

Investigation Summary - PHSA COVID Management

It is **strongly** recommended that you carefully read the entirety of this investigation summary including all attachments. Herein contains information regarding PHSA and its agent's management of COVID. Each and every one of you as leadership within PHSA are leaving yourself open to personal criminal liability for your contribution to the crimes that are being committed at the behest of PHSA. Based upon the information provided in this email, please be advised that willfully ignoring this information will only further increase your risk of personal criminal liability. Upon reading this email, it is also **strongly** recommended that each of you consult your own lawyer outside of PHSA. Your response is required by 4pm Friday November 18, 2022. Your response (or lack thereof) to this email is subject to being submitted as evidence in legal actions that are currently underway and/or may be initiated in the future.

Notice to agent is notice to principal, notice to principal is notice to agent.

Investigator: Aurora Bisson-Montpetit, BSN

Company: PHSA

Individuals involved: Tim Manning, Ken Bassett, Donisa Bernardo, Gary Caroline, Bill Chan, Julia Dillabough, Suki Gill, Joanna Gislason, Sandra Harris, Kerry Jang, Gloria Morgan, Gary Pooni, Sharon Stromdahl, David Turchen, David Byres, Leanne Heppell, Maureen O'Donnell, Shannon Malovec, Scott MacNair, Susan Wannamaker, Alexandra Flatt, Susan Good, Joe Gallagher, Kendra McPherson, Laurie Dawkins, Michael Lord, Natasha Prodan-Bhalla, Sean Virani, Zulie Sachedina, Caitlin O'Reilly, Reka Gustafson, Ron Quirk, Donna Wilson, Bonnie Henry, Wendy Kebwaro, Jat Sandhu, Jason Wong, Sarah Bell, Jana Davidson, Laurence Bayzand, Cynara Radley, Sharlynnne Burke, Veronica Wong, Sandra Sundhu, Lori Halls, Bob Bell

Concerns/Allegations: PHSA and employees acting within their capacity as agents of PHSA have grossly mismanaged the response to COVID resulting in injury to employee and public physical, mental, emotional, social and economic wellbeing. The PHSA Board of Directors and Executives have failed to appropriately respond to concerns that have been brought to their attention.

Sections contained within this summary:

- A) Areas of Concern Identified
- B) Areas of Concern Details
- C) Supporting Documents

- D) Recommendations for Further Action
- E) Rationale for Recommendations

Section A) Areas of Concern Identified:

- 1) Mandates, Policies and Guidance PHSA Continues to Uphold Despite Widely Available Science Contradicting the Rationale for Said Mandates, Policies and Guidance
- 2) Misutilization of the AEFI Monitoring System
- 3) Resources for High Quality Science that are Being Ignored
- 4) PHSA Policies not Being Adhered to
- 5) PHSA Board Policies not Being Adhered to
- 6) Legal Repercussion of PHSA's COVID Response
- 7) Crimes Being Committed under the Criminal Code of Canada that you may be Guilty of or Complicit in

Section B) Areas of Concern Details

Area of Concern 1) Mandates, Policies and Guidance PHSA Continues to Uphold Despite Widely Available Science Contradicting the Rationale for Said Mandates, Policies and Guidance

After an FOI request to the FDA to release the Pfizer trial data that was relied upon to approve the Pfizer COVID vaccine was ignored, the organization [Public Health and Medical Professionals for Transparency](#) had to take legal action against the FDA to release this information. The FDA's attempts to conceal these records for 75 years were denied in court. There is an ongoing release of tens of thousands of pages of this data on the 1st of each month; some of the data released to date has been horrifying in terms of [adverse events](#) which included only the first 3 months from Dec 1, 2020 to Feb 28, 2021 (see page 7 for 1223 deaths; page 12 for the 28 fetal demises out of 270 reported pregnancies, noting that "No outcome was provided for 238 pregnancies" meaning without knowing the outcome of those 238 pregnancies the rate of fetal death in mothers who received the vaccine is over 10%; pages 30-38 for a list of hundreds of adverse events; see also Dr Pierre Kory's analysis of the [data on miscarriages](#)).

Beyond the data mentioned above, there is also the alarming issue of [documented fraud](#) that occurred during the Pfizer trials as was made public by Whistleblower Brooke Jackson.

The [PHO order](#) preventing healthcare workers who have not provided proof of COVID vaccination to employers from working, at the time the order was made to current,

completely lacks evidentiary support to justify this order; Particularly the lack of data that were used as the basis for these orders, how those data were analyzed, how those data were used and whether the data of the efficacy of these orders would be monitored and used to demonstrably justify the ongoing use of these orders. FOIs from BC's health authorities have revealed more than 20,000 COVID-related sick calls between November 30, 2021 - July 1, 2022 (the time period where non-vaccinated healthcare workers were no longer permitted to work. Beyond this, healthcare workers who had active COVID-19 illness were permitted to continue working while healthy, non-vaccinated individuals remained banished from the healthcare system. The vaccine prevents neither transmission nor infection in any substantial way; In fact we have seen an astonishing rate of triple or quadruple vaccinated individuals contracting COVID-19. The purported purpose of these orders to prevent the spread of COVID-19 has completely failed. No scientific rationale can be gleaned from the continued implementation of these orders.

Bonnie Henry's continued implementation of these ineffective orders is merely one example of the gross incompetence she displays in her role as PHO. Further, her continued promotion of the COVID-19 vaccines, particularly without making the public aware of the ever increasing adverse effects while denying their inefficiency, constitutes criminal medical negligence among several other crimes. PHSA, as [Bonnie Henry's employer](#), and all of you as leadership within PHSA, have failed to hold her accountable for her actions under PHSA's employ and are complicit in these crimes. I'll refer you to the following sections of the Criminal Code of Canada:

- Ignorance of the law - Section 19 "Ignorance of the law by a person who commits an offence is not an excuse for committing that offence."
- Parties to offence - Section 21 (1) "Every one is a party to an offence who (a) actually commits it; (b) does or omits to do anything for the purpose of aiding any person to commit it; or (c) abets any person in committing it."
- Offences of negligence - organizations - Section 22.1 "An organization is a party to the offence if (a) acting within the scope of their authority (i) one of its representatives is a party to the offence, or (ii) two or more of its representatives engage in conduct, whether by act or omission, such that, if it had been the conduct of only one representative, that representative would have been a party to the offence; and (b) the senior officer who is responsible for the aspect of the organization's activities that is relevant to the offence departs - or the senior officers, collectively, depart - markedly from the standard of care that, in the circumstances, could reasonably be expected to prevent a representative of the organization from being a party to the offence."

Another concerning area in PHSA's operations is the misleading information the BCCDC provides to both the public and healthcare professionals. Below are multiple examples of BCCDC's guidance and a fraction of the resources available contradicting what the BCCDC espouses to be the most current science:

[BCCDC treatment guidance](#) for COVID-19 (Note Ivermectin, Hydroxychloroquine, Vitamin D, Vitamin C, Colchicine, fluvoxamine).

Analysis of global research: 93 studies on [ivermectin](#); 369 studies on [Hydroxychloroquine](#); 99 studies on [Vitamin D](#); 54 studies on [Vitamin C](#); 39 studies on [Colchicine](#); 13 studies on [Fluvoxamine](#). These analyses show clearly favorable results for utilization of these therapies as part of the COVID treatment regimen.

One such study of significant importance in the ivermectin debate is the [study of the Indian State of Uttar Pradesh](#), home to 231 million people, that virtually eradicated COVID during its prophylactic treatment protocol which included the use of ivermectin. An analysis of how [poor quality studies have contributed to the denial of the efficacy of ivermectin](#) in COVID prophylaxis and treatment may shed some light on why "the science" proves it doesn't work.

BCCDC [Relative Risks of Diseases and Immunization](#), [Vaccine Immunogenicity, Efficacy and Effectiveness](#) documents have not been updated since 2009. The risks of COVID illness and vaccination (specifically case fatality rates broken down by age group), a complete and accurate list of adverse events, vaccine effectiveness (absolute risk reduction not relative risk reduction) have not been updated.

The direction for obtaining informed consent outlined in Appendix A [Informed Consent with Immunization](#) from the BCCDC Communicable Disease Control Manual has been completely abandoned. From the manual:

"Provide standard information before administration of a vaccine or vaccine series, which includes:

- Benefits of vaccination (personal, community)
- Risk of not getting vaccinated (possibility of getting the disease)
- Eligibility for the vaccine(s)
- Common and expected adverse events
- Possible serious or severe adverse events and their frequency
- Contraindications
- Disease(s) being prevented"

Informed consent must be **voluntary, not under duress**

[The Canadian Medical Association Code of Ethics and Professionalism](#) requires medical professionals to consider first the well-being of the patient and to always act to benefit the patient and promote the good of the patient. It is imperative to take all reasonable steps to prevent or minimize harm to the patient and to disclose to the patient if there is a risk of or if harm has occurred.

Area of Concern 2) Misutilization of the AEFI monitoring system

The purpose of the AEFI monitoring system, as outlined in part 5 [Adverse Events Following Immunization](#) of the BCCDC Communicable Disease Control Manual is as follows:

“Section 12.1 Objectives of Surveillance: The primary objective of the AEFI surveillance system in British Columbia (BC) is the early detection of clusters or serious adverse events related to use of specific vaccines and their further investigation and response, as well as to share reports with the national vaccine safety surveillance system. The provincial safety surveillance system seeks to capture all BC AEFIs in a single database in order to:

1. Monitor safety of marketed vaccines in Canada;
2. Identify potential signals in events that may be caused by a vaccine;
3. Identify unusually high rates of adverse events, both with individual vaccines, combination of vaccines and individual lots of vaccine;
4. Provide timely information that can be made available to potential recipients as well as health care providers so that they can weigh the risks and benefits of immunization; and
5. Identify areas that require further epidemiologic investigation and research or problems that require immediate investigation.”

Considering the never before used mRNA technology, the speed at which COVID vaccines were rolled out and the broad extent of the population that has received them, the temporal reporting criteria for reporting AEFIs should have been broadened and use of the AEFI system should have been widely encouraged and supported to promote early detection of safety signals. While working as a Telenurse at HealthlinkBC, the investigator was specifically told that they were not allowed to fill out AEFI forms despite the concerning volume and nature of adverse events reported to them. Further, BCCDC has failed to update their manual to account for AEFIs unique to the COVID vaccines - the category of “cardiac events” doesn’t even exist in the manual despite myocarditis and other cardiac events being a widely known adverse event.

Under of section 12 of the [Public Health Act of BC](#), healthcare professionals and health care facility administrators must report a negative change in a person’s health that

occurs after the person receives an immunization, if it is serious, or if it is unusual or unexpected, or for which medical attention is sought, if it "cannot clearly be attributed to a cause other than the immunization", even if the causal association to the immunization cannot be established at the time of reporting. Section 99(1)(d) of the PHA confirms that any person who fails to report and make records in accordance with the above, commits an offence. It is also an offence under section 99(5)(b) if a person willfully interferes with, or obstructs a person who is exercising a power or duty under the PHA, or person acting under the order or direction of that person. Section 106 (4) of the PHA confirms that a judge may impose a penalty for the purpose of punishing the offender if the offender committed the offence knowingly or deliberately, or was reckless as to the commission of the offence.

Area of Concern 3) Resources for high quality science that are being ignored

The opinions, analyses, data and research of thousands of experts have been not only ignored, but censored. The following is a list of some of these resources that provide a critical aspect of COVID management.

[Canadian Covid Care Alliance](#)

[Front Line COVID-19 Critical Care Alliance](#)

[Vaccine Safety Research Foundation](#)

[Dr Peter McCullough](#)

[Dr Pierre Kory](#)

[Dr Byram Bridle](#)

[Dr Robert Malone](#)

[Dr Paul Alexander](#)

[Dr Geert Vanden Bossche](#)

[Steve Kirsch](#)

[COVID-19 panel led by US Senator Ron Johnson](#)

A [collection of documentaries](#) which includes multiple aspects of COVID-19

A [collection of research studies](#) on early treatment, the unnecessary risks posed to children via vaccination and the durability of illness acquired antibodies

Area of Concern 4) PHSA policies not being adhered to

In regards to how PHSA as an organization has handled COVID-19, PHSA and many of its employees have and continue to violate multiple of your own policies. The following are but a few examples of violations of these policies: Not questioning the poor quality science that has been relied upon to make overly broad policies impacting the entire population of BC; Ignoring high quality science that has been presented to you multiple

times (the many Notices of Liability that have been served to PHSA leadership and the resources contained within them is merely one example of this); Manipulation of data published on the BCCDC COVID-19 dashboard; Fostering a culture of fear and sanctioning the dehumanization of “the unvaccinated”; Coercion of experimental medical treatment; Not reprimanding managers for accessing employee’s personal, private medical records without their consent; Abandoning the key elements of informed consent for medical treatment (specifically that **It must be voluntary** and not coerced under the threat of loss of employment, denial of healthcare, ostracization from society and that risks of said treatment must be disclosed); Ignoring individuals who have attempted to raise the concerns mentioned in this investigation summary in various forms including using your own “Stop the Line” policy; Not acknowledging that you have known or ought to have know the harms you are causing the public through your actions and inactions; Inhibiting the AEFI monitoring system from fulfilling its purported purpose; Operating in a manner that does not embody the ethics, values and conduct that are clearly outlined as part of PHSA’s policies.

[Code of Ethics](#)

[Standards of Conduct](#)

[Fostering a Culture of Respect](#)

[Privacy and Confidentiality](#)

[Preventing Violence in the Workplace](#)

[Workplace Health and Safety](#)

[Consent to Healthcare](#)

[Disclosure of Patient Safety Events](#)

[Standards of Conduct](#)

Area of Concern 5) PHSA Board policies not being adhered to

Beyond the above mentioned policies that have been/are being violated, below is a list of the policies more specific to the misconduct of the PHSA Board and Executives.

As stated in your [Board Meeting Guidelines Policy](#) “Public Participation is also permitted at Open Board Meetings through a Question and Answer (Q&A) session. A Q&A period of ten (10) minutes is provided at each Open Board Meeting...The Chair may respond to the question, redirect the question or take it under advisement if appropriate. When a question is taken under advisement, the Chair will identify the means by which the answer will be provided. Members of the public who have a question but cannot personally attend, will receive a written response.”

The following was submitted on April 26, 2022 for the Open Board Meeting which took place on April 28, 2022.

“Members of the leadership team,

I submitted a question for the open board meeting in November raising my concerns of PHSA’s covid policies and how much harm the mismanagement of covid is doing. Despite a conversation with Caitlin O’Reilly and several emails with both Caitlin and David Byers, my question remains unanswered and my concerns dismissed. I provided them both with ample credible, undeniable information that covid is being grossly mismanaged; showing that the PHO orders and guidance are doing the opposite of their purported purpose. Safe and effective treatment protocols have been banned while harmful treatment protocols have been promoted as the gold standard. This is true for multiple aspects of how covid has been and continues to be managed. PHSA plays an integral part of this as BCCDC and Bonnie Henry both operate under PHSA.

The “vaccine” rollout is one of the prime examples of doing more harm than good. The safety and efficacy have been grossly exaggerated and the harms purposefully and egregiously minimized and hidden. A whistleblower is now suing pfizer over their unethical and fraudulent handling of their clinical trial. Another organization had to sue the FDA (who is supposed to be protecting the public, not pharmaceutical companies) to release pfizer trial data. More data will continue to be released on the first of every month. Even with fraudulent clinical trial methods, pfizer’s own data showed more risk of death and injury from the “vaccine” than getting the covid virus.

The adverse events following immunization (AEFI) system has completely failed in what it is supposed to do. Particularly with this “vaccine” that has ZERO long-term data, a concerted effort should have been made to encourage healthcare practitioners to fill out an AEFI (rather than dissuading them) for all adverse reactions so that patterns could be signaled as early as possible. Many practitioners have reported difficulty in filing AEFIs as well as getting through to someone who can answer questions about the AEFI reporting process. Further to that, under your safe reporting (formerly whistleblower) policy, I am sharing my personal experience working as an RN at 811 during which time I raised my concerns with my manager that the amount and type of adverse reaction calls we were getting was not what was being reported to the public. I was also told that I was not allowed to fill out AEFI forms.

How long are all of you planning to be complicit in the morbidity and mortality caused by the vaccines and these mandates that are not backed by science?”

This submission was not addressed during the meeting, after a follow up email requesting the question be addressed or at any point since. Ignoring questions from the public that fit within the guidelines of acceptable questions to be asked at board meetings is a clear violation of the Board Meeting Guideline Policy.

Further, from David Byers' response to the initial concerns raised:

"You shared with Ms. O'Reilly your belief that PHSA should be challenging, rather than supporting the direction of the Provincial Health Officer and the B.C. Minister of Health. I feel confident that mandatory vaccination is the right decision in terms of protecting our health care system and contributing to the health and wellness of the broader population of British Columbia. Further, it is our legal and professional obligation to uphold all of the actions called for under the supporting Public Health Order.

There is no denying the human impact that comes with standing by difficult decisions. I am grateful that the vast majority of PHSA staff and medical staff chose to become fully vaccinated. However, I respect that a small number of our people grappled with deeply personal decisions that led them to make a different choice, a choice that ultimately resulted in the end of their employment with PHSA.

This is not the outcome any of PHSA's leaders hoped for, but it does create space for individuals to make the decisions they believe to be right for themselves and their families. These personal decisions do not negate the evidence-based decision-making that has guided our public health response since the pandemic began in early 2020.

At PHSA, we are entrusted with upholding the greater good in the time of an unprecedented global health emergency and supporting mandatory vaccination for health care workers, as well as the recommended vaccination of the broader population, is part of this responsibility."

Stating that it is your "legal and professional obligation to uphold all of the actions called for under the supporting Public Health Order" ignores two facts: first that the Order was made by an employee of PHSA and as such you are accountable for her actions; and second it is your legal and professional responsibility to question orders that are both unlawful and harmful not uphold them.

[Board Code of Conduct and Conflict of Interest](#)
[Board Education and Ongoing Education](#)
[Principles of Governance and Board Accountability](#)
[Safe Reporting \(Whistleblower\)](#)

[Stop the Line to Ensure Patient Safety](#)

Area of Concern 6) Legal Repercussion of PHSA's COVID Response

It is the duty of all of you to act within the laws of Canada, including but not limited to, the Public Health Act of BC, the Federal Health Act, the Canadian Charter of Rights and Freedoms, the Human Rights Act and the Bill of Rights. Further it is everyone's legal, if not moral, duty to follow the Nuremberg Code that was created to avoid forced medical treatments.

According to the Canadian National Report on Immunization of 1996, "immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution." Canadian law has long recognized that individuals have the right to control what happens to their bodies. From the Canadian Constitution "The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect." No organization or person or group of persons is above the law in Canada. Further, "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice... Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination... The guarantee in this Charter of certain rights and freedoms shall not be construed as denying the existence of any other rights or freedoms that exist in Canada."

In 1986, the Supreme Court of Canada created the Oakes Test which clarified that the government must establish that the "benefits of a law outweigh its negative impact of violating Charter Rights and Freedoms." There are certain conditions that must be met to impose any law. These include: 1. The government must establish that the law under review has a goal that is both "pressing and substantial." 2. The court then conducts a proportionality analysis using three subsets: a. The government must first establish that the provision of the law which limits a Charter right is rationally connected to the law's purpose; b. A provision must minimally impair the violated Charter right; c. The court examines the law's proportionate effects. Even if the government can satisfy the above steps, the effect of the provision on Charter rights may be too high a price to pay for the advantage the provision would provide in advancing the law's purpose. It is imperative to be informed that the COVID-19 mandates and public health policies imposed by PHSA and the provincial government have not been shown to meet the Oakes Test.

A reminder to you all on the crucial importance of informed consent - the seminal decision of [Hopp v Lepp, \[1980\] 2 SCR 192,33](#), in which the Supreme Court of Canada

determined that non-disclosure of risks and medical information constitute negligence. Hopp v Lepp also clarified the standard of informed consent and held that, even if a certain risk is only a slight possibility (and would not ordinarily be disclosed) but carries serious consequences—such as paralysis or death—the risk must be revealed to the patient. The duty of disclosure for informed consent is rooted in the individual’s right to bodily integrity and respect for patient autonomy: the patient has the right to be informed of all potential consequences of medical treatment, regardless of whether those consequences are deemed improbable. While medical opinion can differ with respect to the level of disclosure required, the standard is simple: “A reasonable person would want to know the serious risks, even if remote.”

A few of the current legal actions underway in response to PHO mandates:

[CSASPP class action against Bonnie Henry and Provincial Crown](#)

[CSASPP petition against Bonnie Henry for the healthcare worker injection mandate](#)

[CSSEM petition against Bonnie Henry for the healthcare worker injection mandate](#)

Area of Concern 7) Crimes Being Committed under the Criminal Code of Canada that you may be Guilty of or Complicit in

Disobeying a statute

Section 126 (1) Every person who, without lawful excuse, contravenes an Act of Parliament by intentionally doing anything that forbids or by intentionally omitting to do anything that it requires to be done is, unless a punishment is expressly provided by law, guilty.

Duty of persons undertaking acts dangerous to life

Section 216 Every one who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.

Duty of persons undertaking acts

Section 217 Every one who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.

Duty of persons directing work

Section 217.1 Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

Criminal negligence

Section 219 (1) Every one is criminally negligent who (a) in doing anything, or (b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.

Causing death by criminal negligence

Section 220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable.

Causing bodily harm by criminal negligence

Section 221 Every person who by criminal negligence causes bodily harm to another person is guilty of (a) an indictable offence and liable to imprisonment.

Homicide

Section 222 (1) A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being.

Death that might have been prevented

Section 224 Where a person, by an act or omission, does any thing that results in the death of a human being, he causes the death of that human being notwithstanding that death from that cause might have been prevented by resorting to proper means.

Death from treatment of injury

Section 225 Where a person causes to a human being a bodily injury that is of itself of a dangerous nature and from which death results, he causes the death of that human being notwithstanding that the immediate cause of death is proper or improper treatment that is applied in good faith.

Acceleration of death

Section 226 Where a person causes to a human being a bodily injury that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or disorder arising from some other cause.

Administering noxious things

Section 245 (1) Every person who administers or causes to be administered to any other person or causes any other person to take poison or any other destructive or noxious thing is guilty.

Criminal harassment

Section 264 (1) No person shall, without lawful authority and knowing that another person is harassed or recklessly as to whether the other person is harassed, engage in conduct referred to in subsection (2) that causes that other person reasonably, in all other circumstances, to fear for their safety or the safety of anyone known to them. Prohibited conduct (2) The conduct mentioned in subsection (1) consists of (b) repeatedly communicating with, either directly or indirectly, the other person or anyone known to them; (d) engaging in threatening conduct directed at the other person or any member of their family.

Uttering threats

Section 264.1 (1) Every one commits an offence who, in any manner, knowingly utters, conveys or causes any person to receive a threat (a) to cause death or bodily harm to any person;

Assault

Section 265 (1) A person commits an assault when (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly; (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; (3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of (c) fraud; or (d) the exercise of authority.

Aggravated assault

Section 268 (1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.

Defamatory libel

Section 298 (1) A defamatory libel is matter published, without lawful justification or excuse, that is likely to injure the reputation of any person by exposing him to hatred, contempt or ridicule, or that is designed to insult the person of or concerning whom it is published.

Public incitement of hatred

Section 319 (1) Every one who, by communicating statements in any public place, incites hatred against any identifiable group where such incitement is likely to lead to a breach of the peace is guilty of (a) an indictable offence and is liable to imprisonment for a term not exceeding two years; or (b) an offence punishable on summary conviction. Wilful promotion of hatred (2) Every one who, by communicating statements, other than in private conversation, wilfully promotes hatred against any identifiable group is guilty

of (a) an indictable offence and is liable to imprisonments for a term not exceeding two years; or (b) an offence punishable on summary conviction.

Criminal Breach of trust

Section 336 Every one who, being a trustee of anything for the use or benefit, whether in whole or in part, of another person, or for a public or charitable purpose, converts, with intent to defraud and in contravention of his trust, that thing or any part of it to a use that is not authorized by the trust is guilty of an indictable offence and liable to imprisonment.

Extortion

Section 346 (1) Every one commits extortion who, without reasonable justification or excuse and with intent to obtain anything by threats, accusations, menaces or violence induces or attempts to induce any person, whether or not he is the person threatened, accused, or menaced or to whom violence is shown, to do anything or cause anything to be done.

False pretence

Section 361 (1) A false pretence is a representation of a matter of fact either present or past, made by words or otherwise, that is known by the person who makes it to be false and that is made with a fraudulent intent to induce the person to whom it is made to act on it.

Intimidation

Section 423 (1) Every one is guilty of an indictable offence and liable to imprisonment...who wrongfully and without lawful authority, for the purpose of compelling another person to abstain from doing anything that he or she has a lawful right to do, or to do anything that he or she has a lawful right to abstain from doing, (b) intimidates or attempts to intimidate that person or a relative of that person by threats that, in Canada or elsewhere, violence or other injury will be done to or punishment inflicted on him or her or a relative of his or hers, or that the property of any of them will be damaged.

Intimidation - health services

Section 423.2 (1) Every person commits an offence who engages in any conduct with the intent to provoke a state of fear in (a) a person in order to impede them from obtaining health services from a health professional; (b) a health professional in order to impede them in the performance of their duties

Section C) Supporting Documents:

Investigation Summary - PHSA COVID Response - Criminal Code Violations Document
Investigation Summary - PHSA COVID Response - References Document

Section D) Recommendation for Further Action:

- Halt all COVID vaccinations until a thorough investigation of all pertinent data is performed
- Revoke all current COVID related PHO Orders
- Terminate employment contract with and commence legal action against Bonnie Henry
- Replace harmful policies, protocols, guidance and systems currently in place as have been identified in this summary
- Make whole those employees wrongfully terminated under the PHO Order (including, but not limited to, reinstatement of previous position, backpay, punitive damages for pain and suffering, admittance of wrongful treatment)
- Utilize the medical and professional expertise and scientific data provided within this summary to address the harms caused by the current COVID management strategy
- Make the public aware of the grave errors that have occurred
- Individuals involved as named above respond to the investigator with their plan of action to address concerns raised within this summary

Section E) Rationale for Recommendation:

- Limit (as much as possible) the harms that have been and continue to occur as a result of PHSA's actions
- Make reparative actions towards terminated employees and the public's physical, mental, emotional, social and economic wellbeing