB28DCC6E9/S1935789320002980a.pdf/public_health_lessons_learned_from_biases_in_coronavirus_mortality_overestimation.pdf

45. [A] Professor Brown noted that had Dr. Fauci not lowered the Covid CFR to CFR Light, the threat would have been 20, 30 times the now lighter 10 times the danger of Flu.

[B] Dr. Fauci could not have probably meant to say Covid has an IFR of 1%, he was talking about reducing its CFR from 3.4% to CFR Light 1%.

[C] Professor Brown also mentioned the CDC had no definition for IFR at their web site and only in July of this year was IFR uploaded as a "new" metric!!! Maybe Dr. Fauci had really never heard of the IFR and CFR Light was all he knew?

46. On Oct 3 2020, Joe Hoft proudly crowed about Gateway Pundit being proven right on not being Apple-Oranged:

WHO Finally Agrees Our March Analysis was Correct:

The WHO's Early Coronavirus Mortality Rate Was

Irresponsibly Overstated and We Called Them Out with The

CORRECT NUMBERS!

On March 17, 2020 The Gateway Pundit first reported on the controversial Ethiopian politician and Director General of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, and his irresponsible and completely inaccurate fear mongering.

Tedros claimed in a press conference in early March that the fatality rate for the coronavirus was 3.4% - many multiples that of the fatality rate of the common flu which is estimated to be around 0.1%. This egregiously false premise[A] led to the greatest global pandemic panic in world history.

The Director General of the WHO spoke on March 3, 2020 and shared this related to the coronavirus:

Globally, about 3.4% of reported COVID-19 cases Have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

The WHO did not compare "apples to apples".

We reviewed the WHO's data and statements and determined that the fatality rate for the China coronavirus does not include those who had the coronavirus but were not sick enough to seek medical attention or be tested[B]. This is why the flu fatality rate is 0.1% and the coronavirus fatality rate was reported at 3.4%!

The two rates are like comparing apples to oranges. By doing so, the coronavirus fatality rate was overstated when compared to the flu[C]. The WHO and liberal media created a worldwide crisis and panic by falsely comparing the two numbers!

The Gateway Pundit writers Jim and Joe Hoft.. attacked for our reporting and ridiculed by the far-left for "downplaying the danger of the spread of [the]

coronavirus in the US." [D] On Friday time proved us right. A couple of days ago the CDC came out with updated numbers indicating as we noted in March that the China coronavirus is much like the flu:

China, the WHO and the medical elites in the US created this global economic meltdown based on fraudulent numbers and bogus models. We knew it and we pointed it out and we were attacked. We were the first and only to point this out. We did so because we figured out the lies. And now the WHO finally admitted that our initial numbers were correct! [E]

<https://www.thegatewaypundit.com/2020/10/right-march-provided-evidence-coronavirus-mortality-rate-grossly-overstated-today-finally-came-conclusion/>

47. [A] It is not a mere false premise. It is an Apple to Orange Mis-comparison.

[B] China does not count Infections in its CFR!

[C] Over stated by a hundredfold is more precise.

[D] Those denying the threat face the accusation of causing deaths if wrong while those hyping the threat face no more than "Oops, sorry for wasting your time and money." It is a far greater risk to deny a medical hoax than perpetrate one.

[E] It is nice to be proven right and still alone.

48. On Dec 29, a Google search finds current Covid CFR:

Canada: $F = 15K$; $C = 557K$; $CFR = 15K/557K = 2.7\%$.

World: $F = 1.8M$; $C = 81M$; $CFR = 1.8M/81M = 2.2\%$.

Both rates are below the original 3.4% CFR predicted but higher than the 1% CFR Light also predicted.

2) ZERO DOCUMENTED ASYMPTOMATIC TRANSMISSION!

"It doesn't matter how beautiful your theory is, how smart you are. If it doesn't agree with experiment, it's wrong."

(Mathematician Richard Feynman)

49. On Apr 2 2020, WHO reported:

There are few reports of laboratory-confirmed cases who are truly asymptomatic, and to date, there has been no documented asymptomatic transmission[A]. This does not exclude the possibility that it may occur[B].

<https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf>

50. [A] no documented asymptomatic transmission." Up until April, people not sniffing were not shedding.

[B] Of course, no asymptomatic transmission documented so far does not exclude the possibility that an asymptomatic transmitter may one day be found.

51. On Jun 3 2020, AP: 10 Million Tests in Wuhan

It identified just 300 positive cases, all of whom had no symptoms. The city found no infections among 1,174 close contacts of the people who tested positive, suggesting they were not spreading the virus easily to others. That is a potentially encouraging development because of widespread concern that infected people without symptoms could be silent spreaders of the disease.

52. ZERO of 300 asymptomatics in 10 Million tested does allay widespread concern that infected people without

symptoms could be silent spreaders. An Asymptomatic or Pre-Symptomatic spreader of a deadly virus would unknowingly infect clusters of family and friends. But no such clusters have been found, the distribution of patients has been random; the symptomless are not spreading to their clusters.

53. On Jun 8 2020, WHO says none found is "very rare"

Maria Van Kerkhove:

00:34:04 We have a number of reports from countries who are doing very detailed contact tracing. They're following asymptomatic cases, they're following contacts and they're not finding secondary transmission onward. It's very rare and much of that is not published in the literature...

We are constantly looking at this data and we're trying to get more information from countries to truly answer this question. It still appears to be rare that an asymptomatic individual actually transmits onward.

<https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-08jun2020.pdf>

54. Yet, "very rare" "no documented asymptomatic transmission" is the raison d'etre for masked social distanced lockdowns. If there is no symptomless spread, there is no raison d'etre for Covid-mitigation restrictions.

55. On Jun 9 2020, CBC reported:

WHO backtracks on claim that asymptomatic spread of COVID-19 is 'very rare'

Experts say research on extent of asymptomatic spread of COVID-19 still emerging...

Maria Van Kerkhove, the COVID-19 technical lead at WHO, has walked back statements that the spread of COVID-19 from people who do not show symptoms is "very rare," amid backlash from experts who have questioned the claim due to a lack of data.[A]

On Tuesday, Van Kerkhove aimed to clear up "misunderstandings"[B] about those statements in an updated briefing, stressing that she was referring to "very few studies" that tried to follow asymptomatic carriers of the virus over time to see how many additional people were infected.

"I was responding to a question at the press conference, I wasn't stating a policy of WHO," she said. "I was just trying to articulate what we know." [C]

Van Kerkhove said she didn't intend to imply that asymptomatic transmission of the virus globally was "very rare," but rather that the available data based on modelling studies and member countries had not been able to provide a clear enough picture on the amount of asymptomatic transmission[D].

"That's a big, open question," she said. "But we do know that some people who are asymptomatic, some people who don't have symptoms, can transmit the virus on." [E] Some experts say it is not uncommon for infected people to show no symptoms[F].

But data is sparse on how likely such people are to transmit the disease[G].

"There's a big question mark at the actual data in real-world observations with asymptomatic [carriers]," Saxinger said. "Asymptomatic spread is a dumpster fire in terms of data." [H]

56. [A] What data do experts who have questioned the claim due to a lack of data expect after having found "none" and "zero" so far? A check-list of everything expected to be found that was not found? more data on the nothing found? Finding "none" and "zero" is not due to a lack of data but due to a lack of Asymptomatic Transmission.

[B] There was no "misunderstandings" about those statements even if she was only referring to "very few studies" when Wuhan had such a huge sample with a zero result. The lack of smaller studies is not persuasive.

[C] Not stating a WHO policy but letting escape that experiment had found no evidence for the WHO Theory of Asymptomatic Transmission policy. "Very rare" though it was still expected to find some someday.

[D] How can modelling studies be able to provide a clear enough picture on the amount of asymptomatic transmission when there is none reported?

[E] The policy that "people who don't have symptoms can transmit" is the theory behind masked social distanced lockdown that has not been documented by experiment.

[F] "experts say it's not uncommon for infected to have no symptoms." And yet, only 300 of 10 million tested in Wuhan had no symptoms. 0.003%. The experts are wrong, again. It is 1/33,000 uncommon for an infected to have no symptoms.

[G] So far, the sparse data shows "none" to April and "zero" of 300 of 10 million tested in Wuhan in June.

[H] A "dumpster fire is an apt description for an unproven theory being shredded by data from experiment.

57. On Jun 10 2020, Dr. Fauci said:

The WHO's remark that transmission of the coronavirus by people who never developed symptoms was rare "was not

correct," Dr. Anthony Fauci said. The organization "walked that back because there's no evidence to indicate that's the case," he said. The WHO said its comment was a misunderstanding" and "we don't have that answer yet."

<https://www.cnn.com/2020/06/10/dr-anthony-fauci-says-whos-remark-on-asymptomatic-coronavirus-spread-was-not-correct.html>

58. Dr. Fauci should know zero Asymptomatic Transmission from 300 Wuhan Asymptomatics out of 10 million is not "no evidence." We do now have the answer. Evidence of zero spread in Wuhan means "very rare" is almost correct. What is "very rarer" than zero?

59. In Jul 2020, the CDC published:

Public Health Implications of Transmission While Asymptomatic

The existence of persons with asymptomatic infection who are capable of transmitting the virus to others has several implications. [A]

First, the case-fatality rate for COVID-19 may be lower than currently estimated ratios if asymptomatic infections are included [B].

Second, transmission while asymptomatic reinforces the value of community interventions to slow the transmission of COVID-19. [C]

Knowing that asymptomatic transmission was a possibility [D], CDC recommended key interventions including physical distancing, use of cloth face coverings in public, and universal masking in healthcare facilities to prevent transmission by asymptomatic and symptomatic persons with infection. [E]

Third, asymptomatic transmission enhances the need to scale up the capacity for widespread testing and thorough contact tracing to detect asymptomatic infections, interrupt undetected transmission chains, and further bend the curve downward.[F]

https://wwwnc.cdc.gov/eid/article/26/7/20-1595_article

60. [A] Implications only if the existence of persons with asymptomatic infection who are capable of transmitting the virus to others is true. So far, it is not.

[B] CFR Light, IFR in disguise.

[C] Community interventions have no value in slowing the transmission while asymptomatic if transmission while asymptomatic can not be found.

[D] Beautiful Theory does not agree with experiment.

[E] Key interventions are not needed to prevent transmission by asymptomatic persons with no documented evidence yet that they do transmit.

[F] No transmission chains from Asymptomatics have yet been detected to interrupt.

61. On Nov 20 2020 Dr. Fauci said:

40-45% of transmission is due to asymptomatic people unwittingly infecting others. This is why masks are so essential - by wearing one, you protect other people even if you don't know that you're infected.

<https://coronavirus.medium.com/anthony-faucis-thoughts-on-covid-19-transmission-treatments-and-vaccines-b7908ac0a749>

62. On Nov 21 2020, CDC said:

Most coronavirus cases spread from people with no symptoms, CDC says in new report

Research shows that people "who feel well and may be unaware of their infectiousness to others" likely account for more than 50% of COVID-19 transmissions, the CDC said in a science update on Friday. [A] People with no symptoms could drive Thanksgiving infections
The CDC report stressed that masks help reduce asymptomatic spread since they can protect both the mask-wearer and the people around them. [B]

<https://www.businessinsider.com/cdc-most-coronavirus-cases-spread-from-people-without-symptoms-2020-11>

63. [A] While WHO and Wuhan reported "none" and "zero" infections by Asymptomatics, CDC and Dr. Fauci report more than half! A contradiction. Whom to believe? Those with the theory or those with the data to disprove the theory?

[B] Why protect against people who do not shed?

64. On Aug 6 2020, an article shared on Facebook from Dr. Mercola titled: "Asymptomatic People do not spread COVID 19" was labelled by Facebook with:

"People infected with Cov-2 can transmit the virus to others, even if they do not show symptoms of the disease."

65. Facebook Fact-Checker said:

people who are sick and people who are infected but show no symptoms as two distinct groups of people. Both groups can be contagious and must therefore follow the same preventive measures to avoid infecting others. Scientific evidence indicates that about half of SARS-CoV-2 transmission occurs before infected individuals experience any symptoms of COVID-19. Studies show that

asymptomatic carriers, who are people that never develop symptoms of COVID-19, carry as much of the SARS-CoV-2 virus as symptomatic patients and can spread the virus if they do not take adequate measures, such as wearing masks or maintaining physical distance from others. recent estimates from the CDC indicate that around 50% of SARS-CoV-2 transmission occurs during the incubation period before infected individuals experience any symptoms [5,6].

<https://healthfeedback.org/claimreview/people-infected-with-sars-cov-2-can-transmit-the-virus-to-others-even-if-they-do-not-show-symptoms-of-the-disease-and-are-not-considered-sick/>

66. WHO reported no documented asymptomatic transmission." Wuhan reported "ZERO." WHO reports "Rare" and "Very rare" by symptomless Infected. But Facebook says its official policy is "half of infections are from Asymptomatics!" To disagree with Facebook's medical opinion is to be banned. Dr. Mercola's medical opinions have been banned, they are that good. In Poland, Facebook could be fined for taking down truthful legal information.

67. On Dec 25 2020, JAMA said:

New Study Suggests Asymptomatic COVID Patients Aren't "Driver Of Transmission"

The American Medical Association's JAMA Network Open journal has published new research from a government-backed study that appears to offer new evidence that asymptomatic spread of COVID-19 may be significantly lower than previously thought[A]. Some members of the public might remember all the way back in February and January when public officials first speculated that mass

mask-wearing might not be that helpful unless individuals were actually sick.

They famously back-tracked on that, and - for that, and other reasons - decided that we should all wear masks, and that lockdowns were more or less the best solution to the problem[B].

In the paper noted above which examined 54 separate studies with nearly 78K total participants, the authors claim that "The lack of substantial transmission from observed asymptomatic index cases is notable... These findings are consistent with other household studies reporting asymptomatic index cases as having limited role in household transmission." [C] Two British scientists recently published an editorial in the BMJ imploring scientists to rethink how the virus spreads "asymptomatically". They pointed to "the absence of strong evidence that asymptomatic people are a driver of transmission" as a reason to question such practices as "mass testing in schools, universities, and communities."

the WHO's current guidance on the issue is that "while someone who never develops symptoms can also pass the virus to others, it is still not clear to what extent this occurs, and more research is needed in this area" [D].

<https://www.zerohedge.com/geopolitical/new-study-suggests-asymptomatic-covid-patients-arent-driver-transmission>

68. [A] "lower than previously thought." Can't get much lower than NONE from the WHO and ZERO from Wuhan.

[B] No reason but do keep wearing masks even if not sick.

[C] "the lack.. is notable.. consistent with other studies"

With "none" documented by WHO, "zero" in Wuhan, "none" consistent with other studies, experiment has disproven the theory of Asymptomatic Transmission.

[D] With none, it is not clear to what extent it occurs? The clarity problem isn't with the data, it's with the viewer:

Asymptomatic is transmission with no symptoms seen,
Not knowing who's a threat, the answer is to quarantine.

Social distance remedied the never knowing who,
Would be infectious, even though they would be very few.

But on June 8 WHO said it won't transmit without a sneeze,
Like Flu, no symptoms means no danger. Coping's now a breeze.
It will be tough to break the spell, get close again like yore,
Where we share cards and sit at poker table like before.

3) 166 DEATHS NOT IN LONG-TERM-CARE

69. On Nov 15 2020, CTV reported 10,947 deaths out of 38 million Canadians had 10,781 in long-term care (98.5%) omitting the difference of only 166 deaths (1.5%) not in long-term-care. The threat of death by Covid to non-long-term-care Canadians is $166/38,000,000 = 0.00044\%$. 1 in 230,000! 99.99956% not in Long-Term-Care will not die.

70. Lockdowns, masks and social distancing may make some sense in Long-Term-Care homes with the susceptible people but for a 1/230,000 danger for those not in Long-Term-Care, such restrictions make no sense at all. The 166 deaths were probably Canada's sickest not in Long-Term-Care with co-morbidities such as obesity, diabetes, cancer, heart condition. If 90% of the 166 had such co-morbidities, only a

tenth of the 166 Canadians who died were really healthy, 0.000044%, 1 in 2.3 million! Almost no healthy Canadians have died. Though the online CTV replay has edited out the numbers, what is being hidden is always of prime interest.

COVERING FOR REAL LOW DEATHS

71. With the world panicked by a threat hyped a hundredfold added to the undocumented Asymptomatic Transmission Theory that sniffles are not needed to spread Covid makes the exaggerated plague invisibly ubiquitous. The only way to cover up when deaths do not match exaggerated expectations is to fudge the statistical Cases and Fatalities data.

EARLY INTUBATIONS

72. Quick intubation killed 90% of patients and is now discontinued. Patients needed oxygen, not ventilators to help pumping it in.

INFECTED PATIENTS TO LONG-TERM-CARE HOMES

73. Sending infected persons into Long-Term-Care homes with the only demographic really susceptible to infection sadly helped increase the real death numbers until discontinued.

CDC DEATH CERTIFICATE GUIDELINES CHANGE

74. On Mar 24 2020, the CDC changed the Death Certificate guidelines from the previous 17-year standard to a new standard where even presumed not-tested Covid suspicion was raised in priority while "bullet to the head" or "lightning

strike" were lowered to secondary co-morbidities. New symptoms like Diarrhea, vomiting, stomach cramps may now confirm death by Covid. Some Death Certificates do not even mention Covid at all with Covid being later added to the Covid count under "All deaths within 30 days of positive are Covid."

75. On Dec 27 2020, Gateway Pundit Joe Hoft reported:

330,000 Americans Die "With" China Coronavirus - CDC says Number Who Died "From" Coronavirus Is Much Less, Around 6 Percent

We reported in August that the CDC admits that only 6% of all deaths in the US classified as Coronavirus deaths actually died from the China Coronavirus alone.

Yes, this was from the CDC's own reporting.

So today it looks like less than 20,000 deaths in the US ($330,000 \times 6\% = 19,800$) over the past year have actually been due to the coronavirus only. The remainder of the deaths reported by the CDC include accidents, overdoses, suicides and those presumed to have had the coronavirus upon their death.

So basically many local and state governments are shutting down their local businesses and institutions due to over-inflated statistics regarding the number of Americans who died from this China oriented coronavirus.

<https://www.thegatewaypundit.com/2020/12/330000-americans-die-china-coronavirus-closer-20000-died-china-coronavirus/>

76. On Dec 28 2020, Facebook Fact-Checker Science Feedback:

False claim shared by President Trump that only 6% of CDC-reported deaths are from COVID-19 is based on flawed reasoning... Independent fact-checkers say this information has no basis in fact.

Learn more about how Facebook works with independent fact-checkers to stop the spread of false information.
<https://www.facebook.com/john.turmel/posts/10159912392987281>

77. Facebook Fact-Checkers saying that "only 6% of CDC-reported deaths are from COVID-19" is "false" and "based on flawed reasoning" is belied by CDC's own site report:

For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.9 additional conditions or causes per death.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

78. How can it be flawed reasoning leading to a false claim to state a published fact, easily verifiable even if most will not. Under the previous CDC guidelines, only 6%, 1/17th of Death Certificates, would have recorded Covid as Cause of Death, 94%, 16/17ths would have registered the other morbidity that really caused the death with Covid as the secondary co-morbidity if mentioned at all.

79. If 94% of Covid deaths are really other co-morbidities, it would be expected that the deaths for other co-morbidities currently now in the Covid column would decrease. Overall Fatalities in the US not having risen makes it more likely Covid was substituted for those co-morbidities. Flu's disappearance from this year's record suggests continued mis-attribution.

PCR TEST FALSE POSITIVES

80. PCR Test kits with sensitivity cycles set too high have generated massive false positives detecting Covid from many reported silly things but over-sensitivity was necessary to cover for the massively exaggerated Covid death count expected from a virus 34 times deadlier than the Flu. It is now found that the PCR test amplifies pieces of virus, dead or alive and cannot be used to detect live infection. Tanzanian President Magufuli got false positives after submitting a goat and a papaya! Overly sensitive.

81. Facebook fact-checked Dr. Roger Hodkinson:

Hodkinson's Instagram post also states that "testing should stop" because it finds the virus in people who have no symptoms, producing false numbers..."[A]

According to Dr. Luis Ostrosky-Zeichner, a professor of infectious diseases at McGovern Medical School at the University of Texas Health Science Center in Houston positive COVID-19 molecular test "pretty much nearly assures that you have genetic material of the virus in your system, whether you have the active infection or are recovering from it."[B]

This is part of The Associated Press ongoing effort to fact-check misinformation that is shared widely online, including work with Facebook to identify and reduce the circulation of false stories on the platform. Here's more information on Facebooks fact-checking program:

<https://www.facebook.com/help/1952307158131536>

<https://apnews.com/article/fact-checking-9765563716>

82. [A] Testing symptomless people who are not shedding serves no purpose is all Dr. Hodkinson said.

[B] That the test "pretty much nearly assures that you have genetic material of the virus in your system" is belied by the existence of over-sensitive false positives!

CHINA

83. The panic started with the viral video showing Chinese Covid victims collapsed and dead in the streets with citizens being locked down and sealed in their homes. Has anyone seen such collapsed corpses anywhere else?

SWAMPED V EMPTY HOSPITALS

84. Too many patients were sent to too few swamped hospitals while other hospitals and hospital ships sat empty! So many hospitals shut down and laid off staff in anticipation of a surge that never came while the breathless reports were about the few hospitals that were swamped. Intensive Care Units (ICUs) are always near capacity in Flu season so reports about hospitals being overwhelmed during Flu season are not particularly persuasive.

ALARMISTS SAY DENIERS ENDANGER OTHERS

85. It's the same persuasion technique as Global Warming. Deniers endanger everyone else just as not complying with medical restrictions endangers everyone else. If a Denier is wrong, people will die. If an alarmist is wrong, resources have been wasted. So it's a much safer bet to alarm than to assuage and it takes moral courage to follow the math.

FOCUS ON INFECTIONS NOT DEATHS

86. With deaths decreasing, focus on rising Infections from unreliable PCR tests makes a rosy picture look gloomy.

DISCREDITING PROMISING HCQ ALTERNATIVE

87. While in full-blown promotion of potential vaccines, other more regular flu-like remedies including vitamins have shown promise and been discredited by MainStreamMedia.

88. The most egregious example is when France's Dr. Didier Raoult announced he used HydroxyChloroQuine HCQ to save 99.2% of his 4,000 Cases and only losing CFR 0.8%! His Covid CFR was under 1% with HCQ! President Trump mentioned that it looked promising and there were many patient and and doctor testimonials to its efficacy discounting any need for a vaccine! So this decades-safe medication had to be discredited.

89. A report in the Lancet and New England Journal of Medicine announced a global study of 90,000 had found much danger using HCQ for Covid which caused the cancellation of HCQ trials around the world. Whom to believe, a sample of 4,000 showing it worked great or a global survey saying it was dangerous? The report was soon shown to be completely fraudulent and retracted by Lancet and NEJM who blew their credibility to squelch the good HCQ news and further the panic but HCQ test research remains discontinued.

90. Worse than such fraud, a Bill Gates-funded Oxford Recovery HCQ test in the UK used a different protocol than in France that lost 25.7% of their 1,500 patients compared to Raoult's protocol that lost 0.8% of his 4,000, 32 times a greater loss! Why did the UK Gates protocol use lose so many and the France Raoult protocol lose so few?

91. A Normal Bell Curve can be fit to any average from any known sample to tell us the range of averages expected from more samples. Expect 2/3 to land within 1 Standard Deviation of the average. 95% to land within 2 Standard Deviations, 99.7% to land within 3SD. The formula for the Standard Deviation around any mean is an elementary Square Root $SQR(n * p * q)$ where

n: number in sample; f: number of Fatalities;

p: probability of Fatality: fatalities / number: f / n ;

q: probability of life: non-fatalities / number: $1 - p$,

92. Applying the quick and easy Bell Curve Equation to any average "p" and sample size "n" to let you know in a short instant the range of future expected results Belled about any mean is the most invaluable tool in statistics.

93. France: $f=32$; $n=4,000$; $p=32/4,000 = .008$ $q=1-.008 = .992$
 $SD=SQR(4000*(.008)*(.992)) = 5.7$, say 6 about mean 32.

94. If you treated more 4,000-patient samples with the France protocol, the Bell curve of spread around the mean predicts:

- 66%, 2/3 of results will be between 26 and 38 deaths. 33%, 1/3 of the results are in the tails. 1/6 of samples with less than 26 and 1/6 with more than 38;

- 95% of samples will be between 20 and 44 deaths. 1/20 outside. 1/40 less than 20 and 1/40 more than 44;
- 99.7% of results will be between 14 and 50 deaths. 1/370 outside. 1/740 less than 14 and 1/740 more than 50;
- 99.997 of results will be between 8 and 56 deaths, 1/16,500 outside. 1/33,000 less than 8 and 1/33,000 more than 56. The odds of someone losing more than 56 patients following Raoult's protocol is 33,000 to 1 against.

95. How far off is the Oxford Recovery HCQ test that had 25.7% (396) deaths in over 1500 patients? 25.7% is 32 times greater than .8%. Had Oxford also tested a 4,000 sample, extrapolating shows they would have had 1,040/4,000 deaths compared to Raoult's 32/4,000! When it's 33,000:1 against more than 56 deaths and the Recovery protocol lost over a thousand per 4,000 more, that is off Raoult's 32 by 1,008. That's 180 5.7 Standard Deviations away.

96. Something unusual in the Gates Oxford Recovery protocol had to have caused the extra 25% deaths for comparable sample. It was found the Gates protocol used much higher dosages of HCQ than the Raoult protocol to enable Gates to lose 25% more patients in UK than Raoult in France. Had the Gates test used even greater overdoses, he could have lost 50%, even 100% of the patients. The Gates failed experimental protocol was really murder on his patients and does not belie the Raoult experimental protocol. Suppressing hopeful alternatives that furthered the Covid panic suggest deliberate malevolence.

CENSORSHIP

97. In July 2020, AmericasFrontlineDoctors.com held a press conference in Washington where Dr. Simone Gold touted her positive experiences with HydroxyChloroQuine. Their site was deplatformed and she has since been fired by her two hospitals. Other doctors have had their medical licenses suspended. Doctors who have spoken out with great results for HCQ against the orthodox narrative have also been persecuted. In the US, doctors have had their web sites taken down! suffered hit pieces by Facebook. Who benefits in discrediting a promising "cheap" treatment? Those with an interest in Emergency Use Authorization for their vaccines.

98. There has been a general slaughter of unorthodox viewpoints on the Internet. Youtube has killed hundreds of channels, Twitter, Facebook, other platforms have instituted draconian censorship policies.

99. On Apr 1 2020, John Turmel on the Youtube SmartestManSays channel published the first daily video on the only way to save the planet, the Mr. Spock Upgrade of the central bank software to provide all citizens with access to interest-free credits to tide them over the pandemic with a lifetime to pay it back was banking on Earth as in Heaven. The videos posited obtaining antibodies from the urine of survivors and pointed out delay in cancelling Fauci's false alarm was costing deaths of desperation.

100. On July 25 2020, "COVID Apple-Orange Data Hoax" was published at <https://youtu.be/btrGKYmJeI>

101. On Aug 26 2020, 'Youtube Downs "Covid Apple Orange Data Hoax" Video' was published at https://youtu.be/ikoh_R8X7PY
Youtube informs me my video "Covid Apple-Orange Data Hoax" was taken down for violating their community guidelines on contradicting WHO. They wouldn't tell me what part of it was objectionable so I'm going to redo it in pieces to find out which ones will be banned. They can be found at <http://SmartestMan.Ca/kotp> videos index.

102. The topics were cut into 8 videos and published separately. None was taken down. Perhaps each alone did not have the same impact on the censors as the united whole. Why did the Apple-Orange hoax never get out? Disqus has banned commentary by John Turmel to the 750,000 sites that use its platform. Censorship at the core without users knowing.

4) LOCKDOWN GAIN DOES NOT JUSTIFY LOCKDOWN PAIN

103. Covid-Mitigation restrictions include lockdowns & curfews, quarantines, mandatory masks, mandatory social distancing, mandatory vaccine, mandatory immunity card for public services. The debilitating effects of lockdowns on prisoners is well-documented even if the effects of home arrest are less so. Lockdowns have been a Canadian disaster regularly detailed in the news. It is hoped it should not take much to convince the court that suicides, murders, abuses, addictions, truancy, have all gone up under lockdown. Personal loss suffered not visiting relatives, time lost by line-ups at stores, higher prices to pay for protection measures, stress from the distress shown by many. Neighbors snitching on neighbors, friendships breaking over

accusations of deniers putting alarmists at risk from the invisible plague by not obeying preventative measures seriously.

104. Such restrictions on civil liberties to mitigate a false alarm are an arbitrary, grossly disproportional, conscience-shocking violation of the Charter Section 2 right to freedom of peaceful assembly and association is gone, S.6 right to mobility, S.7 right to life, liberty and security, S.8 right to be secure against unreasonable search or seizure, S.9 right to not to be arbitrarily detained or imprisoned, S.12 right to not be subjected to any cruel and unusual treatment or punishment, not in accordance with the principles of fundamental justice.

LOCKDOWN FUTILITY

105. On Jan 17 2021, a new peer reviewed study out of Stanford University: "Assessing Mandatory Stay-at-Home and Business Closure Effects on the Spread of COVID-19" in 10 different countries, including England, France, Germany and Italy wrote:

"In summary, we fail to find strong evidence supporting a role for more restrictive NPIs in the control of COVID in early 2020. We do not question the role of all public health interventions, or of coordinated communications about the epidemic, but we fail to find an additional benefit of stay-at-home orders and business closures. The data cannot fully exclude the possibility of some benefits. However, even if they exist, these benefits may not match the numerous harms of these aggressive measures. More targeted public health interventions that

more effectively reduce transmissions may be important for future epidemic control without the harms of highly restrictive measures."

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13484>

DR. HODKINSON PROTESTS SHAMDEMIC

106. On Nov 13 2020, Dr. Roger Hodkinson's righteous rant:

What I'm going to say is lay language, and blunt. It is counter-narrative... There is utterly unfounded public hysteria driven by the media and politicians.[A] It's outrageous. This is the greatest hoax ever perpetrated on an unsuspecting public.[B]

There is absolutely nothing that can be done to contain this virus. Other than protecting older, more vulnerable people. It should be thought of as nothing more than a bad flu season.[C] This is not Ebola. It's not SARS. It's politics playing medicine and that's a very dangerous game.

There is no action of any kind needed other than what happened last year when we felt unwell. We stayed home, we took chicken noodle soup, we didn't visit granny and we decided when we would return to work. We didn't need anyone to tell us. Everywhere should be opened tomorrow as well as was stated in the Great Barrington Declaration..

All that should be done is to protect the vulnerable and to give them all in the nursing homes that are under your control, give them all 3,000 to 5,000 international units of vitamin D every day which has been shown to radically reduce the likelihood of Infection.

And I would remind you all that using the province's own statistics, the risk of death under 65 in this province is one in 300,000. One in 300,000. You've got to get a grip on this. [D]

The scale of the response that you are undertaking with no evidence for it is utterly ridiculous given the consequences of acting in a way that you're proposing. All kinds of suicides, business closures, funerals, weddings etc. It's simply outrageous! It's just another bad flu and You've got to get your minds around that. Let people make their own decisions. You should be totally out of the business of medicine. You're being led down the garden path by the chief medical officer of health for this province. I am absolutely outraged that this has reached this level. It should all stop tomorrow.

<https://vimeo.com/487473042>

107. [A] The hysteria has simple people deeming a Tenth of a Flu as a Plague Ten Times worse than Flu. People have been terrorized with rumors of invisible plague. Such hysteria explains why advanced nations are reporting such a dire pandemic while poorer nations without medical protection or testing equipment have not reported any crisis, no corpses in the streets. Not having changed to counting deaths "with Covid" rather than "of Covid" pursuant to the new CDC guidelines may have helped keep their death numbers down and so they are unaware of a pandemic danger not being experienced.

[B] Dr. Hodkinson's "greatest hoax ever perpetrated" is now proven by the data. More and more doctors are speaking up.

[C] It is not "nothing more than a bad Flu." The original Covid 3.4% CFR made it a third as Bad as the Flu 10% CFR but its new 1% CFR Light makes it only a tenth as bad.

[D] 166 deaths in non-long-term care at 230,000:1 (0.00044%) is very close to deaths for under 65s at 300,000:1 (0.00033%). His odds are in the ball park with the right number of zeros.

108. On Dec 2 2020, Facebook labels Hodkinson's speech false:

Pathologist falsely claims COVID-19 is "the greatest hoax ever perpetrated" and "just another bad flu." a AP ASSESSMENT: False. Not only is COVID-19 deadlier than the flu, but symptoms can be long-lasting, according to medical experts. But health officials widely agree that the coronavirus is much more dangerous than the flu. [A] "This [COVID-19] is very different from influenza, much higher mortality, much higher morbidity if you survive it," [B] said Ostrosky-Zeichner...

109. [A] "health officials widely agree that the coronavirus is much more dangerous than the flu" only if comparing Covid's CFR to the hundredfold too small Flu's IFR.

[B] A tenth of the Flu's mortality is not "much higher mortality!"

110. On Dec 22 2020, Dr. Sucharit Bhakdi Vaccine Warning: Americans and people all over the world are rushing to be the first in line to get one of the new COVID vaccines. This is despite the fact that the risks associated with the vaccines could be worse than the coronavirus itself. [A]

Much of the United States and the world has been shut down over a virus that has more than a 99% survivability rate.[B] In fact, the virus is so tame, most people never even know they have it.

And yet we continue to see business closures, lockdowns, quarantines, mask mandates, and social distancing rules. As a result of these devastating government actions, we've seen skyrocketing unemployment, suicide, drug abuse, and crime. In fact, in San Francisco, the deaths from suicide have far outpaced the deaths from COVID. Yet we're told this is all part of the "new normal" and we should expect it to go on - not for months - but years.

<https://deepstatejournal.com/2020/12/22/world-renowned-microbiologist-has-urgent-warning-about-covid-vaccines/>

111. With the Apple-Orange amplification of the Covid threat by a hundredfold exposed, Dr. Hodkinson, Dr. Bhakdi and many other doctors protesting the hoax are proven right and have been defamed by Big Brother at AP and Facebook. Too many doctors have avowed in public that Covid is a tame virus and the numbers back them up to expose the Covid 19 scamdemic.

ONTARIO LOCKS DOWN

112. On January 12 2021, the Ontario Premier Doug Ford declared a second provincial emergency under s 7.0.1 (1) of the Emergency Management and Civil Protection Act (EMPCA) to address the Covid Crisis and Save Lives. The Province issues Stay-at-Home Order and Introduces Enhanced Enforcement Measures to Reduce Mobility for the looming threat of the collapse of the province's hospital system shown by models.

Stay-at-home unless for groceries, pharmacy, health care, exercise, work if can't do remotely with no more than 5 people meeting to help stop the spread by reducing mobility as the province continues its vaccine rollout and ramps up to mass vaccination.

<https://news.ontario.ca/en/release/59922/ontario-declares-second-provincial-emergency-to-address-covid-19-crisis-and-save-lives>

113 In the 6 months between Jan 15 to July 13, for children under 20, Ontario reported 1 Death! Ontario schools are closed for 1 death? Extrapolation expects 3 deaths under 20 in Canada.

<https://files.ontario.ca/moh-covid-19-report-en-2020-07-26.pdf>

CANADA THREATENS IMPRISONMENT

114. On Jan 5 2021, Prime Minister Justin Trudeau warned:
We've been very clear. No one should be vacationing abroad right now. But if you still decide to travel at your own risk, you will need to show a negative Covid 19 test before you return[A]. You must self-isolate for 2 weeks when you get back[B]. You need to take this seriously[C]. Not following the rules can mean real consequences including fines and prison time.[D]

115. [A] Showing a negative Covid test given the PCR test's propensity for false positives may be a problem. No fun being locked in over a false positive. The CDC is now expected to require the same hard-to-show negative Covid test from international visitors to the US.

[B] With zero reported transmission without symptoms, quarantining returning people without sniffles is not logical.

[C] It is very hard to take anything seriously from a government fooled by an Apple-Orange Comparison.

[D] A duped Prime Minister wants to fine and imprison those refusing to be fooled with him.

116. The Prime Minister and his Government have been duped by the most elementary trick in statistics, comparing apples to oranges to exaggerate the threat by a hundredfold, duped by an unproven theory of asymptomatic transmission of a virus with only 166 Canadians not in Long-Term-Care dying up to Nov 15 2020; a Population Fatality Rate for Canadians not in Long-Term-Care of a mere 0.00044%, 1 in 230,000.

117. All the world's elected politicians fell for the Apple-Orange Comparison and only Guinness Record never-elected-100-times politician John Turmel did not.

118. Restrictions on civil liberties are not warranted for a Covid threat if they are not warranted for the tenfold deadlier Flu threat. The restrictions are focused on the healthy long-shots with a 0.00044% (1/230,000) chance of death and not on those shorter shots in Long-Term-Care with $10,781/38M = 0.03\%$ (1/3,300).

WHO DID IT?!

119. Global effects of lockdown restrictions have caused

- desperation deaths far in excess of Covid deaths;
- hundreds of millions unemployed;
- 250 million facing famine around the world.

120. Global media and medical establishments have hyped a mini-virus a hundredfold with an Apple-Orange comparison into an imaginary plague to convince a gullible world into shutting down life-support systems and imposing famine on a quarter billion people and innumerable woes on many hundreds of millions more? Qui bono? Who benefits? Personal Protection Equipment producers, Skip-the-Dishes delivery come to mind but vaccine companies seem to have most to gain by an exaggerated scandemic.

MANDATORY VACCINE PROTECTION SCAM

121. It would seem all the hype is promoting vaccines to get immunity cards for release from house arrest.

122. Without comment on the validity of tests for any particular vaccine, it is the untested combinations of many vaccines that are worrisome. When a new vaccine is added to the approved schedule, the formula for the number of combinations to test is 2^n for "n" vaccines, an exponential geometric doubling with each additional new vaccine.

123. With $n=10$ vaccines, there are $2^{10} = 1,024$ combinations to test for clashes, from a test of none to a test of all ten, with all other combinations in between. Add an 11th vaccine and where there were 1,024 combinations without it, there now need to be tested another 1,024 combinations with it. The original 1024 without plus the next 1024 with. $2^{11} = 2,048!$ Another vaccine doubles the number of combinations to be tested again to 2^{12} , 4,096 combinations. 20 vaccines have $2^{20} =$ over 1,000,000 combinations to test.

124. Vaccine promotion has the hallmarks of a scam which is always exposed by its illogic. The vaccinated who feel threatened by the unvaccinated are like someone with an umbrella worried about you getting them wet because you don't have an umbrella too. It's too stupid an argument to take seriously but it is the argument at the base of mandatory vaccines. The delusion that the protected are threatened by the unprotected. It belies the belief that vaccines work. If they work, why is protection needed from unvaccinated others? These are the health officials who put fluoride, a known neuro-toxin, into our water? Can they be trusted to put anything into our veins?

125. On Jan 19 2021, Plaintiff filed a Statement of Claim for an Order pursuant to S.24(1) of the Charter for an Injunction prohibiting any federal Covid-mitigation restrictions that are not imposed on the deadlier Flu; or a permanent constitutional exemption from any Covid-mitigation restrictions as an appropriate and just remedy.

126. On July 12 2021, Prothonotary Mandy Ayles struck the claim without leave to amend on the grounds that no restriction had been imposed on Plaintiff at that time.

127. On January 15, 2022, the Respondent, the Honourable Omar Alghabra issued the Decision pursuant to section 6.41 of the Aeronautics Act. The Decision came into effect January 15, 2022 and does not have an expiry date. It is the ninth order since October 29, 2021, to prohibit Canadians who have chosen not to receive the experimental Covid-19 vaccines from air travel.

128. Sections 17.1 to 17.9 of the Decision require all air travellers to show proof of Covid-19 vaccination to board an airplane departing from an airport in Canada that is listed in Schedule 2 of that Order, including all major airports in Canada.

129. The Plaintiff herein has chosen not to receive the current Covid-19 vaccines because fluid mechanical engineering predicts that spikes obstructing blood flow in capillaries would cause clots. Dr. Hoffe announced he had given his vaxed patients D-Dimer tests and found that 63% had micro-clots.

SPIKES CAUSE CLOTS

130. Blood vessels are designed to be smooth to permit fast laminar flow. But when your cells start producing spike proteins to protrude into the capillaries, the spikes impede the flow. Impeding the flow of blood causes clots. So it's a good bet that everyone who got the clot shot now have their capillaries clogged with micro-clots and a D-Dimer test is the only way to find out. But it makes sense from a fluid mechanical point of view that if you've got impediments in the bloodstream like spikes, you're going to form clots around them. And there have already been many reports of clots with respect to the vaccine from doctors.

131. Doctors who are warning us against the clot shot are being fired, censored, their accounts been taken down, their licenses have been suspended. Spikes must clog capillaries with micro-clots. The vaxed are Walking Dead who will need blood-thinners for life.

We made a big mistake! said Dr. Bridle in alarm,
We didn't know the spike could travel, heart and brain to harm.

When spike attaches in an artery, we find the flow,
Impaired enough to have the blood clots start around to grow.
Clots start in capillaries so you'll not yet feel the threat.
As pumping blood gets harder, watch as bigger clots you'll get.

With capillaries clogged by clots from spikes, it may be said,
If you and kids took jab, your clots now make you Walking Dead,
Though Trudeau said the shots were safe, effective, not to fear,
He'll even pay your funeral expenses, what a dear!

VAERS

132. A doctor has to spend an unpaid half an hour filling out an Vaccine Adverse Event Reaction form and most of the symptoms are minor. Like sneezes, or flus, or pains, little symptoms. What doctor is going to spend half an hour reporting an ache? So VAERS forms don't get filled out very much and are understated, they say by a factor of 100.

133. Worse, the CDC now doesn't count those vaccinated under 14 days as officially vaccinated. They might die the day after the shot but it doesn't count as a vaccine death until 14 days later. Since most adverse effects are in the first days, it ensures that they are not listed as vaccine adverse effects. They're fudging the numbers right to your face!

HEART PROBLEMS

134. <http://archive.is/pvggg> is the University of Ottawa study over June and July 2021 of 32 heart problems after 15,997 Moderna and 16,382 Pfizer shots. 32/32,379 is about 1/1,000.

135. Though 32 heart problems in 32,379 doses is 1/1,000, if they double-dosed, then it's 30 heart problems in 16,000 patients. So, not 1/1,000 but could be 1/500 who get heart problems!

136. A National Post Sep 24 2021 article titled "Study claiming 1 in 1,000 risk of heart inflammation after Covid vaccine got calculation wrong" claims the result is overstated for using the wrong denominator. It said 32 problems were not from 32,000 doses but from 833,000 doses. The report was filed before the last reading came in which added 800,000 shots to the already-counted 32,000.

137. If you believe they missed the last data entry from 32k to 833k doses, 416 double-dosed patients, then it's 32/416,000, 1/13,000, 25 times less than the 1/500!

138. 26 million vaccinated Canadians * 1/13,000th is 2,000 new heart patients. How many would have taken the shot if they had known that the Virus Mortality was an exaggerated false alarm?

139. 2.6 billion vaccinated around the world * 1/13,000 = 200,000 new heart conditions world-wide.

140. But if we accept the original result out of 32K and not 833K, then 1/500 of Canada's 26 million = 52,000 heart problems. 1/500 of the world's 2.6 billion = 5.2 million heart problems! How many would have taken the jab had they known Covid was no more deadly than a lousy 1/3 mini-Flu?

141. That's just heart problems. Now count clots to the lungs and brain and destruction of the immune system for many more patients coming up.

142. In the months leading up to the issuance of the Decision, the Prime Minister of Canada made pejorative and discriminatory statements toward Canadians who have made the decision not to receive the Covid-19 vaccine including by calling them "racists", "misogynists" and asking "[d]o we tolerate these people?"

143. On December 16, 2021, the Prime Minister wrote to the Respondent Minister of Transport expressly directing him to enforce vaccination requirements across the federally regulated transport sector, and requiring travellers on commercial flights within and departing Canada to be vaccinated.

144. The resulting Decision provides a limited number of classes of individuals that are exempt from the requirement to show proof of Covid-19 vaccinations. The Plaintiff does not qualify for any of the exemptions in S.17(3).

145. Four vaccines are currently authorized in Canada to treat symptoms of Covid-19: AstraZeneca, Moderna, Pfizer, and Johnson & Johnson. All Covid-19 vaccines are still undergoing clinical trials, which are scheduled for

completion in 2023 or later. None of these vaccines prevent the infection or transmission of Covid-19 as promised, including the Omicron variant.

146. Covid-19 vaccines, while recommended by Canadian public health authorities, are also known to cause severe adverse effects and injuries for some individuals, including serious disabilities and death. Health Canada has placed warning labels on all of the Covid-19 vaccines available in Canada for various serious conditions, including myocarditis, pericarditis, Bell's Palsy, thrombosis, immune thrombocytopenia, and venous thromboembolism.

147. Vaccinated and unvaccinated Canadians can be infected with and transmit Covid-19. However, individuals under 60 years old without co-morbidities have an approximately 99.997% chance of recovery from Covid-19. That's 1/33,000!

148. The Decision discriminates against an identifiable group of Canadians (those who have not received a Covid-19 vaccine).

INSANITIES

VACCINES DO NOT WORK

149. Prime Minister Trudeau said he will not allow the unvaxed to put the vaxed at risk of infection by letting them travel on public transportation putting the lie to the claim that vaccines are effective. Despite the vaxed also able to spread the infection, only the unvaxed will be restricted in their travel. So they took a unsafe shot for an exaggerated threat that doesn't even prevent infection!

VACCINATE IMMUNE KIDS

150. Give clots to kids who are in no danger from the virus. If 1/230,000 not in long-term-care perish, kids are in even less danger. Zero deaths or transmission by youth reported in Iceland and Ireland and Germany, So instead of the overall death rate of one in a quarter million healthy Canadians, say it's 1 in a million for kids. And Justin Trudeau still wants to clog their capillaries with clots?

151. And given the 1/1/230,000 chance of a healthy person dying, it would seem to be insane to compel healthy Canadians to take their clots over a 1/230,000 chance of death.

NATURAL IMMUNITY NOT CONSIDERED

152. It is now established that natural immunity to a virus from sleeping off infection is many ways better than unnatural immunity by vaccine for just one designer spike protein. But superior natural immunity is not considered in the rush to clot everyone. it's insane to make them risk clots when they're already better immunized by natural antibodies rather than unnatural ones.

153. This situation is analogous to shouting "Fire" in a crowded church which is a crime because many could be hurt in the stampede. The crime would be compounded if the preacher found out it was a false alarm and did not inform the congregation.

154. The pharma-cabal set off the false alarm and this court refusing to call it a false alarm is thusly as responsible for the deadly repercussions as the preacher who did not call the false alarm for the fire.

155. Declaring a false alarm ends all the strife. No more discussion of vaccine safety or efficacy when it is admitted vaccines are not needed for a false alarm mortality rate. Once a Court declares the Covid Mortality a hundredfold hyped false alarm, it stops all restrictions everywhere, world-wide. To the plaudits of humanity if not the pharmaceutical corporations.

156. It is a Judgment Day for all shown proof that the Covid Mortality Hyped Hundredfold. Once you found out the threat was a false alarm, did you warn your friends and family to avoid the needless experimental gene therapy? No? Would they have taken the jab if you had warned them?

157. My <http://SmartestMan.Ca/fauci> poem now ends with:

Would you have taken jab if Crown Ben Wong had Trudeau told,
Covid Mortality was over hyped by hundredfold?

Would you have taken jab if Justice Crampton had us told,
That Apple Orange were compared to hype by hundredfold

Would you have taken clot shot if Judge Aylen said: Behold
The CFR to IFR's too small by hundredfold

Would you have taken jab if Justice Zinn had us all told,
Comparing Apple Orange hyped the threat by hundredfold.

Would you have taken jab if Randy Hillier had you told...
Would you have taken clot shot if Max Bernier had you told...
Would you have taken jab if MPPs had us all told...
Would you have taken jab if those who knew had us told...

158. This is not the first time Plaintiff attempt to save millions was denied by the courts. In 1982, Supreme Court of Canada Chief Justice Laskin dismissed the application that would have given every citizen of Canada, then the whole world, an interest-free credit card which would have ended poverty overnight. With 40 million souls perishing of poverty every year since then, that's an Equation of Responsibility of 1,600 million souls I tried to save and 1,600 million souls Justice Laskin let die.

159. Who could have imagined anyone would top Justice Laskin's 1.6 billion souls lost but with almost 3 billion now having suffered the clot shot since this Court knew the threat was a false alarm, this error may well exceed Justice Laskin's equation of responsibility.

160. The Decision's requirement for Canadians to be vaccinated to fly does not address a matter of "significant risk, direct or indirect, to aviation safety or the safety of the public" and would not prevent vaccinated travellers from introducing or spreading Covid-19.

161. In making the Decision, the Minister of Transportation erred in fact by treating a mini-flu like a 100 times worse plague.

162. The Minister of Transport is constrained by the Charter, the Constitution Act, 1982. The Minister of Transport cannot:

- a. Deprive any individual of their rights, except in accordance with the principles of fundamental justice; or
- b. Deprive any individual of their right to mobility, except by due process of law.

163. The Vaccine Provisions of the Decision are a violation of the Plaintiff's

- Section 6: Charter right to leave the country and travel within the country for business or pleasure by prohibiting the Plaintiff only means of exiting Canada or travelling long distances interprovincially in a timely and safe fashion, without submitting to an experimental medical procedure;

- Section 15: equality rights, by discriminating and labelling the Plaintiff as "unvaccinated" and barring him from boarding aircraft in Canada, while permitting a "vaccinated" class of Canadians to fly from Canadian airports.

164. The Vaccine Provisions of the Decision punish Plaintiff for the lawful exercise of his fundamental constitutional rights and freedoms.

165. The Decision is not justified under section 1 of the Charter. The Decision is not in the public interest, is not a rational means to pursue the stated objective as there is no evidence to show that the prohibition of unvaccinated Canadians from air travel limits or reduces the spread of Covid-19. The Decision does not cause minimal impairment to

the rights of the Plaintiff. Further, the deleterious and negative impact of the Decision is not proportional to the minimal or non-existent benefits it may have.

166. The Plaintiff relies on the following legislation, regulations, documents, and enactments:

- a. Canadian Charter of Rights and Freedoms, ss. 1, 6, 15 and 24(1);
- b. Constitution Act, 1982;
- c. Federal Court Rules, SOR/98-106;
- d. Aeronautics Act, R.S.C., 1985, c. A-2;
- e. Interim Order Respecting Certain Requirements for Civil Aviation Due to Covid19, No. 52; and
- f. Such further and other authorities and legislation as counsel may advise and this Honourable Court may accept.

ORDER SOUGHT

167. Upon the grounds of the threat of Covid exaggerated a hundredfold, the theory of Asymptomatic Transmission not being documented, the 0.00044% Population Fatality Rate for Canadians not in Long-Term-Care being miniscule, Plaintiff seeks a Declaration pursuant to S.52(1) of the Canadian Charter of Rights and Freedoms ("the Charter") in respect of the Minister of Transport's "Interim Order Respecting Certain Requirements for Civil Aviation Due to Covid-19, No. 52" (the "Decision") restricting the mobility of Canadians based on their Covid-19 vaccination status is ultra vires section 6.41 of the Aeronautics Act and therefore of no force and effect.

B) A Declaration that the Decision is invalid due to errors in fact.

C) A declaration pursuant to section 52(1) of the Constitution Act, 1982 that sections 17.1 to 17.4, 17.7, 17.9, 17.10, 17.22, 17.30 to 17.33, 17.36 and 17.40 of the Decision ("the Vaccine Provisions") violate the Plaintiff's section 6 Charter right as set out below, and that these violations are not demonstrably justified under section 1 of the Charter;

D) In the alternative, a Declaration pursuant to section 24(1) of the Charter that the Vaccine Provisions of the Decision unreasonably and unjustifiably infringe Section 6 of the Charter;

168. This application will be supported by the Affidavit of John C. Turmel, to be sworn, and such further and other evidence as counsel may advise and this Honourable Court may permit.

The Plaintiff proposes this action be tried in the City of Toronto, Province of Ontario.

Dated at Brantford Feb 14 2022.



Plaintiff

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FEDERAL COURT

Between:

John Turmel

Plaintiff

AND

Her Majesty The Queen

Defendant

STATEMENT OF CLAIM

For the Plaintiff

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