From:	Derek Moran
To:	Executive Committee
Subject:	re: speaking at Executive Committee this morning
Date:	Thursday, September 23, 2021 6:30:54 AM
Attachments:	Executive Committee - September 2021 vaccination.docx

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Hi,

I wish to speak at Executive Committee on this one item:

EX26.16 Update on COVID-19 Vaccination

I will be calling from phone number [redacted].

I am attaching my written presentation to be included as a communication file.

Thank you,
Derek Moran

I just wanna say by me speaking at this meeting this shall not be deemed to be in any way my consent express or implied and doing so is fraud God Bless Her Majesty the Queen and long live Her Majesty the Queen.

So in this report it refers to - "…any mandatory vaccination policy or program recognizes legislated or regulatory exemptions…"

https://publications.gc.ca/collections/collection_2016/aspc-phac/HP3-1-23-S4-eng.pdf

ISSN 1188-4169

Canada Communicable Disease Report

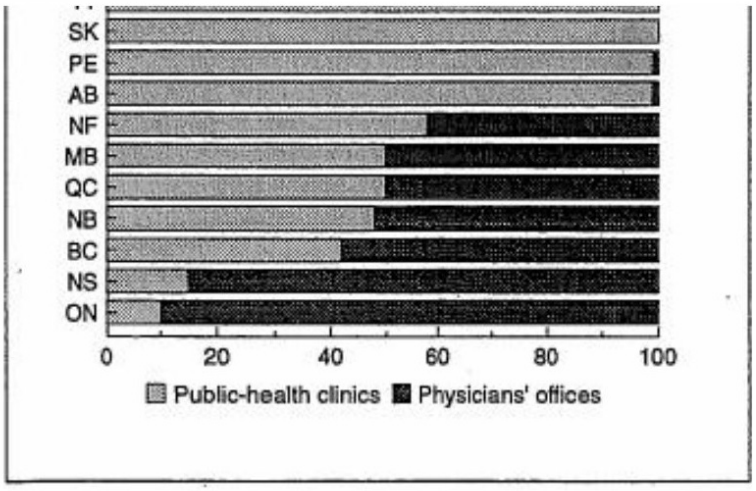
Date of Publication: May 1997

Volume 23S4

Supplement

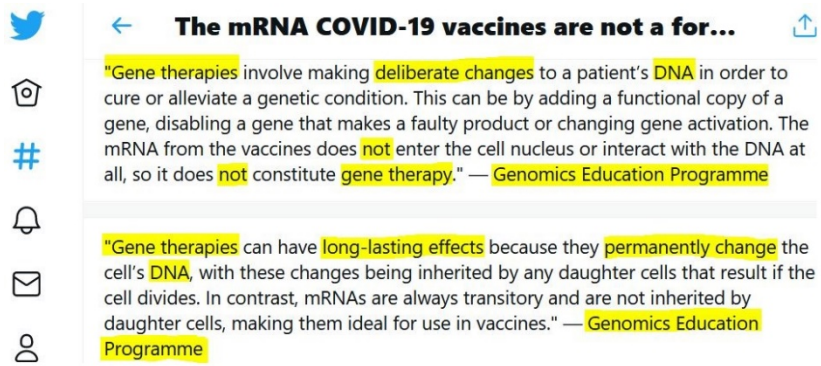
Canadian National Report on Immunization, 1996

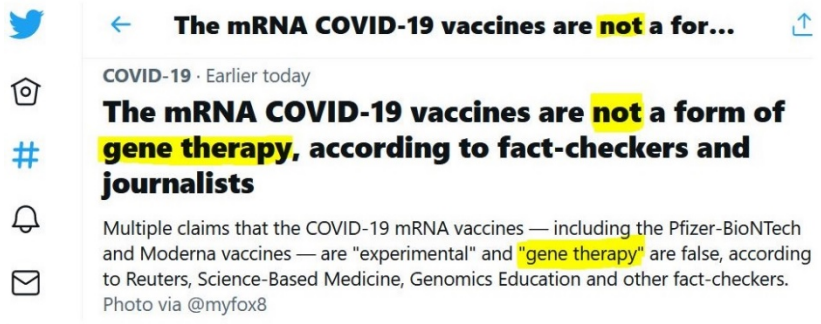
Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Only three provinces have legislation or regulations under their health-protection acts to require proof of immunization for school entrance. Ontario and New Brunswick require proof for diphtheria, tetanus, polio, measles, mumps, and rubella immunization. In Manitoba, only measles vaccination is covered. It must be emphasized that, in these three provinces, exceptions are permitted for medical or

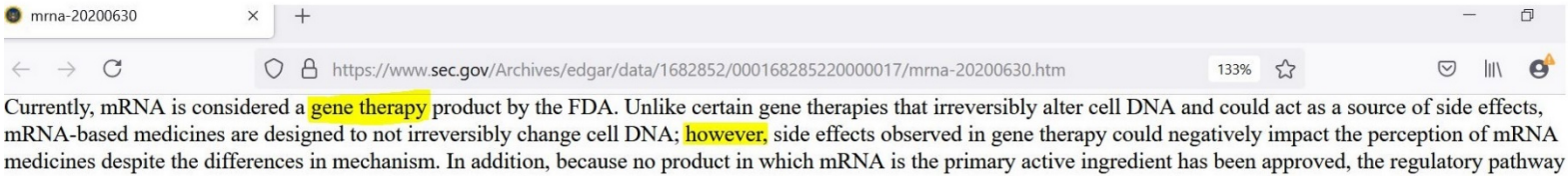


Mayor Tory on dispelling misinformation about vaccines and Covid: "...make sure people know the facts, based on the science. Speaking of the facts, and speaking of science, i would now like to ask Dr de Villa if she would present her remarks" https://youtu.be/GEm78uTLutE?t=601

"An award-winning BBC radio presenter died due to complications of the AstraZeneca Covid-19 vaccination, a coroner has concluded…. pathologist Tuomo Polvikoski told the coroner that Ms. Lisa Shaw, who was a well-known presenter for BBC Newcastle, was fit and healthy before receiving the vaccination. Asked about the underlying cause of the fatal clotting on her brain, Dr Polvikoski said the clinical evidence "strongly supports the idea that it was, indeed, vaccine-induced"." https://ca.news.yahoo.com/bbc-presenter-lisa-shaw-died-113854153.html







https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm?fbclid=IwAR2IYEC83GVLa1FTmsnr1wiIg1nBR2LGbQfx7a506Bgycp2FbbChXJ7w_4c

Here is what it says, in Pfizer's own documents, about how confident they feel, about their own vaccine:
"We also face **risks**...the risk that more widespread use of the vaccine will lead to...the risk of **additional** adverse reactions, some of which may be **serious**"
https://www.sec.gov/Archives/edgar/data/78003/000007800321000038/pfe-20201231.htm?fbclid=IwAR0ry4N_9mVoTOsCNJWk3-Y2bL8Ne0UQrk7aGeiVDCrimhCoARZOuDp4O5k

Pfizer Inc. - AnnualReports.com × | pfe-20201231 ×

https://www.sec.gov/Archives/edgar/data/78003/000007800321000038/pfe-20 133%

We also face risks and uncertainties related to our efforts to develop and commercialize a vaccine to help prevent COVID-19 and potential treatments for COVID-19, as well as challenges related to their manufacturing, supply and distribution, including, among others, uncertainties inherent in R&D, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with pre-clinical or clinical data (including the in vitro and Phase 3 data for the Pfizer-BioNTech COVID-19 vaccine (BNT162b2)), including the possibility of unfavorable new pre-clinical, clinical or safety data and further analyses of existing pre-clinical, clinical or safety data; the ability to produce comparable clinical or other results, including the rate of vaccine effectiveness and safety and tolerability profile observed to date, in additional analyses of the Phase 3 trial and additional studies or in larger, more diverse populations upon commercialization; the ability of BNT162b2 to prevent COVID-19 caused by emerging virus variants; the risk that more widespread use of the vaccine will lead to new information about efficacy, safety or other developments, including the risk of additional adverse reactions, some of which may be serious; the risk that pre-clinical and clinical trial data are subject to differing interpretations and assessments, including during the peer review/publication process, in the scientific community generally, and by regulatory authorities; whether and when additional data from the BNT162 mRNA vaccine program or other programs will be published in scientific publications and, if so, when and with what modifications and interpretations; whether regulatory authorities will be satisfied with the design of and results from these and any future pre-clinical and clinical studies; when other biologics license and/or EUA applications may be filed in particular jurisdictions for BNT162b2 or any other potential vaccines that may arise from the BNT162 program, and if obtained, whether or when such EUA or licenses will expire or terminate; whether and when any applications that may be pending or filed for BNT162b2 or other vaccines that may result from the BNT162 program may be approved by particular regulatory authorities, which will depend on myriad factors, including making a determination as to whether the vaccine's benefits outweigh its known risks and determination of the vaccine's efficacy and, if approved, whether it will be commercially successful; regulatory decisions impacting labeling or marketing, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of a vaccine, including development of products or therapies by other companies; disruptions in the relationships between us and our collaboration partners, clinical trial sites or third-party suppliers, including our relationship with BioNTech; the risk that other companies may produce superior or competitive products; the risk that demand for any products may be reduced or no longer exist; risks related to the availability of raw materials to manufacture or test any such products; challenges related to our vaccine's ultra-low temperature formulation, two-dose schedule and attendant storage, distribution and administration requirements, including risks related to storage and handling after delivery by us; the risk that we may not be able to successfully develop other vaccine formulations; the risk that we may not be able to recoup costs associated with our R&D and manufacturing efforts; risks associated with any changes in the way we approach or provide research funding for the BNT162 program or potential treatment for COVID-19; challenges and risks associated with the pace of our development programs; the risk that we may not be able to maintain or scale up manufacturing capacity on a timely basis or maintain access to logistics or supply channels commensurate with global demand for our vaccine or any potential approved treatment, which would negatively impact our ability to supply the estimated numbers of doses of our vaccine within the projected time periods as previously indicated; whether and when additional supply agreements will be reached; uncertainties regarding the ability to obtain recommendations from vaccine advisory or technical committees and other public health authorities and uncertainties regarding the commercial impact of any such recommendations; pricing and access challenges for such products; challenges related to public vaccine confidence or awareness; trade restrictions; and competitive developments.

Another link and screenshot which I provide in my written presentation from the Public Health of England shows - and you'll have to use a calculator and do a bit of math here, but that one who is, DOUBLE-dosed, with a Covid vaccine, is FOUR, times greater, of dying from the Delta Variant than one, who was UNvaccinated to begin with - I know that's pretty unbelievable if you're hearing this for the first time, I know Mayor Tory you recently spoke out against 'the spread of disinformation' - but again, this isn't *my* data, this is straight from the Public Health of England's own website, and can be easily verified by anyone, including Dr. de Villa.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014926/Technical_Briefing_22_21_09_02.pdf?fbclid=IwAR0zhU284nRf1V0qqKoURWj37Cy0EEhHMD8LCdPHBiiVnI8EXk33NJr4L4Q

SARS-CoV-2 variants of concern ×

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of 32 90%

Table 5. Attendance to emergency care and deaths of sequenced and genotyped Delta cases in England by vaccination status (1 February 2021 to 29 August 2021)

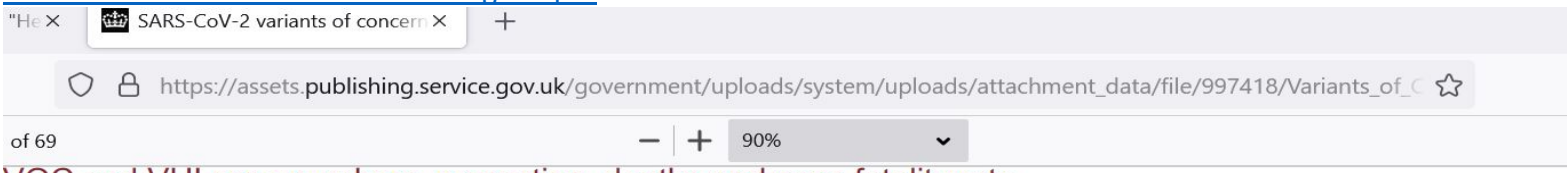
Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2	Unvaccinated
Delta cases	<50	420,689	115,155	43,327	27,715	74,255	62,403	212,989
	≥50	71,107	28,873	6,064	277	6,622	51,420	6,724
	All cases	492,528	144,067	50,119	27,993	80,877	113,823	219,716
Deaths within 28 days of positive specimen date	<50	154	N/A	<5	6	8	37	99
	≥50	1,644	N/A	25	10	118	1,054	437
	All cases	1,798	N/A	29	16	126	1,091	536

I provide another link and screenshot here from the NIH/National Institutes of Health, which states:

https://www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-highly-effective?fbclid=IwAR3cKBMp3mPuFAHvq-fxjJ6oFReoR_gmNGB6ZdqVTbQoxcZV2wnUr4uZhW0

So regarding City of Toronto employees on the risk of having an *exposure* to Covid, who would be stressed-out over the possibility of contracting the ever scary Delta variant, i've provided a link from the Public Health of England if you're looking at the screenshot in my written presentation – who found, that the variant *before* the Delta variant, which was the Alpha variant, actually had a case fatality rate of 1.9%. Remember that SARS, had a fatality rate of 10%. They also note that this Delta variant, has a case fatality rate, of 0.1%. Now remember - it's Dr. de Villa who keeps saying that the UK is the jurisdiction she uses most as a comparable to us here. So not only did the Public Health of England find out this previous variant to the Delta – the Alpha variant, is like, what, 19,000% *more* fatal than the Delta, they're also implying, that if the Delta variant has a case fatality rate of 0.1%, that means, for those who end up contracting it, that the Delta variant also comes with it a, 99.9% survival rate. Think about that. We couldn't all meet as usual in Committee Room #1 today for this meeting, because our so-called chief-medical-officers-of-health are concealing from us that this Delta Variant has a 99.9% survival rate.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf



VOC and VUI case numbers, proportion, deaths and case fatality rate

Table 2 shows the number of cases and deaths associated with each variant of concern and variant under investigation, and the proportion of total sequenced cases accounted for by each variant. Table 3 and 4 show the number of cases known to be infected with variants of concern or variants under investigation who visited an NHS Emergency Department, the number who were admitted, and the number who died in any setting (note data is shown from 1 February 2021 onwards to enable comparison). Figure 2 shows the cumulative number of cases per variant indexed by days since first report.

Table 2. Number of confirmed (sequencing) and probable (genotyping) cases by variant as of 21 June 2021

Variant	Confirmed (sequencing) case number	Probable (genotyping) case number*	Total case number	Case proportion*	Deaths	Case fatality	Cases with 28 day follow up	Deaths among those with 28 day follow up	Case Fatality among those with 28 day follow up
Alpha	219,570	5,515	225,085	70.3%	4,262	1.9% (1.8 - 2.0%)	219,948	4,259	1.9% (1.9 - 2.0%)
Beta	892	54	946	0.3%	13	1.4% (0.7 - 2.3%)	874	13	1.5% (0.8 - 2.5%)
Delta	50,283	41,773	92,056	28.8%	117	0.1% (0.1 - 0.2%)	11,250	32	0.3% (0.2 - 0.4%)
Eta	442	0	442	0.1%	12	2.7% (1.4 - 4.7%)	431	12	2.8% (1.4 - 4.8%)
Gamma	180	45	225	0.1%	0	0.0% (0.0 - 1.6%)	161	0	0.0% (0.0 - 2.3%)
Kappa	439	0	439	0.1%	1	0.2% (0.0 - 1.3%)	420	1	0.2% (0.0 - 1.3%)
Theta	7	0	7	0.0%	0	0.0% (0.0 - 41.0%)	5	0	0.0% (0.0 - 52.2%)

Know how Dr. de Villa often says her decisions are based on evidence such as - "the scientific literature?" I came across this article from "the scientific literature" - in this case the NCBI/National Centre for Biotechnology Information, and I provide the link and screenshot in my written presentation, which states:

https://pubmed.ncbi.nlm.nih.gov/33113270/

sclosure to × Informed consent disclosure to × +

https://pubmed.ncbi.nlm.nih.gov/33113270/

Results of the study: COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.

I provide another link and screenshot here from the NIH/National Institutes of Health, which states:
https://www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-highly-effective?fbclid=IwAR3cKBMp3mPuFAHvq-fxjJ6oFReoR_gmNGB6ZdqVTbQoxcZV2wnUr4uZhW0

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https://www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-highly-effe

One potential concern about COVID-19 vaccines is an unusual phenomenon called vaccine-associated enhanced respiratory disease, or VAERD. VAERD can occur when a vaccine induces an immune response that causes the disease the vaccine is supposed to protect against to be more severe if you're exposed to the virus.

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https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx 133%

Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

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https://history.nih.gov/display/history/Nuremberg+Code 90%

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The Nuremberg Code

1. 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, over-reaching, 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.

R. v. Morgentaler, 1988 CanLII 90 (SCC), [1988] 1 SCR 30
Supreme Court of Canada — Canada (Federal)
1988-01-28 | 177 pages | cited by 981 documents
Supreme Court of Canada — Canada (Federal)
pregnant woman — foetus — security of the person — hospitals — women

[...] At common law, for example, **any medical procedure carried out on a person without that person's consent is an assault**.

A.C. v. Manitoba (Director **of** Child and Family Services), 2009 SCC 30, [2009] 2 SCR 181
Supreme Court of Canada — Canada (Federal)
2009-06-26 | 126 pages | cited by 241 documents
child — mature — best interests — medical treatment — autonomy

[...] **The right to determine what shall, or shall not, be done with one's own body**, and to be **free from non-consensual medical treatment**, is a **right deeply rooted in our common law**. [...] **This right underlies the doctrine of informed consent**. With very limited exceptions, **every person's body is considered inviolate**, and, accordingly, **every competent adult has the right to be free from unwanted medical treatment**. [...] 25(9) engage A.C.'s security of the person and liberty interests also finds

R. v. Parker, 2000 CanLII 5762 (ON CA)
Court of Appeal for Ontario — Ontario
2000-07-31 | 117 pages | cited by 190 documents
marijuana — principles of fundamental justice — prohibition — security of the person — medical

[...] The **closest analogue is the doctrine of informed consent, which makes it a civil wrong to impose treatment without the consent of the patient**. [...] The **right of self-determination which underlies the doctrine of informed consent also obviously encompasses the right to refuse medical treatment**. [...] The **doctrine of informed consent is plainly intended to ensure the freedom of ind ividuals to make choices concerning their medical care.** [...]

Ling Chi Medicine Co. (H.K.) Ltd. v. Persaud, 1997 CanLII 16207 (FC) — 1997-02-06
Federal Court — Canada (Federal)
registration of the trade-mark — distributor — estoppel by laches — fiduciary duty — delay

[...] The **rationale behind the duty of full disclosure is to allow the principal, if it wishes to do so, to give an informed consent**. [...]

R. v. White, 1999 CanLII 689 (SCC), [1999] 2 SCR 417
Supreme Court of Canada — Canada (Federal)
1999-06-10 | 64 pages | cited by 696 documents
principle against self-incrimination — accident — compulsion — report — police

[...] **Coercion, it should be noted, means the denial of free and informed consent**.