File No:

FEDERAL COURT

Between:

NAME

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 Minister of Transport's January 15, 2022 decision to make an "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

Rights under sections 7, 12 & 15 of the Charter and under sections (a) and (b) of the Bill of Rights 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 7, 12 and 15 of the Charter and Sections (a) and (b) of the Canadian Bill of Rights.

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 Charter and the Bill of Rights.

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 Rights to Security, not to be subject to cruel and unusual punishment and to be treated equally under the law afforded to the Plaintiff by section 7, 12, 15 of the Charter and section (a) and (b) of the Bill of Rights.

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

6. The Parties

A) The Plaintiff is a Canadian citizen with the Right of Mobility guaranteed by S.6 of the Canadian Charter of Rights without the means to travel in a private chartered aircraft.

B) 1) 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");
2) The Honourable Omar Alghabra, Minister of Transport, responsible for the Ministry of Transport and certain aspects of the Covid-Mitigation legislation; and
3) Transport Canada.

7. 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)**

8. 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

9. 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.

10. 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 or PFR = MR / 1,000

FLU IFR = "0.1%"

11. 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/

12. 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.

13. 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%"

14. 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

15. 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%

16. 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/

17. [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?

18. 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

19. On Mar 17 2020, under the best of medical care:

> **even some so-called mild or common-cold-type**
> **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/

20. 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!

21. 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

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

23. 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/

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

25. 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

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

27. 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

28. I / C = 34M/350K = 97, close to 100.

C / I = 350K/34M = 1.03%, very close to 1%.

29. 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 or I = F * 1,000

30. It is also consistent that CFR ia 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 or C = F * 10

31. 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

32. 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

33. 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

34. 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.

35. 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

36. [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.

37. 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/

38. 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

39. 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/

40. [A] Case Fatality "Rate" defined as Case Fatality "Risk" can 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.

41. 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

42. [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.

43. 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

44. 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!

45. 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

46. [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?

47. 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 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/

48. [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.

49. 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/81M2 = 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)

50. 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

51. [A] no documented asymptomatic transmission." Up until April, people not sniffling 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.

52. 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.**

53. 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 unknowningly 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.

54. 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

55. 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.

56. 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]

57. [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.

58. 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.cnbc.com/2020/06/10/dr-anthony-fauci-says-whos-remark-on-asymptomatic-coronavirus-spread-was-not-correct.html

59. 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?

60. 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

61. [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.

62. 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

63. 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

64. [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?

65. 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."**

66. 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/

67. 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.

68. 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

69. [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

70. 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.

71. 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.

72. 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?"

73. 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.

74. 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).

75. 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.

76. 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!

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

78. The Government of Canada has 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.

79. 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) chance of death.

80. 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.

81. 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.

82. The Plaintiff herein has chosen not to receive the current Covid-19 vaccines because 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.

83. Fluid mechanical engineering predicts that spikes obstructing blood flow in capillaries would cause clots. 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. Obstructions like spikes in the bloodstream will form clots around them. And there have already been many reports of clots with respect to the vaccine from doctors. Dr. Hoffe gave his vaxed patients D-Dimer tests and found that 63% had new micro-clots.

84. http://archive.is/pvggn 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.

85. 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! Then 1/500 of Canada's 32 million = 64,000 heart problems. 1/500 of the world's 3 billion = 6 million with heart problems! How many would have taken the jab had they known Covid was no more deadly than a lousy 1/3 mini-Flu?

86. That's just heart problems. Counting clots to the lungs and brain and destruction of the immune system should be a catastrophe.

87. 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.

88. 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. 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.

89. 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.

90. It is a Judgment Day for all shown proof that the Covid Mortality Hyped Hundredfold. Once the threat is known to be a false alarm, were friends and family warned to avoid the needless experimental gene therapy? Would they have taken the jab if they had been warned?

91. 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...

92. 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.

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

94. 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. except by due process of law.

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

- Bill of Rights Section (a) and Charter Section 7 right to Security by prohibiting the Plaintiff from travelling long distances interprovincially in a timely and safe fashion, without submitting to an experimental medical procedure;

- Charter Section 12 right not to be subjected to cruel and unusual punishment as is being prohibited from domestic travel due to a false alarm;

- Bill of Rights Section (b) and Charter Section 15 equality right, by discriminating and labeling the Plaintiff as "unvaccinated" and barring him from boarding aircraft in Canada, while permitting a "vaccinated" class of Canadians to fly from Canadian airports.

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

97. 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.

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

a. Canadian Charter of Rights, ss. 1, 7, 12, 15 and 24(1);
b. Constitution Act, 1982;
c. Canadian Bill of Rights S.C. 1960, c.44;
d. Federal Court Rules, SOR/98-106;
e. Aeronautics Act, R.S.C., 1985, c. A-2;
f. Interim Order Respecting Certain Requirements for Civil Aviation Due to Covid19, No. 52; and
g. Such further and other authorities and legislation as counsel may advise and this Honourable Court may accept.

ORDER SOUGHT

99. 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 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 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 Rights under sections 7, 12 & 15 of the Charter and under sections (a) and (b) of the Bill of Rights 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 7, 12 and 15 of the Charter and Sections (a) and (b) of the Canadian Bill of Rights.

100. This action will be supported by the Affidavit of Expert Witness in Mathematics of Gambling 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   , Province of

Dated at CITY on DATE 2022.

Signature:
Name:
Address:
Tel:
Email:

File No: T-_________

FEDERAL COURT

BETWEEN:

NAME:

Plaintiff

and

Her Majesty The Queen

Defendant

STATEMENT OF CLAIM

(Pursuant to S.48 of

the Federal Court Act)

For the Plaintiff:

Name:

Address:

Tel:

Email: