



Affidavit #2 K. Warner
Made Oct 25, 2021

No. S-210831
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

CANADIAN SOCIETY FOR THE ADVANCEMENT OF SCIENCE IN PUBLIC POLICY

PLAINTIFF

AND:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH
COLUMBIA AND DR. BONNIE HENRY IN HER CAPACITY AS PROVINCIAL HEALTH
OFFICER FOR THE PROVINCE OF BRITISH COLUMBIA

DEFENDANTS

Brought under the *Class Proceedings Act*, R.S.B.C. 1996, c. 50

AFFIDAVIT

I, Kipling Conrad Singh Warner, with an address for service in these proceedings at 1400 - 1125 Howe Street, in the City of Vancouver, in the Province of British Columbia, MAKE OATH AND SAY THAT:

1. I am the Executive Director of the plaintiff, Canadian Society for the Advancement of Science in Public Policy (the "Society"), and as such have personal knowledge of the facts hereinafter deposed to save and except where stated to be upon information and belief, and where so stated, I verily believe them to be true.
2. The Society is a non-profit society incorporated on or about January 14, 2021. Now produced and shown to me and marked as **Exhibit "A"** to this my affidavit is a copy of the Statement of Directors and Registered office.
3. With respect to the Defendants' demand for particulars set out in Part 1, paragraph 1(a) of the Notice of Application filed October 20, 2021, this information is within the Defendants' knowledge and this information is not known at this time by the Plaintiff or its directors. However, I suspect, the Plaintiff will be in a better position to provide further details after document discovery and examinations for discovery of the Defendants.

4. The grounds for the Plaintiff's allegations that the Defendants have engaged in the alleged conduct is based on the fact that the Plaintiff has been contacted by a number of licensed physicians who have stated that their ability to prescribe various treatments, both prophylactically or otherwise with respect to Covid-19 has been discouraged both by their governing body and by the Defendants. This includes the ability of physicians to provide an opinion regarding whether vaccination is advisable or if their patient's health may be adversely affected by the Defendants' mandated vaccines in light of the specific health condition of each patient, and despite credible scientific evidence to the contrary. These people have not provided the Plaintiff with consent to use their names as they are afraid that the Defendants and each informants' governing bodies may cause adverse consequences to their ability to practice their profession.

5. Now produced and shown to me and marked as **Exhibit "B"** to this my affidavit are true copies of the following:

- a. 2020-06-02 Clinical Reference Group Recommendations -Therapies for COVID-19;
- b. 2021-05-06 - Joint-Statement-on-Misleading-COVID-19-Information;
- c. 2021-10-01-Joint-Message-about Ivermectin in-the-Prevention-and-Treatment-of-COVID-19;
- d. 2020-04-21-COVID-19-Important-update-from-the-registrar;
- e. 2021-09-15 PHO-Guidance-COVID-19-vaccines-contraindications-and-deferrals.

SWORN BEFORE ME at Vancouver,
British Columbia, this 25th day of
October, 2021.

A Commissioner for Taking Affidavits
for British Columbia

Polina H. Pirtula
Barrister & Solicitor
Citadel Law Corporation
1400 - 1125 Howe Street
Vancouver, BC V6Z 2K8
(778) 945-9990

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~~KIPLING CONRAD SINGH WARNER~~
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CERTIFIED COPY
Of a document filed with the
Province of British Columbia
Registrar of Companies

Alfred
CAROL PREST

STATEMENT OF DIRECTORS AND REGISTERED OFFICE

BC Society • Societies Act

NAME OF SOCIETY: **CANADIAN SOCIETY FOR THE ADVANCEMENT OF SCIENCE
IN PUBLIC POLICY**

Incorporation Number: S0074303
Business Number: 78811 4460 BC0001
Filed Date and Time: April 23, 2021 05:52 PM Pacific Time

REGISTERED OFFICE ADDRESS INFORMATION

Delivery Address:	Mailing Address:
108 - 2115 CYPRESS ST VANCOUVER BC V6J 3M3	108 - 2115 CYPRESS ST VANCOUVER BC V6J 3M3

DIRECTOR INFORMATION

Last Name, First Name Middle Name:
GANDHI, DEEPANKAR

Delivery Address:
1381 18TH ST E
NORTH VANCOUVER BC V7J 1M2

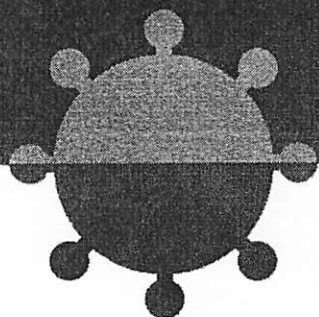
Last Name, First Name Middle Name:
PARIHAR, ZUBIN SINGH

Delivery Address:
1806 - 1155 HARWOOD ST
VANCOUVER BC V6E 1S1

Last Name, First Name Middle Name:
WARNER, KIPLING CONRAD SINGH

Delivery Address:
108 - 2115 CYPRESS ST
VANCOUVER BC V6J 3M3

This is Exhibit "A" referred to in the
affidavit of K. Warner
sworn before me at Vancouver
this 25 day of October 2021
.....
A Commissioner taking Affidavits
for British Columbia



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



This is Exhibit " B " referred to in the
affidavit of K. Warner
sworn before me at Vancouver
this 25 day of October 2021

Clinical Reference Group Recommendations: Therapies for COVID-19

UPDATED: June 2nd, 2020

[Signature]
A Commissioner for Taking Affidavits
for British Columbia

The British Columbia COVID-19 Therapeutics Committee (CTC) meets weekly to discuss the most current research on the use of therapies in the management of COVID 19.

Position Statement on Unproven Therapies for COVID-19:

"There are no proven therapies for the prevention or treatment of COVID-19. All agents have the possibility of associated harm, and pharmaceutical supplies province-wide and nationally for many of the possible agents are severely limited. It is recognized that compassionate use of drugs will be pursued for ill patients with no known therapy. Ideally, use of these agents would be through a controlled clinical trial to better inform practice; in the absence of research studies, patients should be aware of the risks and benefits of novel therapies, and with efficacy and safety data collected to inform the larger community."

*Position statements provide information/direction and express or clarify intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the intent before or as policies and procedures are developed.

Currently, international bodies such as the World Health Organization (WHO), recommend that pharmacologic treatment for COVID-19 should not be used outside of clinical trials. There are practitioners throughout the world who are using various therapies that contradict this WHO recommendation. **Within British Columbia, the use of specific COVID-19 drug therapies outside of clinical trials is NOT recommended.** In the setting of a pandemic, it is not just one or a few individuals with a rare clinical disorder, but many with a common novel disease. Without ethically conducted clinical trials, the true efficacy and safety of investigational agents are largely unknown. Any inconsistencies in usage may also lead to confusion amongst clinicians and the public. Additionally, there are limited supplies of many of these agents. This results in limited supplies of therapies for patients with established indications for existing drugs. As new data emerges from research conducted around the world, recommendations regarding pharmacologic treatment of COVID-19 may change.

It is recognized that there may be extenuating clinical circumstances where clinicians decide to use unproven therapies when clinical trials are unavailable. In those circumstances **where unproven therapies are used, the WHO has provided a standardized case report form for data collection to ensure that there is contribution to scientific research and the clinical community.**

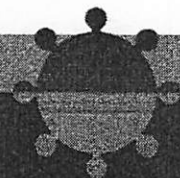


Ministry of
Health



BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**



Recommendations for Specific Therapies

1. Lopinavir / Ritonavir (Kaletra®)
Recommendation: Recommend against the use of lopinavir/ritonavir[#] outside a randomized-controlled trial.
2. Remdesivir
Recommendation: Recommend against the use of remdesivir[#] outside a randomized-controlled trial.
3. Chloroquine and Hydroxychloroquine
Recommendation: Recommend against the use of chloroquine and hydroxychloroquine[#] for treatment or prophylaxis outside a randomized-controlled trial.
4. Oseltamivir
Recommendation: Recommend against the use of oseltamivir unless suspected or confirmed influenza infection.
5. Ribavirin and Interferon
Recommendation: Strongly recommend against the use of ribavirin and/or interferon for risk of harm.
6. Colchicine
Recommendation: Recommend against the use of colchicine[#] for treatment or prophylaxis outside a randomized-controlled trial.
7. Ascorbic Acid
Recommendation: Recommend against the use of ascorbic acid for treatment or prophylaxis outside a randomized-controlled trial.
8. Tocilizumab and Sarilumab
Recommendation: Recommend against the use of tocilizumab or sarilumab[#] outside a randomized-controlled trial. If considered on an individual basis in patients with cytokine storm, it should only be done so with expert consultation (Infectious Diseases and Hematology/Rheumatology).
9. Convalescent Plasma
Recommendation: Recommend against the use of convalescent plasma[#] outside a randomized-controlled trial.
10. Intravenous Immunoglobulin G (IVIG)
Recommendation: Recommend against the use of IVIG outside a randomized-controlled trial.
11. Corticosteroids
Recommendation: Recommend against the routine use of corticosteroids outside a randomized-controlled trial. However, corticosteroids, via all routes of administration, may be used if *another* compelling indication is present (e.g. asthma exacerbation, refractory septic shock, obstetric use for fetal lung maturation). There is insufficient evidence at this time to

recommend for or against the use of corticosteroids for acute respiratory distress syndrome (ARDS).

12. Antibiotics

Recommendations: If bacterial infection is suspected, antibiotics should be initiated based on local institutional antibiograms and sensitivities.

13. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Recommendation: Recommend acetaminophen use preferentially for symptomatic management of COVID-19 but do not recommend against the use of NSAIDs such as ibuprofen.

14. Angiotensin Converting Enzyme (ACE) inhibitors and Angiotensin Receptor Blockers (ARBs)

Recommendation: Recommend that patients on ACE inhibitors and ARBs continue these agents as indicated and not cease therapy solely on the basis of COVID-19.

15. Venous Thromboembolism (VTE) prophylaxis

Recommendation: Suggest enoxaparin 30 mg SC bid as the preferred dose for VTE prophylaxis in critically ill patients with COVID-19. Consider enoxaparin 30 mg SC bid as the preferred dose for VTE prophylaxis in hospitalized ward-based patients with COVID-19. This dose was selected to reduce incident VTE and potentially save health care resources with patient transport and minimize risk of COVID-19 transmission to staff and others. Suggest even higher doses of enoxaparin for hospitalized patients with weight above 100 kg or BMI above 40 kg/m².

16. Other investigational therapies

Recommendation: Recommend against any other investigational agent, including arbidol, ASC09, azvudine, baloxavir marboxil/favipiravir, camostat mesylate, darunavir/cobicistat, camrelizumab, ivermectin, niacin, thymosin, natural health products, and traditional Chinese medicines due to lack of data, lack of availability, or both.

Denotes that a clinical trial of named therapy is currently planned or underway in British Columbia. Links below for registered trials in Canada and British Columbia.

Canada: <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-clinical-trials/list-authorized-trials.html>

British Columbia:

<https://bcahsn.ca/covid-19-response/inventory/>

***Recommendations are consistent with guidelines from the World Health Organization (WHO), the Surviving Sepsis Campaign (SSC) (a joint initiative of the Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine (ESICM)), the Public Health Agency of Canada (PHAC), the Canadian Critical Care Society (CCCS), the Association of Medical Microbiology and Infectious Diseases Canada (AMMI), and The Australian and New Zealand Intensive Care Society (ANZICS)**

Clinical Reference Group Recommendation: Therapies for COVID-19
June 2nd, 2020

*The Clinical Reference Group (CRG) is made up of senior individuals from relevant healthcare areas (including critical care, epidemiology, infectious disease, microbiology, public health, and clinical specialties) acting as a collective resource for current COVID-19 knowledge. They provide clinical advice and guidance to support the overall work being done by the BC Centre for Disease Control, the Provincial Health Office, and the Ministry of Health. The CRG includes representation from the provincial health authorities and works with the other Ministry areas in order to provide cross-input on all COVID-19 content.



College of
Physicians and Surgeons
of British Columbia



First Nations Health Authority
Health through wellness

May 6, 2021

Joint Statement on Misleading COVID-19 Information

The College of Physicians and Surgeons of BC and the First Nations Health Authority stand united and firmly against the spread of misinformation about COVID-19, which is currently circulating on social media and other channels. In recent months, we have become aware of and concerned about reports that some BC physicians are spreading information that contradicts public health orders and guidance. This has included misinformation that promotes anti-vaccine, anti-mask wearing, anti-physical distancing and anti-lockdown stances, as well as COVID-19 treatments that are not supported by widely accepted scientific evidence.

Physicians need to be aware that when they identify themselves as a physician, the public tends to place great weight on their opinion even if that physician has no expertise in a medical specialty, such as population health or infectious diseases. The confidence entrusted by the public places even greater responsibility on physicians when making pronouncements about the COVID-19 pandemic.

Misinformation breaches public trust and is contrary to the ethical obligations set out in the Canadian Medical Association's *Code of Ethics and Professionalism*. Physicians must be guided by the laws that govern them, regulatory practice standards and guidelines, the *Code of Ethics and Professionalism*, and scientific evidence when giving their opinions about COVID-19.

"Public statements from physicians that contradict public health orders and guidance are confusing and potentially harmful to patients," said Dr. Heidi Oetter, registrar and CEO of the College. "Those who put the public at risk with misinformation may face an investigation by the College, and if warranted, regulatory action."

As our province continues to fight the spread of COVID-19, the harm caused by misleading and unsupported information is evident across BC, particularly in Indigenous communities. Data shows Indigenous people are disproportionately impacted by COVID-19 and test positive for the virus at more than double the rate of the rest of BC's population.

"Indigenous people already face barriers to accessing health care due to systemic racism," said Dr. Nel Wieman, acting deputy chief medical officer of the First Nations Health Authority. "Misleading information adds another barrier at a time when the COVID-19 vaccine needs to be delivered to Indigenous people as quickly as possible."

The safety of patients is paramount, and we must all do our part to ensure it is not jeopardized by misinformation during this critical time.



Office of the Provincial Health Officer

Valid contraindications and deferrals to COVID-19 vaccination

For support of medical accommodation under the Provincial Health Officer
COVID-19 Vaccination Status Information and Preventive Measures Order

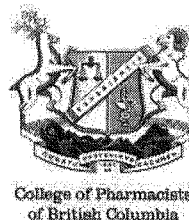
Vaccine type	Contraindication
COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna)	History of an anaphylactic reaction to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80)
	Deferral
COVID-19 viral vector vaccine (AstraZeneca)	Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – <i>defer for at least 90 days</i>
	Diagnosis of Multisystem Inflammatory Syndrome – <i>defer until fully recovered from illness and for 90 days after the date of diagnosis</i>
	Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – <i>defer until further information about the risk of recurrence is available. This event is reportable to the MHO.</i>
	Suspected hypersensitivity or non-anaphylactic allergy to COVID-19 vaccine components - <i>consultation with an allergist is advised.</i>
	Serious adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Medical Health Officer
The following are NOT contraindications to COVID-19 vaccination:	
History of an anaphylactic reaction to a previous dose of mRNA or adenovirus vector vaccine. Such individuals may receive their 2 nd dose using vaccine of the different type.	
History of an anaphylactic reaction to any component of one type of vaccine. Such individuals may receive vaccine of the different type.	
History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccine.	
History of capillary leak syndrome. Such individuals may receive mRNA vaccine.	
History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.	

Any deferral or contraindication related to an adverse event following immunization (AEFI) with COVID-19 vaccine must be reported for evaluation through the formal process for public health review and recommendations for subsequent doses.

For further guidance regarding the approach to individuals with allergies and COVID-19 vaccines, see Vander Leek TK, Chan ES, Connors L et al. COVID-19 vaccine testing & administration guidance for allergists/immunologists from the Canadian Society of Allergy and Clinical Immunology (CSACI). Allergy Asthma Clin Immunol. 2021 Mar 15;17(1):29. doi: 10.1186/s13223-021-00529-2. PMID: 33722299; PMCID: PMC7957441. <https://csaci.ca/wp-content/uploads/2021/03/NEW-INFORMATION-TIMS-ARTICLE-MAR2021.pdf> Corresponding patient resource: <https://csaci.ca/covid-19-vaccines-faq/>



Office of the
Provincial Health Officer



October 1, 2021

Joint message about ivermectin in the prevention and treatment of COVID-19

Ivermectin is an anthelmintic approved in Canada for veterinary and human use. In humans, ivermectin is only approved for treatment of parasitic infections (oral) and rosacea (topical).

The most effective strategy for preventing COVID-19 continues to be immunization and all Health Canada approved vaccines provide a high level of protection.

Ivermectin for prophylaxis or treatment of COVID-19 has been promoted on social media and it has been reported that some people are purchasing ivermectin from animal feed stores as well as seeking to obtain prescriptions from providers to be filled at pharmacies. Products approved for veterinary use **should not be used** in humans and may deliver excessive doses leading to harm.

Currently, oral ivermectin (Stromectol®) is in short supply due to increased demand, possibly due to inappropriate prescribing for COVID-19, and therefore may be unavailable for patients who need it to treat indicated medical conditions.

Adverse effects

The following adverse effects have been reported in people who have been exposed to veterinary products: dizziness, asthenia, nausea, vomiting, diarrhea, seizure, ataxia, dyspnea, abdominal pain, paresthesia, and urticaria.

Based on the current scientific evidence and best-practice guidelines, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC and the BC College of Nurses and Midwives do not approve of the use of ivermectin for either treatment or prophylaxis for COVID-19 and registrants must not prescribe it for this purpose.

This direction is further supported by the evidence from [Health Canada](#), the World Health Organization (WHO), and the British Columbia [COVID-19 Therapeutics Committee guidance document](#).

Registrants must not provide care that does not meet the expected standards of their profession.

Bonnie Henry, MD, MPH, FRCPC
Provincial Health Officer
Ministry of Health

Heidi M. Oetter, MD
Registrar and CEO
College of Physicians and Surgeons of BC

Bob Nakagawa, BSc (Pharm.), RPEBC, FCSHP, ACPR
Registrar and CEO
College of Pharmacists of BC

Cynthia Johansen, MA, MSc
Registrar and CEO
BC College of Nursing Professionals

Note: With appreciation to the College of Physicians and Surgeons of Saskatchewan and its provincial health partners who sent a similar email to physicians, surgeons, nurses and pharmacists in that province.



College of Physicians and Surgeons of British Columbia

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Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

April 21, 2020

RE: COVID-19: Important update from the registrar

Dear registrant,

On March 23, 2020, Provincial Health Officer Dr. Bonnie Henry issued an update addressed to all regulated health professionals in BC. Health professionals were asked to limit delivery of in-person services in community settings and this message remains current, despite the recent discussion of lifting some of these measures at a future date.

To be clear, the message from the Provincial Health Office continues to be that "all non-essential and elective services involving direct physical contact with patients should be reduced to minimal levels, subject to allowable exceptions, until further notice." Regulated health professionals are encouraged to provide services via telehealth where possible.

Timelines of when non-urgent in-person care can resume remain unknown. This direction will be provided by the provincial health officer at the appropriate time. Meanwhile, please stay the course, limit in-person care to patients who require it urgently that cannot be delivered via telehealth, and continue to consult the College website and the BCCDC website for up-to-date information.

Thank you for all that you are doing to ensure BC patients are cared for during this challenging time.

Heidi M. Oetter, MD
Registrar and CEO