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College of Physicians and Surgeons of Alberta
2700, 10020 – 100 Street NW
Edmonton, AB T5J 0N3

Dear College of Physicians and Surgeons Councilors,

Re: Unethical Conduct of the College of Physicians and Surgeons Council

This letter is written with regard to the COVID-related correspondence from the College of Physicians and Surgeons of Alberta (CPSA) and the CPSA Council to both physicians and citizens of the Province of Alberta dated for reference the 22nd, 27th, 28th of September 2021, and October 1st, 2021.

Please be advised that we represent a number of doctors both “vaccinated” and “unvaccinated” who wish to remain anonymous, given the veiled threats contained in recent correspondence directed at physicians in this province by the CPSA Council and the CPSA.

They are all aware of vindictive actions being taken by the College against physicians like Dr. Roger Hodgkinson a highly respected, Cambridge educated, pathologist and Royal Fellow. Dr. Hodgkinson is being persecuted by the CPSA for correctly identifying the folly of the AHS mis-management of public health in Alberta from the outset of the first Chief Medical Officer of Health (CMOH) “Emergency” orders. Our clients are concerned that the “College” is trying to silence well respected physicians who hold significant expertise and well-researched scientific opinions with regard to the gross mismanagement of the COVID-19 outbreak by Alberta Health Services (AHS) and the CMOH with the collusion and support of the CPSA Council.

This letter will address several issues that our clients believe amount to unethical conduct by the CPSA and CPSA Council in interfering in patient autonomy, colluding in the coercion of patients who are being forced into being injected with experimental drug therapies against their will. The CPSA Council is also complicit in directing physicians not to use their own best medical judgment with regard to providing alternative treatments to their patients, such as Ivermectin, during this public health emergency.

We have also reviewed the “Open Letter” of the CPSA Panel of “Expert” bureaucrats dated October 1, 2021.

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A review of that remarkable document demonstrates that it contains numerous vague, unverifiable statements of fact without scientific reference. One would have hoped that a letter from the CPSA Council Panel of “Expert” bureaucrats would have used far more precise language and provided actual scientific references.

It is remarkable that the “Open Letter in response to vaccine concerns and misinformation” actually contains a great deal of misinformation. When the “Expert” bureaucrats say that “there is 1 in 20 risk of hospitalization with documented COVID-19 infections in Alberta”, they conveniently ignore the fact that Dr. Hinshaw has repeatedly stated publicly that the Government experience with this pandemic is that the number of people infected in the Province at any one time is generally four times greater than the number of cases reported, meaning that the actual statistic is 1 in 80 not 1 in 20. Something else to keep in mind in regard to the “sky is falling” approach to this corona virus outbreak is that from the outset it remains a fact that the vast majority of hospitalizations and deaths associated with COVID-19 are in populations over 70 years of age and that the average age of death of someone from COVID-19 is higher than the average age of provincial life expectancy. To force young, healthy physicians, nurses, healthcare workers and others to be injected against their will is a clear violation of every known medical ethic under these circumstances; regardless of the specious statistical justifications generated by the CPSA Council’s “Expert” bureaucrats.

The October 1st “Open Letter” of the CPSA “Expert” bureaucrats actually seems to suggest that 12- to 18-year-old children should be vaccinated without parental consent to protect “children who cannot become immunized yet from rare but severe outcomes.”

This is no excuse or defence for the coercion of parents into the vaccination of their children of any age through vaccine mandates or otherwise.

As an additional note, the so-called “Expert” bureaucrats’ use of the word “immunized” is highly misleading given the limited protection now provided by the Pfizer/Moderna injections which now only “provide some protection”.

The Pfizer and Moderna mRNA COVID Injection Therapies ARE Experimental

The word EXPERIMENTAL is commonly understood to mean “a new invention or product based on untested ideas or techniques and not yet established or finalized such as an experimental drug”.

The Government of Ontario recently admitted that based on real world data the Moderna injection causes myocarditis in 1 out of 5,000 18- to 24-year-olds and that the Pfizer injection causes myocarditis in 1 out of 28,000 18- to 24-year-olds. As a result of this observation of their ongoing experimental data, the Government of Ontario now directs 18- to 24-year-olds only be given the Pfizer shot. This is clear evidence of both the unsafe and experimental nature of these drug therapies. While it is expected that the safety profile of a new experimental therapy will change over time, especially in the absence long-term safety data the ongoing adjustments to this program underscore its experimental and unsafe

nature. We note that no such directive has been issued protecting 18- to 24-year-olds by AHS to date.

The Experimental nature of the Canadian COVID injection program was evident from the outset. The Astra-Zeneca shot was withdrawn from circulation in Canada upon real world data demonstrating that it was associated with thrombosis in 1 out of 58,000 citizens over the age of 80. That shot was then mixed and matched with Pfizer and Moderna injections without adequate research having been done as to possible adverse effects.

The recent admissions that the Pfizer and Moderna shots are clearly linked to myocarditis in 18- to 24- year-olds, and the so called “vaccination” program being adjusted on the fly underlines the experimental nature of these injections. This calls into question the entire program of coercing Canadian citizens to obtain these experimental injections through “vaccine mandates” regardless of the availability of real world safety data for a sufficient period of time. Further, evidence has emerged that those previously infected with COVID, are at increased risk or harm from subsequent mRNA "vaccines", including increased risk of myocarditis compared to those who did not have COVID and received these shots. By supporting vaccine mandates the CPSA is colluding in the coercion of teenagers and young adults who already successfully combated COVID to take these experimental injections as a requisite to participate in society when they already have immunity and are possibly at increased risk of harm from the "vaccines".

It is clearly unethical to force the Pfizer injection on 18-24 year olds through “vaccine mandates” when government of Ontario’s data demonstrates that this is likely more harmful to that group than AstraZeneca was to people over 80.

FORCED INJECTIONS ARE AN ASSAULT

Even in the unlikely event that at some future time a Court determines that the Program was not experimental, any forced injection program constitutes an assault.

S. 265(1) of the *Criminal Code of Canada* states:

A person commits an assault when

- (a) Without the consent of another person he applies force intentionally to that person directly or indirectly . . .

S. 265(3) states:

For the purposes of this Section, NO CONSENT is obtained where the complainant submits or does not resist by reason of . . .

- (d) The exercise of authority.

It is clear that whether or not the Nuremberg Code applies; that forcing injections on people through vaccine mandates constitutes an "Assault" under the *Criminal Code* for which AHS, the CPSA and CPSA Council are culpable.

The Nuremberg Code - DIRECTIVES FOR HUMAN EXPERIMENTATION

Following the horrors of the Holocaust and the Nuremberg Military Tribunals, where the horrific practices of "doctors" such as Dr. Josef Mengele were brought to light, the Nuremberg Code regarding limitations on human experimentation was developed.

Paragraph 1 of the Nuremberg Code states expressly:

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

It is clear from the coercive Orders being issued by Alberta Health Services to physicians in Alberta, that physicians, nurses and health care workers in Alberta, along with every other citizen of this Province are now being coercively forced to participate in an experimental mRNA injection program.

Their consent is completely vitiated through threat of losing their livelihoods.

The un-injected have their civil rights and statutory rights of privacy violated on a daily basis by being forced to disclose either their vaccine status so that they can then be made pariahs by virtuous "Vaxxers". The CPSA support for mandates is a refusal to acknowledge that the "Vaxxed" are the ones spreading COVID through their larger numbers and reliance on a "vaccine" that neither prevents the "Vaxxed" from being infected or prevents the "Vaxxed" from being super spreaders of the virus once they obtain the false security of a "Vaccine Passport" document.

There is a real concern that many "vaxxed" Albertans downplay mild symptoms and don't self isolate because they think it cannot be COVID. It is likely that many "vaxxed"

healthcare workers appreciate that they are still very likely to spread Delta variant COVID even if asymptomatic. That being said, that the CPSA and AHS are failing to acknowledge this and continue to perpetuate a public health narrative that will directly lead to increased hospitalizations and death, is abhorrent and contradicts the public narrative that our ICU's are being overwhelmed.

Every member of the CPSA Council that supports vaccine mandates as against physicians, nurses, or any other person is in violation of the CPSA Standards of Practice; the World Medical Association Declaration of Geneva; and supports the criminal assault of your fellow professionals.

Physicians are ethically obligated to respect the autonomy and dignity of their patients, to respect the confidentiality of their patients, even after the patient has died, and to not use medical knowledge to violate human rights and civil liberties of their patients even under threat from Governmental authority.

Forcing experimental drug injection therapies on healthy patients by the CPSA under threat of loss of livelihood is a clear violation of the *Criminal Code of Canada* and the CPSA's own Standards of Practice. Physicians in Alberta are routinely investigated by the CPSA and suspended for less.

In this regard, we would respectfully request that every member of the CPSA Council that publicly supports the present coercive injection program of the AHS and who is not willing to take a stand for the individual autonomy and dignity of physicians, nurses, health care workers and citizens of Alberta immediately resign from the Council of the CPSA.

Employees of the CPSA and the CPSA Council should also report themselves to the College of Physicians and Surgeons and have your medical licenses suspended pending a hearing on your fitness to continue to practice medicine once a new Council is elected.

Your esteemed "Doctor of Medicine" titles need to be reconsidered given your gross disregard of even the most basic medical ethics and the *Criminal Code of Canada*, and the Charter of Rights and Freedoms.

Informed consent in the case of the experimental Pfizer, Moderna mRNA injection program should include advising parents and adults of the following:

- that this mNRA therapy program does not provide immunity for COVID-19 and only provides an unknown amount of protection from the virus for a limited time;
- that people who receive injections can in fact get infected with COVID themselves and pass the virus on to other members of their family, including their aging parents;

- that there is insufficient data over a multi-year period to advise that the injection is safe and that serious life-threatening conditions, including permanent damage to the heart muscle (myocarditis) and DEATH may occur in healthy people under the age of 50 as a result of taking the injection;
- that if you are under the age of 50, with no comorbidities, you are at a greater risk of a serious illness or adverse event, including COVID-like sickness, including fever, and DEATH from the vaccine than you are in actually suffering permanent harm from COVID itself;
- that the incidence of COVID-19 “vaccines” causing death or seriously adverse outcomes in children is greater than the potential for children to have any serious outcome from actually contracting COVID-19; and
- that pregnant women should be advised that the effects of the Pfizer and Moderna injections on fetal health are in fact unknown and that vaccine side effects may in fact include spontaneous miscarriage and fetal abnormalities.¹

Given the absence of long-term safety data, it is possible that significant side effects become apparent ONLY with time. This is especially relevant given the biodistribution data indicating that these mRNA injections and their product (spike protein) distribute throughout the body and brain. Apparently, the CPSA Council has forgotten the case of *R. v. Morgentaler* where the Supreme Court of Canada’s Chief Justice Brian Dickson stated regarding the Charter of Rights and Freedoms that “**security of the person includes the right to protect one’s body from interference by others**”.

The October 1st “Open Letter” only notes a lack of evidence of “increased” miscarriages from the vaccines, not that they do not occur. Forcing pregnant women to be vaccinated against their will is clearly unethical. Whatever happened to “My body, my choice”?

Denial of Vaccine Exemptions

The CPSA Council has absolutely no business interposing itself between an individual physician and an individual patient seeking a vaccine exemption. By advising physicians that they are limited in the granting of vaccine exemptions and that the granting of vaccine exemptions to patients could result in a “formal complaint and any consequences that follow”, the CPSA Council, without having any direct knowledge of individual patients’

¹ As an aside, the use of the term “pregnant people” in the October 1 “Open Letter” as opposed to “pregnant women” also calls into question the scientific credentials of the authors who appear to value “woke” ideology above normal public health science that recognizes that only women get pregnant.

medical histories is improperly and coercively interfering in the care, treatment and well being of individual patients, contrary to every known standard of medical ethics.

It also demonstrates the CPSA Council's complete disregard for the CPSA's own 'STANDARDS OF PRACTICE' which states unequivocally:

"A care provider must obtain consent and ensure that the patient is fully informed and understands any medical examination procedure or treatment before it takes place."

There are numerous patients that have complex medical reasons for not wishing to be injected with an experimental mRNA injection therapy. Some of these reasons include serious safety concerns, previous vaccine allergies, previous immunity obtained through having contracted COVID-19 or documented allergies or reactions to previous vaccines, not to mention the ethical issue of injecting people against their will using a clearly coercive, experimental, injection therapy program.

The present mRNA injections are NOT safe or effective

The Pfizer and Moderna injections being provided in the Province of Alberta are neither safe or effective. As you are all aware, since the advent of the Pfizer and Moderna injection program, numerous reports have been made concerning adverse effects from the Pfizer and Moderna injections. In fact, as stated above, current data shows that the Moderna injection causes myocarditis in 1 in 5,000 18- to 24-year-olds and Pfizer in 1 out of 28,000 18- to 24-year-olds. Since the advent of forced injections of students wishing to attend University we now have 18 year old and 25 year old student athletes DEAD at Ontario Universities from "unknown causes". These DEATHS occurred shortly after these students started school at Universities with MANDATORY VACCINATION POLICIES FOR STUDENT ATHLETES.

It is clear that negative outcomes from COVID for this age cohort are far lower than the incidence of myocarditis (or death) reported by Ontario with regard to either one of these injections. As such, the CPSA Council is ignoring its obligation to put the health and well being of the individual patient as its "first consideration". Further, it has become apparent from numerous studies that present experimental injections do not prevent people from contracting Delta Variant COVID. The so-called "wild" or 'Wuhan Institute of Virology' strain of the virus is now extinct in Canada, having been entirely replaced by subsequent variants of concern.

In other words, the CPSA Council is participating in coercing citizens of Alberta to be injected with an experimental mRNA therapy that was in fact designed to combat a virus that is now extinct in Canada; having been replaced by mutated strains of the virus. These experimental therapies only enable our immune system to mount a response to this original Wuhan spike protein, and as the COVID spike protein has expectedly mutated, the ability of these experimental "vaccines" to prevent symptomatic COVID has plummeted.

Citizens of Alberta subject to illegal and unethical injection mandates now include physicians, nurses and health care workers who have not yet been “vaccinated” and who are being unlawfully coerced into being injected through a threatened loss of their livelihood. These professionals have legitimate, conscientious, well thought out and well reasoned scientific concerns with regard to the Pfizer and Moderna injection programs. Many Physicians in Alberta have real concerns with regard to these so called “vaccines” causing subsequent antibody-dependent enhancement (ADE) in people injected with these mRNA therapies. It is apparent that the only “Doctors” not concerned about the waning effectiveness of the experimental injections are those with a vested interest in Pfizer and Moderna shares or those who are completely ignorant of the science.

While AHS has written a document citing rampant “misinformation” it is evident that AHS is the one engaged in misinformation within an orchestrated propaganda campaign. Vague allusions by AHS to a “pandemic of misinformation” does not constitute a response to well documented concerns. Claims that natural immunity is NOT more effective than the experimental injections is false, unscientific and completely ignores the most recent study from Israel that shows that natural immunity is more than 10 times more effective than the mRNA injections in preventing COVID.

THE FACT THAT THE VACCINATED IN THE UK ARE NOW DYING AT HIGHER RATES THAN THE UNVACCINATED SHOULD GIVE ALL OF THE PROPONENTS OF MANDATORY VACCINATION PAUSE TO CONSIDER THEIR LIABILITY AND CULPABILITY IN FUTURE DEATHS.

As you should all be aware, ADE is a well-known phenomenon that occurs when “vaccines” do not directly stimulate the immune system to completely sterilize or kill all of the virus. Examples of effective sterilizing vaccines include polio and smallpox vaccines both of which are supported by my clients and both of which diseases produce far more serious illness than any form of COVID to date.

Our clients are extremely concerned that we have now reached a stage in the course of the mutation of the virus that using a vaccine developed for an extinct pathogen in regard to viruses that have mutated is dangerous. It now appears that the virus has mutated specifically to avoid the original “vaccine” in a manner that will cause further widespread transmission of the virus and death amongst those fully-vaccinated. This concern is borne out by recent data from the UK that demonstrates that the double injected are now dying at a rate higher than the un-injected. Policy makers and the CPSA Council had better prepare themselves for the righteous anger of the virtuous double Vaxxers when they realize that they have been injected with a substance that may well make them MORE susceptible to death from subsequent variants.

The medical opinions and concerns of our clients are based upon their review of existing scientific literature, in the context of their considerable and relevant expertise, and observation of public health statistics in Canada and globally which clearly demonstrate that we are now in the midst of an epidemic of the fully-vaccinated.

It is clear from a review of the data that many fully-vaccinated people remain ignorant of the fact that they are not immune to present variants of concern circulating in Canada. Many “vaxxed” appear to be further misled and encouraged by the implementation of the vaccine passport system into believing that the unvaccinated should be treated as pariahs and that only the unvaccinated are capable of transmitting the virus. Even the CPSA Council’s “Expert” Panel of bureaucrats acknowledge that the fully vaccinated transmit COVID-19. What is missing from their vague discussion of the issue is whether the higher number of vaccinated people mean that there is MORE transmission from the vaccinated than the unvaccinated.

As medical professionals, members of the CPSA Council know that the allegation that only the unvaccinated spread COVID-19 is patently false and untrue, yet you are continuing to support the Government of Alberta and AHS in promulgating these divisive, misleading and unethical vaccine mandates. These mandates not only violate the rights of physicians, nurses, health care workers and citizens of Alberta but perpetuate the “fake news” that the fourth Delta wave was in fact caused by the unvaccinated. Scientific evidence indicates that the present wave may in fact be caused by vaccinated people who falsely believe that they are immune from COVID. Apparently the virtue signalling “Vaxxers” have not received the memo from the CDC wherein the CDC took the Orwellian step of quietly changing the definition of a “vaccine” from something that “provides immunity” to something that only “provides some protection”.

The CPSA Council needs to loudly and publicly advise the double vaccinated to stay home if they exhibit any COVID-like symptoms and to continue to have themselves tested regularly should they have symptoms. By not doing this the CPSA Council is contributing to the program of misinformation and mistakes as have been promulgated by the Alberta Government, AHS and CMOH Dr. Hinshaw since the outset of this pandemic. Following the Calgary Stampede debacle Dr. Hinshaw appeared on “The Jason Kenney Show” to apologize for her negligence. It is clear that Dr. Hinshaw has violated her professional obligations to provide objective medical care free from political interference, to the people of Alberta whom she claims are her patients; yet the CPSA has not commenced an investigation into the degree to which Dr. Hinshaw has been compromised over the course of the pandemic.

Ivermectin Saves Lives

The letter to Alberta physicians and pharmacists dated September 22, 2021 banning Ivermectin for COVID treatment, is a further example of the CPSA Council unethically interfering in the provision of medical services to citizens of Alberta by their physicians. Physicians of good conscience in the Province of Alberta, having read studies indicating that Ivermectin is effective in the earliest stages of COVID in lessening viral replication within the patient, have properly prescribed Ivermectin to their patients in this province. Numerous studies and clinical observation of thousands of patients has indicated that Ivermectin is highly effective in this regard. Even low dose studies that were designed to reach the conclusion that Ivermectin was not effective, found a signal that indicated that

Ivermectin effectively interacted with the COVID virus molecule to prevent or lessen replication of the virus.

Many esteemed scientists believe that Ivermectin is a protease inhibitor, which coincidentally is the basis of the new Pfizer prophylactic pills (“Pfizermectin?”) for which Pfizer has recently received emergency use authorization in the United States.

The Indian state of Uttar Pradesh was recently praised by the WHO for reducing COVID mortality by over 20% through the widespread household distribution of Ivermectin, vitamin D, vitamin C, and zinc. On that basis, had Ivermectin been made readily available to citizens of Alberta upon early onset of symptoms confirmed by a PCR test, hundreds if not thousands of lives could have been saved in Alberta. Every citizen should have been provided THE OPTION of taking Ivermectin safely at home as an outpatient, along with vitamin D, vitamin C and zinc, as has been done in other countries to reduce COVID mortality.

The East Virginia Medical School MATH + or MASK Ivermectin based Protocols could have been easily adapted and delivered on an outpatient basis in Alberta. This would have reduced the spread of COVID to health care workers and others, who would not have to come into contact with COVID positive patients who stayed at home and were prevented by early treatment from progressing to hospital.

The Government of Alberta’s policy of leaving vulnerable COVID patients at home until such time as they could not breathe, and only admitting them to hospital upon respiratory distress, is a policy that is apparently supported by the CPSA and the CPSA Council. All studies indicate that Ivermectin and other treatments designed to prevent viral replication are not as effective once capillary thrombosis in the lungs has impaired blood oxygenation.

Many other countries, regardless of affluence, offered inexpensive and safe Ivermectin therapy to their citizens in an effort to save lives. Conversely health officials in Alberta with the support of the CPSA and CPSA Council are engaged in an astronomic level of therapeutic nihilism, that is now bordering on criminality. That these experimental “vaccines” would stop transmission and end the pandemic is now demonstrably false, and any perceived effectiveness is evaporating by the week.

It is clear from the scientific literature that once severe respiratory distress and capillary thrombosis has set in in the lungs such that oxygen levels are decreasing to below sustainable levels, that treatment such as Ivermectin, ASA, vitamin D and zinc, are no longer as effective. By refusing to support physicians and instead threatening physicians with sanctions for providing safe and effective outpatient treatments to their patients, the CPSA Council is sentencing COVID victims in the Province of Alberta to the ancient and barbaric Roman practice of decimation.

While the above statement may appear extreme, if the scientific data is correct that Ivermectin can prevent even 1 in 10 deaths, as opposed to the 4 out of 10 or 6 out of 10 deaths that some studies indicate, the College of Physicians and Surgeons of Alberta will

be responsible for the deaths of hundreds if not thousands of Citizens in this province. The CPSA Council should not be killing people by putting themselves between physicians and their patients.

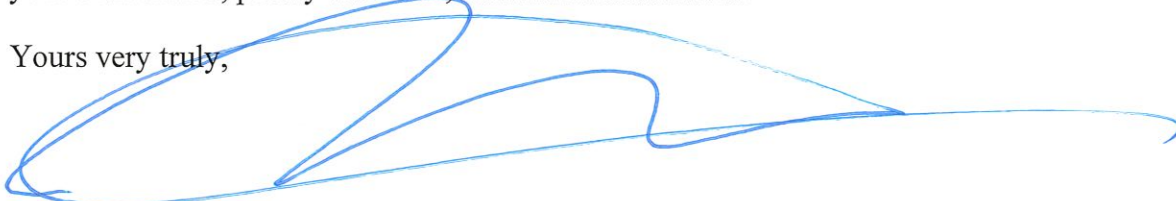
Simply because Health Canada is advising Canadians not to use Ivermectin to treat COVID 19 is no reason for the CPSA Council to threaten physicians who are making their best decisions in real time, on the basis of their own, up to date, professional judgement. Ivermectin, in capsule form for humans, is a highly safe and effective drug when used early in the treatment of COVID-19. It has been used for decades as an anti-parasitic with zero reported unsafe drug side effects. Certainly, when one is aware that the Moderna injection causes myocarditis in 1 in 5,000 18- to 24-year-olds, and that 18- to 24-year-olds are at virtually no risk of an adverse outcome from COVID, prescribing Ivermectin to people in any age category is likely far safer than providing them Moderna or Pfizer injections, given the large number of adverse reactions reported with regard to those shots, including myocarditis.

In conclusion, we would respectfully request on behalf of our clients and the citizens of Alberta, that the CPSA and the CPSA Council apologize to the citizens of Alberta for their correspondence of September 22, September 27, September 28, and October 1, 2021. These letters have the effect of supporting the coercive application of an experimental mRNA injection therapy program against the wishes of millions of citizens in Canada and hundreds of thousands of citizens of Alberta.

We also ask the CPSA and CPSA Council to apologize to all of the families of citizens of Alberta who have lost family members as a result of the CPSA and CPSA Council supporting the denial of Ivermectin to patients in Alberta in order to support the public policy goals surrounding an authoritarian, and grossly unethical coercive injection program.

We reiterate our request for your immediate resignations from the CPSA Council on the basis of your grossly unethical conduct and inability to put the needs of patients ahead of your own biased, poorly informed, authoritarian instincts.

Yours very truly,



Jeffrey R. W. Rath, Esq., B.A. (Hons.), LL.B (Hons.)
Barrister and Solicitor

cc: Premier Jason Kenney (via email)
Chief Medical Officer of Health Deena Hinshaw
Minister of Health Jason Copping