COURT FILE NO.	
COURT	COURT OF KING'S BENCH OF ALBERTA
JUDICIAL CENTRE	CALGARY
PLAINTIFF	DRUE TAYLOR
DEFENDANTS	HIS MAJESTY THE KING IN RIGHT OF CANADA, ATTORNEY GENERAL OF CANADA, THE CHIEF PUBLIC HEALTH OFFICER OF CANADA; AND HEALTH CANADA
DOCUMENT	**STATEMENT OF CLAIM brought under the *Class Proceedings Act***
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NOTICE TO DEFENDANTS

You are being sued. You are a Defendant.

Go to the end of this document to see what you can do and when you must do it.

STATEMENT OF FACTS RELIED ON:

I. DEFINITIONS

1. The following definitions apply for the purposes of this Statement of Claim:

   a. **The Chief Public Health Officer of Canada** is named pursuant to the *Crown Liability and Proceedings Act* RSC, 1985, C. C-50 as a representative of Health Canada, a department of the Government of Canada.

   b. **Health Canada**, is the federal government agency responsible for helping Canadians maintain and improve their health. Its function is to ensure that high quality health services are accessible to reduce health risks. Health Canada is responsible for approving all COVID-19 treatments and preventative medications.

   c. **Pfizer Canada Inc**., (**"Pfizer")** is the Canadian subsidiary of Pfizer Inc., an American biopharmaceutical company. Pfizer is incorporated pursuant to the laws of Canada and headquartered in Kirkland, Quebec. At all material times, Pfizer was involved in and/or was responsible for the research, development, testing, manufacturing, marketing, distribution, and sale of the Pfizer-BioNTech (Comirnaty, tozinameran, BNT162b2) mRNA COVID-19 vaccine in Canada. Pfizer researched, developed, tested, manufactured, marketed, distributed and/or sold its COVID-19 vaccine in Canada directly or indirectly through an agent, affiliate, or subsidiary.

   d. **Moderna Inc**. is a pharmaceutical and biotechnology company based in Cambridge, Massachusetts that focuses on RNA therapeutics, primarily mRNA vaccines. Moderna's subsidiary, Moderna Biopharma Canada Corporation (collectively "**Moderna**") a is incorporated pursuant to the laws of Canada. Its Canadian Head Office is in Mississauga, Ontario. At all material times, Moderna was involved in and/or was responsible for the research, development, testing, manufacturing, marketing, distribution, and sale of the Spikevax COVID-19 vaccine in Canada. Moderna researched, developed, tested, manufactured, marketed, distributed and/or sold its

COVID-19 vaccine in Canada directly or indirectly through an agent, affiliate, or subsidiary.

e. **AstraZeneca Canada Inc**. ("**AstraZeneca**") is a Federal corporation, and the licensed Canadian importer and distributor of certain products produced by global entities related to AstraZeneca, including certain vaccines. AstraZeneca distributes products, including vaccines, all across Canada and in the Province of Alberta.

f. **Janssen Inc**. is a subsidiary of Johnson & Johnson ("**J&J**"). J&J is incorporated pursuant to the laws of Canada with its head office in Toronto, Ontario. At all material times, Janssen was involved in and/or was responsible for the research, development, testing, manufacturing, marketing, distribution, and sale of the Janssen viral vector-based COVID-19 vaccine in Canada. Janssen researched, developed, tested, manufactured, marketed, distributed and/or sold its COVID-19 vaccine in Canada directly or indirectly through an agent, affiliate, or subsidiary.

g. **Class or Class Members:** any person within Canada that has suffered loss, harm or damages as a result of receiving one of the COVID-19 vaccines approved for use within Canada;

h. **Fully Vaccinated:** means a person who received the second dose in a two-dose COVID-19 vaccine series or after they received the only dose in a one-dose COVID-19 vaccine series. This definition has since been adjusted by health authorities on vaccination requirements. Approved COVID-19 vaccines within Canada include:

   i. AstraZeneca (Vaxsevria);

   ii. Janssen/Johnson & Johnson (single dose) (Jcovden);

   iii. Moderna (Spikevax) (including children aged 6 months to 11 years); and

   iv. Pfizer-BioNTech (Comirnaty) (including for children aged 5 to 11 years)

   (collectively, '**the Vaccines'**)

i. **Informed Consent**: means the ability to exercise free power of choice, absent any force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion, with sufficient knowledge and comprehension of the elements of the subject matter involved as to enable the individual to make an understanding and enlightened decision; or permission granted in full knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with knowledge of the possible risks and benefits. (Oxford Dictionary)

j. **Privacy**: means the fundamental right of individuals to create boundaries limiting access to their person, communications, or personal information, including but not limited to, medical and health records.

k. **Proof of COVID-19 Immunization**: means providing documentary proof of vaccination. Acceptable proof of immunization records can be a clear photo or pdf copy from one of the following sources:

    i. Pharmacist;

    ii. Applicable Health Services vaccination clinic;

    iii. Health record (e.g. Alberta MyHealth or National Health Service records); or

    iv. Physician's letter.

l. **Serious and Permanent Injury:** defined as a severe, life-threatening or life-altering injury that may require in-person hospitalization, or prolongation of existing hospitalization, and results in persistent or significant disability or incapacity, or where the outcome is a congenital malformation or death.

m. **Trial Phase 1**: Studies that are typically conducted with healthy volunteers and that emphasize safety. The goal is to find out what the drug's most frequent and serious adverse events are and how the drug is metabolized and excreted.

n. **Trial Phase 2**: Studies that gather preliminary data on effectiveness (does the vaccine invoke an immune response). Safety continues to be evaluated,

and short-term adverse events are studied.

o. **Trial Phase 3**: Phase 3: Studies that gather more information about safety and effectiveness by studying different populations and different dosages and by using the drug in combination with other drugs.

p. Vaccine Adverse Reaction: also known as **side effects**, are considered to be caused by a vaccine. Usually, vaccine side effects are identified during clinical trials. The intensity of these reactions may range from mild to moderate to severe. They often resolve on their own, and may or may not require medical intervention. Depending on severity, an adverse reaction may also be considered a **serious adverse event**.

II. OVERVIEW OF THE ACTION

The Representative Plaintiff

2. The Plaintiff, Drue Taylor (hereinafter "**Taylor**"), is the proposed class representative.

3. Taylor suffered permanent, chronic, and significant physical, psychological, and emotional harms, and other damages, after receiving each of her two COVID-19 vaccine doses.

4. The Plaintiff is 34 years of age with a husband and two children. Prior to 24 April 2021, Taylor worked as a professional massage therapist for humans and horses in addition to being a professional yoga trainer. She resides in St. Albert, Alberta.

Standing

5. The Plaintiff and Class Members assert both private and public interest standing to bring this claim.

6. The Plaintiff and Class Members have private interest standing because they are directly affected, harmed and injured by the COVID-19 vaccine-related decisions made by the Defendants (the "**Vaccine Conduct**").

7. The Plaintiff and Class Members also have public interest standing. They raise a serious issue of public importance respecting public misfeasance of the

Defendants over the safety and efficacy of Covid-19 vaccines approved for distribution to Canadians.

8. The Plaintiffs and Class Members have a real stake in the Defendants' conduct and are both directly and genuinely interested in the resolution of this claim.

9. This claim advances a reasonable and effective method of bringing the issues before the Court in all of the relevant circumstances. Many Class Members lack the resources to bring forward such a claim. All Class Members and the Plaintiff have been injured by the Vaccines.

The Defendants

10. The Defendants include The Government of Canada, Health Canada, and The Chief Public Health Officer of Canada.

11. The Defendant, His Majesty the King in Right of Canada ("**Canada**") is the federal Crown.

12. The Defendant, the Attorney General of Canada is named pursuant to the *Crown Liability and Proceedings Act*, RSC 1985, c. C-50 as the representative of the Minister of Health and the various federal agents and agencies represented by the minister, including but not limited to the CPHO, Health Canada and the Public Health Agency of Canada.

The Proposed Class

13. The members of the proposed class, hereinafter referred to as ("**the Class**" or "**Class Members**"), include:

    a. All Canadians who have suffered death or serious injury due to receiving any of the COVID-19 vaccines approved in Canada;

    b. All persons whose consent or acquiescence to receive the COVID-19 vaccine was obtained through fraud, coercion, duress, deceit, lack of informed consent or undue influence;

    c. All persons forced to surrender their right to refuse consent to any proposed medical treatment protected under the *Health Care Consent Act, Health*

Care (Consent) and Care Facility (Admission) Act, or any other Canadian Statute or Common Law; and

d. Surviving relatives and or the estates of Class Members who have suffered death or serious injury due to receipt of any of the said Covid-19 Vaccines.

14. Four vaccines developed by AstraZeneca, Moderna, Pfizer, and Janssen were authorized in Canada to treat symptoms of COVID-19:. All COVID-19 vaccines are still undergoing clinical trials. None prevent infection or transmission of COVID-19 or any of its variants. A complete list of the ingredients of any of these vaccines been published. Pfizer did not disclose a DNA sequence from the Simian Virus 40 ("SV40") in their mRNA Covid-19 vaccine to Health Canada. A senior Health Canada official revealed that Pfizer chose not to inform regulators about the presence of the SV40 sequence, despite assuming that is was not material to the manufacturing process. This revelation led to calls for further investigation into the safety and transparency of the vaccine development process.

15. The Pfizer and Moderna COVID-19 vaccines are both mRNA-based using a lipid nanoparticle as delivery system to get the mRNA into human cells. Prior to the rollout of the COVID-19 vaccines, no mRNA technologies were approved for disease prevention in humans.

16. The Janssen and AstraZeneca COVID-19 vaccines are both adenovirus vector-based vaccines that do not rely on mRNA or require the use of lipid nanoparticles.

17. These vaccines are experimental. Long-term effects have not yet been sufficiently studied. These vaccines have not undergone the same stringent scientific approval process by Health Canada as have previous vaccines and medications. The vaccines could cause other side effects that remain unknown due to their relatively recent development. No one can be certain about the long-term effects of vaccines that have not been studied over a span of many years.

18. The COVID-19 vaccines approved and recommended by the Defendants are known to cause severe adverse effects and injuries for many individuals. Various serious reactions from the COVID-19 vaccinations have occurred, including myocarditis,

pericarditis, Bell's Palsy, thrombosis, immune thrombocytopenia, and venous thromboembolism, acute myocardial infarction, cardiac sarcoidosis anaphylaxis, syphilis, and even sudden death.

19. The continued release of Post Authorization Adverse Events Reports, by the US Food and Drug Administration ("**FDA**") regarding the Pfizer COVID-19 vaccine, indicate that adverse reactions and side-effects, up to and including death, are not only more severe, but more frequent than anticipated based on initial data released to the public. The FDA's own documentation reports that during the Reporting Interval alone, 1,223 deaths were reported with 9,400 cases having an unknown outcome.

20. The public health messaging from the Defendants claimed that the 'vaccines' would prevent both infection and transmission of COVID-19. The Defendants knew or ought to have known that such public health messaging was patently false and likely to cause harm to vaccinated persons.

21. The Defendants made it clear during the pandemic that non-pharmaceutical restrictions imposed upon Canadians, including mask mandates, lockdowns, school closures, and business closures/restrictions, were conditional upon submission to receive one of the COVID-19 vaccines. Canada barred unvaccinated Canadians from travelling and placed unvaccinated federal workers on leave without pay as early as 15 November 2021. Canada made the window for exemptions to vaccine mandates exceedingly narrow and fomented public fear.

22. The Plaintiff and Class claim that vaccination absent informed consent and forced disclosure of private health information about their COVID-19 vaccination status to the Defendants under the threat of administrative and/or disciplinary measures ranging from unpaid leave, to travel restrictions, to business closures constitutes serious human rights violations.

23. The Defendants knew or ought to have known that vaccinated and unvaccinated Canadians can be infected with and transmit COVID-19. Pfizer has publicly acknowledged that vaccines do not provide immunity to COVID-19 or its known

variants. They merely claim to provide some “benefits” or “protection” that in certain circumstances at best lessens severity of symptoms or potentially reduces the risk of hospitalization.

24. The “benefits” or “protection” of the vaccines vary depending on numerous factors that are still being observed and studied, including any underlying health conditions, the individual’s age, and when the vaccine was administered in relation to any variant of concern.

Timeline

25. The Pfizer vaccine’s approval followed the following timeline:

Preclinical Stage

25.1 January 12, 2020: SARS-CoV-2 strain is announced publicly.

25.2 March 17, 2020: Pfizer and BioNTech announce plans for vaccine development and testing.

Phase I-II

25.3 April 22, 2020: Pfizer and BioNTech begin first clinical vaccine trial.

25.4 April 23, 2020: Phase I-II begins in Germany.

25.5 May 4, 2020: Phase I-II begins in the U.S.

Phase III

25.6 July 27, 2020: 43,000+ participants are enrolled.

25.7 November 18, 2020: Phase III study is concluded and an efficacy rate of 95% is announced.

Emergency Authorization of Vaccine Use

25.8 November 18, 2020: Pfizer and BioNTech submit EUA to FDA.

25.9 On 9 December 2020, Health Canada authorized the Pfizer Covid-19 vaccine for use in adults.

25.10 December 11, 2020: FDA authorizes emergency use of the

vaccine BNT162b2.

25.11 August 2021: Official FDA approval of Pfizer-BioNTech SARS-CoV-2 vaccine use in the U.S.

26. Prior to 2020, Moderna had eight (8) mRNA vaccines in development against numerous viruses, including Zika, RSV and influenza. The Moderna vaccine approval followed the following timeline:

Preclinical Stage

26.1 January 13, 2020: The NIH and Moderna's Infectious Disease team finalized the mRNA-1273 sequence.

26.2 January 23, 2020: Moderna receives funding award from CEPI to accelerate development.

26.3 March 04, 2020: The FDA completed review of IND filed by NIH for mRNA- 1273 and granted permission to proceed to clinical trials.

Phase I-II

26.4 March 16: First participant is given trial vaccine in the U.S.: NIH announced that Emory University would begin enrolling healthy adult volunteers ages 18 to 55 years in Phase 1, then added age cohort of 56+.

26.5 April 16: Moderna receives award of >$483 million from BARDA (U.S. gov. agency) for mRNA vaccine development: Moderna announced positive Phase 1 data for mRNA-1273.

26.6 May 11: FDA Fast Track Designation is given to Moderna primary vaccine candidate.

Phase III

26.7 July 27, 2020: Phase 3 study begins in collaboration with NIH and BARDA.

26.8 October 22: Phase 3 study completes 30,000-person enrollment.

26.9 November 13: Swissmedic starts rolling review of the vaccine following MHRA (UK) and Health Canada in October.

26.10 November 16: Moderna releases interim analysis information for Phase 3 trial with an efficacy report of 94.5% (meeting primary efficacy endpoint).

Emergency Use Authorization

26.11 November 16, 2020: Moderna announced primary efficacy analysis of Phase 3 COVE study and filed for Emergency Use Authorization with the FDA.

26.12 December 18, 2020: FDA authorizes use of mRNA-1273 for individuals 18 or older;

26.13 On 23 December 2020, Health Canada authorized the Pfizer Covid-19 vaccine for use in adults.

26.14 December 31, 2020: Interim safety and primary efficacy results from Phase 3 COVE study of mRNA-1273 vaccine were published in New England Journal of Medicine.

32 The Janssen vaccine approval followed the following timeline:

Preclinical stage

32.1 January 2020: Johnson & Johnson commits $1 billion to the development of a SARSCoV-2 vaccine in conjunction with the BARDA and the U.S. Department of Health and Human Science

32.2 March 30, 2020: A lead vaccine candidate is announced using a genetically modified adenovirus vector.

Phase I-II

32.3 July 20, 2020: Phase 1/2 trial begins with participants in the U.S. and Belgium.

Phase III

32.4 September 7, 2020: Ensemble Study of approximately 44,000 participants begins in evaluation of vaccine efficacy.

32.5 April 21, 2021: Phase 3 efficacy data released.

Emergency Use Authorization

32.6 February 2021: U.S. FDA issued emergency use authorization of the Johnson & Johnson Vaccine in and vaccine and administration in the U.S. begins.

32.7 On 23 December 2020, Health Canada authorized the Pfizer Covid-19 vaccine for use in adults.

33 All Health Canada approved COVID-19 vaccinations have filed product monographs which are available to inform the public of the effects of the vaccination. There were four (4) COVID-19 vaccines approved and available to the public in Canada.

i. AstraZeneca (Vaxsevria);

ii. Janssen/Johnson & Johnson (single dose) (Jcovden);

iii. Moderna (Spikevax) (including children aged 6 months to 11 years); and

iv. Pfizer-BioNTech (Comirnaty) (including for children aged 5 to 11 years)

Each of the COVID-19 vaccines presented above have a product Monograph.

34 A Product Monograph is a factual, scientific document on a drug product that, devoid of promotional material, describes the properties, claims, indications, and conditions of use for the drug and that contains any other information that may be required for optimal, safe and effective use of the drug.

35 The Product Monograph of the Pfizer vaccine, Comirnaty, does not include any

information related to the transmission of COIVD-19. Prevention of viral transmission is NOT an approved indication for Comirnaty. The word ‘transmission’ or any of its correlates indicating viral conveyance to another person, does not appear in this document and therefore the Plaintiffs plead that the Defendant cannot claim Comirnaty prevents transmission of COIVD-19 to other people.

36 The Product Monograph of Moderna’s vaccine, Spikevax does not include any information or direction on the transmission of COVID-19 and therefore the Plaintiffs plead that the Defendants cannot claim Spikevax prevents viral transmission of COVID-19 to other people.

37 The Product Monograph of VAXZEVRATM, manufactured by AstraZeneca does not include any information or direction on the transmission of COVID-19 and therefore the Plaintiffs plead that the Defendant cannot claim VAXZEVRATM prevents viral transmission of COVID-19 to other people.

38 The Product Monograph of JCOVDENTM, manufactured by Janssen does not include any information or direction on the transmission of COVID-19 and therefore the Plaintiffs plead that the Defendant cannot claim JCOVDENTM prevents viral transmission of COVID-19 to other people.

Informed Consent

39 If there is risk, there must also be choice. This is one of the bedrock truths of bioethics. This provides foundation for the internationally recognized doctrine of ‘informed consent’.

40 The doctrine of informed consent is well established within Canada. It is acknowledged and enforced within both the medical and legal communities. The Supreme Court of Canada has established the standard of consent required: the adequacy of consent explanations is to be judged by the “reasonable patient” standard – what a reasonable patient in the particular patient’s position would have expected to hear before consenting.

41 The Canadian Medical Protective Association has produced ‘Good Practices’

guidelines to help patients make informed decisions, stating that “every human being of adult years and of sound mind has the right to determine what shall be done with his or her own body.”

42 The College of Physicians & Surgeons of Alberta has also published advice to the profession in a document titled “Informed Consent for Adults”. This document established that patients must be free from compulsion, duress, or coercion when consenting to or refusing treatment.

43 The said experimental mRNA vaccine mandates also directly violated the internationally accepted *Nuremberg Code*, developed in 1947 to protect patients from medical experimentation stating as its first declaration that “the voluntary consent of the human subject is absolutely essential”

44 The Defendants knew or ought to have known about the significant risk of adverse complications from receiving any of the approved COVID-19 vaccines. The Defendants failed to inform or adequately inform the Canadian health care community and the Canadian public of those risks.

45 Neither the patient information pamphlet nor the prescribing information provided to physicians and pharmacists in Canada warned of the adverse risks associated with taking the COVID-19 vaccines.

46 Only one of the COVID-19 vaccines has been withdrawn in Canada. Many countries have halted the use of Moderna’s COVID- 19 vaccine in young people over concerns around cardiovascular side effects. The World Health Organization no longer considers any of these vaccines safe for children under the age of 12.

Duty of Care

49 The Defendants were negligent in the licensing, distribution, monitoring, marketing, and sale of the COVID-19 vaccines.

50 The Defendants’ conduct gave rise to a duty of care at the operational level in implementing the vaccine-related decisions and policies, and in rolling out their respective vaccine mandates. The Defendants’ Vaccine Conduct was operational in nature. The Vaccine Conduct was the Defendants’ way of implementing Canada’s

laws and policies on COVID-19.

51 Implementation of the vaccine mandates by the Defendants was unreasonable. It subjected the Plaintiff and Class Members to an objectively unreasonable risk of serious harm and death.

52 The Defendants' unreasonable Vaccine Conduct caused the harms suffered by the Plaintiff and Class Members.

47 The Defendants authorized the Vaccines solely in reliance upon foreign authorities, like the FDA. They knew that domestic clinical evaluation was not undertaken to determine latent defect. When foreign authorities suspended their authorizations in light of the known risks, Health Canada continued to authorize the Vaccines.

48 The Defendants executed agreements with the described pharmaceutical companies, indemnifying them from civil liability for harms caused by the vaccines. Details of these agreements remain largely withheld from the Canadian public, including the Plaintiff and Class Members.

The Vaccine Rollout

49 The SARS CoV-2 (severe acute respiratory syndrome coronavirus 2) virus is a strain of coronavirus causing COVID-19 (coronavirus disease 2019). It was first identified in an outbreak in the Chinese city of Wuhan in December 2019. From that point on, it spread rapidly throughout the world causing illness, death, and global panic.

50 Following what was trumpeted as a necessary, herculean and collaborative scientific effort, numerous vaccines flooded the market in late 2020, in the hope of providing a panacea to the COVID-19 pandemic. Those vaccines were all developed and briefly trialed.

51 Vaccines normally take ten to fifteen years to go from initial trial to public market.

52 The Pfizer BioNTech BNT162b2 mNRA COVID-19 Vaccine was authorized by the Defendants for use in Canada in adults and children aged 12 years and older. The vaccines were and continue to be marked and promoted as "safe" and "effective".

53 Prior to the said release, mRNA had never been successfully tested – let alone used- in combating infectious diseases such as COVID-19. It was tested as a possible intervention against cancers, and to a limited and unsuccessful extent, as a potential intervention against HIV_1. It had not previously been tested in any human trials against SARS-CoV-2, the causative agent of COVID-19, or against any other coronaviruses.

54 Pfizer's vaccine trial mired by substantial data manipulation, data inaccuracies, and inaccurate outcomes. This misled global regulators like Health Canada into granting authorization to the detriment of public health.

55 Global real-world data, in the form of official data from Governments around the world, as well as vaccine adverse event monitoring systems, scientists and doctors report serious adverse events (including blood clotting disorders, cardiac disorders, neurological disorders, autoimmune disorders, pregnancy and fertility issues and aggressive cancers) arising out of the inadequately tested hazardous vaccines.

56 Battling the tide of information suppression and "cancellation" of unpopular opinions, medical and scientific experts around the world are now publishing these adverse events, as well as the mechanisms causing them, in established per-reviewed journals.

57 The Vaccine Adverse Events Reporting System ("**VAERS**") is the world's most comprehensive and reliable adverse events reporting system. It shows that the mRNA vaccines cause more serious adverse events. VAERS was created in the United States in 1900 by the Food and Drug Administration (FDA) and Centres for Disease Control and Prevention (CDC) to receive reports of Adverse Events ("AEs") that may be associated with any vaccines that goes to market. It is widely known as one of the world's foremost adverse events reporting systems. It is already showing drastic increases (of hundreds or thousands of percentage points) in adverse events such as cancers, deaths, disability, fertility issues, and adverse events in children compared to <u>all other vaccines</u> over a decade long period.

58 VAERS was created because vaccines can cause adverse events, including

death, which may not be detected in clinical trials. Serious adverse effects of vaccines often only emerge once released onto the market. VAERS acts as an early warning system for such events. Reports on the system are filed primarily by medical practitioners (approximately 70%) who have, based upon their medical expertise and best judgements, concluded that the relevant adverse effect was related to vaccines.

59 VAERS data on Covid-19 vaccines has found alarming results. The Covid-19 Pfizer vaccine reports show higher rates of adverse events than all other vaccines combined over the past decade in every metric analyzed.

60 There are causal links between the mRNA technology and conditions such as autoimmune diseases, aggressive deadly cancers, severe inflammatory conditions, prion diseases (contagious untreatable disease resulting in the gradual decline of brain function leading to personality changes and death), myocarditis, blood clotting, impaired fertility, miscarriages, and spontaneous abortions.

61 Death reports for the Pfizer Covid-19 in 2021 and 2022 are 2,768% higher than all other vaccines combined from 2011 to 2020. ln the context of the vaccine report, if a death is associated with a vaccine, the vaccine should be removed from distribution as a precautionary measure.

62 Reports of disability after receiving the Pfizer Covid-19 vaccine in 2021 and 2022 were 875% higher than all other vaccines combined from 2011 to 2020.

63 VAERS reports of Creutzfeldt-Jakob Disease ("CJD"), a serious brain disease, have skyrocketed 2,900% for the Pfizer COVID-19 vaccine compared to all vaccines combined from 2011-2020. CJD is a rare, degenerative, and fatal brain disorder that affects about one in every one million people worldwide.

64 VAERS reports show a 11754% increase in cancer cases related to the Pfizer vaccine compared to all vaccines combined from 2011-2020. Rare cancers such as Acute Lymphocytic Leukemia and male breast cancers are also being reported in older individuals.

65 VAERS reports show a 737% increase in serious pregnancy-related issues

(spontaneous abortion, miscarriages, stillbirths) when comparing the mean number of reports for all vaccines from 2011-2020 to a single product (Pfizer) in 2021 and 2022.

66 VAERS reports show a 165% increase in adverse events in children after receiving Pfizer vaccine in 2021 compared to all vaccines combined from 2011-2020. This is expected to continue to rise as children have not been vaccinated for as long as adults. This data is based on reports since the CDC Emergency Use Authorization of the vaccine in children.

67 On or about 17 March 2020, a collaboration agreement was entered into between Pfizer and BioNTech, a German biotechnology company that develops and manufactures active immunotherapies for patient-specific approaches to the treatment of diseases.

68 The preamble to this agreement states the reason for collaboration between these two companies, Pfizer and BioNTech engaged in "expedited' collaborative research and development to identify and develop vaccine candidates to aid in combatting the Covid-19 pandemic. They "*seek expedited regulatory approval for {the vaccines], and launch [the vaccines worldwide, excepting China] as quickly as reasonably possible*".

69 BioNTech was at all material times the owner or controller of the necessary patents, patent applications, technology, know-how, scientific and technical information and other proprietary rights and information relating to the identification, research and development of the necessary vaccines. The agreement states that Pfizer's contribution was its "*expertise in development and commercialization of pharmaceutical and biopharmaceutical products".*

70 The clear purpose of the agreement was to produce vaccines as quickly as possible, and to use Pfizer's commercialization expertise to market it throughout the world with haste. There is no indication in the agreement that this haste in development, commercialization and distribution was subject to rigorous safety checks of the vaccine.

71 The Plaintiff and Class Members say that Pfizer's data on the COVID-19 vaccines is deliberately inaccurate, and that the Defendants knew or ought to have known this to be the case.

72 Pharmaceutical manufacturers have no duty to produce safe medical products. The only safety checks and balances come from global regulatory authorities, like Health Canada. Those regulatory authorities must require safety and efficacy data before they approve new medicines, such as these Vaccines. This is the only reason that pharmaceutical companies conduct clinical safety and efficacy trials.

73 The Defendants, in apparent collaboration with pharmaceutical companies, encouraged the Canadian public to "trust the science" in the absence of transparency or proper regulatory oversight.

74 Pfizer successfully negotiated deals with several major national governments, including Canada, that (i) force governments to keep the agreements confidential, and that (ii) indemnify them against any financial liability in the event of vaccine-related harm.

75 The Pfizer vaccine was rushed to market with grossly inadequate evaluation of either safety or effectiveness. The Canadian public was told that this product was "safe" even though mRNA technology had never been successfully tested for efficacy and safety in tackling infectious diseases.

76 The result is that an unsafe, inadequately tested product was and is being administered to the Canadian population, including the Plaintiff and Class Members.

77 Peer reviewed papers show links between the mRNA technology and conditions such as autoimmune diseases, aggressive deadly cancers, severe inflammatory conditions, prion diseases (contagious untreatable diseases resulting in the gradual decline of brain function leading to personality changes and death), myocarditis, blot clotting, impaired fertility, miscarriages and spontaneous abortions, and sudden death.

78 The mRNA genetic biologics, or so-called "vaccines," cause severe illnesses in a

vast section of the population, including, cancer, autoimmunity, neurodegeneration, and death. They are neither safe nor effective.

The Pfizer Trials: Their Design, Conduct and Data

79 On February 4, 2020, pursuant to Section 564(b)(1)(C) of the *Federal Food, Drug, and Cosmetic Act*, the Secretary of the Department of Health and Human Services in the United States (HHS), determined that there was a public health emergency that had a significant potential to affect national security, or the health and security of United States citizens living abroad, and that involved the virus that caused the Coronavirus Disease 2019 (Covid-19).

80 On the basis of such determination, the Secretary of HHS, on March 27 2020, authorized emergency use of drugs and biological products during the COVID-19 pandemic, pursuant to Section 564 of the *Federal Food, Drug, and Cosmetic Act*.

81 It was under this *Act* that Pfizer and BioNTech, who were collaborating in vaccine development, ultimately sought Emergency Use Authorization (EUA) in the US for their mRNA vaccines, followed later by boosters, and further Covid-related vaccine products.

82 Pfizer's 18 November 2020 press release explains that the clinical trial for the Pfizer BioNTech BNT162b2 mRNA Covid-19 Vaccine began in April 2020 and ended on 18 November 2020 (a period of six months).

83 The vaccine's initial 2-month safety and efficacy data was collected during this time period. At the data cut-off date of 9 October 2020, a total of 37,706 participants had a median of at least two months of safety data available after the second dose, and they contributed to the main safety data set.

The Two-Month Trial Data

84 On the basis of Pfizer's 2-month data, the Comirnaty vaccine was given Emergency Use Authorization by the FDA in the US on 11 December 2020.

85 Pfizer published its 2-month safety data on 31 December 2020 in the New England Journal of Medicine in an article titled "Safety and Efficacy of the BNT162b2 mRNA

Covid-19 Vaccine".

86 The published summary of safety and efficacy profiles does not bear scrutiny. The authors did not publish any calculation of absolute risk reduction (ARR), as required in terms of an FDA publication "Communicating Risks and Benefits: An Evidence-Based User's Guide". On page 60 of this Guide, in paragraph 2, the FDA advises "Provide absolute risks, not just relative risks. Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions".

87 The authors also did not publish any information about "effectiveness" as opposed to "efficacy". A serious issue of concern relates to the carefully selected study population itself, and the blanket vaccine efficacy and safety claims made in the published summary of the trial data.

88 The 2-month report claims that the vaccine has a general 95% efficacy and a "favourable" safety profile. These claims are deliberately misleading. The vaccine was not trialed on all the target population demographics. The vaccine was only trialed in healthy individuals over age 16, and those with stable disease.

89 The efficacy finding of 95% and the alleged "favourable" safety profile only held true for the population demographic on which the vaccine was tested (being healthy individuals over the age of 16). Pfizer instead presented the efficacy finding as being severally effective, in the population.

90 Vulnerable portions of the population (individuals over 75 years of age and pregnant/lactating women, for example) were either entirely or substantially excluded from the trial. The efficacy and safety findings could not have applied to them.

91 The vaccine, once approved, was marketed and administered to some of the most vulnerable people in society even though there was no efficacy or safety data for those people:

91.1 Adolescents below the age of 16 years were also excluded from the initial trial. Adolescents 12-15 years of age were only included after the 2-month data had been collected. Notwithstanding this exclusion, the Pfizer 2-month data made a blanket claim of 95% efficacy and a favourable safety profile, implying falsely that the vaccine's safety and efficacy on adolescents is supported by Pfizer's data;

91.2 Pregnant and breastfeeding women were excluded from the trial;

91.3 The Pfizer 2-month data makes a blanket claim of 95% efficacy and a favourable safety profile, which misled the Plaintiff and Class Members to trust that the vaccine's safety and efficacy on pregnant women is supported by Pfizer's data;

91.4 Pfizer and BioNTech acknowledge in official documentation that the effect of the vaccine on pregnant woman and unborn babies is wholly unknown;

91.5 85% of the people most at risk from Covid-19 were those over the age of 75 years, and it was to that age group and indigenous Canadians, that the vaccine was most aggressively marketed;

91.6 Those age 75 and above only represented 4.3% of trial subjects. That figure comes from the fact sheet for healthcare providers administering Covid-19 Pfizer vaccines;

91.7 The vaccine was also not tested in those who were sick with underlying health conditions, despite those individuals being most at risk from Covid-19.

92 A further serious issue of concern is that the 95% efficacy was overstated:

92.1 The 2-month report explains that the vaccine group of trial participants were compared to a group of counterparts who received a saline placebo;

92.2 To obtain a true efficacy profile, the trial needed to compare the vaccine intervention to, at the very least, other interventions against Covid-19 and/or natural immunity;

92.3 As set out in the Pfizer trial protocol, patients treated with medicines intended to prevent infection and those with previous exposure to Covid-19 (and who therefore had natural immunity) were excluded;

92.4 The protocol state that the primary end point (the main outcome or measure that the trial is designed to evaluate) was preventing the occurrence of confirmed Covid-19 cases 7 days post second dose of the vaccine. This means that they gave the trial subjects injections on day 1 of the trial, and again 21 days later, but only screened for Covid-19 seven days after the second dose;

92.5 The trial participants were only screened for Covid-19 four weeks after their first injection. This means that any trial subjects who presented with Covid-19 in the four-week period following their first injection were not included in the trial data;

92.6 Vaccines cause temporary immune suppression for a few weeks following the injection, making subjects more vulnerable to illness and disease (including Covid-19) during that period;

92.7 Not including those who presented with Covid during the relevant four- week time frame had the effect of artificially inflating the efficacy figures; and

92.8 An examination of the end points defined in the protocol shows that the study was not designed to test whether the vaccine:

92.8.1 protects others from transmission of Covid-19,

92.8.2 protects recipients from hospitalization for Covid-19, or

92.8.3 protects recipients from death by COVID-19.

Data from Post-Authorization Surveillance Conducted for Two and a Half Months After December 2020 EUA and Rollout of the Public.

93 The early post-authorization surveillance considered data from the date of the rollout in mid-December 2020 to 28 February 2021.

94 The purported reason for collecting the data was so that the FDA could track the real-world performance of the Pfizer BioNTech BNT162b2 mRNA Covid-19 Vaccine (Pfizer's "COMIRNATY" vaccine), including its adverse events, and use that data to reach conclusions and make rational decisions about whether to continue with the vaccine rollout.

95 Instead of making this data public, the FDA subjected it to confidentiality clauses, and did not disclose it.

96 Transparency advocate groups in the United States sued the FDA to gain access to the data upon which Comirnaty was granted its EUA. The FDA wanted the Federal Judge to allow the agency fifty-five years to release the data, but that request was denied.

97 The post-authorization surveillance data, now released in part under Court order, appears in a document titled *"Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) [i.e. Comirnaty] received through 28-Feb-2021"*

98 The document was drafted by a company called Worldwide Safety. It provides an integrated analysis of the cumulative post- authorization safety data including US and foreign post-authorization adverse event reports received through 28 February 2021.

99 The report commences by noting that there were a large number of adverse events reported. It notes *inter alia* that:

> *"Due to the large numbers of spontaneous adverse event reports received for the product, the [marketing authorization holder] has prioritized the processing of serious cases, in order to meet*

expedited regulatory reporting timelines and ensure these reports are available for signal detection and evaluation activity."

100 It is not known how many individuals were vaccinated. This information has been redacted, so it is impossible to assess what percentage of vaccinated individuals suffered various adverse events. Significant numbers of adverse events were being reported globally.

101 The data collection was passive: vaccinated individuals were not actively contacted and followed up with. As the reporting was voluntary, there is a strong likelihood of a significant under-reporting factor.

102 Of the 42,086 case reports of adverse events following the vaccines, 1223 people were dead within 2½ months of the roll-out, 11,361 were not recovered at the time of the reports, and 9,400 had unknown outcomes, any number of which may have died or suffered other serious adverse outcomes.

103 Historically, the FDA or drug manufacturers themselves have removed drugs from the market where fewer serious adverse effects were reported, or when as few as four deaths had resulted.

104 The severe events reported in the Comirnaty 2½ month post-authorization data included General disorders and administration site conditions, Nervous system disorders, Musculoskeletal and connective tissue disorders, Gastrointestinal disorders, Skin and subcutaneous tissue disorders**,** Respiratory, thoracic and mediastinal disorders, and Infections and infestations.

105 Of particular concern, given that the Comirnaty vaccine had not been tested on pregnant women, were the adverse events reported in pregnant women in the 2½ month post-authorization data which included two hundred and seventy-four adverse events including spontaneous abortions, premature birth with neonatal death, outcome pending, and normal outcome.

106 Statistically, if no outcome was provided for 238 pregnancies, they only collected data for 32 pregnancies. Of those 32 pregnancies that had data, 31 of them had either an abortion or fetal death. That equates to 97% of pregnant women in the

available data set having an abortion or fetal death.

107 The report claimed that a review of the available data confirmed a favorable benefit/risk balance for Pfizer's vaccine, but that further pharmacovigilance was required and would be conducted.

108 At the time of the publishing of the two-month trial data in December 2020, no further data was available, and the next available data that was gathered and analyzed was presented in the 2½ month post-authorization paper.

The Unblinding, the Cross-Over and Destruction of any Long-Term Efficacy and Safety Datasets Resulting in an Invalidated Trial.

109 Any phase three clinical randomized controlled trial (RCT), which is what the Pfizer trial purported to be, must involve an inoculated group of trial subjects and an equivalent placebo group. Those groups must subsist until the end of the trial. It is the long-term comparison of the efficacy and safety profiles between the vaccinated trial arm, and the placebo trial arm which allows for a proper assessment as to whether or not the product has acceptable efficacy and safety profiles. Without this data, it is impossible to assess long term efficacy or safety.

110 Vaccine trials are routinely run for a period of ten to fifteen years. The trial period was severely truncated to three years. The vaccine arm and placebo needed to be maintained until the culmination of the trial in order to secure decent efficacy and safety data sets. Pfizer crippled the comparative data collection process, thereby invalidating their trial by unblinding the trial groups and offering vaccination of the placebo group. The crossover eliminates any prospect of collecting reliable long-term efficacy and safety data about the Vaccines.

Pfizer's 6-Month Trial Data

111 Any data it cites, and any and all conclusions it purports to draw are invalidated by the said 2-month cross-over.

112 The Pfizer six-month data show the vaccine had a "favorable" safety profile, and a 91.3% efficacy profile (down from 95% in the 2-month data).

113 Adding children at a later stage gave a false boost to the efficacy numbers, since

children having stronger immune systems than adults, and are less susceptible to Covid-19.

114 The efficacy for these two demographics needed to be reported separately, not as one combined result. Without this boost, the Pfizer 6-month reported efficacy would have been lower. This was deliberately misleading.

115 The vaccine was being authorized by the Defendants for the most vulnerable populations (pregnant and lactating women, immunocompromised individuals with known or suspected immunodeficiency, people receiving cytotoxic agents or systemic corticosteroids, and people with other serious underlying health conditions, as well as individuals with a previous diagnosis of Covid-19, even though the vaccine's efficacy and safety had not been tested in any of those population demographics in the trial.

116 The registration was done based on Pfizer's data without any external checks and balances, or verification.

117 The Defendants have consistently run public campaigns stating that the vaccines, including all of the Pfizer vaccines "*prevent transmission*" and are "*safe*" and "*effective*".

118 The Defendants also encourage pregnant women to take the vaccine despite Pfizer and BioNTech's admission (detailed above) that "*it is not yet known whether the use of [Comirnaty] in a parent could be harmful to an unborn baby[.. .]*'.

119 The Defendants say that the reason to get vaccinated is that the vaccine protects others - meaning it stops transmission. The Defendants also assured the Canadian public, including the Plaintiff and Class Members, that the vaccines are safe and effective.

120 These vaccines were approved by Health Canada as drugs designed to protect against the virus described as SARS-Co V-2, also known as COVID-19.

Causation

121 The Plaintiff and Class Members claim that all of the described symptoms, side effects and damages arising from them were caused as a result of having been

administered the Vaccines.

Legal Basis

Failure to Comply with the *Food and Drugs Act*, RSC, 1985, c F-27 ("*FDA*")

122 The Defendants breached the standard of care by:

136.1 Failing to adhere to the *FDA*;

136.2 Failing to comply with orders made pursuant to the *FDA*, including but not limited to the *Interim Order Respecting the Importation, Sale, and Advertising of Drugs for Use in Relation to COVID-19* ("**FDA Order**"); and

136.2.1 Failing to adhere to the *Food and Drug Regulations* C.R.C., C 870 ("**FDA Regulations**")

135 The Plaintiff and Class Members further state that the Defendants failed to adhere to the labelling requirements of the FDA, FDA Regulations, and FDA Order.

136 The Defendants breached the FDA, FDA Regulations and FDA Order depriving Plaintiff and Class Members of their right to informed consent.

Negligent Misrepresentation

137 Violations of the FDA by the Defendants, in addition to being a statutory violation, constituted a negligent misrepresentation.

138 The Plaintiff and Class Members further claim that each of the Defendants negligently misrepresented the safety of the Vaccines.

139 The Plaintiffs claim that the Defendants owed a duty of care to accurately inform the class members of all risks associated with being administered the Vaccines.

140 The Plaintiffs say that the Defendants, both individually and collectively, represented that the Vaccines ("**the Representations**"):

140.1 Were safe and fit for their intended use;

140.2 Were of merchantable quality;

140.3 Had been adequately tested to ensure no unreasonable risks

or adverse reactions were likely to occur; and

140.4 Such further and other representations as will be particularized before the court in this proceeding.

141 The Representations were made by the Defendants when they knew or ought to have known they were inaccurate. Alternatively, the Plaintiff and Class Members say that the Representations were made recklessly when the Defendants had insufficient information, but while representing themselves as having sufficient information.

142 The Representations made by the Defendants were unreasonable in the face of risks that were known or ought to have been known. Alternatively, the Representations made by the Defendants were unreasonable given the lack of direct information known to such a degree that the Representation were negligent.

143 In addition to making these Representations, the Defendants urged the Plaintiff and Class Members to obtain the Vaccines at the very first opportunity.

144 The Defendants owed a duty to the Plaintiff and Class Members to ensure health and safety, and to make them aware of reasonably foreseeable health or safety hazards to which the class members would likely be exposed.

145 Opting to be administered the Vaccines, Plaintiff and Class Members relied upon the Representations made by each of the Defendants, to their detriment.

146 Each of the Defendants knew, or ought to have known, that the Plaintiff and Class Members would rely upon the representations made.

147 Contrary to the representations made, the Vaccines were unsafe.

148 But for the representations made, the Plaintiff and Class Members would not have been vaccinated.

149 But for the Representations made, the Plaintiff and Class Members would not have suffered harm and resulting damages.

Negligence

150 The Vaccines as then manufactured, labelled, and ultimately delivered to and

taken by the class members were not reasonably safe, and thus were defective products.

151 The Vaccines were not property conceived, designed, formulated, tested, researched, studied, packaged, distributed, sold and placed in the stream of commerce.

152 The Vaccines were not accompanied by warnings to class members.

153 The Vaccines were not reasonably safe products because of, but not limited to, the following grounds:

153.1 The foreseeable risks exceeded the benefits associated with the product;

153.2 These products were more dangerous than ordinary consumers, including the Plaintiffs, would expect;

153.3 These products did not have adequate, effective warnings and instructions in light of the dangers associated with their use;

153.4 These products were inadequately tested; and

153.5 These products were unfit for the purpose for which they were intended.

154 The Vaccines were unreasonably dangerous, beyond the dangers which could reasonably have been contemplated by the class members. Any benefit from being administered the Vaccines are far outweighed by the serious and undisclosed risk associated with their use, when used as the Defendants intended.

155 The Plaintiff and Class Members claim that the Defendants owed the class members a duty of care at all material times to:

155.1 Ensure that the Vaccines were fit for intended use;

155.2 Conduct appropriate testing to determine whether and to what extent use of the Vaccines posed serious health risks, including

the magnitude of risk of developing serious injuries such as thrombocytopenia coagulation disorders and/or stroke;

155.3 Properly, adequately, and fairly warn the class members of the magnitude of the risk of developing serious injuries; and

155.4 Monitor, investigate, evaluate, report and follow-up on adverse reactions to the use of the Vaccines.

156 The Defendants breached their respective standards of care. The Plaintiff and Class Members state that their damages, as set out herein, were caused by the negligence of the Defendants.

157 Such negligence includes, but is not limited to, the following:

157.1 The Defendants failed to ensure that the Vaccines were not dangerous to recipients, and that they were both fit for the intended purpose and of merchantable quality;

157.2 The Defendants failed to adequately test the Vaccines;

157.3 The Defendants negligently authorized the Vaccines;

157.4 The Defendants negligently failed to suspend authorization of the Vaccines;

157.5 The Defendants failed to require an adequate degree of testing, in a manner that would fully disclose the magnitude of the risks - including but not limited to risks of thrombocytopenia, coagulation disorders, adverse cardiac events and stroke - associated with the Vaccines;

157.6 The Defendants failed to provide the Plaintiff and Class Members, their physicians, and the general public with proper, adequate and/or fair warning of the risks associated with use of the Vaccines; and

157.7 The Defendants failed to adequately monitor, evaluate, and act upon reports of adverse reactions in Canada and elsewhere.

158 The Plaintiff and Class Members claim that the Defendants owed a duty of care to:

158.1 Inform Plaintiff and Class Members about the risks and dangers associated with being administered the Vaccines;

158.2 Comply with all elements of the FDA, FDA Orders, and the FDA Regulations prior to administering or advertising the Vaccines; and

158.3 Comply with all elements of the FDA, FDA Regulations and FDA Orders while administering the Vaccines.

159 The Defendants breached the standard of care by failing to provide information about the risks and dangers associated with the Vaccines. In particular, the Defendants neglected and failed to warn the class members that the Vaccines posed a risk of thrombocytopenia, coagulation disorders, blood clotting, adverse cardiac events, stroke, and death.

Breach of Implied Warranty

160 The Plaintiff and Class Members assert claims against the Defendants for breaches of implied warranty and as a result, claim all losses and damages flowing from such breaches.

161 The Defendants impliedly warranted Vaccines to be of merchantable quality, safe and fit for their intended and foreseeable users. The Defendants breached their implied warranty because the Vaccines are not of merchantable quality or safe for fit for intended use.

162 As a direct and proximate result of the breach of implied warranty, the Plaintiffs suffered and will continue to suffer injury, death, harm, and economic loss as alleged herein.

III. INTENTIONAL INFLICTION OF MENTAL SUFFERING

163 The Plaintiff and Class Members plead that the Defendants intentionally caused mental suffering to them through threats and intimidation during the pandemic because of their vaccination status and their general distrust and

hesitation over the COVID-19 vaccine specifically.

IV. ASSAULT AND BATTERY

164 The Plaintiff and Class Members plead that the Defendants committed a tortious assault on the Plaintiff and Class Members by promotion of an experimental vaccine, under the threat of public persecution and vilification.

165 The Defendants intentionally or negligently committed assault on the Class Members by coercing them to take an experimental drug, without consent.

V. MISFEASANCE IN PUBLIC OFFICE

166 The Plaintiff and Class Members plead that the Defendants committed the tort of misfeasance in public office by deliberately conducting themselves unlawfully in the exercise of their public functions through the promotion of an experimental vaccine. The Defendants knowingly and in bad faith acted unlawfully outside the scope of their authority by coercing the Plaintiff and Class Members to take an experimental drug, without consent.

167 The Defendants' actions were knowingly taken without any legitimate or lawful basis and for no legitimate purpose. These actions were known to cause harm to the Plaintiff and Class Members.

168 At all material times, it was readily apparent to the Defendants that COVID-19 did not present a serious threat to the Plaintiff and Class Members while the vaccines were likely to cause harm to the Plaintiff and Class Members.

169 The Defendants further abused their public office, acted in bad faith, and intentionally misled the Plaintiff and Class Members about the COVID-19 vaccines by claiming they were safe and effective and would stop the transmission of infection. The Defendants directed importation of the Vaccines Canada, only when the Canadian Government was the purchaser. This created a conflict of interest and caused an economic interest in urging the Plaintiff and Class Members to obtain the vaccines. This conflict of interest caused the Defendants to act in a deliberate and unlawful way known to cause harm to the Plaintiff and Class Members.

170 The Defendants knew of the increased risks of the vaccines and intentionally censored and suppressed this information from the Plaintiff and Class Members. This was done to prevent the Plaintiff and Class Members from making independent and informed assessments about whether to take the vaccines.

171 The Defendants intentionally engaged in conduct which they knew was unlawful and likely to cause harm to the Plaintiff and Class Members. As a result, the Plaintiff and Class Members suffered severe, permanent physical, psychological and emotional harm and other quantifiable damages.

VI. AGGRAVATED, PUNITIVE AND "BAD FAITH" DAMAGES

172 The Plaintiff and Class Members have suffered significant mental anguish as a result of vaccination. They claim punitive damages for the prejudice suffered by them and their families as a result of the discrimination. The Plaintiff and Class Members reserve their right to amend the amounts claimed for punitive damages to account for future economic losses, including but not limited to loss of income.

173 The Plaintiff and Class Members claim further aggravated and punitive damages stemming from the unduly harsh, insensitive manner in which the Defendants behaved. The Plaintiff and Class Members have suffered measurable damages, including mental distress, anxiety, and, in particular, injury to dignity and self-respect.

174 Plaintiff and Class Members have suffered damages as follows:

174.1 Physical injury;

174.2 Mental injury;

174.3 Special damages;

174.4 Loss of income;

174.5 Future loss of income;

174.6 Loss of earning capacity;

174.7 Costs of medical care;

174.8 Future costs of care;

174.9 Loss of opportunity to invest;

174.10 Medical expenses; and

174.11 Mental and emotional distress;

174.12 Medical expenses from pain and suffering;

174.13 Premature death; and

174.14 Such further and other losses as will be proven at trial.

VII. REMEDIES SOUGHT

190. The Plaintiff claims on her own behalf and on behalf of the members of the proposed Class:

a. An order certifying this action as a class action proceeding and appointing Drue Taylor as the Representative Plaintiff for the Class pursuant to the *Class Proceedings Act*;

b. An Order designating this action as one of broad public interest;

c. An Order designating Grey Wowk Spencer LLP as exclusive Class Counsel;

d. Declaration pursuant to sections 2(g) and 5(1)(f) of the *Assisted Human Reproduction Act*, 2004, wherein the Defendants potentially irreparably and permanently damaged the Plaintiff and Class Members' genetic makeup by suggesting the use of mRNA vaccine technologies from Pfizer and Moderna;

e. Damages for misfeasance in public office by the named Defendants in an amount to be proven at trial but not expected to exceed $500,000.00 per Class Plaintiff;

f. Damages for intimidation by the Defendants in an amount to be proven at trial but not expected to exceed $100,000.00 per Class Plaintiff;

g. Damages for intentional infliction of mental suffering in an amount to be proven at trial but not expected to exceed $500,000.00 per Class Plaintiff;

h. Damages for tortious interference in economic relations in an amount to be proven at trial but not expected to exceed $500,000.00 per Class Plaintiff;

i. Damages for tortious assault and battery in an amount to be proven at trial but not expected to exceed $500,000.00 per Class Plaintiff;

j. General damages plus damages equal to the cost of administering the plan of distribution in an amount to be proven at trial but not expected to exceed $500,000.00 per Class Plaintiff;

k. Special damages in an amount to be determined, including but not limited to:

    i. past or future loss of income,

    ii. medical expenses;

    iii. loss of family net income and support;

    iv. loss of valuable family services;

    v. voluntary services provided by family members and friends as a result of the Plaintiff's and Class Members' injuries;

    vi. loss of love, care, guidance, education, training, encouragement, and companionship;

    vii. cost of investment, financial management and other professional counselling fees;

    viii. gross up for goods and services tax expectancy; and

    ix. out of pocket expenses;

l. Punitive and exemplary damages in an amount to be proven at trial but

not expected to exceed $100,000.00 per Class Plaintiff;

m. Prejudgment and post judgment interest pursuant to the *Alberta Rules of Court*, as amended;

n. Costs in this action including costs of all experts; and

o. Such further and other relief as this Honourable Court may deem just.

191. The Plaintiff pleads and relies on the following:

a. *Financial Administration Act*, R.S.C., 1985, c. F-11;

b. *Genetic Non-Discrimination Act*, S.C., 2017, c. 3;

c. *Assisted Human Reproduction Act,* S.C., 2004, c. 2; and

d. Alberta Rules of Court, Alta Reg 124/2010;

e. *Judgment Interest Act,* RSA 2000, c.J-1;

f. Such further and other authorities and legislation as counsel may advise and this Honourable Court may accept.

NOTICE TO DEFENDANT(S)

You only have a short time to do something to defend yourself against this claim:

20 days if you are served in Alberta

1 month if you are served outside Alberta but in Canada

2 months if you are served outside Canada.

You can respond by filing a statement of defence or a demand for notice in the office of the clerk of the Court of King's Bench at Calgary, Alberta, AND serving your statement of defence or a demand for notice on the plaintiff's(s') address for service.

WARNING

If you do not file and serve a statement of defence or a demand for notice within your time period, you risk losing the law suit automatically. If you do not file, or do not

serve, or are late in doing either of these things, a court may give a judgment to the plaintiff(s) against you.