



Court File No.:

**ONTARIO**  
**SUPERIOR COURT OF JUSTICE**

B E T W E E N:

Michelet Dorceus, Arynah Hirani, Oana-Andreea Istoc, Shelly Moore, Carol-Anne Parsons,  
Anne-Marie Sherk, (**Bayshore Healthcare Workers**)

-and-

Alexandra Newbold, (**Brant Community Healthcare System**)

-and-

Melissa Betts, Catherine Frustaglio, (**Cambridge Memorial Hospital Workers**)

-and-

Cristina Amorim, Lisa Avarino, Chelsea D'Almeida, (**Centre for Addiction and Mental Health  
Workers (CAMH)**)

-and-

Danielle Cogghe, Sonia Couto, Amber DePass, Lauren Ives, Roxanne Jones, Desirea  
Lamoureux, Kare Metcalfe, Mary Margaret Raaymakers, Michelle Raaymakers, Erin Robitaille,  
Karen Roche, Amy Simpson, Erica Sower's-Rumble, Rebecca Verscheure, Tina Waring,  
(**Chatham Kent Health Alliance Workers**)

-and-

Mike Belawetz, Jonathon Croley, Mona Hansen, Ryan Kreeft, Brittany Raymond, (**City of  
Windsor Workers (EMS)**)

-and-

Maria Danho, Jennifer Jarrett, Erika Marrie, Crystal Mclean, Danuta Nogal, Beata Spadafora,  
Moustafa Yahfoufi, (**Community Living Windsor Workers**)

-and-

Karen Botham, Melissa Del Greco, Katie Friesen, Connie Grossett, David Sion, Nicole Ward,  
**(Erie Shores HealthCare Workers (Leamington hospital))**

-and-

Debra Bugg, Chantal Demera, Crystal Richardson, **(Georgian Bay General Hospital Workers)**

-and-

Denise Allan, Hafiza Ally, Csilla Ankuczka, Brian Beatty, Amy Campbell, Bojan Gagic, Michael  
Goddard, Jacquie Haugen, Janet Izumi, Danielle Little, Alaa Maloudi, Martin Mueller, Jody  
Myers, Diane Radisic, Angela Robinson, Wanda Ropp, Sarah Roussy, Sherry Roussy, Sarah  
Samuel, Tatjana Suserski, Erika Toth, **(Grand River Hospital Workers)**

-and-

Tammy Algera, Jennifer Lefebvre, Melissa Leitch, Brenda Lowe , Jennifer Miske, Vinod Nair,  
Nicholas Rourke, Hetty Van Halteren, Jenna Widdes, **(Grey Bruce Health Services Workers)**

-and-

Sarah (Diane) Acker, Marija Belas, Kathy Cherneske, Sandra Cushing, Ruth Hanusch Leclerc,  
Laura-Beth Hewer, Laura Holmquist, Janet Nagy, **(Halton Healthcare Services Workers)**

-and-

Svitlana Alyonkina, Lisa Augustino, Angelika Biljan, Gary Blake, Laura Bosch, Darla  
Brocklebank, Ilija Bukorovic, Ryan Cino, Alma Cootauco, Susan Davis, Erica Demers, Natalie  
Djurdjevic, Colleen Gair, Katharine Gamble, Loredana Gheorghe, Mario Gheorghe, Sonja  
Jankovic, Cheryl Jordan, RosaMaria Jorey, Catherine King, Ashley Loeffen, Denis Madjar,  
Merima Mahmutovic, Shirley Morin, Calvin Murphy, Kristine Osenenko, Katarina Pavlovic,  
Andrea Power, Naomi Quiring, Brent Scarisbrick, Jocelyn Scholtens, Sharon Schuur, Rob  
Shortill, Liza Sibbald, Paola Sivazlian, Bethany Stroh-Gingrich, Lori Swan, Rachel Thibault,  
Susan Torenvliet, Tiffany-Anne Toulouse-Sauve, Brooke Vandewater, Taylor Vanyo, Benjamin  
Wencel, Justine Wiczorek, Monika Zawol-Zaprzala **(Hamilton Health Sciences Workers)**

-and-

Melissa Conley, Janice Fisher, Danielle Nowierski, Daria Poronik, Chantelle Seguin, Veronica  
Sloan, Trisha Stansfield, Patricia Weaver, **(Home and Community Care Support Services  
Workers)**

-and-

Jennifer Backle, Cheryl Baldwin, Tony Best, Sonia Carneiro, Melissa DeMelo, Susan Lori, Camille Mascowe, Antonietta Mongillo Debbie Oliveira, Kristine Sandoval, Felicia Ing-Tyng Tseng, Melanie Wegera, Nicole Welsh, **(Hospital for Sick Children Workers)**

-and-

Shauna Carriere, Jessica Clark-Carroll, Helena Feloniuk-Coaton, Bill Gerassimou, Jane Doe #1, Biljana Ignjatic-Ovuka, Biljana Josipovic, Tara Lauzon, Aleah Marton, Mihaela Opris, Salvatore Panzica, Jennifer Pedro, Breanne Poole, Danielle Qawwas, Jonathan Sandor, Michelynne Tremblay, Kattie Westfall, **(Hotel Dieu Grace Healthcare Workers)**

-and-

Albrecht Schall, **(Humber River Hospital Worker)**

-and-

Glenda Mendoza, **(Huron Lodge & Schlegel Villages Worker (Aspen Lake))**

-and-

Jeanette Bellamy, Odelia DaSilva, Zsuzsanna Kerestely, Wanda MacGrandles, Georgette Marshall, Kristin Matfin, Stevan Price, Shanna Pendakis, Kathleen Stringer, Martina Vulgan, Bailey Webster, **(Joseph Brant Hospital Workers)**

-and-

Chelsea Graham, Deborah Hogg, Cathy Houthuys, Jacqueline Vande Pol, **(Lakeridge Health Workers)**

-and-

Andrew Adamyk, Andrej Bosnjak, Laurie Bowman, Olga Collins, Tonia Coyle, Mary Eastman, Chiara Marie Elliot, Cathy Lindsay, Jessica Lindsay, Stephanie Liokossis, Heather MacNally, Maria Dorothy Moore, Georgia Murphy, Anita Murray, Mark Read, Katherine Robichaud, Nancy Sawlor, Christopher Squires, Lisa Starogianie, Allison Walsh, Allison Wolfs **(London Health Sciences Centre Workers)**

-and-

Sharon Addison, Maxim Avtonomov, Marlene Brouwer, Cassandra Craig, Tasha Crump, Alex D'Souza, Christine L. Ehgoetz, Alyssia Elias, Chuck Evans, Vanessa Gallant, Dawn Greer, Rachel Lambkin, Christine Pritty, Kaitlyn Raso, Zorica Savanovic, Magen Scholtens, Catherine Seguin, Ada Talbot, Lianne Tessier, Megan Tiersma, Victoria Wright **(Niagara Health System Workers)**

-and-

Alison Margaret Bourre, Jenny Brown, Kathleen Burns, Lynne M.S. Cheff, Krista Leckie, Susan Mary Marcotte, Kristy Palmer, Charlene Splichen, Kathy Walsh, Sarah Walter, **(North Bay Regional Health Centre Workers)**

-and-

Sherri Bond, Ronnie Esau, Roman Goldshmidt, Arlene Kalmbach-Pashka, Kelvin Kean, Peter Mason, Kerry Scully, Kevin Snow, Bobbi-Jo Snow, Sheivonn Thompson, Kelly Lynn Woodrow, Goran Zdravkovski, **(Ontario Shores Centre for Mental Health Sciences Workers)**

-and-

Wendy Baerg, Rachel Blake, Paula Burke, Brianna Grantham, Norma Smith, Andrew Wilgress, **(Orillia Soldiers Memorial Hospital Workers)**

-and-

Nataliya Burlakov, Gabriele Caporale, Catherine Cox, Shelley Flynn, Sirpa Joyce, Amy McNutt, Shawn Riopelle, Slaven Savic, Robert Voith, Lori Wells, **(The Ottawa Hospital Workers)**

-and-

Jennifer Dixon, Kim Driver, Alexander Faulkner, Holly McDonald, Mandy Parkes, Katie Jeanette Pattison, Karly Marie Stothart, Breanne Townsend, **(Peterborough Regional Health Centre)**

-and-

Caseymae (Casey) Brant, Beth Ann Dick, *Cynthia June Jordan*, Matthew Langdon, Amanda Osbourne, Jonathan Raby, Sarah Rogerson, Rachel Runions, Dr. John Doe #1, Stephanie VanderSpruit, **(Quinte Health Care Workers)**

-and-

Gabriela Borovicanin, Kristen Garcia, Madison Kristensen-Piens, Robin Millen, Cheryl Payne, Michelle Piens, **(Riverview Gardens Long Term Care Chatham-Kent Workers)**

-and-

Caroline Goulet, Amir Hamed Farahkhiz, **(The Royal Ottawa Mental Health Care)**

-and-

Merilyn Gibson, Marcela Kollarova, Bozena Lassak, Gabriela Lassak, Gracjana Lassak, Justyna Lassak, Paulina Lassak, Crystal Luchkiw, Sasha McArthur, Nadia Mousseau, Jenny Ramsay,  
**(Royal Victoria Regional Health Centre Workers)**

-and-

Cecile Butt, Darlene Crang, Jocelyn Ford, Melissa Idenouye, Lisa Marie Mountney, Jennifer Rands-Grimaldi, Judith Schoutsen, Holly Tucker, **(Saint Elizabeth Home Health Care Workers)**

-and-

Sheila Daniel, Petrina Mattison, Karleen Smith, Eric Thibodeau, Lucy Thibodeau,  
**(Scarborough Health Network Workers)**

-and-

Sean Filbey, Musette Hoepfner, Glenda Mendoza, Janet Neuts, Cindy Sorenson, Cassandra Vaseleniuck Dunbar, **(Schlegel Villages Workers)**

-and-

Marina Anisimov, Oleg Anisimov, Cari Bradley, James Langille, Tammy Parker, Kelly Richards, Amanda Slik, Sheila Stiles, Mary Todd, Nataliya Veremenko, Anna Zamriga,  
**(Southlake Regional Health Centre Workers)**

-and-

Jesse Gratz, Sandra Zurkan, **(St. Joseph's Care Group)**

-and-

Lisa Autuchiewicz, Alicia Badger, Carly Bennett, Robin de Groot, Charmaine Dupuis, Nikki Greenhow, Cheri Mitchell, Angela Stacey, Wendy Thornton, Alison Wilson, **(St. Joseph's Health Care London Workers)**

-and-

Byron Bolton, Michelle Cruz, Renee Daviault, Barb Fisher, Cheryl Jeffrey, Gail Magarrey, Graham Nishikawa, Jennifer Pluck, Rhonda Rohr, Brooke Simpell, Christine Vitez, Stanislaw Wroblewski **(St. Joseph's Health Care Hamilton Workers)**

-and-

Leigh Carroll, Vincent Cromie, Tammy Foster-Grieco, Donna Glenn, Galina Karataeva, Lorrie Poulin, Jelena Sorgic, **(St. Mary's General Hospital Workers)**

-and-

Joan Elizabeth Rosen (**Southbridge Care Homes**)

-and-

Kyla Balke, Danny Budd, Susan Buob-Corbett, Judith Deschenes, Linda Fieldhouse, Darlene Freeman, Nicholas Kowalczyk, Lorena Legary, Cheri Mantel, Theresa Lynn Noyes, Rhonda Michelle Rentz, Bryden C. See, Catherine H. See, Cindy Stolz, (**Thunder Bay Regional Health Sciences Centre Workers**)

-and-

Stephanie Bienias, Angele Bouchard, Tanya Bouvier, Carol Charters, Julie Joannis-Gillis, Angele Samson, (**Timmins and District Hospital Workers**)

-and-

Derick Anderson Jr., Joanna Carabetta, Andrea R. DeVries, Juanita Diorio, Rosa Grobanopoulos, Panagiota Patricia Jovanovic, Katarzyna Kobylinski, Vanessa MacLeish, Rosemary Morgan, Veronica Pereira, Karen Rotham, Tianilla Weigert Corredoura, (**Trillium Health Partners Workers**)

-and-

Imelda Agustin, Jessica Boccadoro, Esther Carter, Diana de Medeiros, Bridget Doukas, LesleyAnn Faltine, Raymond Hogue, Tania Ilkiw, Nathan Le, Vincent Le, Julia Ordonez, Jenny Poon, Amedeo Popescu, Rosa Ramos, Ian Samuda, Fawn Schroeder, Sandra Silva, Angelo Tucci, Ageliki Tzakis, Yuriy Wankiewicz, Lorraine Welsh, (**Unity Health Toronto Workers**)

-and-

Cheryl Bamford, Romana Freitas, Danica Dana Jovanovic, Nadiya Kaminska, Joanna Kiwak, Magdalena Kulikowski, Anna Piri, Afrodite Vorvis, Danijela Vukovic, Elaine Walker-Esson, (**University Health Network Workers (UHN)**)

-and-

Sarah Boyington, Corinna Gayle, Sara Hampton, Sheila Jean Mackie, Anna Pavsic, Victoria Tiessen, William Vowels, Josh Wahl, (**Waypoint Centre for Mental Health Care Workers**)

-and-

Victoria Wright, (**WFCC Niagara Health St. Catharine site**)

-and-

Michelle Bowler, Margaret Caminero, Jennifer Correia, Judith Dube, Jennifer Jitta, Joan Knight-Grant, Clayton Lewis, Wetshi Mbotembe, Dolores Peckham, Jolanta Pietrzykowski, Crystal Simm, Malgorzata Skrzypek-Aviles, Crestina Tolfo, Irene Veenstra, Jacqueline Watson, Sharon Yandt, **(William Osler Health System Workers)**

-and-

Sarah Adams, Ashley Bardsley, Michelle Bourgoïn, Esther Grace Brant, Ada Chiarot, Dayna Crowder, Tommy Dang, Wendy Douglas, Nicole Faucher, Amanda Foster, Anna Maria Gelinas, Christopher Gignac, Breanne Gillen, Jessica Hebert, Nidia Ingoldsby, Edua Keresztes, Renata Kreeft, Rhonda Lamont, Kelly Loch, Jennifer Macri, Natalie Morrone, Kristina Neufeld, Alexandra Pepin, Clifford Rosen, David Sion, Lisa Trif, Elizabeth (Liz) Vaughan, Deborah Wiebe, **(Windsor Regional Hospital Workers)**

-and-

Kelly Ciriello, Samantha King, Leah Kittmer, **(Woodstock General Hospital Workers)**

**PLAINTIFFS**

-and-

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO, Ontario Premier Doug Ford, Former Minister of Health Christine Elliot, Current Minister of Health Sylvia Jones, Minister of Long Term Care Paul Calandra, Bayshore Healthcare, Belleville General Hospital, Cambridge Memorial Hospital, Centre for Addiction and Mental Health, Chatham Kent Health Alliance, County of Essex, Community Living Windsor, Erie Shores HealthCare, Georgian Bay General Hospital, Grand River Hospital, Grey Bruce Health Services, Halton Healthcare, Hamilton Health Services, Home and Community Care Support Services, Hospital for Sick Children, Hotel Dieu Grace Healthcare, Humber River Hospital, Huron Lodge Long Term Care Home, Joseph Brant Hospital, Lakeridge Health, London Health Services, Niagara Health System, North Bay Regional Health Centre, Ontario Shores Centre for Mental Health Sciences, Orillia Soldiers Memorial Hospital, The Ottawa Hospital, Peterborough Regional Health Centre, Quinte Health Care, Riverview Gardens Long Term Care Chatham-Kent, Royal Victoria Regional Health Care, Saint Elizabeth Health Care, Scarborough Health Network, Schlegel Village, Southlake Regional Health Centre, St. Joseph's Care Group, St. Joseph's Health System, St. Mary's General Hospital, Thunder Bay Regional Health Sciences Centre, Timmins and District Hospital, Trillium Health Partners, Unity Health Toronto, University Health Network, Waypoint Centre for Mental Health Care, William Osler Health System, Windsor Regional Hospital, Woodstock Hospital

**DEFENDANTS**

## STATEMENT OF CLAIM

### TO THE DEFENDANT:

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the plaintiff. The claim made against you is set out in the statement of claim served with this notice of action.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or a lawyer acting for you must prepare a statement of defence in Form 18A and a designation of address for service (Form 16A.1) prescribed by the Rules of Civil Procedure, serve it on the plaintiff's lawyer or, where the plaintiff does not have a lawyer, serve it on the plaintiff, and file it, with proof of service, in this court office, WITHIN TWENTY DAYS after this statement of claim is served on you, if you are served in Prince Edward Island.

If you are served in another province or territory of Canada or in the United States of America, the period of serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

Instead of serving and filing a statement of defence, you may serve and file a notice of intent to defend in Form 18B prescribed by the Rules of Civil Procedure. This will entitle you to ten more days within which to serve and file your statement of defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU.

*(Where the claim made is for money only, include the following:)*

IF YOU PAY THE PLAINTIFF'S CLAIM, and \$\_\_\_\_\_ for costs, within the time for serving and filing your statement of defence, you may move to have this proceeding dismissed by the court. If you believe the amount claimed for costs is excessive, you may pay the plaintiff's claim and \$100 for costs and have the costs assessed by the court.

Date: August 17, 2022

Issued by:

Address of Local Office: Superior Court of Justice  
330 University Avenue  
Toronto, ON  
M5G 1R7



TO:

Ministry of the Attorney General  
McMurtry-Scott Building  
720 Bay Street  
Toronto, Ontario M7A 2S9  
(416) 326-2220

AND TO:

Bayshore Home Health - Barrie,  
80 Bradford St #525,  
Barrie, ON L4N 6S,  
(705) 722-8993

AND TO:

Bayshore Home Health - Hamilton  
849 Upper Wentworth St Suite 301,  
Hamilton, ON L9A 5H4  
(905) 521-8411

AND TO:

Bayshore Home Health – Mississauga  
89 Queensway W #202,  
Mississauga, ON L5B 2V2  
(905) 277-3116

AND TO:

Bayshore Home Health - Windsor  
1695 Manning Road, Unit D-201,  
Windsor, ON N8N 2L9  
(226) 216-2485

AND TO:

Brant Community Healthcare System (located in Brantford General Hospital)  
200 Terrace Hill St,  
Brantford, ON N3R 1G9  
(519) 751-5544

AND TO

Cambridge Memorial Hospital  
700 Coronation Blvd.,  
Cambridge, Ontario, N1R3G2  
519-621-2330, General fax: 519-740-4938

AND TO

CAMH –  
250 College St,  
Toronto, ON M5T 1R8  
(416) 535-8501

AND TO

Chatham-Kent Health Alliance - Chatham Campus  
80 Grand Ave W,  
Chatham, ON N7M 5L9  
(519) 352-6400

AND TO

Chatham-Kent Health Alliance - Wallaceburg Site  
325 Margaret Ave,  
Wallaceburg, ON N8A 2A7  
(519) 352-6400

AND TO

City of Windsor City Hall:  
350 City Hall Square W,  
Windsor, ON N9A 6S1  
(519) 255-6211

AND TO

Community Living Windsor (CLW)  
7025 Enterprise Way,  
Windsor, ON N8T3N6  
519-974-4221; F: 519-974-4157

AND TO

County of Essex  
360 Fairview Avenue West,  
Essex, Ontario N8M 1Y6  
519-776-6441; F: 519-776-4455

AND TO

Erie Shores HealthCare  
194 Talbot West,  
Leamington ON, N8H 1N9  
519-326-2373; F: 519-322-5584

AND TO

Georgian Bay General Hospital (GBGH)  
1112 St. Andrew's Drive,  
Midland ON, L4R 4P4  
705-526-1300; F: 705-526-4491

AND TO

Grand River Hospital - KW Site  
835 King St W,  
Kitchener ON, N2G4K9  
(519) 749-4300

AND TO

Grand River Hospital - Freeport Campus  
3570 King Street East,  
Kitchener ON, N2A2W1  
519-742-3611

AND TO:

Grey Bruce Health Services - Addiction Treatment Services, Owen Sound  
495 9th Av E,  
Owen Sound, ON N4Y 3E2  
P: 519-376-5666

AND TO:

Grey Bruce Health Services - Lion's Head Hospital  
22 Moore St,  
Lion's Head, ON N0H 1W0  
519-793-3424

AND TO:

Grey Bruce Health Services - Markdale Hospital  
55 Isla St,

Markdale, ON N0C 1H0  
519-986-3040

AND TO:

Grey Bruce Health Services - Meaford Hospital  
229 Nelson St W,  
Meaford, ON N4L 1A3  
519-538-1311

AND TO:

Grey Bruce Health Services - Owen Sound  
1800 8th St E,  
Owen Sound, ON N4K 6M9  
519-376-2121

AND TO:

Grey Bruce Health Services - Southampton Hospital  
340 High St,  
Southampton, ON N0H 2L0  
519-797-3230

AND TO:

Grey Bruce Health Services - Wiarton Hospital  
369 Mary St,  
Warton, ON N0H 2T0  
519-534-1260

AND TO:

Halton Healthcare - Georgetown Hospital  
1 Princess Anne Dr,  
Georgetown, ON L7G 2B8  
(905) 873-0111

AND TO:

Halton Healthcare - Milton District Hospital  
725 Bronte St S,  
Milton, ON L9T 9K1  
(905) 878-2383

AND TO:

Halton Healthcare - Oakville Trafalgar Memorial Hospital  
3001 Hospital Gate,  
Oakville, ON L6M 0L8  
(905) 845-2571

AND TO:

Hamilton Health Sciences (HHS) - Hamilton General Hospital  
237 Barton St E.,  
Hamilton ON, L8L2X2  
905-521-2100

AND TO:

Hamilton Health Sciences (HHS) - Juravinski Cancer Center  
699 Concession St,  
Hamilton, ON L8V 5C2  
(905) 387-9495

AND TO:

Hamilton Health Sciences (HHS) - Juravinski Hospital  
711 Concession St,  
Hamilton ON, L8V1C3  
905-521-2100

AND TO:

Hamilton Health Sciences (HHS) - McMaster Childrens Hospital  
1200 Main St W,  
Hamilton ON, L8S 4J9  
905-521-2100

AND TO:

Hamilton Health Sciences (HHS) - McMaster University Medical Centre  
1200 Main St W,  
Hamilton, ON L8N 3Z5  
(905) 521-2100

AND TO:

Hamilton Health Sciences (HHS) - St. Peters Hospital  
88 Maplewood Ave.,  
Hamilton ON, L8M 1W9

905-521-2100

AND TO:

Hamilton Health Sciences (HHS) - Regional Rehabilitation Centre  
300 Wellington St N,  
Hamilton, ON L8L 0A4  
(905) 521-2100 ext. 40801

AND TO:

Hamilton Health Sciences (HHS) - Ron Joyce Children's Health Centre  
325 Wellington St N,  
Hamilton, ON L8L 0A4  
(905) 521-2100

AND TO:

Hamilton Health Sciences (HHS) - West End Clinic/Urgent Care Centre  
690 Main St W,  
Hamilton, ON L8S 1A4  
(905) 521-2100

AND TO:

Hamilton Health Sciences (HHS) - West Lincoln Memorial Hospital  
169 Main St E,  
Grimsby, ON L3M 1P3  
905-945-2253

AND TO:

Home and Community Care Support Services (HCCSS) - Toronto Central  
250 Dundas St west - Suit 305,  
Toronto ON M5T 2Z6  
416-506-9888; Central West LHIN Corporate Fax for Donna: 905-948-8011

AND TO:

The Hospital for Sick Children  
555 University Ave,  
Toronto, ON M5G 1X8

AND TO:

Hôtel-Dieu Grace Healthcare

1453 Prince Rd,  
Windsor, ON N9C 3Z4  
519-257-5111

AND TO:

Humber River Hospital  
1235 Wilson Ave,  
North York, ON M3M 0B2  
(416) 242-1000

AND TO:

Huron Lodge Long Term Care Home –  
1881 Cabana Rd W,  
Windsor, ON N9G 1C7  
(519) 253-6060

AND TO:

Joseph Brant Hospital  
1245 Lakeshore Road,  
Burlington, ON L7S 0A2  
(905) 632-3737

AND TO:

Lakeridge Health - Port  
451 Paxton St,  
Port Perry, ON L9L 1L9  
(905) 985-7321; F: 905-721-7798

AND TO:

Lakeridge Health - Oshawa Corporate Office  
850 Champlain Ave,  
Oshawa, ON L1J 8R2  
9055768711; Administrative fax: 905-721-4763

AND TO:

London Health Sciences Centre (LHSC) - London Regional Cancer Program  
800 Commissioners Road East, PO Box 5010, Stn B,  
London ON, N6A 5W9  
(519) 685-8600

AND TO:

London Health Sciences Centre (LHSC) - University Campus  
339 Windermere Road, P.O. Box 5339, Stn Z,  
London ON, N6A 5A5  
519-685-8500

AND TO:

London Health Sciences Centre (LHSC) - Victoria Campus  
800 Commissioners Road East, PO Box 5010, Stn B,  
London ON, N6A 5W9  
519-685-8500

AND TO:

Niagara Health System - Data Centre  
541 Glenridge Ave.,  
St. Catharines, ON L2T 4C2

AND TO:

Niagara Health System - Fort Erie Site  
230 Bertie St,  
Fort Erie, ON L2A 1Z2  
(905) 378-4647

AND TO:

Niagara Health System - Niagara Falls Site  
5546 Portage Rd,  
Niagara Falls, ON L2E 6X2  
(905) 378-4647

AND TO:

Niagara Health System - Port Colborne Site  
260 Sugarloaf St,  
Port Colborne, ON L3K 2N7  
(905) 378-4647

AND TO:

Niagara Health System - St. Catharines  
1200 Fourth Ave.,



St. Catharines, ON L2S 0A9  
(905) 378-4647

AND TO:

Niagara Health System - Welland Site  
65 Third St,  
Welland, ON L3B 4W6  
(905) 378-4647

AND TO:

North Bay Regional Health Centre  
50 College Dr,  
North Bay, ON P1B 5A4  
(705) 474-8600

AND TO:

Ontario Shores Centre for Mental Health Sciences  
700 Gordon Street,  
Whitby ON, L1N 5S9  
905.430.4055; F: 905.430.4032 (administration)

AND TO:

Orillia Soldiers' Memorial Hospital –  
170 Colborne St W,  
Orillia, ON L3V 2Z3  
(705) 325-2201, [info@osmh.on.ca](mailto:info@osmh.on.ca),

AND TO:

The Ottawa Hospital - Civic Campus  
1053 Carling Ave,  
Ottawa, ON K1Y 4E9P:  
(613) 798-5555

AND TO:

The Ottawa Hospital - General Campus  
501 Smyth Road,  
Ottawa ON, K1H8L6  
613-737-8899 ext.78520; F: 613-761-4462

AND TO:

The Ottawa Hospital - Riverside Campus  
1967 Riverside Dr.,  
Ottawa, ON K1H 7W9  
(613) 798-5555

AND TO:

Peterborough Regional Health Centre  
1 Hospital Drive,  
Peterborough, ON, K9J 7C6  
705-743-2121

AND TO:

Quinte Health Care - Belleville General Hospital  
265 Dundas St. East,  
Belleville ON, K8N5A9  
P: 613-969-7400 Fax: 613-968-8234

AND TO:

Quinte Health Care - North Hastings Hospital  
1-H Manor Ln,  
Bancroft, ON K0L 1C0  
P: (613) 332-2825

AND TO:

Quinte Health Care - Prince Edward County Memorial Hospital  
403 Picton Main St,  
Prince Edward, ON K0K 2T0P:  
(613) 476-1008

AND TO:

Quinte Health Care – Trenton Memorial Hospital  
242 King St,  
Trenton, ON K8V 5S6  
(613) 392-2540

AND TO:

Riverview Gardens Long-Term Care  
519 King St W,  
Chatham, ON N7M 1G8

P: (519) 352-4823

AND TO:

Royal Victoria Regional Health Centre  
201 Georgian Dr.,  
Barrie, ON, L4M 6M2  
705-728-9802; F: 705-728-0982 (general fax)

AND TO:

Saint Elizabeth Health Care - Erie St. Claire Office  
2473 Ouellette Ave,  
Windsor, ON N8X 1L5  
(519) 972-3895

AND TO:

Saint Elizabeth Health Care - North Simcoe, Muskoka Office  
85 Ferris Ln #104,  
Barrie, ON L4M 6B9  
(705) 737-5055

AND TO:

Scarborough Health Network - Birchmount Hospital –  
3030 Birchmount Rd,  
Scarborough, ON M1W 3W3  
(416) 495-2400

AND TO:

Scarborough Health Network - Centenary Hospital  
2867 Ellesmere Rd,  
Scarborough, ON M1E 4B9  
(416) 284-8131

AND TO:

Scarborough Health Network - General Hospital  
3050 Lawrence Ave E,  
Scarborough, ON M1P 2V5  
(416) 438-2911; 416-431-8200 ext 4747;

AND TO:

Schlegel Village - Support Office –  
325 Max Becker Drive,  
Kitchener, Ontario N2E 4H5  
519-571-1873 x100; F: 519-571-0947

AND TO:

Southlake Regional Health Centre  
596 Davis Dr,  
Newmarket, ON L3Y 2P9  
(905) 895-4521

AND TO:

St. Joseph's Care Group (SJCG) - St. Joseph's Hospital  
35 Algoma St. N,  
Thunder Bay ON, P7B5G7 (Box 3251)  
(807) 343-2431; F: (807) 343-0144;

AND TO:

St. Joseph's Care Group (SJCG) - Hogarth Riverview Manor Long Term Care  
300 Lillie Street North,  
Thunder Bay, ON P7C4Y7  
(807) 625-1110; F: (807) 623-4520

AND TO:

St. Joseph's Health Care London  
268 Grosvenor St, P.O. Box 5777,  
London ON, N6A 4V2  
(519) 646-6100

AND TO:

St. Joseph's Healthcare Hamilton (St. Joseph's Health System,) - Charlton Campus  
50 Charlton Avenue East,  
Hamilton, Ontario L8N 4A6  
(905) 522-1155

AND TO:

St. Joseph's Healthcare Hamilton - King Campus  
2757 King Street East,  
Hamilton, Ontario L8G 5E4  
(905) 522-1155

AND TO:

St. Joseph's Healthcare Hamilton - West 5th Campus  
100 West 5th Street,  
Hamilton, Ontario, L9C 0E3  
(905) 522-1155

AND TO:

St. Joseph's Lifecare Centre  
99 Wayne Gretzky Pkwy,  
Brantford ON, N3S6T6  
519 751-7096;  
email: stjoesfoundation@sjlc.ca

AND TO:

St. Mary's General Hospital  
911 Queen's Blvd,  
Kitchener, ON N2M 1B2  
(519) 744-3311

AND TO:

Thunder Bay Regional Health Sciences Centre  
980 Oliver Rd,  
Thunder Bay, Ontario P7B 6V4  
(807) 684-6000

AND TO:

Timmins and District Hospital  
700 Ross Ave E,  
Timmins, ON P4N 8P2  
(705) 267-2131;

AND TO:

Trillium Health Partners - Credit Valley Hospital  
2200 Eglinton Ave W,  
Mississauga, ON L5M 2N1  
(905) 813-2200

AND TO:

Trillium Health Partners - Mississauga Hospital  
100 Queensway W,  
Mississauga, ON L5B 1B8  
(905) 848-7100

AND TO:

Trillium Health Partners - Queensway Health Centre  
150 Sherway Dr,  
Etobicoke, ON M9C 1A5  
(416) 259-6671

AND TO:

Unity Health Toronto - Providence Healthcare  
3276 St Clair Ave E,  
Scarborough, ON M1L 1W1  
(416) 285-3666

AND TO:

Unity Health Toronto - St. Joseph's Health Centre  
30 The Queensway,  
Toronto, ON M6R 1B5  
(416) 530-6000

AND TO:

Unity Health Toronto - St. Michael's Hospital  
36 Queen St E, Toronto, ON M5B 1W8  
416-864-5471 (ext. 6038). F: 416-864-5390

AND TO:

University Health Network (UHN) - Michener Institute of Education  
222 St. Patrick Street,  
Toronto, ON, M5T 1V4  
416 596 3101

AND TO:

University Health Network (UHN) - Princess Margaret  
610 University Ave,  
Toronto, ON M5G 2C1  
416 946 2000

AND TO:

University Health Network (UHN) - Toronto General  
190 Elizabeth St,  
Toronto, ON M5G 2C4  
(416) 340-3111

AND TO:

University Health Network (UHN) - Toronto Rehabilitation Institute  
550 University Ave,  
Toronto, ON M5G 2A2  
(416) 597-3422

AND TO:

University Health Network (UHN) - Toronto Western  
399 Bathurst St,  
Toronto, ON M5T 2S8  
416 603 2581

AND TO:

Waypoint  
500 Church St,  
Penetanguishene, ON L9M 1G3  
(705) 549-3181

AND TO:

William Osler Health System - Brampton Civic Hospital  
2100 Bovaird Dr E,  
Brampton, ON L6R 3J7  
(905) 494-2120

AND TO:

William Osler Health System - Etobicoke General Hospital  
101 Humber College Blvd,  
Etobicoke, ON M9V 1R8  
(416) 747-3400

AND TO:

William Osler Health System - Peel Memorial Centre for Integrated Health and Wellness  
20 Lynch St,  
Brampton, ON L6W 2Z8

(905) 494-2120

AND TO:

William Osler Health System - Reactivation Care Centre  
101 Humber College Blvd,  
Etobicoke, ON M9V 1R8  
(416) 747-3400

AND TO:

William Osler Health System - Withdrawal Management Centre  
135 McLaughlin Rd S,  
Brampton, ON L6Y 2C8  
(905) 456-3500

AND TO:

Windsor Regional Hospital - Metropolitan Campus  
1995 Lens Ave,  
Windsor, ON N8W 1L9  
(519) 254-5577

AND TO:

Windsor Regional Hospital - Ouellette Campus  
1030 Ouellette Ave,  
Windsor, ON N9A 1E1  
(519) 254-5577

AND TO:

Woodstock Hospital  
310 Juliana Dr,  
Woodstock, ON N4V 0A4  
(519) 421-4211



## CLAIM

1. The Plaintiffs claim:

(a) Declarations that COVID-19 “Directive #6” for Public Hospitals within the meaning of the *Public Hospitals Act, 1990*, Service Providers in accordance with the *Home Care and Community Services Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006*, and Ambulance Services within the meaning of the *Ambulance Act, R.S.O. 1990*, c. A.19 (“Directive 6”), issued on September 7, 2021, and amended on February 2, 2022, and revoked by the Defendant Minister of Health Christine Elliott on March 14, 2022, purportedly issued under Section 77.7 of the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7, and actions taken pursuant to it, namely the sending home on unpaid leave, and firing of the Plaintiffs, and/or revoking hospital privileges of doctors for declining Covid-19 vaccines, were and continue to be unconstitutional and of no force and effect because:

- (i) any purported mandatory, or coerced *de facto* mandatory vaccine mandates violate ss. 2, 7, and 15 of the *Charter*, as enunciated, *inter alia*, by the Ontario Court of Appeal in *Fleming v. Reid* (1991) 4 O.R. (3d) 74 and in the Supreme Court of Canada in *Morgentaler (1988)*, *Rodriguez (1993)*, *Rasouli* (2013), and *Carter* decisions of the Supreme Court of Canada;
- (ii) any purported mandatory, or coerced *de facto* mandatory vaccines violate ss.2 and ss 7 of the *Charter*, as enunciated, *inter alia*, by the Ontario Court of Appeal in *Fleming v. Reid*, and the Supreme Court of Canada in *Morgentaler (1988)*, *Rodriguez (1993)* and moreover the *Carter* decision,

violate international treaty norms which constitute *minimal* protections to be read into s.7 of the *Charter* as ruled, *inter alia*, by the Supreme Court of Canada in *Hape*, and the Federal Court of Appeal in *De Guzman*;

- (b) A further Declaration that “Directive 6” and any and all action taken pursuant to it against the Plaintiffs, anyone dismissed from their employment and/or revoking hospital privileges for refusing to be “vaccinated” with the COVID-19 inoculations was and continues to be unconstitutional in that:
- (i) There is no jurisdiction under the *Constitution Act, 1867* to decree any medical treatment whatsoever;
  - (ii) It is outside the jurisdiction of the province, under s.92 of the *Constitution Act, 1967*;
  - (iii) Violates the Pre-*Charter* constitutional rights to freedom of conscience and religion as pronounced by the Supreme Court of Canada in, *inter alia*, *Switzman v Elbing and A.G. of Quebec, [1957] SCR 285* and *Saumur v City of Quebec, 2 S.C.R. 299*;
  - (iv) violates the rights, under s.2 of the *Charter*, to freedom of conscience, belief, and religion;
  - (v) violates s.7 of the *Charter* in violating the right to bodily and psychological integrity, as manifested in the constitutionally protected right to informed, voluntary, consent to any medical treatment and procedure, as well as violating international treaty rights, protecting the same right(s) which protections must be read in as minimal protection under s.7 of the *Charter* in accordance with, *inter alia*, *Hape (SCC)* and *De Guzman (FCA)*;
- (c) A Declaration that the vaccine mandates and PCR testing, by the Respondents, are:
- (i) not scientifically, or medically, based;

- (ii) based on a false, and fraudulent, use of the PCR test, using a threshold cycle of 43-45 cycles in that once used above the 35 threshold cycles, of all the positives it registers, 96.5%, are “false positives”, resulting in an accuracy rate, **as a mere screening test**, of 3.5% accuracy;
- (iii) that all measures of vaccine mandates, masking, social distancing, and “lockdown” (closures) are a sole and direct result of the mounting, or “rising” “cases”, being cases, which are 96.5% false positives;
- (iv) that the PCR test, in and by itself, as used, cannot distinguish between dead (non-infectious) vs. live (infectious) virus fragments;

(d) A Declaration that:

- (i) s.77.7 of the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*, and other legislation, the purported basis for issuing “Directive #6”, is of no force and effect, as violating, ss.2,7, and 15 of the *Charter*, and is not in accordance with tenets of fundamental justice in that it suffers from overbreadth and is void for vagueness;
- (ii) A further declaration that s.77.7 of the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*, and other legislation, the purported basis for issuing “Directive #6”, is further unconstitutional as it constitutes an abandonment of the duty to govern by the Legislature, and delegates, the entire power of the Legislature and Governor-in-Council, to a single unelected official with over-sweeping power, which power and legislative test of “opinion” that something “may” constitute a “risk”, is incapable of articulable debate.

(iii) A further declaration that s.77.7, the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*, and other legislation the purported basis for issuing “Directive #6”, does not apply in the context of a stated public health emergency;

(e) Declarations that the “Covid-measures” and declaration of the “emergency” invoked by the Respondents:

(i) do not meet the prerequisite criteria of any “emergency” as prescribed by s.7.0.1(3) of the *Emergency Management Civil Protection Act*, and further contravenes s.7.0.2(1) and (3) of that *Act*;

(ii) that the invocation of the measures, dealing with health and public health, breach the Plaintiffs’ rights, and constitutional duties of the Respondents to consult, both in procedure, and substance, both, under administrative law, and, under section 7 of the *Charter*;

(iii) that, in any event, if the pre-requisites of an “emergency” are met, as declared to be a national and international “emergency”, the jurisdiction, and constitutional duty, to deal with this “national emergency”, and its measures, is with the Federal Parliament, under the *Federal Emergencies Act* and *Quarantine Act*, pursuant to s. 91 of the *Constitution Act, 1867* under the “Peace, Order, and Good Government (“POGG”)” Power, as well as s.91(11) with respect to Quarantine, and not the jurisdiction of the Provincial legislature;

(iv) that “lock-downs”, and “stay at home orders”, and any curfews, in whole or in part, are forms of Martial law outside the Province’s jurisdiction under s. 92 of the *Constitution*

- Act, 1867* and, subject to constitutional review and constraints, matters of Federal jurisdiction under the POGG power and s. 91(7) of the *Constitution Act, 1867*;
- (f) a further declaration that the mandatory and/or coerced *de facto* mandatory medical treatment, in the absence of informed, voluntary consent, in this case covid-“vaccines”, and PCR and other mRNA and RNA testing, constitute a Crime Against Humanity under international treaty and customary law, thereby making such coerced and mandatory testing an offence under the *War Crimes and Crimes Against Humanity Act* in Canada;
- (g) a further declaration that promoting, and executing, PCR testing constitutes a criminal act under sections 3 - 5 and s.7 of the *Genetic Non-Discrimination Act (S.C. 2017, c. 3)*, and counselling and aiding and abetting a criminal act as well as an offence under s. 126 of the *Criminal Code of Canada*, to wit, disobeying a statute;
- (h) a further declaration that the introduction of “vaccine passports”, and their compulsory use to obtain goods and services, as well as travel on trans-provincial routes by air, train, and water vehicles, is unconstitutional and of no force and effect in violating:
- (i) ss.6 and 7 of the *Charter*;
- (ii) violating s.9 of the *Charter*;
- (iii) violating the pre-*Charter*, recognized rights on “the liberty of the subject” remedied by way of *habeas corpus*.
- (i) a further declaration that Her Majesty the Queen’s servants, officials, and agents, in enforcing these measures, and in delegating and permitting non-state actors to enforce these measures engaged in the following:

- (i) A contravention of s.126 of the *Criminal Code of Canada* in (knowingly)  
“disobeying a statute”;
- (ii) Counselling and aiding and abetting a criminal offence, contrary to s.126 of the  
*Criminal Code of Canada*, for violating the criminal provisions under s. 3-5 and 7 of  
the *Genetic Non-Discrimination Act (S.C. 2017, c. 3)*;
- (iii) The tort of abuse of process and malicious prosecution in charging those who refused  
such PCR tests with quasi-criminal offences and fines;
- (j) a further declaration that the creation and/or requirement of a “vaccine passport” to  
access services and maintain their chosen vocations, violates the Plaintiffs’;
  - (i) Pre-*Charter* right to enter and leave, pursuant to the *Magna Carta* as read in through  
the Pre-amble to the *Constitution Act, 1867*;
  - (ii) The rights contained in ss. 6 and 7 of the *Charter*;
  - (iii) By international treaty law, as to be read in as a minimal protection under s. 7 of the  
*Charter* pursuant to, *inter alia*, *Hape* (SCC) and *De Guzman (FCA)*;
- (k) a further Declaration that there is no rational connection between being vaccinated or not  
being vaccinated in terms of avoiding or preventing transmission of the COVID virus and  
thus, in drawing a distinction and consequent punitive and depriving measures against  
the unvaccinated, violates their rights to equality, both pre-*Charter*, as well as under s. 15  
of the *Charter*;
- (l) If necessary, a further Declaration that s.17 and s.22 of the *Crown Liability and  
Proceedings Act*, 2019, S.O. 2019 c.17:
  - (i) are unconstitutional and of no force and effect as it violates the Supreme Court of  
Canada's ruling(s) that judicial review is a constitutional right as enunciated Pre-

*Charter* in, *inter alia*, *Air Canada v. B.C. (A.G.) [1989] 1 SCR 1161*, and post-  
*Charter* in, *inter alia*, *Dunsmuir v. New Brunswick [2008] 1 SCR 190*, thus  
constituting a "privative clause" against the constitutional right to judicial review,  
further violates the constitutional right to "no right without remedy" as declared by  
the Supreme Court of Canada, in *inter alia*, *R v. Mills [1986] SCR 863*, *Nelles v.*  
*Ontario [1989] 2 SCR 170*, *Doucet Boudeau v. NS (2003) SCJ 63*, and further  
constitutes a legislative override of s.24 and s.52 of the *Constitution Act, 1982* which  
cannot be altered, constricted nor over-ridden except by way of constitutional  
amendment pursuant to section 38 of Part V of the *Constitution Act, 1982*;

(ii) A Declaration (order), striking, pursuant to s.24 and 52 of The *Constitution Act, 1982*, section 17 and 24 of *the Crown Liability and proceedings Act* as of no force and effect.

(m) A Declaration that the Defendant Crown in Right of Ontario, insofar as it purports to expressly allow the other co-Defendants to enact their own "vaccine mandate measures", that this results in:

(i) Making the co-Defendants agents of the Crown; and

(ii) In not preventing/barring the importation of unconstitutional measures by the Co-Defendants, the Crown is liable, by way of omission, as ruled by the Supreme Court of Canada in *Vriend*;

thus, making the Crown equally liable in damages to the Plaintiffs.

2. The Plaintiffs further seek, with respect to the Plaintiffs who are medical doctors, reinstatement of their hospital privileges which were revoked for having refused to take the COVID-19 "vaccines".

3. A further Declaration that the Defendant hospitals and health agencies, apart from being liable in the torts set out in the within claim, in conjunction and in concert with the *Charter* violations of the state actor Defendants, that these hospitals further constitute, for the purpose of *Charter* torts, and violations, and *Charter* review, also constitute state actors/agents subject to both *Charter* values and *Charter* rights and *Charter* review, pursuant to the principles set out by the Supreme Court of Canada in, *inter alia*, the *Godbout* decision.
4. The Plaintiffs further seek, as a s.24(1) *Charter* remedy, for violations of their constitutional rights, and constitutional and common-law torts:
  - (a) The re-instatement of their (employment) positions, *nunc pro tunc*, to the day prior to their being mandatorily placed on leave without pay and subsequently dismissed from their position(s) and/or re-instatement of their hospital privileges;
  - (b) Back-pay from their last day of paid employment to the date of judgment with:
    - (i) Corresponding benefits and financial contribution commiserate with that back-pay including, but not restricted to, pension earnings, sick days and other benefits;
    - (ii) Re-instatement at the advanced level they would likely have attained by the date of judgment;

All in accordance with the Supreme Court of Canada ruling in, *inter alia*, *Proctor v. Sarnia Board of Commissioners of Police* [1980] 2 S.C.R. 72.
5. The Plaintiffs further seek, from the corresponding Defendants (employers), monetary damages, as a s.24(1) *Charter* remedy, for violations of their constitutional rights, and constitutional and common-law torts, as follows:
  - (a) For each Plaintiff in general damages as follows:
    - (i) \$50,000 each against the Defendants under the tort of intimidation;



- (ii) \$100,000 each against the Defendants under the tort of conspiracy to deprive them of their constitutional rights;
  - (iii) \$100,000 each, for the actions of Her Majesty the Queen's officials, servants, and agents, in the tort of constitutional violations in violating the Plaintiffs' pre-**Charter** constitutional rights, to freedom of belief, conscience, and religion, violating of their s.2 **Charter** rights to conscience, relief and religion, as well as violation of their s.7 **Charter** rights to bodily and psychological integrity, in violating consent to medical treatment and procedure with respect to COVID-19 "vaccines" and "PCR" testing as well as breach of the right to pre-**Charter** equality as well as section 15 of the **Charter** based on medical status which damages are required to be paid for by the Crown as ruled and set out by the SCC in **Ward v. City of Vancouver**;
  - (iv) \$200,000 each per Plaintiff for the intentional infliction of mental distress and anguish to the Plaintiffs by the Defendants;
- (b) Punitive damages in the amount of \$100,000 per plaintiff for the Defendants' callous violation of the Plaintiffs' constitutional rights whereby the Defendants knew, or had a reckless and wanton disregard to, the fact that they were violating the Plaintiffs' constitutional and statutory rights under Acts of the Legislature.
6. The Plaintiffs further seek:
- (a) An interim stay/injunction of the requirements of "vaccine mandates" and "passports" **nunc pro tunc**, effective the day before they were announced and/or implemented;
  - (b) A final stay/injunction of the "vaccine mandates" and "passports" **nunc pro tunc**, effective the day before they were announced and/or implemented.

7. Prejudgment and post-judgment pursuant to s.128 of the *Courts of Justice Act* R.S.O 1990 c. C43; and
8. Costs of the action on substantial indemnity basis and such further or other relief this Court deems just.

## **The Parties**

- **The Plaintiffs**

9. The Plaintiffs are all Provincial (former) Employees or physicians with privileges at various hospitals of various Health Care agencies and Hospitals of Ontario, as set out and categorized in the style of cause in the within claim.
10. Eight of the Plaintiffs are doctors who had their hospital privileges revoked for refusing the Covid-19 “vaccine(s)”, as follows:
  - (a) Clifford Rosen: Windsor Regional Hospital, unpaid leave of absence since September 22, 2021, hospital privilege revoked October 7, 2021.
  - (b) Tommy Dang: Windsor Regional Hospital, unpaid leave of absence since September 22, 2021, hospital privilege suspended October 7, 2021.
  - (c) Albrecht Schall: Humber River Hospital, unpaid leave of absence since April 2022.
  - (d) Dr. John Doe #1: Quinte Health Care (Belleville General Hospital), unpaid leave of absence since October 1, 2021, hospital privilege suspended November 2, 2021.
  - (e) Matthew Langdon: Quinte Health Care, unpaid leave of absence since October 1, 2021, no hospital privilege since October 25, 2021.
  - (f) Vinod Nair: Grey Bruce Health Service (Owen Sound), no hospital privilege since November 25.

(g) David Sion: Windsor Regional Hospital privilege suspended October 7, 2021 Erie Shores Health Care privilege was suspended on October 5, 2021, and subsequently revoked on May 3, 2022.

(h) Crystal Luchkiw: Royal Victoria Regional Health Centre, hospital privilege stopped on October 22, 2021. She resigned under duress on October 22, 2021, thus she lost hospital privilege since then.

11. All the Plaintiffs were sent home on “leave without pay” and/or subsequently fired for refusing to take the COVID-19 “vaccines” (inoculations) whether or not they were working from home, and/or further refused to multi-weekly PCR testing in order to continue working. All Plaintiffs were placed on leave without pay and fired pursuant to the purported dictates of “Directive 6” and after government dictates and policies with respect to Covid-19 “vaccines”.
12. All the Plaintiffs possess a conscientious and/or physical /medical reason for refusing to take the COVID-19 “vaccines” (inoculations).
13. While “exemptions” to these “mandatory vaccine mandates” exist, in theory, all of the Plaintiffs who sought an exemption were arbitrarily denied without reasons. The Plaintiffs further state that there is no obligation to seek any exemption before refusing the vaccines.
14. All the Plaintiffs are ineligible for Employment Insurance benefits because they were dismissed for refusing the “vaccines” (Inoculations).
15. All of the Plaintiffs wish to exercise their ss. 6, 7, and 15 of the *Charter* rights to access any and all services, including exercising their chosen work vocations, which is barred to them by virtue of a non-possession of a “vaccine passport”, or declining to take the Covid-19 “vaccines” .

- **The Defendants**

16. The Defendant, Premier Doug Ford is Premier of Ontario who promoted and enforced “Directive 6” and other Covid measures and as such, a holder of a public office.
17. The Defendant, Christine Elliott is Former Minister of Health of Ontario who promoted and enforced “Directive 6” and other Covid measures and as such, a holder of public office.
18. The Defendant, Sylvia Jones is Current Minister of Health of Ontario who enforced “Directive 6” and other Covid measures and as such, a holder of public office.
19. The Defendant, Her Majesty the Queen in Right of Ontario, is statutorily and constitutionally liable for the acts and omissions of her officials and/or agents, particularly with respect to *Charter* damages, as set out by the SCC in, *inter alia*, *Ward v. City of Vancouver*, without the necessity of proof of any **mala fides**.
20. The Defendant, Attorney General of Ontario is, constitutionally, the Chief Legal Officer, responsible for and defending the integrity of all legislation, and Provincial executive action and inaction, as well as responding to declaratory relief, including with respect constitutional declaratory relief, and required to be named as a Defendant in any action for declaratory relief.
21. All the other Defendants are Hospitals and/or Healthcare provider entities, publicly-funded, who conspired with the Crown Defendants to execute absolute, coercive vaccine mandates under threat and execution of illegally “sending home” the Plaintiffs, and firing them, and/or removal of hospital privileges for declining the Covid-19 “vaccines” inoculations.
22. The various Defendant hospitals and Health Care agencies are responsible for implementing Directive #6, and placing the Plaintiffs on “unpaid leave”, as well as firing them and/or revoking

hospital privileges for, declining to receive the Covid-19 “vaccines” and have not been called back to work despite the termination (revocation) of Directive #6.

23. The Defendants Johns and Janes Doe, are Provincial Crown Administrators and/or the Hospital/ Healthcare provider Defendants, who implement and enforce the illegal and unconstitutional “vaccine mandates and passports” implemented by the other Defendants.

### **THE FACTS**

24. The facts of this case are as set out below.

25. All the Plaintiffs were sent home on “leave without pay” and/or subsequently fired and/or revoking hospital privileges for refusing to take the COVID-19 “vaccines” (inoculations) whether or not they were working from home, and/or further refused to multi-weekly PCR testing, at their own expense, in order to continue working. This pursuant to policies implemented under “Directive 6” of for Public Hospitals within the meaning of the *Public Hospitals Act, 1990*, Service Providers in accordance with the *Home Care and Community Services Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006*, and Ambulance Services within the meaning of the *Ambulance Act, R.S.O. 1990*, c. A.19. issued under Section 77.7 of the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7

26. All the Plaintiffs possess a conscientious and/or physical /medical reason for refusing to take the COVID-19 “vaccines” (inoculations).

27. While “exemptions” to these “mandatory vaccine mandates” exist, in theory, all of the Plaintiffs who sought an exemption were arbitrarily denied without reasons. The Plaintiffs further state that there is no obligation to seek any exemption before refusing the vaccines.

28. All the Plaintiffs are ineligible for Employment Insurance benefits because they were dismissed for refusing the “vaccines” (Inoculations).
29. All of the Plaintiffs wish to exercise their ss. 6, 7, and 15 of the *Charter* rights to access services and maintain their chosen vacations to travel within Canada, as well as abroad, which is barred to them by virtue of a non-possession of a “vaccine passport”.

- **The “Pandemic” and its Measures**

30. The Plaintiffs state, and the fact is, that there is no, and there has not been, a “COVID-19” “pandemic” beyond and/or exceeding the consequences of the fall-out of the pre-covid annual flu or influenza.
31. The Plaintiffs further state that, since early 2020, to the present, being three (3) flu seasons, the deaths resulting from complications of the COVID-19 have **not** been any marginally higher than the annual deaths from complications of the annual influenza, as set out in, and by *inter alia* statistics Canada.
32. The fact, and data is, that the COVID-19 measures have caused, to a factor of a minimum of five (5) to one (1), **more deaths** than the actual purported Covid-19 has caused.
33. The facts are that in Canada, 86% of all purported Covid-19 deaths have occurred in long-term care (LTC) facilities at an average age of 83.4 years, which exceeds the general life expectancy of Canadians, of age 81.
34. The Defendant officials scandalously claim that, during Covid-19 pandemic there have been **no** annual flus.
35. In Canada, no person under age 19 has died from Covid-19, as the primary cause of death (without co-morbidities).

36. The death rate for those who have contracted the COVID-19 virus has been 0.024 % (one quarter of one percent) for adults, and 0.0 % (zero) for children.
37. The Defendants and their officials falsely claim that Canada's death rate from Covid-19, being no higher than the complications of the annual flu, is because of the measures taken. This is wild speculation and incantation which could only be proven by comparison of jurisdictions (states and countries) which have taken **no** or **little** COVID measures against countries, such as Canada, who have taken severe measures.
38. A comparison of jurisdictions (such as some U.S. states), and other countries, who took no or little covid-19 measures, shows that those jurisdictions and countries taking no or little measures fared just as well, and in fact **better** than countries such as Canada.

- **The Case Counts**

39. The Defendants, as well as provincial authorities, have based all their rationale and measures, with respect to Covid-19, tied to the "case counts" of positive testing for the Covid virus (SaRS-CoV-2).
40. Case counts are based on "positive" PCR tests. The "PCR" test, which when run **above a "35 thresh-hold cycle"**, has been found, by various Court jurisdictions, and the avalanche of scientific data and expertise, to produce a **96.5% "false positive" rate**. This means that for every 100 "positive" cases announced, there are only 3.5 actual positive "cases".
41. In Canada, PCR testing is conducted at 43 to 47 threshold cycle rates, well above the 35-threshold cycle rate. Ontario has also run its PCR thresholds at between 43 and 47 cycles. These cycle rates are not cumulative but exponential with each cycle exponentially distorting and magnifying the false positive rate.

42. The PCR tests, according to its inventor, Kary Mullis, who won the Nobel Prize for inventing the PCR test, who was unequivocally and adamantly loud, before his death in October, 2019, that his PCR machine and test does **not** and **cannot** identify *any* virus, but is merely a screening test which must be followed by a culture test (of attempting to reproduce the virus) and concurrent blood (anti-body test), in order to determine whether that virus identified in the PCR test is dead (non-infectious) or alive (infectious). This is the so-called “gold standard” to verify the existence of any virus. This is **not** done in Canada with respect to Covid-19. This is **not** done in Ontario with respect to the Covid-19 virus.

43. The fact is that, above and beyond all the above, the virus, SARS-CoV-2 has **not** yet been identified or isolated anywhere in the world.

- **The COVID-“Vaccines” (Inoculations)**

44. The COVID-19 “vaccines” are not “vaccines”. They have not gone through the required protocols nor trials. Their human trials are to end in 2023. They are “emergency use” “medical experimentation” as medically and historically understood.

45. Therefore, at this moment, they are admittedly “medical experimentation”. Medical experimentation without voluntary, informed, consent, is a Crime Against Humanity born out of the Nuremberg Code, following the Nazi experimentation under the Nazi regime. Medical experimentation is also contrary to the Helsinki Declaration (1960).

46. Statistics, compelled by Court Order, from the Pfizer first phase of clinical trials, in part, show that:

- (a) Of a group of 40,000 participants (with a significant number receiving “placebos”), there were 1,223 deaths:



(b) That 10% of pregnant women spontaneously aborted, with an extreme number of still-born deaths of vaccinated pregnant women; and

(c) a long list of severe, permanent side-effects.

47. The Plaintiffs further state, and fact is, that according to Public Health officials;

(a) The COVID-19 “vaccines” do **NOT** prevent transmission of the virus, even as between vaccinated and vaccinated individuals;

(b) That the “vaccines” merely suppress symptoms;

(c) That, in order to maintain a “vaccinated status”, a “booster” shot of the useless and ineffective “vaccines”, must be taken every three (3) months, projected to continue, judging by the number of vaccines Prime Minister Justin Trudeau announced that he procured from Pfizer, until the year 2025;

(d) That the variants require these boosters and public health officials falsely claim that the “unvaccinated” are causing the “variants”.

48. The Plaintiffs state, and the fact is, that internationally renowned experts, including a Nobel Prize winner in virology, Luc Montagnier, adamantly state and warn that it is **the “vaccines”** which are creating the “variants”.

49. The Plaintiffs state, and the fact is, that on the Defendants’ own assessment and claim there is:

(a) No correlation between transmission as between the vaccinated and unvaccinated;

(b) COVID “vaccines” do not prevent transmission nor immunize the vaccinated against the virus;

(c) That the “vaccines” merely suppress the virus symptoms;

(d) That the “vaccines” effectiveness at even suppressing the symptoms are 90 days (3 months).

The plaintiffs therefore state, and the fact is, that the measures taken are irrational, arbitrary, and violate the Plaintiff’s rights to equal treatment before the law, as well as violate s.15 of the *Charter*.

50. In fact, on Thursday August 11<sup>th</sup>, 2022 the Centre for Disease Control (CDC) announced that:

- (a) CDC's COVID-19 prevention guidance will no longer differentiate by whether people are up-to-date on their vaccinations.
- (b) Testing to screen for COVID-19 will no longer be recommended in most places for people who do not have COVID symptoms. The CDC says people who have tested positive for COVID-19 can stop wearing masks if their symptoms have improved and they test negative twice in a row — initially on the sixth day after their infection began, and then again on the eighth day.
- (c) And the CDC says that "to limit social and economic impacts, quarantine of exposed persons is no longer recommended, regardless of vaccination status."

- **Tortious Conduct (at Common Law) Inflicted Against the Plaintiffs**
  - **Misfeasance of Public Office**

51. The Plaintiffs state, and fact is, that the Defendants, Doug Ford and other Co-Defendants have knowingly engaged in misfeasance of their public office, and abuse of authority, through their public office, as contemplated and set out by the Supreme Court of Canada in, *inter alia*, *Roncarelli v. Duplessis*, [1959] S.C.R. 121 *Odhavji Estate v. Woodhouse* [2003] 3 S.C.R. 263, 2003 SCC 69 and have violated the Plaintiffs’ ss.2,7,15 *Charter* rights by knowingly:

- (a) Exercising a coercive power to force unwanted “vaccination” knowing that:
  - (i) Such coercive mandates and measures violate ss.2, 7, and 15, of the *Charter*;
  - (ii) Such coercive measures violate the *Genetic Non-Discrimination Act*;
  - (iii) Such coercive measures violate international (treaty) norms and rights, which norms and rights are read into s. 7 of the *Charter*;
  - (iv) Such coercive measures in ignoring the statutory prohibitions, further constitute offences under **the *Criminal Code of Canada***, including: disobeying a statute (s. 126) and Extortion (s. 346);

52. The Plaintiffs further state, and the fact is, that as a result of this tort of misfeasance of public office, the Plaintiffs have been caused damages, including, but not restricted to:

- (a) Loss of their livelihood;
- (b) Mental anguish and distress;
- (c) Loss of dignity and discrimination based on their medical status;
- (d) Violation of their ss.2, 7, and 15 of their *Charter* rights.

53. The Plaintiffs further state that, while the Crown Defendants have not made vaccines mandatory, *per se*, they have permitted their government departments, officials and subordinate municipalities, and commissions, to use extreme coercive measures, such as firing or sending home without pay anyone who refuses to vaccinate. The Plaintiffs state that both in enabling these coercive measures, and in omitting to prevent the third-party coercion, the Crown Defendants have violated, “by omission”, as ruled by the Supreme Court of Canada in *Vriend*, their constitutionally protected right to refuse medical treatment under S.7 of the *Charter*, and further violated their S.15 *Charter* rights to equality and equal protection

under the law in unequal treatment based on “vaccinated” vs “unvaccinated” based on arbitrary and non-scientific an non-medical basis.

- **Conspiracy**

54. The Plaintiffs further state that the Defendants, through their statements, actions, and co-ordinated offices, are engaging in the tort of conspiracy as set out, *inter alia*, by the Supreme Court of Canada in *Hunt v. Carey Canada Inc [1990] 2 S.C.R. 959*;

- (a) whether the means used by the defendants are lawful or unlawful, the predominant purpose of the defendants' conduct is to cause injury to the Plaintiffs; or,
- (b) in an where the conduct of the defendants is unlawful, the conduct is directed towards the Plaintiffs (alone or together with others), and the defendants should know in the circumstances that injury to the Plaintiffs is likely to and does result.

The Defendants do so through the declaration of a false pandemic and implementation of coercive and damaging measures including the infliction of a violation of their constitutional rights as set out above in the within statement of claim, which has caused the Plaintiffs damages including, but not restricted to:

- (a) Loss of their livelihood;
- (b) Mental anguish and distress;
- (c) Loss of dignity and discrimination based on their medical status;
- (d) Violation of their ss.2, 7, and 15 of their *Charter* rights.

55. The Plaintiffs state, and the fact is, that this conspiracy, between the named, and unnamed Johns and Janes Doe administrators, is borne out, by the fact that:

- (a) It is not a power of the *Constitution Act, 1867* grants the Provincial nor Federal Government, absent legislation and declaration of the Federal *Emergencies Act*, subject to constitutional constraints, as set out and as redundantly noted in the *Emergencies Act* itself;
- (b) Such coercive mandates and measures violate ss.2, 7, and 15, of the *Charter*;
- (c) Such coercive measures violate the *Genetic Non-Discrimination Act*;
- (d) Such coercive measures violate international (treaty) norms and rights, which norms and rights are read into s. 7 of the *Charter*;
- (e) Such coercive measures in ignoring the statutory prohibitions, further constitute offences under **the *Criminal Code of Canada***, including: disobeying a statute (s. 126) Extortion (s. 346);
- (f) That such coercive measures were planned, executed, and implemented knowingly and perpetual statements and threats by the Defendants that, “not vaccinating will carry consequences”.

56. The Plaintiffs state that the Defendants’ conspiracy also includes a conspiracy to undermine, and in fact violate, the Plaintiffs constitutional statutory, and common-law rights to informed consent over medical treatment and equality as well as their other s. 2, 6, 7 and 15 *Charter* rights as pleaded in the within Statement of Claim.

- **Intimidation (through Third Parties)**

57. The Plaintiffs state, and fact is, that the Defendants, in:

- (a) Making their public threats of “consequences” for not “vaccinating”; and
- (b) In implementing vaccine employment requirements of take the “job or lose your job”;  
and
- (c) In then drafting third parties such as government agencies, Crown corporations, and provincially regulated sectors, into implementing those coercive measures;

Are liable in the tort of intimidation as set out in, *inter alia*, by the Court of Appeal of Ontario in *McIlvenna v. 1887401 Ontario Ltd.*, 2015 ONCA 830, and other Supreme Court of Canada jurisprudence as follows:

[23]The tort of intimidation consists of the following elements:

- (a) a threat;
- (b) an intent to injure;
- (c) some act taken or forgone by the plaintiff as a result of the threat;
- (d) as a result of which the plaintiff suffered damages:  
*Score Television Network Ltd. v. Winner International Inc.*, 2007 ONCA 424, [2007] O.J. No. 2246, at para. 1; see also *Central Canada Potash Co. v. Saskatchewan*, 1978 CanLII 21 (SCC), [1979] 1 S.C.R. 42. Although the pleading of intimidation is most frequently seen in the context of economic torts, the business context is not an essential element of the tort.

which has caused the Plaintiffs damages including, but not restricted to:

- (d) Loss of their livelihood;
- (e) Mental anguish and distress;
- (f) Loss of dignity and discrimination based on their medical status;
- (g) Violation of their ss.2, 7, and 15 of their *Charter* rights.

58. The Plaintiffs state that, in exercising their constitutional right(s) to choose not to take the Covid-19 “vaccines” they have forfeited those ss. 2, 7, and 15 **Charter** rights and forced to forfeit their livelihood, chosen vocations, as well as hospital privileges, in their provincial or

provincially regulated employment which has led to the suffering of damages as set out above in the within statement of claim.

- **Intentional Infliction of Mental Anguish**

59. The Plaintiffs state, and the fact is, that the Defendants, through their illegal and unconstitutional “vaccine” mandates and “passports”, have knowingly inflicted mental anguish on the Plaintiffs, as one of the “consequences” of exercising their constitutionally protected right(s) to decline any medical treatment and/or procedure based on the constitutionally protected right to informed, voluntary, consent.
60. The Plaintiffs further state, and the fact is, that they are knowingly inflicting this mental anguish and distress, which is manifested by:
- (a) The Defendants’ public statements that they know that they cannot “force” mandatory vaccination as it is unconstitutional;
  - (b) However, that not “voluntarily” “vaccinating” will “have consequences”, which renders the decision involuntary through coercion and equally unconstitutional, as set out by the Supreme Court of Canada in, *inter alia*, in the *Morgentaler* case;
  - (c) Exercising a coercive power to force unwanted vaccination knowing that:
    - (i) It is not a power of the *Constitution Act, 1867* grants the Provincial nor Federal Government, absent legislation and declaration of the Federal *Emergencies Act*, subject to constitutional constraints, as set out and as redundantly noted in the *Emergencies Act* itself;
    - (ii) It is an issue already judicially determined to violate s. 7 of **Charter** and not saved by s. 1, in, *inter alia*, the Ontario Court of Appeal decisions of *Fleming v. Reid* (1991) 4

O.R. (3d) 74 and in the Supreme Court of Canada in *Carter v. Canada (Attorney General)*, 2015 SCC 5, [2015] 1 S.C.R. 331 (at paragraph 64).

- **Violation of Constitutional Rights**

- **Freedom of Conscience, Belief, and Religion (S. 2 of the *Charter*)**

61. The Plaintiffs state, and the fact is, that their pre-*Charter*, recognized constitutional right(s) to freedom of conscience, belief, and/or religion have been violated, as set out by the Supreme Court of Canada in, *inter alia*, *Switzman, v Elbing* and *Saumar v City of Quebec*, recognized as **rights** through the pre-amble of the *Constitution Act, 1867*, and matters over which the province has **no** jurisdiction under s.92 of the *Constitution Act, 1867*.

62. The Plaintiffs further state, that these rights are mirrored in s. 2 of the *Charter*.

63. The Plaintiffs state, and the fact is, that the sincerely held belief of one (1) single individual, in the absence of a large group sharing that belief, is constitutionally protected under s. 2 of the *Charter*, as set out by the Supreme Court of Canada in, *inter alia*, *Big M Drug Mart*.

64. The Plaintiffs state, as a result of this violation and constitutional torts,, the Plaintiffs have suffered damages, including, but not limited to:

- (a) Loss of their employment;
- (b) Mental anguish and distress;
- (c) Loss of dignity and discrimination based on their medical status;
- (d) Violation of their ss.2, 7, and 15 of their *Charter* rights.

For which they seek damages under s. 24(1) of the *Charter* because these violations are not saved by s.1 of the *Charter*, which damages are payable and must be paid, by the Crown, as set out by the Supreme Court of Canada in, *inter alia*, the *Ward v City of Vancouver* case.



- **Life, Liberty, and Security of the Person (s.7 of the *Charter*)**

65. The Plaintiffs further state, and the fact is, that the Ontario Court of Appeal, and other Appellate Courts, as well as the Supreme Court of Canada, have clearly ruled that:

- (a) s.7 of the *Charter*, protects a person’s physical and psychological integrity;
- (b) s.7 of the *Charter*, in that broad context, also protects the right to informed, voluntary, consent, to any medical treatment and/or procedure, and equally s. 7 *Charter* protected rights to refuse any medical treatment or procedure; that the Defendants are fully aware of the above and do not care, callously ignore, and violate the rights of the Plaintiffs; and
- (c) The Defendants hide behind a transparent Fig-leaf that while not “mandatory”, failure to vaccinate “has (coercive and seismic) consequences” which coercive measures amount to making the vaccine mandates, and vaccines, mandatory and unconstitutional as enunciated by the SCC in, *inter alia*, the *Morgentaler*, *O’Connor* and *Carter* cases.

66. The Plaintiffs state, as a result of these constitutional violations and torts, the Plaintiffs have suffered damages, including, but not limited to:

- (a) Loss of their employment;
- (b) Mental anguish and distress;
- (c) Loss of dignity and discrimination based on their medical status;
- (d) Violation of their ss.2, 7, and 15 of their *Charter* rights.

For which they seek damages under s. 24(1) of the *Charter* because these violations are not saved by s.1 of the *Charter*, which damages are payable and must be paid, by the Crown, as set out by the Supreme Court of Canada in, *inter alia*, the *Ward v City of Vancouver* case.

• **Ss. 6 and 7 of the *Charter* – Vaccine Passports**

67. The Plaintiffs further state that “vaccine passports” further violate their explicit right(s) under s.6 and 7 of the *Charter* granting them access to services, and to practice their chosen vocations, which violations are arbitrary (contrary to s.7), irrational, and disproportionate, as well as discriminate contrary to s.15 based on their medical status, and thus fail any s.1 fundamental justice or s.1 *Charter* analysis in that:

- (a) The Defendants admit, in their public statements, and scientific data, and science confirms, that transmission of the virus as between the vaccinated-to-vaccinated and vaccinated-to-unvaccinated, and *vice versa*, is NOT prevented by the COVID-19 “vaccines” (inoculations);
- (b) That there is NO rational connection between being **unvaccinated** and higher risks of transmission;
- (c) That the punitive bars are simply irrational, arbitrary, over-reaching **punitive** dispensation of *Charter* violations and part of the malicious “consequences” of simply NOT “vaccinating”.

68. The Plaintiffs state, and the fact is, that the “vaccine passports” are not in furtherance of a “public health agenda” but simply of an irrational coercive “vaccinate political agenda” knowingly geared at the violation of rights to informed, voluntary, consent and the constitutional right to decline any medical treatment and/or procedure.

69. The Plaintiffs state, and the fact is, that as a result of the “vaccine passports”, and the removal of their rights to access services and practice their chosen vocations, the Plaintiffs have suffered, and will continue to suffer damages, which include, but are not restricted to:

(a) Restrictions to obtaining domestic medical treatment in hospital for lack of a “vaccine passport”;

(b) Prohibitions against entering domestic hospitals:

(i) When a spouse is giving birth to their child;

(ii) When a loved-one is dying, under palliative care;

All of which violate physical and psychological integrity under s. 7 of the *Charter*, by denial of the explicit mobility rights protected by s.7 of the *Charter* (liberty and security of the person) as well as the mobility (travel) rights specifically protected under s. 6 of the *Charter*.

70. The Plaintiffs state, as a result of these constitutional violations and torts, the Plaintiffs have suffered damages, including, but not limited to:

(a) Loss of their employment;

(b) Mental anguish and distress;

(c) Loss of dignity and discrimination based on their medical status;

(d) Violation of their ss. 2, 7, and 15 of their *Charter* rights.

For which they seek damages under s. 24(1) of the *Charter* because these violations are not saved by s.1 of the *Charter*, which damages are payable and must be paid, by the Crown, as set out by the Supreme Court of Canada in, *inter alia*, the *Ward v City of Vancouver* case.

- **“Vaccinated” versus “Unvaccinated” Equality Violations**

71. The Plaintiffs state, and fact is, that the Defendants’ “vaccine mandates and passports” have driven an irrationally, malicious, disproportionate and punitive wedge between the “vaccinated and unvaccinated” notwithstanding the Defendants’ admission that the “vaccines” have little to no effectiveness in preventing transmission between anyone, whether vaccinated or unvaccinated, thereby engaging in a punitive and unequal and

discriminatory treatment for those, who have chosen to exercise their constitutionally protected rights, pre-and post- *Charter*, to informed voluntary, consent, to any medical treatment/procedure, and the conditional right to decline treatment and *procedure*.

- **Pre-Charter rights to Equality of Treatment**

72. The Plaintiffs state, and fact is, that the Supreme Court of Canada, pre-*Charter*, recognized equality of treatment by governments of all its citizens in, *inter alia*, the *Winner (1952)* case. This right to equality, was also recognized, by the U.S Supreme Court, in *inter alia*, *Bolling* absent an equality provision, as a matter of due process and fundamental justice protecting citizens from arbitrary, irrational, action, the hallmark of s.7 of the *Charter*, whereby equality under s.15 and s. 7 of the *Charter* was recognized by the Supreme Court of Canada in *Schmidt (1987)*.
73. The Plaintiffs state, and the fact is, that their mistreatment, as “unvaccinated” citizens, violates their right against unequal treatment recognized, pre-*Charter*, as a constitutional **right** emanating from the Rule of Law, an unwritten conditional principle and imperative.
74. The Plaintiffs state, and fact is, that what is being violated is a recognized unwritten constitutional RIGHT which is not to be equated nor confused with an unwritten constitutional PRINCIPLE of Rule of Law, Constitutionalism, Democracy, Federalism, and Respect for Minorities as enunciated by the Supreme Court of Canada in the *Reference re Secession of Quebec, [1998] 2 S.C.R. 217*.
75. What is being relied upon here are the specific **rights recognized** through the pre-amble of the *Constitutional Act, 1867*, and not the general underlying structural imperatives of the unwritten constitutional principles.

76. The Plaintiffs state and the fact is, that where there is a violation of an "unwritten" constitutional **right**, read in through to the pre-amble of the *Constitution Act, 1867*, there is no s.1 *Charter* analysis, nor are the rights subject to s.33 *Charter* override as this source is not the *Charter*.

- **S. 15 of the *Charter* – Discrimination on Enumerated and Analogous Grounds**

77. The Plaintiffs state and the fact is, that the Defendants have violated their right(s) against discrimination based on medical status, as follows:

- (a) By ironically creating, in law, two immutable classes of individuals the “Covid-vaccinated” versus the “Covid-unvaccinated”;
- (b) These two classes are immutable in that, once vaccinated, you are forever vaccinated and, so long as citizens choose to decline the “COVID-19 vaccines” (inoculations) there will be that immutable class based on medical status and thus, is akin to religion and belief in that, while a person may change beliefs or religion, the class is immutable, one is either vaccinated or not, in whole or in part, in this case, a person is “unvaccinated” by mere virtue of the absence of the COVID-19 “vaccination” , even though the person has had other vaccines, including the annual flu shot;
- (c) The Plaintiffs are being denied rights and benefits and moreover, other constitutional rights, based on this discriminatory treatment.

78. The Plaintiffs state, as a result of these constitutional violations and torts, the Plaintiffs have suffered damages, including, but not limited to:

- (a) Loss of their employment;
- (b) Mental anguish and distress;

- (c) Loss of dignity and discrimination based on their medical status;
- (d) Violation of their ss.2, 7, and 15 of their *Charter* rights.

For which they seek damages under s. 24(1) of the *Charter* because these violations are not saved by s.1 of the *Charter*, which damages are payable and must be paid, by the Crown, as set out by the Supreme Court of Canada in, *inter alia*, the *Ward v City of Vancouver* case.

The Plaintiffs further state, and the fact is, that the rights under the *Charter* do not sit in silos, in isolation of each other but are inter-twined and inseparable as set out by the SCC in, *inter alia*, *Morgentaler*, which case was unanimously endorsed by the SCC in *inter alia*, *O'Connor*.

- **S.1 of the *Charter***

79. The Plaintiffs state, and the fact is, that **none** of the *Charter* violations pleaded in this statement of claim are saved by s. 1 of the *Charter* in that:

- (a) “vaccine mandates and passports” are not part of a valid public health objective as “COVID-19 vaccines” as they have been admitted to, and proven as, completely ineffective in blocking transmission and thus the objective now is clearly a never ending “vaccine objective” of a “booster” every three (3) months simply to “suppress symptoms” with absolutely no consequence to effective resistance from transmission.
- (b) The vaccine mandates and passports are thus, and further arbitrary and irrational;
- (c) In any event, these mandates and passports do NOT minimally impair the *Charter* rights being violated and therefore are overly-broad;
- (d) And, lastly, the measures’ and passports’ deleterious effects far outweigh the beneficial effects in that, *inter alia*:

- (i) The deaths attributable to the COVID measures themselves far exceed the purported deaths from COVID-19 itself to a factor of a minimal of five (5) to one (1);
- (ii) The economic devastation and cost has been seismic;
- (iii) *De facto* over-ride and blanket removal of constitutional right(s) and the Rule of Law is pervasive, at the arbitrary command and benefit of a handful of unelected and democratically and constitutionally unaccountable “public health officers” acting in place of Legislatures, via decree, and in the absence of legislation and judicial scrutiny.

- *Violation of Pre-Charter Constitutional Rights*

80. The Plaintiffs state, and the fact is, that where the Defendants are in violation of pre-existing recognized constitutional rights that pre-date the *Charter*, no s. 1 analysis ensues.

**RELIEF SOUGHT**

81. The Plaintiffs therefore seek:

- (a) The relief and damages sought in paragraph 1 through 8 of the within statement of claim;
- (b) Costs of this action on a full-indemnity basis regardless of outcome;
- (c) Such further or other relief as counsel to the Plaintiffs may advise and/or this Honourable Court deems just.

The Plaintiffs propose that this action be tried at Toronto.

Dated at Toronto this 17th day of August , 2022.



---

ROCCO GALATI LAW FIRM  
PROFESSIONAL CORPORATION  
Rocco Galati, B.A., LL.B., LL.M.  
1062 College Street, Lower Level  
Toronto, Ontario M6H 1A9

TEL: (416) 530-9684  
FAX: (416) 530-8129

Email: [rocco@idirect.com](mailto:rocco@idirect.com)  
LSO# 29488Q  
Lawyer for the Plaintiffs



Court File No.:

**Michelet Dorceus et al.**

Plaintiffs

**HER MAJESTY THE QUEEN et al.**

-and- Defendants

**ONTARIO  
SUPERIOR COURT OF JUSTICE  
Proceeding Commended at Toronto**

STATEMENT OF CLAIM

**ROCCO GALATI LAW FIRM  
PROFESSIONAL CORPORATION**  
Rocco Galati, B.A., LL.B., LL.M.  
1062 College Street, Lower Level  
Toronto, Ontario M6H 1A9  
TEL: (416) 530-9684  
FAX: (416) 530-8129  
Email: [rocco@idirect.com](mailto:rocco@idirect.com)  
LSO# 29488Q

Lawyer for the Plaintiffs