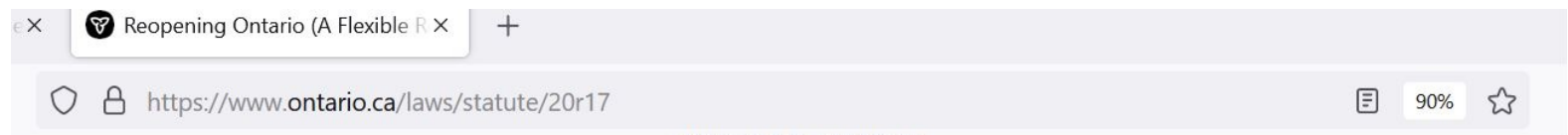


I just wanna say by me speaking at this meeting this shall not be deemed to be in any way my consent express or implied and doing so is fraud God Bless Her Majesty the Queen and long live Her Majesty the Queen.

So in this report it mentions about – “Actions taken to address identified hazards associated with work-related COVID-19 included:” like masking, distancing, personal protective equipment, etc.

<https://www.ontario.ca/laws/statute/20r17#BK20>



## INTERPRETATION

### Definitions

1 In this Act,

“continued section 7.0.2 order” means an order continued under section 2 that was made under section 7.0.2 of the *Emergency Management and Civil Protection Act*; (“décret pris en vertu de l’article 7.0.2 et maintenu”)

“COVID-19 declared emergency” means the emergency declared pursuant to Order in Council 518/2020 (Ontario Regulation 50/20) on March 17, 2020 pursuant to section 7.0.1 of the *Emergency Management and Civil Protection Act*. (“situation d’urgence déclarée en raison de la COVID-19”)

### Crown bound

16 This Act binds the Crown.

### Termination of COVID-19 declared emergency

17 Unless it has been terminated before this section comes into force, the COVID-19 declared emergency is terminated and Ontario Regulation 50/20 (Declaration of Emergency) is revoked.

So in this report it also says - “Exposure to infectious agents increased from 39 in 2019 to 313 in 2020. The increase was primarily due to work-related COVID-19.”

So regarding City of Toronto employees on the risk of having an *exposure* to Covid, who are possibly stressed-out over 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 have 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](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%)

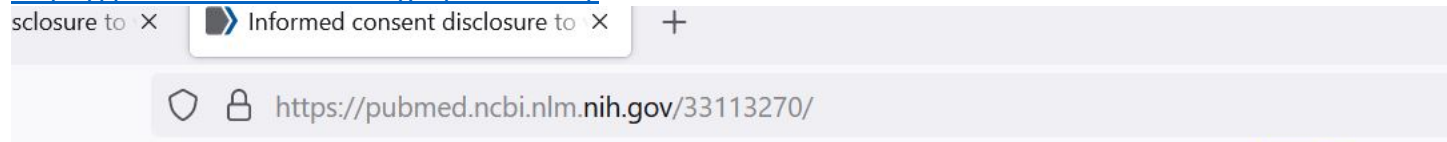
Another link and screenshot which I provide in my written presentation from the Public Health of England shows: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1014926/Technical\\_Briefing\\_22\\_21\\_09\\_02.pdf?fbclid=IwAR0zhU284nRf1V0qgKoURWj37Cy0EEhHMD8LCdPHBiiVnI8EXk33Njr4L4Q](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014926/Technical_Briefing_22_21_09_02.pdf?fbclid=IwAR0zhU284nRf1V0qgKoURWj37Cy0EEhHMD8LCdPHBiiVnI8EXk33Njr4L4Q)

**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

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:

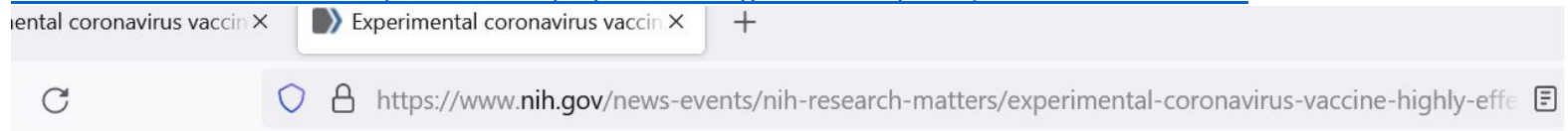
<https://pubmed.ncbi.nlm.nih.gov/33113270/>



**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](https://www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-highly-effective?fbclid=IwAR3cKBmp3mPuFAHvq-fxjJ6oFREoR_gmNGB6ZdqVTbQoxcZV2wnUr4uZhW0)



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.

**Submitted by: Derek Moran, September 15, 2021**