

FEDERAL COURT OF APPEAL

B E T W E E N :

JOHN TURMEL

Plaintiff

and

HER MAJESTY THE QUEEN

Defendant

MOTION RECORD OF THE DEFENDANT

Attorney General of Canada

Department of Justice

Ontario Regional Office

120 Adelaide Street West, Suite #400

Toronto, Ontario M5H 1T1

Per: Benjamin Wong

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Counsel for the Defendant

INDEX

TAB	DOCUMENT	PAGE
1	Notice of Motion dated March 17, 2022	1 - 4
2	Affidavit of Duane Crocker dated March 17, 2022	5 - 52
3	Statement of Claim dated February 14, 2022	53 - 111
4	Statement of Claim dated January 19, 2021 in Court File No.: T-130-21	112 - 156
5	Written Submissions of the Defendant	157 - 182

Court File No.: T-277-22

FEDERAL COURT

B E T W E E N :

JOHN C. TURMEL

Plaintiff
(Responding Party)

and

HER MAJESTY THE QUEEN

Defendant
(Moving Party)

NOTICE OF MOTION

TAKE NOTICE THAT the defendant, Her Majesty the Queen (“Canada”), will make a motion to the Court in writing under Rule 369 of the *Federal Courts Rules*.

THE MOTION IS FOR:

1. An order striking the claim without leave to amend; or
2. In the alternative, an order requiring the plaintiff to provide security for costs in the amount of \$11,350, and not take any further steps in the action until security for costs is provided;
3. The costs of this motion and of the action; and
4. Such further and other relief as this Honourable Court may allow.

THE GROUNDS FOR THE MOTION ARE:**A. The claim**

5. The claim seeks declarations that provisions of the Minister of Transport's *Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 52 (Interim Order)* (the "Interim Order") unjustifiably infringe the plaintiff's rights under ss. 2, 6, 7, 8, 9, 12 and 15 of the *Canadian Charter of Rights and Freedoms* (the "Charter"), and are *ultra vires* s. 6.41 of the *Aeronautics Act*, RSC 1985 c A-2;

B. The claim does not disclose a reasonable cause of action

6. It is plain and obvious that the claim does not disclose a reasonable cause of action;
7. The claim does not set out sufficient material facts to establish any of the causes of action alleged;

C. The claim is scandalous, frivolous, vexatious and an abuse of process

8. The claim is scandalous, frivolous, vexatious, and an abuse of process;
9. The claim is prolix and repetitive, and fails to set out a concise statement of material facts capable of establishing a deprivation of any of the causes of action alleged;
10. The claim makes unparticularized allegation of malice and fraud, and is replete with lengthy diatribes and makes scandalous and extreme allegations that are unsubstantiated;
11. The claim attempts to relitigate allegations from a previous claim (Federal Court File No.: T-130-21) that was struck without leave to amend by this Court;


D. If the claim is not struck without leave to amend, the plaintiff should be required to provide security for costs

12. Canada has eight orders against the plaintiff for costs in other proceedings, which remain unpaid;
13. The outstanding costs awards total \$15,006.16, including post-judgment interest; and
14. The claim is frivolous and vexatious and there is reason to believe the plaintiff will have insufficient assets available to pay Canada's costs;
15. *Federal Courts Rules*, SOR/98-106, Rules 3, 174, 181, 221(1)(a),(c),(f), 369, 416(1)(f), (g), and 418; and
16. Such other grounds as counsel may advise and this Honourable Court may accept.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

1. Affidavit of Duane Crocker, affirmed March 17, 2022.

March 17, 2022



Attorney General of Canada
Department of Justice
Ontario Regional Office
120 Adelaide Street West, Suite #400
Toronto, Ontario M5H 1T1

Per: Benjamin Wong

Tel: 647-256-0564

Fax: 416-952-4518

E-mail: benjamin.wong2@justice.gc.ca

Counsel for the Defendantt

TO: The Administrator
Federal Court of Canada

AND TO: John C. Turmel
50 Brant Avenue,
Brantford, Ontario N3T 3G7

Plaintiff, self represented

Court File No.: T-277-22

FEDERAL COURT

B E T W E E N :

JOHN C. TURMEL

Plaintiff
(Responding Party)

and

HER MAJESTY THE QUEEN

Defendant
(Moving Party)

AFFIDAVIT OF DUANE CROCKER

I, Duane Crocker, of the of the Town of Newmarket, in the Regional Municipality of York, in the Province of Ontario **AFFIRM THAT:**

1. I am a paralegal in the Litigation, Extradition and Advisory Division of the Ontario Regional Office of the Department of Justice. In that capacity, I have reviewed the litigation files associated with the plaintiff, Mr. John C. Turmel (the "Plaintiff").

A. PREVIOUS COSTS AWARDS AGAINST THE PLAINTIFF

2. The Federal Court, Federal Court of Appeal and the Supreme Court of Canada have previously ordered the Plaintiff to pay Canada's costs in the following matters:

Style of Cause	Court	Court File No.	Order / Discontinuance Date	Amount
<i>John C Turmel v HMQ</i>	Federal Court	T-448-14	Nov 5, 2015	\$250
<i>John C Turmel v HMQ</i>	Federal Court of Appeal	A-342-14	Jan 13, 2016	\$3,350
<i>John Turmel v HMQ</i>	Supreme Court of Canada	36937	Jun 23, 2016	\$807.86 (certificate of taxation issued November 30, 2016)
<i>John C Turmel v HMQ</i>	Federal Court	T-561-15	May 12, 2016	\$6,105.03 (certificate of assessment issued May 17, 2018)
<i>John Turmel v HMQ</i>	Supreme Court of Canada	37647	Nov 23, 2017	\$877.70 (certificate of taxation issued February 7, 2018)
<i>John C Turmel v HMQ</i>	Federal Court	T-1932-18	Jan 2, 2019	\$450 (certificate of assessment issued Apr 21, 2020)
<i>John C Turmel v HMQ</i>	Federal Court	T-130-21	July 12, 2021	\$1,000
<i>John C Turmel v HMQ</i>	Federal Court	T-130-21	October 18, 2021	\$500
TOTAL				\$13,340.59
TOTAL with post-judgment interest as of March 17, 2022				\$15,006.16

Copies of these costs orders, certificates of assessment, and certificates of taxation are attached as **Exhibits “A”, “B”, “C”, “D”, “E”, “F”, “G”, and “H”** respectively.

3. These costs remain unpaid. The total amount owed by the plaintiff to Canada as of March 17, 2022, inclusive of post-judgment interest calculated in accordance with section 37(1) of the *Federal Courts Act* and section 129 of the *Courts of Justice Act* (Ontario), is \$15,006.16.

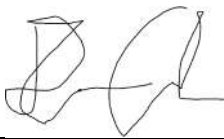
B. THE ANTICIPATED COSTS OF THE CURRENT ACTION

4. In responding to this claim, I anticipate that Canada will incur \$11,350 in costs, inclusive of disbursements. These anticipated costs are based on Column III of Tariff B of the *Federal Courts Rules*. A bill of anticipated costs showing these calculations is attached as **Exhibit "I"**.

Affirmed before me by video
conference from the of the Town of
Newmarket, in the Regional
Municipality of York in the Province of
Ontario to the City of Toronto in the
Province of Ontario, on March 17,
2021.



Commissioner for Taking Affidavits



DUANE CROCKER

This is **Exhibit "A"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022


A Commissioner, etc.

Federal Court



Cour fédérale

Date: 20151106

Docket: T-488-14

Ottawa, Ontario, November 6, 2015

PRESENT: The Honourable Mr. Justice Phelan**BETWEEN:****JOHN C. TURMEL****Plaintiff****and****HER MAJESTY THE QUEEN IN RIGHT OF
CANADA****Defendant****ORDER**

UPON MOTION by the Plaintiff for leave to lift the Stay Order (May 7, 2014) in respect of his Statement of Claim and to proceed with his Motion for Summary Judgment;

AND UPON the Court having ordered that motions to lift a stay are to proceed by way of Rule 369 motion;

AND UPON CONSIDERING that:

1. section 50(3) of the *Federal Courts Act* gives the Court the discretion to lift a stay;

2. the discretion to lift the stay should take into consideration whether the facts are “substantially different from the facts upon which the original disposition was made” (*Del Zotto v Canada (Minister of National Revenue - MNR)*, [1996] FCJ No 294/*Murphy v Compagnie Amway Canada*, 2014 FCA 136);
3. the Applicant has not shown any substantial change of facts upon which the stay order was made;
4. the *Allard* trial is complete, final submissions were concluded in July and a decision is pending;
5. the Plaintiff is, in effect, attempting to re-litigate the stay order in the face of a pending appeal; and
6. there is no proper basis for lifting the stay of proceedings.

THIS COURT ORDERS that this motion be dismissed with costs payable forthwith of \$250.00.

“Michael L. Phelan”

Judge

This is **Exhibit "B"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022


A Commissioner, etc.

Federal Court of Appeal



Cour d'appel fédérale

Date: 20160113

Docket: A-342-14

Toronto, Ontario, January 13, 2016

CORAM: PELLETIER J.A.
STRATAS J.A.
GLEASON J.A.

BETWEEN:

JOHN C. TURMEL

Appellant

and

HER MAJESTY THE QUEEN

Respondent

JUDGMENT

The appeal is dismissed with costs fixed in the amount of \$3,350, all inclusive.

“J.D. Denis Pelletier”

J.A.

This is **Exhibit "C"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to be "R. J. ...", written over a horizontal line.

A Commissioner, etc.

Supreme Court of Canada



Cour suprême du Canada



No. 36937

BETWEEN:

John Turmel

Applicant

- and -

Her Majesty the Queen

Respondent

ENTRE :

John Turmel

Demandeur

- et -

Sa Majesté la Reine

Intimée

I hereby certify that the costs of the respondent have been taxed and allowed in the sum of eight hundred seven dollars and eighty-six cents (\$807.86).

Je certifie par les présentes que les frais de l'intimée ont été taxés et que leur montant a été fixé à huit cent sept dollars et quatre-vingt-six cents (807,86\$).

REGISTRAR OF THE
SUPREME COURT OF CANADA

REGISTRAIRE DE LA
COUR SUPRÊME DU CANADA

Dated this 30th day of November 2016.

Fait le 30e jour de novembre 2016.

This is **Exhibit "D"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to read "R. J. J.", is written over a horizontal line.

A Commissioner, etc.

Federal Court



Cour fédérale

Date: 20180517

Docket: T-561-15

BETWEEN:**JOHN TURMEL****Plaintiff****and****HER MAJESTY THE QUEEN IN RIGHT OF
CANADA****Defendant****CERTIFICATE OF ASSESSMENT OF COSTS**

UPON the Order and Reasons signed by the Court on May 12, 2016, dismissing the action, with costs;

AND UPON the bill of costs filed February 23, 2018, and amended on March 18, 2018;

AND UPON the directions issued and served on February 26, 2018, informing the parties that the assessment of costs would proceed in writing and of the deadline to file materials and representations;

AND UPON CONSIDERING the material in support of the bill of costs as well as the written representations on costs;

AND UPON CONSIDERING that no other representations were received by the Registry of the Court, nor were any requests to extend the time to file submissions;

AND UPON CONSIDERING the decision in *Dahl v Canada*, 2007 FC 192, in which it is stated at paragraph 2:

Effectively, the absence of any relevant representations by the Plaintiff, which could assist me in identifying issues and making a decision, leaves the bill of costs unopposed. My view, often expressed in comparable circumstances, is that the *Federal Courts Rules* do not contemplate a litigant benefiting by an assessment officer stepping away from a position of neutrality to act as the litigant's advocate in challenging given items in a bill of costs. However, the assessment officer cannot certify unlawful items, i.e. those outside the authority of the judgment and the Tariff.

AND UPON HAVING CONSIDERED the above referenced comments and the lack of challenge by the opposing party, I have reviewed the file and the materials submitted;

AND UPON HAVING CONCLUDED that the assessable services claimed under Tariff B of the *Federal Courts Rules* are reasonable;

AND UPON HAVING CONCLUDED that the disbursements claimed were all necessary charges for the conduct of this matter and that the amounts claimed are reasonable;

I HEREBY CERTIFY that the bill of costs presented by the Defendant is assessed and allowed at \$6,105.03.

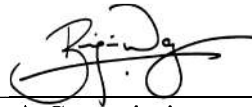
"Johanne Parent"
Assessment Officer

CERTIFIED AT TORONTO, ONTARIO, this 17th day of May, 2018.

This is **Exhibit "E"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to be "R. J. O.", written over a horizontal line.

A Commissioner, etc.

Supreme Court of Canada



Cour suprême du Canada



No. 37647

BETWEEN:

John Turmel

Applicant

- and -

Her Majesty the Queen

Respondent

ENTRE :

John Turmel

Demandeur

- et -

Sa Majesté la Reine

Intimée

I hereby certify that the costs of the respondent have been taxed and allowed in the sum of eight hundred seventy-seven dollars and seventy cents (\$877.70).

Je certifie par les présentes que les frais de l'intimée ont été taxés et que leur montant a été fixé à huit cent soixante-dix-sept dollars et soixante-dix cents (877,70 \$).

**REGISTRAR OF THE
SUPREME COURT OF CANADA**

**REGISTRAIRE DE LA
COUR SUPRÊME DU CANADA**

Dated this 7th day of February 2018.

Fait le 7e jour de février 2018.

This is **Exhibit "F"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to read "R. J. O.", is written over a horizontal line.

A Commissioner, etc.

Federal Court



Cour fédérale

Date: 20200421

Docket: T-1932-18

BETWEEN:**JOHN C. TURMEL****Plaintiff****and****HER MAJESTY THE QUEEN****Defendant****CERTIFICATE OF ASSESSMENT**

I HEREBY CERTIFY that the Defendant's Bill of Costs has been assessed and allowed
in the amount of \$450.00.

"Garnet Morgan"
Assessment Officer

CERTIFIED AT TORONTO, ONTARIO, this 21st day of April 2020.

This is **Exhibit "G"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to be "R. J.", written over a horizontal line.

A Commissioner, etc.

Federal Court



Cour fédérale

Date: 20210712

Docket: T-130-21

Ottawa, Ontario, July 12, 2021

PRESENT: Case Management Judge Mandy Ayles**BETWEEN:****JOHN C. TURMEL****Plaintiff****and****HER MAJESTY THE QUEEN****Defendant****ORDER**

[1] The Court is case managing a group of 74 actions in which the self-represented Plaintiffs seek various forms of relief related to the federal Government's COVID-19 mitigation measures. The Statements of Claim in each action are almost identical and based on a "kit claim" made available on the internet by John Turmel, the Plaintiff in this action. By Order dated April 8, 2021, the Court ordered that all other actions be stayed pending the final determination (by judgment or order) of this action and any appeal therefrom. Accordingly, at present, only T-130-21 is moving forward.

[2] In his Statement of Claim, the Plaintiff alleges that:

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

117. 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.

118. Government-mandated COVID-Mitigation restrictions on civil rights imposed under such delusions are unconstitutionally per incuriam. 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 long-shots with a 0.00044% (1/230,000) chance of death and not on those shorter shots in Long-Term-Care with $10,871/38M = 0.03\%$ (1/3,300). A third of the Flu's 1/1000.

[3] The Statement of Claim makes extensive references to statistics comparing COVID-19 mortality rates to those of the flu, news reports and statements and reports made by the World Health Organization, Dr. Fauci, and the American Centers for Disease Control and Prevention [CDC].

[4] The Plaintiff alleges that there has been a "cover up" because actual deaths from COVID-19 do not match the exaggerated expected death rate, such that the Government has "fudged the statistical Cases and Fatalities data". The pleading refers to alleged changes by the CDC to its death certificate guidelines, setting PCR test kits with sensitivity cycles set too high in order to generate massive false positives and an effort by mainstream media to discredit HydroxyChloroQuine HCQ as a treatment alternative (as opposed to a "Bill Gates-funded Oxford Recovery HCQ test protocol that "was really murder on his patients"), which suppression of hopeful alternatives suggests "deliberate malevolence".

[5] The Plaintiff alleges that there has been “a general slaughter of unorthodox viewpoints on the internet”, with various social media platforms like YouTube, Twitter and Facebook having instituted “draconian censorship policies”. He pleads:

111. With the Apple-Orange amplification of the COVID threat by a hundredfold is exposed, Dr. Hodgkinson, 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.

[6] Under the heading “Lockdown Gain Does Not Justify Lockdown Pain”, the Plaintiff pleads:

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 arrests 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. Neighbours snitching on neighbours, friendships breaking over accusations of deniers putting alarmists at risk from the invisible plague by not obeying preventative measures seriously.

[7] With respect to the Plaintiff’s alleged *Charter* breaches, paragraph 104 of the Statement of Claim pleads:

Such restrictions on civil liberties to mitigate a sham-virus 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 or unusual treatment or

punishment, not in accordance with the principles of fundamental justice.

[8] The Statement of Claim refers to the Ontario government's declaration of a provincial emergency and a "Stay-at-Home Order" issued under the provincial *Emergency Management and Civil Protection Act* and a statement made by Prime Minister Trudeau describing the requirements for international travelers arriving by air to produce a negative COVID-19 test before entering Canada, for all travelers to quarantine upon entering Canada and the potential for fines and prison time for not following these requirements. In issuing these COVID-19 measures, the Plaintiff pleads that government has been "fooled by an Apple-Orange comparison" and that the Prime Minister has been duped.

[9] The Statement of Claim goes on to ask "Who did it?!", questioning "what kind of evil cabal would use global media and medical establishments to hype 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? Why condemn so many to death on a cross of hype? Qui bono? Who benefits?" The Plaintiff responds to his questions by pleading that "Personal Protection Equipment producers, Skip-the-Dishes delivery come to mind but vaccine companies seem to have most to gain by an exaggerated scandemic".

[10] The Plaintiff pleads that vaccine promotion has the hallmarks of a "scam" and that some people would prefer alternatives to vaccines, such as "drinking the water of your own cistern", vitamins and supplements.

[11] Based on the foregoing, the Plaintiff seeks the following relief:

- A. A declaration pursuant to section 52(1) of the *Canadian Charter of Rights and Freedoms* that the Government of Canada's COVID-mitigation restrictions are arbitrary and constitutionally unreasonable restrictions on the *Charter* section 2 right to freedom of peaceful assembly and association, section 6 right to mobility, section 7 right to life, liberty and security, section 8 right to be secure against unreasonable search or seizure, section 9 right to not be arbitrarily detained or imprisoned, section 12 right to not be subjected to any cruel and unusual treatment or punishment not in accordance with the principles of fundamental justice and not saved by section 1 of the *Charter*;
- B. An order pursuant to section 24(1) of the *Charter* for an injunction prohibiting any federal COVID-mitigation restrictions that are not imposed on the deadlier Flu;
- C. A permanent constitutional exemption from any COVID-mitigation restrictions;
- D. An order for an appropriate and just remedy for damages incurred by such unconstitutional restrictions on rights for pain and losses, including the:
- i. Stress and concern suffered;
 - ii. Family and friend connections damaged;
 - iii. Inconvenience and time lost in line-ups; and
 - iv. Higher expected prices for COVID Mitigation Measures; and

- E. An order abridging the time for service or amending any error or omission as to form or content which the Honourable Court may allow.

[12] The Defendants have brought the present motion seeking:

- A. An order striking the claim without leave to amend;
- B. In the alternative, an order requiring the Plaintiff to provide security for costs in the amount of \$11,350.00 and not take any further steps in the action until security for costs is provided;
- C. The costs of the motion and of the action; and
- D. Such further and other relief as this Honourable Court may allow.

[13] The Defendant seeks to strike the Statement of Claim on the basis that: (i) this Court lacks jurisdiction in relation to any provincial or municipal COVID-19 measures; (ii) to the extent that the claim targets federal COVID-19 measures, the Plaintiff has not pleaded that he was affected by these measures; (iii) the pleading discloses no reasonable cause of action; and (iv) the pleading is frivolous and vexatious. In the alternative, the Defendant seeks an order for security for costs on the basis that the Defendant has six orders for costs against the Plaintiff in other proceedings which remain unpaid, the claim is frivolous and vexatious and there is reason to believe that the Plaintiff will have insufficient assets available to pay the Defendant's costs.

[14] The Plaintiff opposes the motion in its entirety.

[15] For the reasons that follow, the Defendant's motion is granted and the Statement of Claim is hereby struck, without leave to amend.

Motion to Strike

[16] The threshold for striking out a statement of claim is high. A statement of claim will only be struck out where it is plain and obvious that the pleading should be struck on the basis of one of the grounds detailed in Rule 221(1).

[17] In the case of a Rule 221(1)(a) motion, the Court will only strike a statement of claim where it is plain and obvious that the pleading discloses no reasonable cause of action. In making that assessment, the material facts pleaded must be taken as true, unless the allegations are based on assumption and speculation. If a statement of claim contains bare assertions without material facts upon which to base those assertions, then it discloses no cause of action and is liable to be struck. However, if there is any doubt as to whether a cause of action can succeed, the matter should be left for a decision of the trial judge [see *Operation Dismantle Inc v Canada*, [1985] 1 SCR 441 at paras 7-8, 27; *R v Imperial Tobacco Canada Ltd*, 2011 SCC 42 at para 17].

[18] It is fundamental to the trial process that a plaintiff plead material facts in sufficient detail to support the claim and relief sought. In order to disclose a reasonable cause of action, a statement of claim must plead each constituent element of every cause of action with sufficient particularity and each allegation must be supported by material facts. Pleadings play an important role in providing notice and defining the issues to be tried, so as to inform the defendant "who, when, where, how and what gave rise to its liability". The Court and opposing parties cannot be left to speculate as to how the facts might be variously arranged to support various causes of action.

Viewing the pleadings as a whole and considering all the circumstances, the Court must ensure that the issues are defined with sufficient precision to make the proceedings “manageable and fair” [see *Mancuso v Canada (National Health and Welfare)*, 2015 FCA 227 at para 16-17, 19; *Al Omani v Canada*, 2017 FC 786 at para 17; *Simon v Canada*, 2011 FCA 6 at para 18; *Enercorp Sand Solutions Inc v Specialized Desanders Inc.*, 2018 FCA 215 at paras. 36-37].

[19] The Federal Court of Appeal recognized at paragraph 17 of *Mancuso* that:

The latter part of this requirement – sufficient material facts – is the foundation of a proper pleading. If a court allowed parties to plead bald allegations of fact, or mere conclusory statements of law, the pleadings would fail to perform their role in identifying the issues. The proper pleading of a statement of claim is necessary for a defendant to prepare a statement of defence. Material facts frame the discovery process and allow counsel to advise their clients, to prepare their case and to map a trial strategy. Importantly, the pleadings establish the parameters of relevancy of evidence at discovery and trial. [emphasis added]

[20] The Federal Court of Appeal has confirmed that there are no separate rules of pleadings for *Charter* cases. The requirement of material facts applies to pleadings of *Charter* infringement as it does to causes of action rooted in the common law. The substantive content of each *Charter* right has been clearly defined by the decisions of the Supreme Court of Canada and a plaintiff must plead sufficient material facts to satisfy the criteria applicable to the provisions in question. This is not a technicality, but rather is essential to the proper presentation of *Charter* issues [see *Mancuso, supra* at para 25; *MacKay v Manitoba*, [1989] 2 SCR 357].

[21] Moreover, a plaintiff may not rely on facts applicable to other individuals to support an alleged infringement of the plaintiff’s *Charter* rights [see *Harris v Canada (Attorney General)*, 2019 FCA 232 at para 22].

[22] In the case of a Rule 221(1)(c) or (f) motion, a pleading will be struck as being scandalous, frivolous or vexatious or an abuse of process where the claim is so clearly futile that it has not the slightest chance of succeeding [see *Apotex Inc v Syntex Pharmaceuticals International Ltd*, 2005 FC 1310 at para 33]. A statement of claim containing bare assertions but no facts on which to base those assertions discloses no reasonable cause of action and may also be struck as an abuse of process. Bare assertions of conclusions that the Court is called upon to pronounce are not allegations of material fact, and making bald conclusory allegations without any evidentiary foundation constitutes an abuse of process [see *Merchant Law Group v Canada Revenue Agency*, 2010 FCA 184 at para 34; *Mancuso* at paras 17 and 27].

[23] On a motion to strike, a pleading must be read as generously as possible with a view to accommodating any inadequacies in the allegations [see *Condon v Canada*, 2015 FCA 159].

[24] With respect to the Defendant's assertion that this Court lacks jurisdiction to grant relief in respect of the non-federal COVID-19 measures identified, generally or specifically, in the Statement of Claim, the Plaintiff acknowledged in his responding motion record that non-federal COVID-19 measures are "beyond this Court's jurisdiction" and that he was content to focus on the federal COVID-19 measures. In that regard, this is consistent with the prayer for relief in the Statement of Claim which specifically seeks relief in relation to federal COVID-19 measures. As such, I find that the Statement of Claim, as properly construed, does not seek to challenge non-federal COVID-19 measures and thus cannot be struck on that basis.

[25] The Plaintiff asserts that the federal COVID-19 measures infringe his section 2(c) and (d), 6, 7, 8, 9 and 12 *Charter* rights and are not saved by section 1 of the *Charter*. However, I find that the Statement of Claim fails to plead the material facts to satisfy the essential elements of any of

the specific *Charter* infringements alleged and does not allege or particularize how the Plaintiff's *Charter* rights have been infringement. Specifically:

- A. With respect to section 2(c), the pleading does not identify a federal measure that has directly prevented the Plaintiff from peaceful assembly with others and what specific assembly the Plaintiff was prevented from undertaking [see *Roach v Canada*, [1994] FCJ No 33 at para 51].
- B. Section 2(d) of the *Charter* protects three classes of activities: (i) the right to join with others and form associations; (ii) the right to join with others in the pursuit of other constitutional rights; and (iii) the right to join with others to meet on more equal terms the power or strength of other groups or entities [see *Mounted Police Association of Ontario v Canada (Attorney General)*, 2015 SCC 1 at para 66]. The pleading does not identify a federal measure that has directly prevented the Plaintiff from engaging in any of these activities, nor has the Plaintiff particularized any such activities that he was specifically prevented from engaging in.
- C. Section 6 of the *Charter* contains two sets of mobility rights. Pursuant to section 6(1), every Canadian citizen has the right to enter, remain in and leave Canada and pursuant to section 6(2) to 6(4), every Canadian citizen and permanent resident has the right to move in, live in and work in any province subject to certain limitations [see *Divito v Canada (Public Safety and Emergency Preparedness)*, 2013 SCC 47 at para. 17]. While the pleading does refer to the federal pre-flight testing and 14-day quarantine requirements, the Plaintiff has not alleged that he has personally been subject to any such measures.

- D. Section 7 of the *Charter* provides that the state cannot deny a person's right to life, liberty or security of the person, except in accordance with the principles of fundamental justice [see *Bedford v Canada (Attorney General)*, 2013 SCC 72 at para 58]. While the 14-day quarantine measure arguably engages an individual's liberty interest under section 7, the Statement of Claim does not plead that the Plaintiff has personally been subjected to that measure. With respect to the Plaintiff's security of the person, the Statement of Claim pleads no material facts concerning any psychological impact of the federal COVID-19 measures on the Plaintiff, yet alone any serious and profound effects on the Plaintiff's psychological integrity [see *Blencoe v British Columbia (Human Rights Commission)*, 2000 SCC 44 at para 81]. I find that the Statement of Claim pleads no material facts capable of demonstrating that a federal COVID-19 measure deprives the Plaintiff of his section 7 rights, nor that any such deprivation is inconsistent with the principles of fundamental justice.
- E. With respect to the section 8 allegation, the Statement of Claim does not identify any federal COVID-19 measure that authorizes a search or seizure, nor does it plead that the Plaintiff himself has been subjected to any such search or seizure.
- F. With respect to the section 9 allegation, the Statement of Claim does not allege that the Plaintiff has been detained or imprisoned as a result of any federal COVID-19 measure, nor does the pleading particularize how any specific federal COVID-19 measure amounts to significant physical or psychological restraint [see *R v Le*, 2019 SCC 34 at para 27].

G. With respect to the section 12 allegations, the Statement of Claim does not plead facts capable of demonstrating that any of the federal COVID-19 measures constitute punishment or treatment that is grossly disproportionate in the sense that it outrages standards of decency and are abhorrent or intolerable in society [see *R v Lloyd*, 2016 SCC 13 at para 24]. Moreover, the Ontario Superior Court of Justice has held that a claim that quarantine is arbitrary detention or cruel and unusual punishment is frivolous and I agree with that finding [see *Canadian Constitution Foundation v Attorney General of Canada*, 2021 ONSC 2117 at para 39].

[26] The Plaintiff asserts that it is premature to provide facts at this stage of the proceeding as the pleadings are not yet closed and that the necessary facts will be provided in due course when the parties present their evidence. This is incorrect. The Plaintiff appears to conflate facts, with evidence. The Plaintiff must plead, in his Statement of Claim, the material facts in sufficient detail to support the claims and relief sought. It is the proof of those facts through evidence that occurs after the close of pleadings. Where the necessary material facts are absent (as is the case here), the Statement of Claim will be struck before the close of pleadings.

[27] The Plaintiff admitted in his responding motion materials that he “may not exemplify all of the woes cited, but I’d bet some of the other 76 plaintiffs whose actions are stayed do”. However, as detailed above, the Plaintiff may not rely on facts applicable to other plaintiffs to support his *Charter* breach allegations.

[28] I find that the Statement of Claim contains bare assertions of *Charter* breaches without sufficient material facts to satisfy the criteria applicable to each of the *Charter* rights alleged to

have been violated. As a result, the Statement of Claim discloses no cause of action and shall be struck.

[29] Moreover, I find that the Statement of Claim should also be struck as an abuse of process as it pleads bare assertions without the necessary material facts on which to base those assertions, such that the Defendant cannot know how to answer it, is replete with lengthy diatribes and makes scandalous and extreme allegations that are unsubstantiated, such as alleged cover-ups and conspiracies.

[30] Given the nature of the deficiencies and given that the Plaintiff has not suggested that his pleading could be cured by way of amendment (to the contrary, the Plaintiff acknowledged in his responding motion materials that many of his *Charter* rights at issue have not in fact been engaged as a result of any federal COVID-19 measures), I am satisfied that the defects in the pleading are such that the Statement of Claim cannot be cured by amendment [see *Collins v Canada*, 2011 FCA 140 at para 26]. Accordingly, I decline to exercise my discretion to grant the Plaintiff leave to amend his Statement of Claim.

Motion for Security for Costs

[31] As I have determined that the Statement of Claim should be struck without leave to amend, I need not make a determination in relation to the Defendant's alternative request for an order for security for costs. That said, had I been required to do so, I would have been inclined to grant an order for security for costs in the amount sought by the Defendant in light of the Plaintiff's numerous unpaid cost awards and the absence of any demonstration of impecuniosity by the Plaintiff.

Costs

[32] The Defendant having been successful on this motion, I find that the Defendant is entitled to its costs of the motion and of the underlying proceeding. The Defendant seeks costs fixed in the amount of \$1,000.00, which quantum I find to be reasonable. In that regard, I would note that the Plaintiff did not dispute the quantum of costs sought by the Defendant in his responding motion record.

THIS COURT ORDERS that:

1. The Statement of Claim is hereby struck in its entirety.
2. The Plaintiff shall pay to the Defendant their costs of the motion and the action, fixed in the amount of \$1,000.00, inclusive of disbursements and taxes.

“Mandy Ayles”

Case Management Judge

This is **Exhibit "H"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022



A Commissioner, etc.

Federal Court



Cour fédérale

Date: 20211018

Docket: T-130-21

Citation: 2021 FC 1095

Ottawa, Ontario, October 18, 2021

PRESENT: The Honourable Mr. Justice Zinn

BETWEEN:

JOHN C. TURMEL

Plaintiff

and

HER MAJESTY THE QUEEN

Defendant

ORDER AND REASONS

[1] The Plaintiff appeals the July 12, 2021 Order of Prothonotary Aylen, as she then was, striking his Statement of Claim in its entirety, without leave to amend and with costs.

I. The Claim

[2] Prothonotary Aylen describes the Plaintiff's claim as seeking "various forms of relief related to the federal Government's COVID-19 mitigation measures." The grounds asserted in

the 130 paragraph Statement of Claim allegedly warranting the relief sought, are the following actions of the World Health Organization [WHO] and Canada:

- 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" to exaggerate the threat of Covid death 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) restrictions on civil liberties to mitigate a virus with lethality hyped a hundredfold are an arbitrary, grossly disproportional, conscience-shocking violation of Charter rights resulting in an unwarranted toll in human degradation and impoverishment.

[3] The Plaintiff seeks the following relief:

- A) a Declaration pursuant to S.52(1) of the Canadian Charter of Rights and Freedoms ("the Charter") that the Government of Canada's ("Canada") Covid-mitigation restrictions are arbitrary and constitutionally unreasonable restrictions on the Charter S.2 right to freedom of peaceful assembly and association, 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 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 and not saved by s.1 of the Charter.
- B) 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
- C) a permanent constitutional exemption from any Covid-mitigation restrictions;

D) an Order for unspecified damages for pain and losses incurred by such unconstitutional restrictions on rights;

E) any Order abridging any time for service or amending any error or omission as to form or content which the Honourable Court may allow.

[4] Prothonotary Ayles found several deficiencies in the claim. At paragraph 25, she found with respect to the alleged *Charter* violations that “the Statement of Claim fails to plead the material facts to satisfy the essential elements of any of the specific *Charter* infringements alleged and does not allege or particularize how the Plaintiff’s *Charter* rights have been infringement [*sic*].” At paragraph 28, she found that “the Statement of Claim contains bare assertions of *Charter* breaches without sufficient material facts to satisfy the criteria applicable to each of the *Charter* rights alleged to have been violated.”

[5] She therefore concluded that the Statement of Claim discloses no cause of action.

[6] She also found at paragraph 29 that the Statement of Claim should be struck as an abuse of process “as it pleads bare assertions without the necessary material facts on which to base those assertions, such that the Defendant cannot know how to answer it, is replete with lengthy diatribes and makes scandalous and extreme allegations that are unsubstantiated, such as alleged cover-ups and conspiracies.”

[7] The Plaintiff submitted, in part, that these deficiencies, and the lack of evidence that he personally had been subjected to certain of the COVID-19 mitigation measures would be found in the more than 70 additional claims apparently based on a kit he made available online. The

Prothonotary held that the Plaintiff could not rely on facts applicable to other plaintiffs to support his own alleged *Charter* breaches.

II. Test on Appeal and Issue

[8] In *Hospira Healthcare Corp v Kennedy Institute of Rheumatology*, 2016 FCA 215, the Court of Appeal held that intervention by this Court on an appeal of a decision of a prothonotary is justified where a prothonotary has made an error of law, has exercised her discretion on wrong principles, or where has misapprehended the evidence such that there is a palpable and overriding error.

[9] The sole issue on this appeal is whether Prothonotary Aylen erred in striking the claim without leave to amend.

III. Discussion and Analysis

[10] In paragraph 2 of his submissions, the Plaintiff states: “In a motion to strike, no cause of action must be shown despite the facts in the claim being presumed to be provably true.” That is not correct. It has always been the case that when one considers the merits of a motion to strike, one presumes the facts as alleged to be true. The question one then addresses is whether the claim as written discloses any cause of action. Contrary to the Plaintiff’s submissions, this is precisely the approach taken by the Prothonotary.

[11] The Plaintiff argued that the absence of relevant facts would be overcome if and when the Court considered the similar facts alleged in the additional similar claims that were stayed by the Court pending disposition of this action. He suggested that this was an approach used in another matter by Justice Phelan in 2015. I believe that the Plaintiff may be referring to *John Doe v Canada*, 2015 FC 916; however, it was a proposed class action and was therefore subject to the Rules regarding class proceedings. These include requirements for notice to class members and that there be a representative plaintiff who would fairly represent the interests of the class. In the present case, not only has the Plaintiff not chosen to proceed as a class action, but he has actively encouraged the creation of individual lawsuits. In doing so, he and the other plaintiffs have denied themselves any strategic advantages of class proceedings, including the ability to rely on common fact between them.

[12] Regardless, the Order of this Court staying the other similar actions was upheld on appeal by Justice Favel (see *Ethier v Her Majesty the Queen* (May 7, 2021), T-171-21 (FC)). The Federal Court of Appeal dismissed a motion to extend time to appeal his decision, noting that “the applicant has failed to establish that his proposed appeal has any merit as he has failed to identify any relevant argument in support of setting aside the decision of the Federal Court”: (*Ethier v Her Majesty the Queen* (August 9, 2021), 21-A-14 (FCA)). Therefore the procedure adopted by the Prothonotary is not an issue of any relevance.

[13] Much of the Plaintiff’s oral submissions on this appeal were directed to his view that the data and statistics have been misinterpreted or exaggerated and this has led Canada to impose

measures breaching his *Charter* rights. He stated that had the Prothonotary accepted these “facts” as true, they did establish his cause of action.

[14] I agree with the submissions of Canada that the Prothonotary did indeed consider the statistics on which he relies: see paragraph 3 of her Reasons. However, she found that those facts were insufficient to establish that the Plaintiff’s personal *Charter* rights were breached. At paragraph 25 of her Reasons, the Prothonotary sets out and analyzes each of the Plaintiff’s alleged *Charter* breaches.

[15] Regarding section 2(c) of the *Charter*, the right of peaceful assembly, she writes: “the pleading does not identify a federal measure that has directly prevented the Plaintiff from peaceful assembly with others and what specific assembly the Plaintiff was prevented from undertaking.”

[16] Regarding section 2(d) of the *Charter*, the right to freedom of association, she first sets out the activities protected by this section and then writes: “The pleading does not identify a federal measure that has directly prevented the Plaintiff from engaging in any of these activities, nor has the Plaintiff particularized any such activities that he was specifically prevented from engaging in.”

[17] Regarding section 6 of the *Charter*, the right to move within Canada, and to enter and leave Canada, she writes: “While the pleading does refer to the federal pre-flight testing and 14-

day quarantine requirements, the Plaintiff has not alleged that he has personally been subject to any such measures.”

[18] Regarding section 7 of the *Charter*, the right to life, liberty, and security of the person, she writes: “While the 14-day quarantine measure arguably engages an individual’s liberty interest under section 7, the Statement of Claim does not plead that the Plaintiff has personally been subjected to that measure.” She continues: “With respect to the Plaintiff’s security of the person, the Statement of Claim pleads no material facts concerning any psychological impact of the federal COVID-19 measures on the Plaintiff, yet alone any serious and profound effects on the Plaintiff’s psychological integrity” [emphasis in original]. She concludes: “I find that the Statement of Claim pleads no material facts capable of demonstrating that a federal COVID-19 measure deprives the Plaintiff of his section 7 rights, nor that any such deprivation is inconsistent with the principles of fundamental justice.”

[19] Regarding section 8 of the *Charter*, the right to be secure against unreasonable search or seizure, she writes: “the Statement of Claim does not identify any federal COVID-19 measure that authorizes a search or seizure, nor does it plead that the Plaintiff himself has been subjected to any such search or seizure.”

[20] Regarding section 9 of the *Charter*, the right to be free from arbitrary detention or imprisonment, she writes: “the Statement of Claim does not allege that the Plaintiff has been detained or imprisoned as a result of any federal COVID-19 measure, nor does the pleading

particularize how any specific federal COVID-19 measure amounts to significant physical or psychological restraint.”

[21] Regarding section 12 of the *Charter*, the right to be free from any cruel or unusual treatment or punishment, she writes: “the Statement of Claim does not plead facts capable of demonstrating that any of the federal COVID-19 measures constitute punishment or treatment that is grossly disproportionate in the sense that it outrages standards of decency and are abhorrent or intolerable in society [...]. Moreover, the Ontario Superior Court of Justice has held that a claim that quarantine is arbitrary detention or cruel and unusual punishment is frivolous and I agree with that finding [see *Canadian Constitution Foundation v Attorney General of Canada*, 2021 ONSC 2117 at para 39].”

[22] Having reviewed the Statement of Claim myself, I find that the observations of the Prothonotary regarding the lack of facts necessary to support these claims are accurate.

[23] Her decision that this claim fails to disclose a cause of action for the Plaintiff is reasonable on the facts and her observations on the law are correct.

[24] I further agree with the Prothonotary that the claim as drafted is an abuse of process. The Plaintiff pleads bare assertions but not the necessary material facts on which to base those assertions. It is, as she notes, “replete with lengthy diatribes and makes scandalous and extreme allegations that are unsubstantiated, such as alleged cover-ups and conspiracies.”

[25] While a self-represented litigant may expect to be granted some leniency by a court, he must still draft a claim that discloses a cause of action to which the defendant can respond. This Statement of Claim falls well short of that requirement.

[26] For these reasons, the appeal is dismissed. Canada proposed that if successful, it be awarded costs of \$500.00. In my view, that is more than a reasonable sum. Had more been sought, it would have been awarded.

ORDER IN T-130-21

THIS COURT ORDERS that the appeal is dismissed, and the Defendant is awarded costs in the amount of \$500.00.

"Russel W. Zinn"

Judge

FEDERAL COURT
SOLICITORS OF RECORD

DOCKET: T-130-21

STYLE OF CAUSE: JOHN C TURMEL v HER MAJESTY THE QUEEN

PLACE OF HEARING: HELD BY VIDEOCONFERENCE

DATE OF HEARING: SEPTEMBER 7, 2021

ORDER AND REASONS: ZINN J.

DATED: OCTOBER 18, 2021

APPEARANCES:

John C. Turmel

PLAINTIFF
(ON HIS OWN BEHALF)

Benjamin Wong

FOR THE DEFENDANT

SOLICITORS OF RECORD:

- Nil -

SELF-REPRESENTED PLAINTIFF

Attorney General of Canada
Department of Justice Canada
Toronto, Ontario

FOR THE DEFENDANT

This is **Exhibit "I"** referred to in
the Affidavit of

Duane Crocker

AFFIRMED before me this 17th day
of March, 2022

A handwritten signature in black ink, appearing to be "R. J. ...", written over a horizontal line.

A Commissioner, etc.

Court File No.: T-277-22

FEDERAL COURT

B E T W E E N :

JOHN C. TURMELPlaintiff
(Responding Party)

and

HER MAJESTY THE QUEENDefendant
(Moving Party)

BILL OF ANTICIPATED COSTS OF THE DEFENDANT

A claim for fees is being made with respect to:

COUNSEL FOR THE RESPONDENT

Benjamin Wong (Year of Call – 2019)

FEES:

<u>ITEM</u>	<u>ASSESSMENT SERVICE</u>	<u>COLUMN III UNITS</u>	<u>UNITS CLAIMED</u>	<u>FEE</u>
	A. Originating documents and Other Pleadings			
A2	Preparation and filing of all defences, replies, counterclaims or respondents' records and materials.	4-7	6	\$900

	C. Discovery and Examinations			
C7	Discovery of documents, including listing, affidavit and inspection.	2-5	4	\$600
C8	Preparation for an examination, including examinations for discovery, on affidavits, and in aid of execution.	2-5	4	\$600
C9	Attending on examinations, per hour.	0-3	12 2 units x 6 hours (1 day)	\$1800
	D. Pre-Trial and Pre-Hearing Procedures			
D13	Counsel fee: (a) preparation for trial or hearing, whether or not the trial or hearing proceeds, including correspondence, preparation of witnesses, issuance of subpoenas and other services not otherwise particularized in this Tariff; and	2-5	4	\$600
	E. Trial or Hearing			
E14	Counsel fee: (a) to first counsel, per hour in Court; and	2-3	12 2 units x 6 hours (1 day)	\$1,800
E15	Preparation and filing of written argument, where requested or permitted by the Court.	3-7	5	\$750
	HST (not payable by the Federal Crown)			\$0.00
	Total Estimated Fees:		47 units	\$7,050.00

	<u>ANTICIPATORY DISBURSEMENTS (inclusive of HST)</u>	<u>FEE</u>
	Court reporter attendance fees and transcripts, for Plaintiff's and Defendant's discovery	\$4,300
	Total Estimated Disbursements:	<u>\$4,300.00</u>

TOTAL ANTICIPATED FEES AND DISBURSEMENTS: \$11,350.00

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

John C. Turmel, B.Eng.,
50 Brant Ave.,
Brantford, N3T 3G7,
519-753-5122, Cell: 226-966-4754
johnturmel@yahoo.com

FEDERAL COURT

Between:

John Turmel

Plaintiff

AND

Her Majesty The Queen

Defendant

STATEMENT OF CLAIM

For the Plaintiff

John C. Turmel, B.Eng.,

50 Brant Ave.,

Brantford, N3T 3G7,

519-753-5122 Cell: 509-209-1848

johnturmel@yahoo.com

File No: T-130-21

FEDERAL COURT

Between:

John C. Turmel

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Plaintiff

AND

Her Majesty The Queen

Defendant

STATEMENT OF CLAIM

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

1. Plaintiff seeks:

A) a Declaration pursuant to S.52(1) of the Canadian Charter of Rights and Freedoms ("the Charter") that the Government of Canada's ("Canada") Covid-mitigation restrictions are arbitrary and constitutionally unreasonable restrictions on the Charter S.2 right to freedom of peaceful assembly and association, 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 and not saved by s.1 of the Charter.

- B) 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
- C) a permanent constitutional exemption from any Covid-mitigation restrictions;
- D) an Order for unspecified damages for pain and losses incurred by such unconstitutional restrictions on rights;
- E) any Order abridging any time for service or amending any error or omission as to form or content which the Honourable Court may allow.

2. 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" to exaggerate the threat of Covid death 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) restrictions on civil liberties to mitigate a virus with lethality hyped a hundredfold are an arbitrary, grossly disproportional, conscience-shocking violation of Charter rights resulting in an unwarranted toll in human degradation and impoverishment.

BACKGROUND

PARTIES

3. The Plaintiff is a Canadian Citizen with rights guaranteed by the Canadian Charter of Rights.

4. The Defendant, Her Majesty the Queen in Right of Canada, as represented by the Attorney General of Canada, is named as the representative of the Federal Government of Canada and the Minister of Health for Canada who is the Minister responsible for Health Canada and certain aspects of the Covid-Mitigation legislation.

5. 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>

COVID 19 WEAK BIO-ENGINEERED VIRUS

6. Dr. Luc Montagnier who won the Nobel Prize for the discovery of the HIV virus found that Covid-19 contains genetic sequences that could not have arisen in nature and had to be inserted by a lab. Monster "Gain-Of-Function" viruses are developed to be able to find antidotes against them because the other side is doing the same. When "Gain-Of-Function" research was banned in the US, Dr. Fauci funded that research at Wuhan, China. Covid-19 is a man-made virus, albeit a very mild one. After millennia of humanity successfully coping with Corona cold viruses, Bill Gates has warned that the next pandemic will be worse. It is not to say that a vaccine could not be one day necessary if the "worse" virus is someday unleashed.

1) WHO EXAGGERATED COVID THREAT BY A HUNDREDFOLD

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!

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

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 the yearly "Mortality Rate" as a known percentage like the IFR or CFR 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 or worse.

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 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, though Flu's IFR is well known and often used instead of its CFR, National Institute of Health:

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] up to 10 per 100,000 infections is 0.01%, not the expected 0.1%! Off by a factor of 10?

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: <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.

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 to avoid 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? This is WHO!

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

[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 should 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!

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

[B] 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.

<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:

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

[B] the case fatality rate may be considerably less than 1%.
<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, get CFR Lighter.

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

[A] 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.

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

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: $F = 1.8M$; $C = 81M$; $CFR = 1.8M/81M^2 = 2.2\%$.

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

2) NO DOCUMENTED ASYMPTOMATIC TRANSMISSION; ZERO!

"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 of 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 in Wuhan had no symptoms. 0.003%. The experts are wrong, again. It is 1/33,000 uncommon for 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 [A] of persons with asymptomatic infection who are capable of transmitting the virus to others has several implications.

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

Knowing that asymptomatic transmission was a possibility [D], CDC recommended key interventions [E] 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.

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 [F], and further bend the curve downward.

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 [A] 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. People with no symptoms could drive Thanksgiving infections
The CDC report stressed that masks help reduce asymptomatic spread since they can protect [B] both the mask-wearer and the people around them.

<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] 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. If this were 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 [C] reporting asymptomatic index cases as having limited role in household transmission." 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 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 THE 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 x 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 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.

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.

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. Have there been any 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 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 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.

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 UK lose so many and France 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. 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.

93. If you did more 4,000-patient tests 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.

94. 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.

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 1,008/4,000 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 subjects. The Gates failed experimental protocol does not belie the Raoult experimental protocol. The Gates protocol was really murder on his patients. 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?

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/btrGKYymJeI>

101. On Aug 26 2020, 'Youtube Downs "Covid Apple Orange Data Hoax" Video' is published: 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 than the united whole. Wonder why the Apple-Orange hoax never got 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 sham-virus 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 obility, 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. "This [COVID-19] is very different from influenza, much higher mortality, [A] 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 is exposed, Dr. Hodgkinson, 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. 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.

117. 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.

118. Government-mandated Covid-Mitigation restrictions on civil rights imposed under such delusions are unconstitutionally per incuriam. 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 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). A third of the Flu's 1/1,000.

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. What kind of evil cabal would use global media and medical establishments to hype 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? Why condemn so many to death on a cross of hype? 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. Los Angeles just announced students will be required to get Covid vaccine before returning to school.

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?

PREFERENCE FOR ALTERNATIVES TO VACCINES

125. Some would prefer to follow Biblical Injunctions to "fast" and "drink the waters of your own cistern." Searches for "Immunity" and "fast" will show a 3-day fast rejuvenates the whole immune system. Searches for "urine therapy" will find Miracle Water heals innumerable ailments. It is attested that swishing for 2 days disinfected and healed a root canal infection, one of the most dangerous and painful infections known, a medical miracle.

[https://www.youtube.com/playlist?feature=edit ok&list=PLYEOvpWV5TtU Uqr2dTTg3iHg3u JLf8u](https://www.youtube.com/playlist?feature=edit_ok&list=PLYEOvpWV5TtU Uqr2dTTg3iHg3u JLf8u)

126. Drinking the waters of your own cistern have allowed a 28-day fast with no discomfort losing 20 pounds; a 4-month fast feasting once a week losing 48 pounds! Weecycling all vitamins, minerals, enzymes, hormones, DNA and stem cells seems to cut the hunger while the body cannibalizes the bad unnecessary or malignant cells during the starvation.

127. Adding in vitamins and supplements, some would prefer to dare a few days in bed obtaining new antibodies for natural immunity with medical care a call away if things get bad.

BANK OF CANADA FOR DAMAGES RELIEF

128. It should not be thought that payment to citizens damaged by the Covid-mitigation restrictions would be impossible for the Canada to pay. <http://SmartestMan.Ca/1974> explains how federal and provincial governments once had access to interest-free loans at the Bank of Canada until 1974 when Pierre Trudeau forced governments to become indebted by borrowing from private banks at interest. There is no reason Canada could not borrow enough new interest-free credits from the Bank of Canada to cover the damage with all Canada's payments going against principal. <http://SmartestMan.Ca/bankmath>

129. If compensation to all aggrieved Canadians averaged \$50,000, for 38 million Canadians, that's almost \$2 trillion Canada should owe to cover it all. Noting that Canada paid over \$2 trillion in debt service over 45 years, if \$2 trillion taxed to pay debt service owed to private banks was possible to pay over 45 years, \$2T taxed to pay reparations owed to the central bank can also be paid over 45 years with no payment schedule necessary and the rest of government history to pay it back. Should it take on average \$100,000 to compensate every Canadian, it could take 90 years for government to atone for the statistical incompetence shown being duped by an Apple-to-Orange comparison.

ORDER SOUGHT PRESENT AND FUTURE

130. 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) a Declaration that the Government of Canada's Covid-mitigation restrictions on Charter rights are arbitrary and constitutionally unreasonable;

B) an Injunction prohibiting any federal Covid-mitigation restrictions that are not imposed on the deadlier Flu; or

C) a permanent constitutional exemption from any Covid-mitigation restrictions;

D) an Order for an appropriate and just remedy for damages incurred by such unconstitutional restrictions on rights for pain and losses including the

- 1) stress and concern suffered;
- 2) family and friend connections damaged;
- 3) inconvenience and time lost in line-ups;
- 4) higher expected prices for Covid Mitigation Measures.

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

Dated at Toronto on Jan 19 2021.

JC Turmel

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TO: Registrar of this Court
Attorney General for Canada

File No: T-130-21

FEDERAL COURT

BETWEEN:

JOHN C. TURMEL

Plaintiff

and

HER MAJESTY THE QUEEN

Defendant

STATEMENT OF CLAIM

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

For the Plaintiff:

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Court File No.: T-227-22

FEDERAL COURT

BETWEEN:

JOHN TURMELPlaintiff
(Responding Party)

and

HER MAJESTY THE QUEENDefendant
(Moving Party)

WRITTEN REPRESENTATIONS OF THE DEFENDANT(Motion to Strike or for Security For Costs)

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Contents

OVERVIEW	1
PART I – STATEMENT OF FACTS.....	1
A. The Previously Struck Claim.....	1
B. The Current Claim	2
C. Legislative Background	6
D. Outstanding Costs Awards Against The Plaintiff.....	7
PART II – POINTS IN ISSUE	8
PART III – SUBMISSIONS.....	9
A. The Court Should Strike The Claim Without Leave To Amend	9
1) The Claim Discloses No Reasonable Cause of Action	9
2) The Claim Is Scandalous, Frivolous, Vexatious, and an Abuse of Process	
16	
3) Leave To Amend Should Be Refused	19
B. If The Claim Is Not Struck, The Plaintiff Should Be Ordered To Provide Security For Costs.....	20
PART IV – ORDER SOUGHT	22
PART V – Authorities Cited.....	23

OVERVIEW

1. The plaintiff alleges that a Transport Canada Interim Order implementing a general requirement that air travellers be vaccinated against COVID-19 is *ultra vires* the *Aeronautics Act*, is based on errors of fact, and infringes on his rights under section 6 of the Charter. This claim should be struck without leave to amend for failing to disclose a reasonable cause of action, being an abuse of process, and being scandalous, frivolous, and vexatious.

2. The plaintiff has failed to plead the necessary material facts to establish a reasonable cause of action. Instead of pleading material facts, the claim is replete with irrelevant and incomprehensible statements as well as spurious, extreme and scandalous allegations copied from a previously struck claim brought by the plaintiff.

3. If the claim is not struck without leave to amend, the plaintiff should be required to pay security for costs. Canada has eight costs awards against the plaintiff that remain unpaid. Canada has a *prima facie* right to security for costs in these circumstances, and the plaintiff has not shown that the Court should exercise discretion not to award security in this case.

PART I – STATEMENT OF FACTS

A. THE PREVIOUSLY STRUCK CLAIM

4. This claim is the plaintiff's second challenge to COVID-19 mitigation measures. In *John Turmel v Her Majesty the Queen* (Court File No.: T-130-21), the plaintiff challenged the Government of Canada's COVID-19 mitigation measures generally, alleging that they infringe sections 2(c) and (d), 6, 7, 8, 9, and 12 of the

Charter and are not justified under section 1 of the Charter (the “Previously Struck Claim”).¹

5. The Previously Struck Claim was struck in its entirety without leave to amend for failing to disclose a reasonable cause of action, and for being an abuse of process.² The Motion Judge’s decision was upheld on appeal.³ The plaintiff has appealed this decision to the Federal Court of Appeal, where his appeal is awaiting hearing.⁴

B. THE CURRENT CLAIM

6. The claim challenges the now-repealed *Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 52* (the “Interim Order”)⁵, seeking declarations that:

- (a) the Interim Order is *ultra vires* section 6.41 of the *Aeronautics Act* and is therefore of no force and effect⁶;
- (b) the Interim Order is “invalid” due to errors in fact; and
- (c) provisions of the Interim Order requiring most persons boarding an aircraft be fully vaccinated against COVID-19 (the “Impugned Provisions”) infringes section 6 of the *Canadian Charter of Rights and Freedoms* (“Charter”) and are not justified under section 1 of the Charter.⁷

¹ Claim at paras 103-104, **Defendant’s Motion Record (“DMR”), Tab 3 at 90-91.**

² Order of the Court dated July 12, 2021 in Court File No.: T-130-21 at para 12 [Previously Struck Claim - Prothonotary’s Order], **Defendant’s Book of Authorities (“DBOA”), Tab 20.**

³ *John C Turmel v Her Majesty The Queen*, [2021 FC 1095](#) at [para 26](#) [Previously Struck Claim – Federal Court Appeal], **DBOA, Tab 12.**

⁴ Federal Court of Appeal Court File No.: A-286-21.

⁵ [Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 52](#), **DBOA, Tab 8.**

⁶ *Aeronautics Act*, [RSC 1985 c A-2](#).

⁷ Claim at paras 1, 167, **DMR, Tab 3 at 53, 109-110.**

7. The plaintiff has not received a COVID-19 vaccine.⁸
8. The factual allegations that form the basis of the current claim are substantially similar to, and in many cases, identical to the Previously Struck Claim.
9. Both claims allege that the World Health Organization is exaggerating COVID-19 fatality rates, and that only 1 in 230,000 Canadians have died of COVID-19.⁹ Both claims allege that asymptomatic transmission of COVID-19 is rare, occurs mostly in long-term care homes, and provide several paragraphs of statistics comparing COVID-19 mortality rates to those associated with the flu.¹⁰
10. Both claims allege a “cover up” to “fudge the statistical Cases and Fatalities data.”¹¹ They refer to alleged changes by the American Centres for Disease Control and Prevention to its death certificate guidelines, as well as an effort by the mainstream media to suppress “HydroxyChloroQuine HCQ” as an alternative to “a Bill Gates-funded Oxford Recovery HCQ test”, which the claims allege is “deliberate malevolence.”¹²
11. Both claims allege that social media platforms, such as Twitter, Facebook, Youtube, and Disqus, have “instituted draconian censorship policies,” and that doctors

⁸ Claim at para 129, **DMR, Tab 3 at 100.**

⁹ Claim at paras 7, 69, **DMR, Tab 3 at 56-57, 80**; Previously Struck Claim at para 2, **DMR, Tab 4 at 113-114.**

¹⁰ Claim at paras 10-70, 73, **DMR, Tab 3 at 57-81, 81**; Previously Struck Claim at paras 6-70, **DMR, Tab 4 at 115-135.**

¹¹ Claim at para 72, **DMR, Tab 3 at 81**; Previously Struck Claim at paras 71-96, **DMR, Tab 4 at 136-142.**

¹² Claim at paras 74-79, 87-96, **DMR, Tab 3 at 81-83, 86-88**; Previously Struck Claim at paras 74-79, 87-96, **DMR, Tab 4 at 136-138, 140-142.**

protesting COVID-19 measures are being “defamed by Big Brother at [the Associated Press] and Facebook.”¹³

12. Both claims allege that “Covid-Mitigation restrictions include lockdowns & curfews, quarantines, mandatory masks, mandatory social distancing, mandatory vaccine, mandatory immunity card for public services.”¹⁴ It alleges that “lockdown gain does not justify lockdown pain” and that lockdown measures are not supported by evidence, and have increased “suicides, murders, abuses, addictions, [and] truancy.”¹⁵

13. Both claims alleges that COVID measures have resulted in line-ups at stores, higher prices, stress, neighbours “snitching” on neighbours, and lost friendships due to “accusations of deniers putting alarmists at risk from the invisible plague,” and that:

Such restrictions on civil liberties to mitigate a false alarm¹⁶ 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 [m]obility, 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.¹⁷

14. Both claims specifically refer to the Ontario government’s declaration of an emergency and “Stay-At-Home” order enacted under s 7.0.1(1) of the provincial

¹³ Claim at paras 97-102, **DMR, Tab 3 at 89-90**; Previously Struck Claim at paras 97-102, **DMR, Tab 4 at 143-144**.

¹⁴ Claim at paras 103-105, **DMR, Tab 3 at 90-92**; Previously Struck Claim at paras 103-105, **DMR, Tab 4 at 144-145**.

¹⁵ Claim at para 103, **DMR, Tab 3 at 90-91**; Previously Struck Claim at para 103, **DMR, Tab 4 at 103**.

¹⁶ The Previously Struck Claim used “sham-virus” instead of “false alarm”.

¹⁷ Claim at para 104, **DMR, Tab 3 at 91**; Previously Struck Claim at para 104, **DMR, Tab 4 at 145**.

Emergency Management and Civil Protection Act, and allege that Ontario has closed schools despite only one COVID-19 death among children under 20 between January 15 and July 13, 2020.¹⁸

15. Both claims refer to a statement by the Prime Minister describing the requirements for international travellers arriving by air to produce a negative COVID-19 test before entering Canada, for all travellers to quarantine upon entering Canada, and the potential for “fines and prison time” for not following these requirements.¹⁹ It alleges that “The Prime Minister and his Government have been duped,” and that “Restrictions on civil liberties are not warranted for a Covid threat if they are not warranted for the tenfold deadlier Flu threat.”²⁰

16. Both claims ask the rhetorical question “Who benefits?,” and allege that “Personal Protection Equipment producers, Skip-the-Dishes delivery come to mind but vaccine companies seem to have most to gain by an exaggerated scamdemic.”²¹

17. The current claim alleges that the vaccine promotion is a “scam”, and alleges that the COVID-19 “clot shots” cause “micro-clots” and a number of side effects.²²

18. The current claim alleges that “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

¹⁸ Claim at paras 112-113, **DMR, Tab 3 at 95-96**; Previously Struck Claim at paras 112-113, **DMR, Tab 4 at 148-149**.

¹⁹ Claim at para 114, **DMR, Tab 3 at 96**; Previously Struck Claim at para 114, **DMR, Tab 4 at 149**.

²⁰ Claim at paras 116-118, **DMR, Tab 3 at 97**; Previously Struck Claim at paras 117-118, **DMR, Tab 4 at 150**.

²¹ Claim at paras 119-120, **DMR, Tab 3 at 97-98**; Previously Struck Claim at paras 119-120, **DMR, Tab 4 at 150-151**.

²² Claim at para 130, **DMR, Tab 3 at 100**.

repercussions as the preacher who did not call the false alarm for the fire.”²³ It reproduces a poem referring to various members of the Court who adjudicated the Previously Struck Claim.²⁴

C. REGULATORY BACKGROUND

19. The Interim Order was made on January 15, 2022, pursuant to subsection 6.41(1) of the *Aeronautics Act*. The Interim Order was repealed and replaced with a new Ministerial Order on January 28, 2022.²⁵ The most recent Ministerial Order contains provisions that are similar to those in the Interim Order.²⁶ For example, paragraph 17.3(1) sets out the same vaccination requirements for flights departing from an aerodrome in Canada as those in the Interim Order:

17.3(1) A person is prohibited from boarding an aircraft for a flight or entering a restricted area unless they are a fully vaccinated person.²⁷

20. While the Impugned Provisions do impose a general requirement to be vaccinated to board an aircraft, paragraph 17.3(2) sets out several exceptions from this requirement, including where the individual:

- (a) has a medical inability to be vaccinated;
- (b) has a sincere religious belief opposing vaccination;
- (c) is travelling for essential medical services and treatment;

²³ Claim at para 154, **DMR, Tab 3 at 106**.

²⁴ Claim at para 157, **DMR, Tab 3 at 106-107**.

²⁵ [Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 53](#), **DBOA, Tab 9**.

²⁶ [Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 59](#), s 17.1, **DBOA, Tab 10**.

²⁷ Interim Order, para 17.3(1), **DBOA, Tab 10**.

- (d) is accompanying a minor attending an appointment for essential medical services or treatment, a person with a disability, or a person requiring assistance to communicate; or
- (e) is travelling for a purpose other than an optional or discretionary purpose.²⁸

21. In such cases, a passenger who is recognized as being entitled to an exception will have to present a valid COVID-19 test in order to be permitted to board an aircraft.²⁹

D. OUTSTANDING COSTS AWARDS AGAINST THE PLAINTIFF

22. The Federal Court, Federal Court of Appeal, and the Supreme Court of Canada have previously ordered the plaintiff to pay Canada's costs on numerous occasions. Of these, eight costs awards, totalling \$13,340.59 remain unpaid:³⁰

- (a) **FC File No.: T-488-14:** the Federal Court dismissed the plaintiff's motion to lift the stay of his Charter challenge to Canada's medical cannabis regulations, with costs of \$250;³¹
- (b) **FCA File No.: A-342-14:** the Federal Court of Appeal dismissed the plaintiff's appeal of a Federal Court decision staying his challenge to Canada's medical cannabis regulations, with costs of \$3,350;³²

²⁸ Interim Order, para 17.3(2), **DBOA, Tab 10**; *Zbarsky v Her Majesty the Queen*, [2022 FC 195](#) at [para 34](#) [Zbarsky], **DBOA, Tab 34**.

²⁹ Interim Order, para 17.3(2), **DBOA, Tab 10**; Zbarsky at [para 34](#), **DBOA, Tab 34**.

³⁰ Affidavit of Duane Crocker affirmed March 17, 2022 at para 2 [Crocker Affidavit], **DMR, Tab 2 at 5-6**.

³¹ Order of the Court dated November 6, 2015, in *John C Turmel v Her Majesty the Queen* (Court File No.: T-488-14), **DBOA, Tab 19**.

³² *John C Turmel v Her Majesty the Queen*, [2016 FCA 9](#) at paras [5-7](#), [27](#), **DBOA, Tab 11**.

- (c) **SCC File No.: 36937:** the Supreme Court of Canada dismissed the plaintiff's application for leave to appeal the Federal Court of Appeal decision in A-342-14, with costs that were later assessed at \$807.86;³³
- (d) **FC File No.: T-561-15:** the Federal Court dismissed the plaintiff's constitutional challenge to the *Canada Elections Act*, and granted summary judgment in favour of Canada, with costs of \$6,105.03. An appeal of this decision was later dismissed for delay in Federal Court of Appeal File No. A-202-16;³⁴
- (e) **SCC File No.: 37647:** the Supreme Court of Canada dismissed the plaintiff's application for leave to appeal the Federal Court of Appeal decision in A-202-16, with costs that were later assessed at \$877.70;³⁵
- (f) **FC File No.: T-1932-18:** the plaintiff discontinued his Charter challenge to Canada's medical cannabis regulations. Costs of the discontinued action were subsequently assessed at \$450.³⁶
- (g) **FC File No.: T-130-21:** the Federal Court struck the Previously Struck Claim in its entirety, with costs of \$1,000, and upheld its decision on appeal, with costs of \$500.³⁷

23. These cost awards remain unpaid, and the total outstanding, including post-judgment interest is currently \$15,006.16.³⁸

PART II – POINTS IN ISSUE

24. The issues in this motion are:

- (a) Should the claim be struck, without leave to amend?

³³ *Turmel v R*, [\[2016\] SCCA No 125](#), **DBOA, Tab 32**.

³⁴ *John Turmel v Her Majesty the Queen*, 2016 FC 532 at paras 1, 13-17, **DBOA, Tab 13**, appeal dismissed for delay (Order of the Federal Court of Appeal dated May 2, 2017, Court File No. A-202-16), **DBOA, Tab 11**.

³⁵ *R v Turmel*, [\[2017\] SCCA No 262](#), **DBOA, Tab 24**.

³⁶ *Turmel v Canada*, [2020 FC 537](#) at [para 1](#), **DBOA, Tab 30**.

³⁷ Previously Struck Claim – Prothonotary's Order at para 32, **DBOA, Tab 20**; Previously Struck Claim – Federal Court Appeal at para 26, **DBOA, Tab 12**.

³⁸ Crocker Affidavit at paras 2-3, **DMR, Tab 2 at 5-7**.

- (b) If the claim is not struck without leave to amend, should the plaintiff be ordered to provide security for costs?

PART III – SUBMISSIONS

A. THE COURT SHOULD STRIKE THE CLAIM WITHOUT LEAVE TO AMEND

25. The plaintiff's claim should be struck pursuant to Rule 221(1)(a) for disclosing no reasonable cause of action, Rule 221(1)(c) for being an abuse of process, and Rule 221(1)(b) for being scandalous, frivolous, and vexatious.

1) The Claim Discloses No Reasonable Cause of Action

a) *Rule 221(1)(a)*

26. It is fundamental to the trial process that a plaintiff plead material facts in sufficient detail to support the claim and relief sought.³⁹ A statement of claim must tell the defendant who, when, where, how and what gave rise to liability, and plead the constituent elements of each cause of action.⁴⁰ A claim that fails to plead the necessary material facts will be struck for disclosing no reasonable cause of action.⁴¹

27. As noted by the Federal Court of Appeal in *Mancuso v Canada* (“Mancuso”), courts and opposing parties cannot be left to speculate as to how facts might be arranged to support a cause of action.⁴² It is “fundamental to the trial process that a plaintiff plead material facts in sufficient detail to support the claim and relief sought”,

³⁹ *Mancuso v Canada (National Health and Welfare)*, [2015 FCA 227](#) at [para 16](#) [Mancuso], **DBOA, Tab 15**.

⁴⁰ Mancuso at paras [16](#) to [21](#), **DBOA, Tab 15**.

⁴¹ Mancuso [at para 27](#), **DBOA, Tab 15**.

⁴² Mancuso [at para 16](#), **DBOA, Tab 15**.

in order to enable issues and relevant evidence to be identified and enable the defendant to respond to the allegations.⁴³

28. The importance of material facts is heightened in Charter cases. The Supreme Court of Canada has cautioned that Charter decisions must not be made in a factual vacuum and that the pleading of sufficient material facts is essential to a proper and contextual consideration of the Charter issues.⁴⁴ It is “essential to the proper presentation of Charter issues” that a plaintiff plead sufficient material facts to satisfy the criteria applicable to each alleged Charter infringement as defined by the Supreme Court of Canada in its case law.⁴⁵

29. Courts have also emphasized the importance of the individual plaintiff’s circumstances in Charter cases. Plaintiffs cannot rely on facts applicable to other individuals to support an alleged infringement of their individual Charter rights, and it is instead incumbent on the plaintiff to demonstrate that the elements of each alleged Charter infringement are met in their individual circumstances.⁴⁶

30. Finally, while courts must generally accept the facts pleaded as true for the purposes of a motion to strike, they are not required to accept speculation, bald allegations, or conclusory statements of law dressed up as facts.⁴⁷ Rule 181 requires particularization of every allegation, especially for allegations of malice or fraudulent

⁴³ Mancuso at [paras 16 and 17](#), **DBOA, Tab 15**.

⁴⁴ *Reference re Same-Sex Marriage*, [2004 SCC 79](#) at para [51](#), **DBOA, Tab 26**; Mancuso at para 32, **DBOA, Tab 15**.

⁴⁵ Mancuso at [para 21](#), **DBOA, Tab 15**; *MacKay v Manitoba*, [\[1989\] 2 SCR 357](#) at para 9, **DBOA, Tab 15**.

⁴⁶ *Harris v Canada (Attorney General)*, [2019 FCA 232](#) at [para 22](#) [Harris 2019], **DBOA, Tab 6**.

⁴⁷ *Operation Dismantle Inc v Canada*, [\[1985\] 1 SCR 441](#) at paras [27, 29](#), **DBOA, Tab 18**; Mancuso at [para 17](#), **DBOA, Tab 15**; *Sivak v Canada*, [2012 FC 272](#) at [para 91](#), **DBOA, Tab 28**.

intention.⁴⁸ Plaintiffs are also not permitted to make broad allegations in hopes of later discovering facts to support them or to file inadequate pleadings and rely on the defendant to request particulars.⁴⁹

b) Section 6 of the Charter

31. Section 6 protects two sets of mobility rights:

- (a) the right of every Canadian citizen to enter, remain in, and leave Canada; and
- (b) the right to move to, live in, and work in any province subject to certain limitations.⁵⁰

Section 6 does not establish a free-standing right to travel in Canada.

32. In *Zbarsky*, Justice Norris of this Court struck a challenge to the same vaccination requirements relating to air travel that are the subject of this claim for disclosing no reasonable cause of action.⁵¹ The plaintiff in *Zbarsky* claimed that the vaccination requirements, in particular paragraph 17 of the *Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 54*, infringed his rights under sections 2, 6, and 7 of the Charter and were not justified under section 1 of the Charter. The *Zbarsky* claim also requested that the Court declare that the vaccination requirements be of no force and effect.

33. The only personal facts plead by the plaintiff in *Zbarsky* were that:

- (a) he was a Canadian citizen;

⁴⁸ *Merchant Law Group v Canada Revenue Agency*, [2010 FCA 184](#) at [para 35](#) [Merchant], **DBOA, Tab 17**.

⁴⁹ Mancuso at [para 20](#), **DBOA, Tab 15**.

⁵⁰ *Divito v Canada (Public Safety and Emergency Preparedness)*, [2013 SCC 47](#) at para [17](#), **DBOA, Tab 5**.

⁵¹ *Zbarsky v Her Majesty the Queen*, [2022 FC 195](#) at paras [1-2](#), [4](#), [31-33](#) [Zbarsky], **DBOA, Tab 33**.

- (b) he was required to travel internationally; and
- (c) he refused to receive the COVID-19 vaccine for “various health, religious, spiritual, and moral reasons.”⁵²

34. The Court in *Zbarsky* first noted that the Impugned Provisions did not prevent the plaintiff from boarding a flight simply because he refused to get vaccinated, noting that “at most it imposes a conditional obligation on him: *if* he wishes to board an international flight departing Canada *and* he does not qualify for an exemption, *only then* must he be fully vaccinated. (emphasis in original)”⁵³ The Court noted that the claim “failed to plead any material facts capable of establishing that his Charter rights are even engaged in these circumstances.”⁵⁴

35. The Court then noted that even if his Charter rights were engaged, the plaintiff had “not pled any material facts capable of establishing that he would not be entitled to an exemption, that having to seek an exemption on specified grounds infringes his Charter rights, or that the existing exemptions are unconstitutionally vague or narrow. The alleged Charter breaches [the plaintiff] asserts are entirely hypothetical.”⁵⁵

36. Finally, the Court found that the plaintiff “failed to plead the constituent elements of the legal tests for determining whether his rights under any of sections 2, 6(1) or 7 of the *Charter* have been infringed, and, if so, the legal remedy to which he is entitled... All of these deficiencies leave the defendant unable to know how to answer the claim.”⁵⁶

⁵² *Zbarsky* at [para 6](#), DBOA, Tab 33.

⁵³ *Zbarsky* at [para 35](#), DBOA, Tab 33.

⁵⁴ *Zbarsky* at [para 35](#), DBOA, Tab 33.

⁵⁵ *Zbarsky* at [para 36](#), DBOA, Tab 33.

⁵⁶ *Zbarsky* at [para 36](#), DBOA, Tab 33.

c) The allegations in the claim do not give rise to a Section 6 infringement

37. This Court's decision in *Zbarsky* provides extensive and binding reasons why this claim, which is substantially similar to the *Zbarsky* claim, is "fatally deficient."⁵⁷

38. First, the plaintiff has failed to plead any material facts capable of establishing that his Charter rights are engaged where the Impugned Provisions only require him to be fully vaccinated "if he wishes to board an international flight departing Canada and he does not qualify for an exemption."⁵⁸ The plaintiff has not even pleaded that he does intend to board a flight departing in Canada.

39. Secondly, while the plaintiff has plead a conclusion that he "does not qualify for any of the exemptions in s. 17(3)," this conclusion is unsupported by any material facts capable of establishing that he "would not be entitled to an exemption, that having to seek an exemption on specified grounds infringes his Charter rights, or that the existing exemptions are unconstitutionally vague or narrow."⁵⁹ As Justice Norris noted in *Zbarsky*, this makes an alleged Charter breach "hypothetical."⁶⁰

40. Finally, the claim also does not contain material facts to satisfy the essential elements of the section 6 Charter infringement alleged.

41. The claim does not allege that the plaintiff has been personally prevented from entering, remaining in, or leaving Canada. The plaintiff does not allege that he has had any intention to travel internationally during this time, or that he plans to do so anytime in the near future. While the plaintiff alleges in an affidavit recently filed in support of a different motion that he wishes to travel to Ottawa to visit family, this is not alleged

⁵⁷ *Zbarsky* at [para 33](#), DBOA, Tab 33.

⁵⁸ *Zbarsky* at [para 35](#), DBOA, Tab 33.

⁵⁹ *Zbarsky* at [para 36](#), DBOA, Tab 33.

⁶⁰ *Zbarsky* at [para 36](#), DBOA, Tab 33.

in the claim, and in any event, section 6 on its face clearly does not encompass a right to domestic travel for purposes other than work.

42. Nor does the claim allege that the plaintiff has been personally prevented from moving to, living in, or working in another Canadian province. The plaintiff does not allege that he intends to move, live, or work in another province, or that he plans to do so anytime in the near future. Even if section 6 encompassed a right to travel domestically, the claim does not explain why the plaintiff must travel by air and cannot travel by other methods to which the Interim Order does not apply.⁶¹

d) The remaining allegations in the claim do not give rise to reasonable causes of action

43. It is plain and obvious that the plaintiff's allegations that the Interim Order should be quashed for being *ultra vires* the *Aeronautics Act* and based on errors of fact cannot succeed, because neither are causes of action known to law. The Supreme Court has held that "if a claimant seeks to set aside the order of a federal decision maker, it will have to proceed by judicial review" pursuant to section 18.1 of the *Federal Courts Act*.⁶² Other applicants have already initiated challenges to the *vires* and reasonableness of the Interim Order and Impugned Provisions through the proper procedure, a judicial review application.⁶³

⁶¹ Currently, Transport Canada only imposes general vaccine requirements on air and rail travel.

⁶² *Canada (Attorney General) v Telezone Inc*, [2010 SCC 62](#) at [para 19](#), **DBOA, Tab 4**.

⁶³ See for example, *Peckford et al v The Minister of Transport et al*, Court File No.: T-168-22, *Nabil Ben Naoum v Procureur general du Canada*, Court File No.: T-145-22; *L'Honorable Maxime Bernier v Le Ministre Des Transports et al*, Court File No.: T-247-22; *Rickard et al v Attorney General of Canada*, Court File No.: T-1991-21.

44. Furthermore, the plaintiff has not plead any material facts capable of rebutting the presumption of validity accorded to regulations.⁶⁴ A successful challenge to the vires of regulations requires that they be shown to be inconsistent with the objective of the enabling statute or the scope of the statutory mandate.⁶⁵ The plaintiff's allegations against the Interim Order centre on the "motives for their promulgation" and whether "they will actually succeed in achieving the statutory objectives," arguments that the Supreme Court has held are irrelevant in an inquiry into the *vires* of legislation.⁶⁶

45. Finally, the plaintiff also appears to allege in the claim that various other federal COVID-19 mitigation measures infringe Charter 2(c) and (d), 6, 7, 8, 9 and 12.⁶⁷ However, as the plaintiff does not seek relief in respect of these measures, it is unnecessary for the Court to address these allegations. In any event, as with his allegation that the impugned travel measures infringe s. 7 of the Charter, the plaintiff has not pleaded material facts to establish that any other federal COVID-19 mitigation measure infringes any provision of the Charter.⁶⁸

46. Instead of the material facts to support the causes of action alleged, the claim contains an array of bald and irrelevant assertions, opinions, and conclusions. Absent these material facts, and given the claim's various flaws, it is plain and obvious that the claim cannot succeed. Accordingly, the Court should find that the claim fails to disclose a reasonable cause of action.

⁶⁴ *Shoppers Drug Mart Inc v Ontario (Minister of Health and Long-Term Care)*, [2013 SCC 64](#) at paras [24-25](#) [Katz], **DBOA, Tab 27**.

⁶⁵ Katz at [para 24](#), **DBOA, Tab 27**.

⁶⁶ Katz at [paras 27-28](#), **DBOA, Tab 27**.

⁶⁷ Claim at para 104, **DMR, Tab 3 at 91**.

⁶⁸ Previously Struck Claim – Prothonotary's Decision at para 25, **DBOA, Tab 20**.

2) **The Claim Is Scandalous, Frivolous, Vexatious, and an Abuse of Process**

a) *Deficient and improper pleadings*

47. A claim will be struck for being scandalous, frivolous, vexatious, and an abuse of process if it:

- (a) is so deficient in relevant material facts that the defendant cannot know how to answer;⁶⁹
- (b) includes statements that are irrelevant, incomprehensible, and inserted for colour;⁷⁰
- (c) is replete with extreme and scandalous allegations that are unsubstantiated;⁷¹ or
- (d) is overly-long, unwieldy and repetitive.⁷²

48. The Previously Struck Claim was struck as an abuse of process for “pleading bare assertions but not the necessary material facts on which to base those assertions,” and for being “replete with lengthy diatribes and mak[ing] scandalous and extreme allegations that are unsubstantiated, such as alleged cover-ups and conspiracies.”⁷³ Justice Zinn upheld this finding on appeal.⁷⁴

49. This claim also contains bare assertions without material facts, and copies the same lengthy diatribes and allegations from the Previously Struck Claim. For example, both claims include:

⁶⁹ Mancuso at [para 17](#), **DBOA, Tab 15**

⁷⁰ *Reference re Charter of Rights and Freedoms, s 52(1)*, [2017 FC 30](#) at [paras 40-41](#) [Turmel Kit Reference], **DBOA, Tab 25**.

⁷¹ *R v Mennes*, [2004 FC 1731](#) at [para 78](#), **DBOA, Tab 23**.

⁷² *Wang v Canada*, [2016 FC 1052](#) at [para 31](#) [Wang], **DBOA, Tab 33**.

⁷³ Previously Struck Claim – Prothonotary’s Decision at para 29, **DBOA, Tab 20**.

⁷⁴ Previously Struck Claim – Federal Court Appeal Decision at para 24, **DBOA, Tab 12**.

- (a) lengthy allegations against third parties such as the World Health Organization, Dr. Anthony Fauci, Bill Gates, Facebook and Youtube;⁷⁵
- (b) references to COVID-19 as a “sham-virus,” “Shamdemic,” “exaggerated plague” and “scamdemic;”⁷⁶
- (c) allegations such as “The only way to cover up when deaths do not match exaggerated expectations is to fudge the statistical Cases and Fatalities data,” “the Prime Minister and his Government have been duped” and “It’s the same persuasion technique as Global Warming;”⁷⁷ and
- (d) lengthy diatribes, such as “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.”⁷⁸

50. In addition to the scandalous and extreme allegations copied from the Previously Struck Claim, the plaintiff has also made new scandalous and extreme allegations against Crown servants and the Federal Court judiciary.⁷⁹ For example:

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,

⁷⁵ See for example, Claim at paras 7, 37, 90, 97, 98, **DMR, Tab 3 at 56, 64-66, 87, 89,89**, Previously Struck Claim at paras 6, 37, 56, 96-98, 112-113, **DMR, Tab 4 at 115, 122-123, 130, 142-143, 148-149**.

⁷⁶ Claim at paras 71, 106, 111, 120, **DMR, Tab 3 at 81, 92-93, 95, 98**; Previously Struck Claim at paras 71, 104, 106, 111, 120, **DMR, Tab 4 at 136, 145, 146, 150-151**.

⁷⁷ Claim at paras 71, 85, 116, **DMR, Tab 3 at 81, 85, 97**; Previously Struck Claim at para 70, **DMR, Tab 4 at 135**.

⁷⁸ Claim at para 99, **DMR, Tab 3 at 89**; Previously Struck Claim at para 99, **DMR, Tab 4 at 143**.

⁷⁹ Claim at paras 157-159, **DMR, Tab 3 at 106-107**.

this error may well exceed Justice Laskin's equation of responsibility.⁸⁰

51. Prolivity, repetition, and the bare pleading of a series of events are not substitutes for the requirement to plead material facts so that a defendant can understand and defend the allegations.⁸¹ Although the claim is 59 pages, it is almost entirely devoid of material facts concerning either the measures being challenged or how the plaintiff is personally affected by these measures.⁸²

52. Contrary to the rules of pleading, the claim is “unwieldy and non-compliant,” and utterly fails to set out a concise statement of material facts in support of the plaintiff's causes of action.⁸³ Accordingly, the Court should also find that the claim is scandalous, vexatious, frivolous, and an abuse of process.

b) This claim attempts to re-litigate the Previously Struck Claim

53. This claim should also be struck as an abuse of process as an impermissible attempt to relitigate the Previously Struck Claim. The primary focus of the doctrine of abuse of process is the integrity of the adjudicative functions of courts.⁸⁴ As the Supreme Court held in *Toronto (City)*, “what is improper is to attempt to impeach a judicial finding by the impermissible route of relitigation in a different forum.”⁸⁵

⁸⁰ Claim at paras 158-159, **DMR, Tab 3 at 107**.

⁸¹ Wang at [para 31](#), **DBOA, Tab 32**.

⁸² *Kisikawpimootewin v Canada*, [2004 FC 1426](#) at [para 8](#), **DBOA, Tab 14**.

⁸³ Mancuso at [para 12](#), **DBOA, Tab 15**.

⁸⁴ *Toronto (City) v CUPE, Local 79*, [2003 SCC 63](#) at [para 43](#) [CUPE], **DBOA, Tab 29**.

⁸⁵ CUPE at [para 46](#), **DBOA, Tab 29**.

54. This Court struck the Previously Struck Claim without leave to appeal, finding that “the defects in the pleading are such that the Statement of Claim cannot be cured by amendment.”⁸⁶ It is improper for the plaintiff to attempt to circumvent and undermine the integrity of this Court’s refusal to grant leave to amend by filing a new claim with a few amendments, but many of the same allegations from the Previously Struck Claim.

55. Furthermore, the Previously Struck Claim is currently before the Federal Court of Appeal. It is equally improper for the plaintiff to initiate a new, substantially similar claim in an attempt to obtain a different result. As the Supreme Court has held, “if the result in the subsequent proceeding is different from the conclusion reached in the first on the very same issue, the inconsistency, in and of itself, will undermine the credibility of the entire judicial process, thereby diminishing its authority, its credibility and its aim of finality.”⁸⁷

3) Leave To Amend Should Be Refused

56. This claim should be struck without leave to amend. In addition to the Previously Struck Claim, the Federal Courts have previously struck several claims filed either by the plaintiff or by others relying on his litigation “kits,” on the grounds that the claims failed to disclose a reasonable cause of action, were an abuse of process, or were scandalous, frivolous and vexatious.⁸⁸ The present claim suggests the plaintiff has

⁸⁶ Previously Struck Claim – Prothonotary’s Decision at para 30, **DBOA, Tab 20**.

⁸⁷ CUPE at [para 51](#), **DBOA, Tab 29**.

⁸⁸ Turmel Kit Reference at paras [4](#), [12](#), [38-41](#), 44 (striking 316 claims, including the plaintiff’s claim with Court File No.: T-488-14), **DBOA, Tab 26**; Order of the Court dated October 11, 2016 in *Hathaway v Her Majesty the Queen* (Court File No.: T-983-16), **DBOA, Tab 22**; Order of the Court dated October 11, 2016, in *Macdonald et al v Her Majesty the Queen* (Court File No.: T-1113-16), **DBOA, Tab 21**; *Spottiswood v Her Majesty the Queen*, [2019 FC 553](#) at paras [56-57](#), [96](#), **DBOA, Tab 28**; Harris 2019 at paras [3](#), [4](#), [19-20](#), [23-24](#), **DBOA, Tab 6**; *Canada v Mozajko*, [2021 FCA 25](#) at paras [2](#), [10](#), **DBOA, Tab 3**; *Canada v Harris*, [2020 FCA 124](#) at paras, [26-43](#), [50](#) [Harris 2020], **DBOA, Tab 2**.

not heeded the Court's guidance in those decisions concerning the elements of proper pleading and that the defects in the present claim would not be remedied by further amendments.⁸⁹

B. IF THE CLAIM IS NOT STRUCK, THE PLAINTIFF SHOULD BE ORDERED TO PROVIDE SECURITY FOR COSTS

57. If the claim is not struck in its entirety without leave to amend, Canada requests that the plaintiff be ordered to provide security for costs prior to taking any further steps in this action. Canada also requests that security be fixed at \$11,350.00, which reflects Canada's anticipated costs and disbursements of this action should it proceed.⁹⁰

58. After striking the Previously Struck Claim, this Court noted that "had I been required to do so, I would have been inclined to grant an order for security for costs in the amount sought by the Defendant in light of the Plaintiff's numerous unpaid cost awards and the absence of any demonstration of impecuniosity by the Plaintiff."⁹¹

59. Pursuant to Rule 416(1)(f) of the *Federal Courts Rules*, the Court may order the plaintiff to provide security for the defendant's costs where the defendant has a costs order against the plaintiff that remains unpaid.⁹²

60. Canada has eight unpaid costs orders against the plaintiff totalling \$15,006.16, including post-judgment interest.⁹³ On this basis, Canada has a *prima facie* right to

⁸⁹ Harris 2020 at para 47, **DBOA, Tab 2**.

⁹⁰ Crocker Affidavit, Exhibit "I", **DMR, Tab 2 at 49**.

⁹¹ Previously Struck Claim – Prothonotary's Decision at para 31, **DBOA, Tab 20**.

⁹² Rules, Rule 416(f), **DBOA, Tab 35**.

⁹³ Crocker Affidavit at paras 2-3, Exhibits "A", "B", "C", "D", "E", "F", "G" and "H", **DMR, Tab 2 at 5-7, .**

security for costs and the only remaining question is whether the Court should exercise its discretion under Rule 417 to refuse security.⁹⁴

61. Rule 417 provides that the Court may refuse to order security for costs if a plaintiff demonstrates impecuniosity and the Court is of the opinion that the case has merit. Neither requirement is met in this case.

62. The Federal Court of Appeal has distinguished impecuniosity from merely having insufficient assets.⁹⁵ The onus is on the plaintiff seeking to establish impecuniosity to demonstrate not only that the plaintiff's own assets are insufficient, but also that the plaintiff is unable to raise the money elsewhere, such as by borrowing from family or others.⁹⁶ The impracticality of accessing money from other sources must be supported by material evidence and established by the plaintiff with robust particularity.⁹⁷

63. In the present case, the plaintiff has provided no evidence whatsoever concerning his financial circumstances, let alone evidence sufficient to establish that he cannot pay the outstanding costs awards or borrow or access funds from another source. He accordingly has not established that he is impecunious.

64. With respect to merit, Canada also relies on its submissions in the paragraphs above that that the claim discloses no reasonable cause of action, is an abuse of process, and is scandalous, vexatious, and frivolous. There is accordingly no reason for the Court to refuse security for costs in this case.

⁹⁴ *Mapara v Canada (Attorney General)*, [2016 FCA 305](#) at [para 5](#), **DBOA, Tab 16**.

⁹⁵ *Heli Tech Services (Canada) Ltd v Weyerhaeuser Company*, [2006 FC 1169](#), [paras 6-8](#), **DBOA, Tab 7**; *Mapara*, [paras 8, 13-14](#), **DBOA, Tab 16**.

⁹⁶ *Mapara* at [paras 13-14](#), **DBOA, Tab 16**.

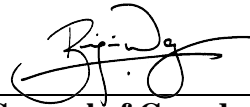
⁹⁷ *Mapara* at [paras 13-14](#), **DBOA, Tab 16**.

PART IV – ORDER SOUGHT

65. For these reasons, Canada requests an Order:
- (a) striking the claim without leave to amend; or
 - (b) in the alternative, an order requiring the plaintiff to provide security for costs in the amount of \$15,006.16, and not take any further steps in the action until security for costs is provided;
 - (c) the costs of this motion and of the action, fixed at \$2,000; and
 - (d) such further and other relief as this Honourable Court may allow.

ALL OF WHICH IS RESPECTFULLY SUBMITTED

Dated at Toronto this April 8, 2022.



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PART V – AUTHORITIES CITED

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2. *Canada v Harris*, [2020 FCA 124](#)
3. *Canada v Mozajko*, [2021 FCA 25](#)
4. *Canada (Attorney General) v Telezone Inc*, [2010 SCC 62](#)
5. *Divito v Canada (Public Safety and Emergency Preparedness)*, [2013 SCC 47](#)
6. *Harris v Canada (Attorney General)*, [2019 FCA 232](#)
7. *Heli Tech Services (Canada) Ltd v Weyerhaeuser Company*, [2006 FC 1169](#)
8. [Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 52](#)
9. [Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 53](#)
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20. *Order of the Court dated July 12, 2021 in Court File No.: T-130-21*
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23. R v Mennes, [2004 FC 1731](#)
24. R v Turmel, [2017] SCCA No 262
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31. Turmel v Canada, [2020 FC 537](#)
32. Turmel v R, [2016] SCCA No 125
33. Wang v Canada, [2016 FC 1052](#)
34. Zbarsky v Her Majesty the Queen, [2022 FC 195](#)
35. *Federal Courts Rules* ([SOR/98-106](#))