

COURT FILE NUMBER

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COURT

COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL DISTRICT

EDMONTON

APPLICANT

DAVID THOMAS DICKSON

RESPONDENT

HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ALBERTA

DOCUMENT

AFFIDAVIT IN RESPONSE/SUPPLEMENTAL AFFIDAVIT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

David Dickson

Redacted



I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) This affidavit is supplementary to affidavits I swore in this action on October 18th, 2021 (the "Original Affidavit"), October 21st, 2021 (Supplemental Affidavit) and in response to the Crown's Application to Strike in this matter.
- 2) I have personal knowledge of the following information, except where I say that it is based on information from another person, in which case, I believe that information to be true.
- 3) I have read the Affidavit filed by the Respondent, and I make this Affidavit in response to the application of the Respondent.
- 4) Unless otherwise stated here, I do not agree with the following things the Respondent is asking for, because:
- 5) "1) The Originating Respondent (Applicant for this application), Her Majesty the Queen in right of the Province of Alberta ("HMQ") seeks an Order that the Originating Application in this action be struck; "
- 6) HMQ fails to provide any relevant, supporting evidence for striking the Originating Application. Where evidence is provided by HMQ, it is either missing relevant parts (countering the Application to Strike) or the evidence supports the dismissal of the Application to Strike.
- 7) "2) Costs of this Application and the action; and "3) Such further and other relief as this Honourable Court may deem just and appropriate."
- 8) I believe that the Application to Strike brought by HMQ is an abuse of process. It fails to present a reasonable argument or evidence to support and is likely to fail as a result. In addition, it is missing relevant sections of Exhibits that are clearly exculpatory and damaging to HMQ's application. Whether

in whole or in part, the arguments against the Originating Application would have been better suited as part of the defence of the applications. As such, I believe this step has delayed the urgent application. Further, costs should not be granted to HMQ regardless of the outcome of this application.

- 9) *"4) The Originating Application is an abuse of process because the Respondent (Originating Applicant), David Thomas Dickson ("Dickson"), does not have standing to bring the claim."*
- 10) The Crown has presented nothing to support this position. This is a change in their filed approach, 6 weeks after I filed the Originating Application, and after three Court appearances.
- 11) *"6) In addition, Dickson does not have private interest standing to bring the claim."*
- 12) According to the Government of Alberta ("GOA"), I am in one of the highest risk categories for risk from COVID 19 due to (but not limited to);
 - a) Diagnosis of pre-diabetes.
 - b) Overweight (diagnosed obese).
 - c) Almost 55 years old, placing me in a higher risk age group
 - d) Chronic bi-lateral pleural effusions causing a constant risk of life-threatening pleurisy and pneumonia.
 - e) Chronic pulmonary fibrosis causing a constant risk of life-threatening pleurisy and pneumonia with significant risk of death if placed on a ventilator with a COVID 19 diagnosis.
 - f) Chronic lower lobe atelectasis (permanent collapsed lung).
 - g) Diagnosed enlarged heart.
 - h) Diagnosed high blood pressure (daily medication taken).
 - i) Chronic breathing issues causing chronic low oxygen.
- 13) I have received all childhood vaccines, been vaccinated for tuberculosis, regularly received my annual influenza vaccination, qualified for and received the 5-year pneumococcal vaccine. The current situation is new territory for me.
- 14) The healthcare professional/patient relationship has been seriously impaired by the direct and indirect interference of the GOA in all matters related to the COVID 19 response. As such, healthcare professionals' ability to perform their duties objectively, especially in regards to Informed Consent, has been completely compromised. Additionally, the lack of relevant information outside that sanctioned by the GOA further negates the ability for healthcare professionals to obtain Informed Consent or for the patient to provide Informed Consent.

- 15) Despite my alleged risk from COVID 19, according to the GOA, I am also at the highest risk for injury or death from this particular group of vaccines (COVID 19). Informed Consent is a requirement before any and all medical interventions from masks to vaccines are mandated or worse, coerced. My risk from these vaccines relates to my medical and family history, both of which may result in serious injury or death. My known risk factors include but are not limited to;
- a) Enlarged heart.
 - b) High Blood Pressure.
 - c) Bells Palsy (recovered but at risk of permanent paralysis on repeat of this condition).
 - d) History of subdural hematoma.
 - e) Family history of subarachnoid hemorrhage.
 - f) History of severe allergic reaction.
 - g) Seizure disorder (due to brain injury).
 - h) Inflammatory conditions due to injury on duty as a police officer.
 - i) Kidney stones causing intermittent bleeding and reduced kidney function.
 - j) Fatty liver leading to reduced liver function.
- 16) Due to the misinformation, lack of information and interference by the GOA, I am unable to receive reliable and critical information from my health care professionals. Without this, I am unable to provide Informed Consent on the COVID 19 vaccines and other health interventions mandated by the GOA, either directly or by proxy. This concern is repeated for my mother-in-law, for whom I am the medical proxy.
- 17) Further, the interference by the GOA in the Restrictions Exemption Program ("REP"), masking mandates and closures of facilities have prevented me from being able to take the required exercise/health regime that was prescribed for me before the initial lockdown in March 2020. I was prescribed walking in a swimming pool where my body would be supported. This is the only option I have to minimise my health issues. This option was taken away from me for the majority of the last 20+ months by the GOA and now may be permanently removed due to the REP. As such, my health continues to deteriorate. I was granted a mask exemption letter on May 6th, 2020, by my doctor due to the serious conditions I have. However, doctors in Alberta have been told they will be disciplined or worse if they give out mask or vaccine exemptions. The GOA through Dr. Deena Lynn Hinshaw ("Dr. Hinshaw"), the Chief Medical Officer of Health ("CMOH") has dictated what conditions are allowed to qualify for an exemption (mask or vaccine), without actually seeing a single patient. This directly interferes with the Doctor/Patient relationship and Informed Consent.
- 18) I am a father of two girls, one of whom was forced (without Informed Consent) to become vaccinated with a COVID 19 vaccine. This occurred after her employer gave her 24 hours to be vaccinated, based on GOA 'recommendations' or face losing her job. The same happened to my son

in law (father of my two granddaughters). I am the grandfather of a 6-year-old girl who is now being coerced to be vaccinated with Government created 'games' (COVID Zilla¹). This is just part of the misleading or partial information provided by the GOA that contradicts the information the GOA has from The National Advisory Committee on Immunization ("NACI").

- 19) In quotes directly from the NACI document published on November 19, 2021, and allegedly fully reviewed by the CMOH and the GOA ("Pfizer-biontech-10-mcg-children-5-11-years-age.pdf"²) [emphasis added].

"While it is not justified to vaccinate children only to benefit others, the indirect, population-level benefits of vaccination can also benefit children. The overall safety and effectiveness data are limited for children. While it is justifiable to make recommendations based on available data for children 5-11 years of age, including following the dosing intervals associated with the clinical trial data, the precautionary principle also justifies taking action under conditions of scientific uncertainty to mitigate vaccine-related risks, including through active post-market surveillance. This includes using data available from other age groups and applying vaccination principles. Generally, a vaccination program is justified if its anticipated benefits outweigh its potential risks. Children aged 5-11 years are unlikely to be deemed capable of consenting to vaccination, and decisions related to their vaccination will likely be made by parents or guardians. Given the short term uncertainties surrounding pediatric vaccination at this time, children and their parents or guardians should be supported and respected in their decisions regarding COVID-19 vaccinations for the child, whatever decisions they make, and should not be stigmatised for accepting, or not accepting, the vaccination offer."

"Any uncommon, rare, or very rare AE that occurs at the frequency less often than 1 in 1,000 would not be detected with this trial size. NACI will closely review emerging evidence and will update their recommendation, as well as its strength, as the evidence base evolves."

"Data from older age groups also suggests an extended interval may also be associated with a reduced risk of myocarditis/pericarditis following a second dose of an mRNA COVID-19 vaccine."

"Currently, the risk of myocarditis/pericarditis in children following immunization with the 10 mcg dose of the Pfizer-BioNTech vaccine is unknown."

"Real-world evidence in large pediatric populations is required to provide risk estimates of myocarditis/pericarditis and any other AE that may occur in children aged 5-11 years at a frequency less often than 1 in 1,000."

- 20) Additionally, in a quote directly from the NACI document published on October 22, 2021, relating to all COVID vaccines, and allegedly fully reviewed by the CMOH and GOA ("recommendations-use-

¹ <https://www.albertahealthservices.ca/topics/Page17769.aspx>

² <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

covid-19-vaccines-en.pdf³). Note the constant reference to a lack of information on safety, effectiveness and efficacy, contrary to the statements by the GOA and CMOH [emphasis added].

"Evidence from clinical trial data is limited due to limitations in the size and duration of follow-up of trial populations. However, clinical trials and studies in the real-world setting are ongoing."

"Evidence of protection against asymptomatic SARS-CoV-2 infection is emerging for the mRNA and Janssen vaccines."

"There is currently limited evidence on the duration of protection and on the efficacy of these vaccines in reducing transmission of SARS-CoV-2..."

"There is currently minimal evidence to inform on differences in vaccine efficacy, effectiveness, or safety between individuals with and those without prior evidence of SARS-CoV-2 infection at the time of vaccination."

- 21) Almost 90% of the eligible population of Alberta have received the vaccine to date (approximately three times the targets for Influenza). It is clear that halting the rollout of vaccines until the true extent of all risks is known/communicated is the only responsible approach. A person **cannot be "un" vaccinated**. Until this can be clearly articulated, with **all** available information, in a manner that can be understood by myself (and any other impacted individuals), continuing with this vaccination rollout and enforced mandates is nothing less than reckless and grossly negligent on the part of the GOA. As per the Originating Application, in the alternate, it is critical that **all** relevant information be immediately compelled to be provided to myself, other impacted individuals and healthcare professionals to allow for Informed Consent to be provided, as is required by law.
- 22) Due to the 'strongly worded' letter^{4,5} from Adriana LaGrange (Education Minister) and Jason Copping (Health Minister), supported by the CMOH and Premier, to have schools mandate vaccines for anyone entering a school, my eldest unvaccinated daughter (the mother of my grandchild), my wife and myself may be imminently unable to enter my daughter's school despite being the primary emergency contacts for my granddaughter. [emphasis added].

"It's also clear that the best way to look after each other and to stop the spread of COVID-19 is for every eligible Albertan to get vaccinated. That's why today's announcement included a renewed call to all school authorities as employers, and operators of school facilities, to develop policies that require proof of vaccination or a negative COVID-19 test for any adult who enters a school. This would include teachers, staff and parents, but would exclude students. A school authority cannot deny their students access to education due to immunization status.

Many employers and facility owners already require their employees to submit proof of vaccination or a negative PCR test. On September 30, the Premier announced a new requirement for the Alberta Public Service to submit proof of vaccination or provide a negative PCR or rapid

³ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

⁴ <https://www.alberta.ca/assets/documents/edu-ministers-letter-managing-covid-19.pdf>

⁵ <https://fmcschools.ca/wp-content/uploads/2021/11/October-15th-2021-Special-Board-Meeting-Minutes.pdf>

testing result at their own cost. The Premier also encouraged all public employers, and specifically school authorities, to introduce similar policies.

Today we're reaching out to you directly to ask that you consider this request. Taking the steps necessary to have these measures in place as soon as possible will help all of us look out for our fellow Albertans and protect our province's health care system."

- 23) I am the medical proxy for my 78-year-old severely disabled mother-in-law who resides in a care home. She suffered a global aphasic stroke a decade ago. This left her unable to communicate or care for herself independently. She has resided in a care home ever since the stroke. Her continued mental and physical health has been a primary concern of mine ever since. Prior to the restrictions placed upon the care home by the CMOH/the GOA, I visited her regularly in her care home. However, I have been unable to visit my mother-in-law in her care home (due to the masking requirements) since March 12th, 2020. In the very near future, my wife (her Power of Attorney ("POA")) and I are expected to be unable to visit her in the care home due to the 'strongly recommended' vaccine mandates communicated directly to the care home by the CMOH⁶. [emphasis added]

"As always, I strongly recommend and encourage that all Albertans, and especially the family and friends of residents in these settings, be fully immunized against COVID-19. This is the most important thing you can do to protect not only yourself but also residents and staff. In addition to being fully immunized, wearing a mask continuously while indoors and in resident rooms..."

"If you are not fully immunized please reconsider your need to visit the resident onsite, indoors and in-person before entering the site. Those who are not fully immunized are at significantly higher risk to transmit COVID-19 to people living and working in the setting."

"Operators are required to comply with all mandatory and temporary CMOH orders. As well, some operators may implement additional site-based policies and processes for COVID-19 prevention (such as requiring proof of vaccine or rapid testing). Residents, families and friends must follow all mandatory orders and any additional site-based COVID-19 policies and processes implemented by the operator."

- 24) The 'strong recommendation' for mandatory vaccination, now being implemented in many care homes in Alberta, based solely on the 'strongly recommended' wording of the CMOH, denies access for primary support persons and legally responsible persons from direct access to their charges (my mother-in-law, a case in point). For the duration of COVID 19, my mother-in-law has not been required to wear a mask (as is the case for all residents in care homes in Alberta). She has not been tested and has not been vaccinated against COVID 19, despite receiving all prior vaccinations. Despite this, with the support of my wife (and myself where able), she has never been healthier physically. However, the strain on her mental health, being isolated and surrounded by faceless care workers for almost two years cannot be understated. Failure to Thrive and other preventable impacts caused by the COVID 19 protocols has led to the death of so many in care homes in the last 20+ months, including long time friends of my mother-in-law.

⁶ <https://media.campaigner.com/media/76/761170/cmoh-letter-oct25.pdf>

- 25) Changes in the healthcare system (and also businesses) directed by the Minister of Health and CMOH have removed access to general and critical healthcare for myself (and many like me) due to masking, questionable and invasive testing expectations and now mandatory COVID vaccine requirements. All of these are being enforced by the GOA, directly and by proxy, without any information to allow for Informed Consent relating to these medical procedures and interventions.
- 26) The Communicable Diseases Regulation has been introduced by the Crown in its Application to Strike. However, this regulation is still absent of any reference to COVID 19 or SARS-CoV-2. As such, it is incumbent on The Crown/GOA to provide the evidence they possess to support the position that COVID 19/SAR-CoV-2 is a highly infectious communicable disease that specifically warrants the response it has taken since March 2020, including mandatory masking and mandatory vaccination (directly or by proxy). Note this is not a challenge to the presence of COVID 19, which clearly exists.
- 27) Information is allegedly in the possession of the Crown/GOA as it is referred to in all the Orders signed by the CMOH and in one case, her deputy (another Ministerial member). This starts with Order 01-2020 on March 16th, 2020, where the GOA, through the CMOH states in 47 Orders in 2020 and 50 Orders (to date) in 2021 words similar to the below;

"I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health."

Or

"Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health."

- 28) The Crown has failed to produce this information publicly or to relevant parties such as doctors and other healthcare professionals despite multiple Full Disclosure requests under R. v. Stinchcombe, 1991 CanLII 45 (SCC), [1991] 3 SCR 326⁷ and R. v. Gubbins, 2018 SCC 44 (CanLII), [2018] 3 SCR 35⁸. As such, Informed Consent is neither present nor possible at this time for so many interventions including the COVID 19 vaccines and masks.
- 29) The GOA's own data states that the risk of these vaccines to even healthy people is higher than any other vaccines this province has even seen. At the same time, GOA shows that risk of COVID 19 is questionable due to the inaccuracy of tests and most cases (based on those admitted questionable tests) being related to asymptomatic persons or those with multiple co-morbidities, as demonstrated and attached as Exhibit "S".
- 30) In fact, despite the CMOH stating that the GOA (and her and her office in particular) reviewed the NACI information and stating the vaccines were rigorously studied and considered safe, the actual

⁷ <https://canlii.ca/t/1fsgp>

⁸ <https://canlii.ca/t/hvqb7>

NACI reports state the complete opposite. Therefore, we must conclude that either the GOA is misleading the population or has information they hidden from the public.

31) "5) The Originating Application is brought as a claim in the public interest and Dickson does not meet the test for public interest standing, that test being:"

32) The Originating Application does not specifically state that Standing is being sought from a public interest viewpoint but rather acknowledges that an Order could not be granted just to myself, outside of the rest of the population. That being said, I will address this point. However, I would suggest that Standing is proven either way.

33) "a) Whether the Originating Application raises a serious justiciable issue;"

34) The impact to the patient/doctor relationship, Informed Consent and more critically than anything else, life, could not be more important or 'justiciable'. As outlined here, the matters before the Court are serious and justiciable by this test. The Crown should be put on an expectation of strict proof to address this allegation if they wish to pursue it.

35) Moreover, along with the evidence in support of the application, the following additional exhibits and information further clarify the concerns brought forward in the Originating Application.

36) In a press conference on Monday 23rd November 2021, Premier Kenney stated;

*"Fortunately, beginning this week, an additional **391,000 Albertans** will be eligible for a COVID-19 vaccine. **After completing a thorough scientific independent review** of the clinical research Data, Health Canada approved the Pfizer vaccine for use in children aged 5 to 11 years on Friday of last week. This is exciting news for hundreds of thousands of families across the province who have been eagerly awaiting for **vaccine protection** for their **younger children**. I'm happy to share that the wait is basically over the Pfizer supply for children arrived in the province today and the teams at Alberta Health Services **and Alberta Health** are working to get them distributed to more than 120 locations across the province over the next couple of days. So, starting tomorrow morning at 8:00 AM, parents and Guardians will be able to book first dose appointments for children between ages 5 and 11 to help protect them their loved ones. And there our communities from COVID-19 minister copying will provide additional details on the booking process in a moment. We are ready quickly **to safely administer vaccines** to those between 5 and 11 year olds. This is welcome news for many parents who will log in. I suspect first thing tomorrow morning to book their kids vaccines."*

37) Further in the same press conference, Minister Copping stated;

"Bookings will be open tomorrow, Wednesday at 8:00 AM..."

"...starting this Friday COVID-19 vaccinations for five to 11 year olds will take place."

"There have already been 43,000 registrations to date."

38) Additionally in the same press conference, Dr. Hinshaw stated;

*"In addition to the Health Canada announcement, the **National Advisory Committee on Immunization released its recommendations on extending the interval between first and second doses for children to at least eight weeks**. This is **based on the evidence in adults as I spoke about***

earlier, that suggests a longer interval between doses can result in higher vaccine effectiveness that lasts longer. It's also based on evidence that suggests that it may reduce the risks of the very rare potential side effect of myocarditis."

*"The other information I want to share before getting to today's numbers is a recommendation, we have received from the Alberta Advisory Committee on Immunization **regarding use of the Moderna vaccine in those ages 12 to 29.** We have been closely watching our vaccine data and the data from other jurisdictions, and at this point it seems clear that while still low, **the risk of myocarditis following Moderna vaccine is higher than following Pfizer vaccine** and those who were 12 to 29. As I mentioned, the risk of this outcome is still very small, **with approximately 1 case per 7000 doses in 12 to 17 year old males. That's with Pfizer and one case per 2000 second doses with Moderna.** Risks following vaccination are even lower for those aged 18 to 29 and it is also important to remember that myocarditis after COVID-19 infection is more common than after any vaccine. As a precaution, however, starting today we will be advising that anyone between the ages of 12 and 29 received Pfizer vaccine rather than Moderna."*

"Every life matters and every death matters."

- 39) Further, on November 24th, 2021, the CMOH authored a letter⁹ for parents and guardians of children 5 to 11 years that contradicts her public statements made the on previous day and data published by the GOA or in the possession of the GOA and the CMOH. This letter, along with the other letters by the CMOH and the Education/Health Minister are attached as Exhibit "T".

"Of 6,796,955 doses administered in Alberta to date, across all ages, there have been 2,005 AEFIs" (on November the 24th, 2021 there were 2,024 AEFI's reported in Alberta.

"Vaccinating young children will protect other family members, and help prevent hospitalizations by reducing overall community transmission."

"During the fourth wave of the pandemic in Alberta, the rate of COVID-19 cases has been highest among those aged 5 to 11 years compared to other age groups."

"In Alberta, there have been 23 confirmed cases of myocarditis after COVID-19 vaccination in youths aged 12 to 17 years, which works out to 9 cases per 100,000 vaccinated youths in that age group. We know that the risk of myocarditis after any infection is typically higher in the teenage population than in younger children, so it is possible that this risk after vaccine will be lower in younger children." This equals 1 in 11,111 cases, not 1 in 7,000 or 1 in 2,000 as reported the day before.

"It is also important to remember that the risk of developing myocarditis is significantly higher following COVID-19 infection than following vaccination." This statement is made often without any supporting evidence from the GOA.

- 40) The changing consent forms appear deliberately designed to allow for the relevant information (as minimal as it is) to not be provided at the time of vaccination. The information in these consent

⁹ <https://open.alberta.ca/dataset/94df0467-fe7d-4008-891b-911c230bc8b9/resource/2fa7e614-a976-4cd2-82e2-4bc739687056/download/health-cmoh-letter-covid-19-vaccine-for-children-age-5-11-parents-guardians.pdf>

documents is extremely concerning in the admission of improper use due to uninformed consent, lack of information, misleading information and information provided out of time i.e. “talk to your healthcare provider”, which would be a pre requisite for Informed Consent, not a post vaccination exercise. You cannot be “un” vaccinated, after all. The most recent¹⁰ and relevant consent forms are included as Exhibit “U”.

- 41) Further, it was not until November 3rd, 2021, that these consent forms mentioned that the use of a third ‘booster’ dose (or additional dose as the GOA now refers to it) was both “off-label” and not licensed for such use. By this time, almost 300,000 Albertans had already received a third dose. This third dose is still considered “off-label” and not licensed for such use in those under 18 years of age. Yet the GOA continues to issue third doses to those age groups. The GOA continues to provide contradictory information relating to vaccinated and unvaccinated deaths. There is a serious concern that is justiciable. References to the GOA data are included as Exhibit “S”. Due to the ever-changing nature of this information, published most days, I would request that the Court accept the latest data to be submitted at the time of trial rather than rely on an endless cycle of supplemental affidavits just to present the latest statistics already in the possession of the Crown/GOA.
- 42) “b) Whether the Originating Applicant has a real stake or genuine interest in the outcome of the Originating Application;”
- 43) I have outlined the details to address this item in the response to the allegation that I have “no private interest standing”. As such, I hold that I have standing in this matter, either private or both private and public.
- 44) “c) Whether the Originating Application is a reasonable and effective means of bringing the case to court.”
- 45) Due to the urgency of the matter and the fact that if I get vaccinated and die, or catch COVID and die (similar to the risks posed to many others), this is something that cannot be compensated. As such, it is not suitable for a civil lawsuit for compensation. In addition, the timelines associated with traditional litigation are not suitable for the urgency of this matter. I see no other options to address these urgent concerns before the Court.
- 46) “7) The Court does not have jurisdiction to grant the relief sought in the Originating Application.”
- 47) The Originating Application asks for an ORDER from the Court.
- 48) The Proceedings Against the Crown Act, 2019, SS 2019, c P-27.01¹¹ [emphasis added] states;
“Injunctions
17(1) When in proceedings against the Crown any relief is sought that might, in proceedings between persons, be granted by way of injunction or specific performance, the court shall not, as against the Crown, grant an injunction or make an order for specific performance **but may, instead, make an order** declaratory of the rights of the parties.
(2) The court shall not in any proceedings grant an injunction or make an order against an officer of the Crown if the effect of granting the injunction or making the order would be to give any

¹⁰ <https://www.albertahealthservices.ca/frm-21765.pdf>

¹¹ <https://canlii.ca/t/53pb9>

relief against the Crown that could not have been obtained in proceedings against the Crown **but may, instead, make an order** declaratory of the rights of the parties.

49) Further, in the Crown's evidence [emphasis added] "*Peter Lehmann Wines - 2015abqb481 excerpt*";

"[57] available against the Crown, so long as the Crown is not acting **unconstitutionally or ultra vires its lawful authority**: *Grand Council of Crees (of Quebec) v The Queen* (1981), [1982] 1 FC 599 at 600; *Lameman v Alberta*, 2013 ABCA 148 at paras 40–41, 553 AR 44 [*Lameman*]. This common law bar has been codified in the ***Proceedings Against the Crown Act***, RSA 2000, c P- 25, s 17(1)."

"[58] The Alberta Court of Appeal has suggested that **permanent injunctions against the Crown might be available** in the context of novel claims in rapidly evolving areas of the law (*Lameman* at para 42)."

50) Further still (*Sweiss v. Alberta Health Services*, 2009)¹².

"[31] In my opinion, the first requirement under R. 394 is satisfied by the authority given to the Court pursuant to the **Judicature Act**, R.S.A. 2000, c. J-2. Specifically, s. 8 of the **Judicature Act** provides the following:

Section 8 of the *Judicature Act*¹³ provides the following:

"The Court in the exercise of its jurisdiction in every proceeding pending before it **has power to grant and shall grant, either absolutely or on any reasonable terms and conditions that seem just to the Court, all remedies** whatsoever to which any of the parties to the proceeding may appear to be entitled in respect of any and every legal or equitable claim properly brought forward by them in the proceeding, so that as far as possible all matters in controversy between the parties can be completely determined and all multiplicity of legal proceedings concerning those matters avoided. [emphasis added]

[32]Further, s. 13(2) of the *Judicature Act* states the following: An order in the nature of a mandamus or injunction may be granted or a receiver appointed by an interlocutory order of the Court in all cases in which it appears to the Court to be just or convenient that the order should be made, and the order may be made either unconditionally or on any terms and conditions the Court thinks just."

51) "8) [...] Dickson [...], filed an Originating Application on October 19, 2021, naming HMQ as Respondent, seeking:

d. An Order to halt the administration of all COVID-19 vaccines in the Province of Alberta; or

e. An order requiring that all persons receiving the COVID-19 vaccine in the Province of Alberta be provided full and informed consent, which includes being provided with a comprehensive list of the risk factors associated with the COVID-19 vaccines."

52) This is agreed to the extent that it was originally written in the Crown's first application. As written here, there appears to be some errors in numbering and naming.

¹² <https://www.canlii.org/en/ab/abqb/doc/2009/2009abqb691/2009abqb691.pdf>

¹³ https://www.qp.alberta.ca/1266.cfm?page=J02.cfm&leg_type=Acts&isbncln=9780779807505

- 53) "9) Section 17 of the Proceedings Against the Crown Act RSA 2000 c P-25 prohibits the granting of an injunction against the Crown."
- 54) As outlined above, this is a misleading statement, especially in conjunction with the redacted Exhibits. The Crown has produced a partial copy of the "Proceedings Against the Crown Act" missing s17(1) amongst other items. This is contrary to the expectations of the Crown in relation to Disclosure of both exculpatory and inculpatory evidence. An ORDER is something within the Jurisdiction of this Court as specifically mentioned in the Act. An Injunction is also something within the Jurisdiction of this Court if the Crown is found to be acting unconstitutionally or ultra vires its lawful authority. This is something that could only be discovered through a trial of the facts. This is also clarified in the case law¹⁴ provided by the Crown in their application.
- 55) "10) Section 2 of the Communicable Diseases Regulation, a regulation under the Public Health Act RSA 2000 c P-37 provides the Minister of Health with the statutory authority to provide "any drugs, medicines and biological agents" for the prevention, treatment or modification of communicable diseases."
- 56) As with the other Exhibits, the Crown has produced not the full document (60 pages) but rather a redacted sub section (7 pages). In actions being sought by the Crown, there is an expectation to ensure ALL evidence is included that is not clearly irrelevant. Or in layman's terms, Full Disclosure as per R. v. Stinchcombe, 1991 CanLII 45 (SCC), [1991] 3 SCR 326¹⁵ and R. v. Gubbins, 2018 SCC 44 (CanLII), [2018] 3 SCR 35¹⁶
- 57) Nowhere in the Crown's Exhibit does it refer to SARS-CoV-2 or COVID 19 as being a communicable disease. This is despite the COMMUNICABLE DISEASES REGULATION having been updated in June of 2021.
- 58) "11) The Court does not have the jurisdiction to assume the Minister's authority and make that public health decision regarding the provision of vaccines."
- 59) This point has already been addressed as outlined above. The Courts do have the authority to grant Orders and in some cases injunctions against the Crown and thus officers of the Crown.
- 60) This statement appears to negate point 16 in HMQ's Application to Strike. In fact, as the Crown argues "in addition", not "in the alternate", the Crown appears to be arguing with itself on whether HMQ is the proper respondent.
- 61) "12) Section 2.1 of the Communicable Diseases Regulation gives the regional health authority (i.e. Alberta Health Services) the statutory authority to implement distribution of a vaccine as well the requirement to ensure that employees who administer vaccines are trained to do so."

¹⁴ Peter Lehmann Wines Ltd v Vintage West Wine Marketing Inc, 2015 ABQB 481 (CanLII)

¹⁵ <https://canlii.ca/t/1fsgp>

¹⁶ <https://canlii.ca/t/hvqb7>

62) Section 2(1) as provided in the attachment from the Crown does not mention Regional Health Authorities or AHS. In fact, it clarifies that healthcare is the domain of the Crown through the Minister of Health.

"2(1) The Minister may

(a) provide health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care and any drugs, medicines and biological agents for the prevention, treatment or modification of communicable diseases, and

(b) with respect to the services or things referred to in clause

(a), determine"

After this the Act states:

"(i) the persons eligible to receive those services or things,

(ii) the persons who may administer those services or things,

(iii) the conditions under which those services or things may be provided and administered, and

(iv) the methods and protocols respecting distribution and, where applicable, storage and handling of those services and things."

63) However, Section 2.1(1) states "shall provide", '**as directed/authorised/required/established BY THE MINISTER'**

"2.1

(1) A regional health authority shall provide

(a) health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care for the prevention, treatment or modification of communicable diseases, and

(b) any drugs, medicines and biological agents provided by the Minister under section 2(1)(a), as directed by the Minister. "

"(2) A regional health authority shall, with respect to the provision of those services and things referred to in subsection (1),

(a) implement distribution, storage and handling methods and protocols as directed by the Minister,

(b) provide data, records or reports at the times and in the form and manner required by the Minister,

(c) create and maintain the data and records required by the Minister, and

(d) monitor, as directed by the Minister, the health and safety of persons to whom the services or things are provided."

"(3) A regional health authority shall ensure that employees and other persons who provide or administer those services and things referred to in subsection (1) under its authority **are trained to do so in accordance with any requirements established by the Minister."**

"(4) A regional health authority shall not charge for the services or things referred to in subsection (1) that are provided by the regional health authority, its employees or other persons acting under its authority under this section, **or provided by the Minister under section 2(1)(a), unless authorized to do so by the Minister. "**

64) "13) AHS has issued policy #PRR-01 titled "Consent to Treatment/Procedure(s)" which sets out the elements and requirements for informed consent."

- 65) This item, introduced by the Crown, is not readily available to the general public (including myself). However, it clearly states that Informed Consent must be achieved consistently across all areas of health. This is the very nature of my application. There is no Informed Consent at present. Where bribery and coercion are being used, CONSENT cannot be INFORMED. Where critical information is being withheld or misrepresented, CONSENT is not INFORMED. Where the GOA insists that all its proxies (and those administering or advising on the vaccine) follow ONLY the GOA's "information", CONSENT is NOT INFORMED. This is something to be proven through trial/my application. It appears that the Crown is essentially agreeing with me in the fact that Informed Consent is a mandatory requirement in Alberta. However, the Crown has provided NO EVIDENCE that consent comes even close to being informed. In fact, in relation to my application, the only evidence the Crown has provided to date, actually supports my application.
- 66) Page 2, Section 1.4 and 1.5 of #PRR-01 specifically require documentary evidence of Informed Consent. This again is not happening. The Crown has brought this into evidence. As such, the Crown/GOA must provide evidence that in the almost 7 million cases where the COVID 19 vaccination has been administered in Alberta, there is documentary evidence to support **Informed Consent**. I know my daughter and son in law did not provide Informed Consent. They were coerced. If I were to be forced to be vaccinated at this point in time, to continue living (and maybe dying), it would not be informed or consensual whatsoever. If recipients of the vaccine were not aware that the vaccine use was "off-label" and not licensed, they could not have given Informed Consent. If they were not aware of the lack of safety and efficacy information or the significant increase in risk of adverse events over any other vaccine, again they could not have given **Informed Consent**.
- 67) "14) Section 133 of the Health Professions Act RSA 2000 c H-7 also gives statutory authority to the council of colleges for regulated professions to adopt codes of ethics and standards of practice, which would include standards related to informed consent, for its regulated professions."
- 68) The Crown has produced a redacted copy of the Act showing only information that alleges to support their application. They have a duty to provide Full Disclosure, including exculpatory information. The Health Information Act, as amended October 1, 2021, is 312 pages long. The Crown has presented 13 pages.
- 69) Specifically missing (but not limited to) is Part 8.1, Sections 135.1 (Minister's direction) through 135.5 (Minister's direction), which overrides the authority of the Colleges as the superior authority. This includes modifying standards of practice, bylaws, regulations etc. This authority is that of the Crown (The Lieutenant Governor in Council and/or Minister).

"Minister's direction

135.1(1) If in the opinion of the Minister it is in the public interest or if in the opinion of the Minister a direction would provide for matters related to health, safety or quality assurance, the Lieutenant Governor in Council, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), may, by order, direct a council to do any one or more of the following:

- (a) to adopt standards of practice or adopt amendments to its standards of practice under section 133, as set out in the order;*
- (b) to make bylaws under section 132, as set out in the order;*

- (c) to make regulations under section 131, or under a Schedule, as set out in the order;
- (d) to carry out any power or duty of a council under this Act or a bylaw, in the manner set out in the order.

(2) Despite section 133 and the bylaws of a college, the Minister may, in an order under subsection (1), provide for the procedure to be followed in developing, proposing, consulting on and reviewing a regulation or bylaw to be made or standards of practice to be adopted or amendments to be adopted pursuant to subsection (1).

(3) A council must, within 45 days of being given a copy of an order under this section or any other time period set out in the order, comply with an order made under this section.

Support

135.2(1) If

- (a) requested by a college, or
- (b) in the opinion of the Minister
 - (i) a college requires support in carrying out its powers and duties under section 3, and
 - (ii) it is in the public interest,

the Lieutenant Governor in Council, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), may, by order, with respect to a college

- (c) provide for the appointment of one or more persons as administrators;
- (d) prescribe the term of office of any person appointed as an administrator;
- (e) authorize the payment of remuneration and expenses to any person appointed as an administrator;
- (f) authorize a person appointed as an administrator to carry out as specified in the order any of the powers and duties of the college and of its council, its officers and its committees under this Act and the bylaws.

(2) The carrying out of a power or duty by a person appointed as an administrator pursuant to an order under subsection (1) is deemed to be the carrying out of a power or duty by the college, its council, its officers or its committees.

Variation

135.3 The Lieutenant Governor in Council may, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), by regulation, vary any provision of this Act as the provision applies to a college and its council, its officers or its committees.

Lieutenant Governor in Council regulations

135.4(1) The Lieutenant Governor in Council may, with respect to any college, make any regulation that its council may make under section 131 or under a Schedule.

(2) A regulation made under subsection (1) is deemed to be an approval by the Lieutenant Governor in Council of a regulation made by a council under section 131 or under a Schedule.

(3) The Lieutenant Governor in Council may by order, with respect to a college, make any bylaw that a council may make under section 132.

(4) A bylaw made under subsection (3) is deemed to be a bylaw made by a council under section 132.

(5) The Lieutenant Governor in Council may by order, with respect to a college, make standards of practice or make amendments to standards of practice that a council may adopt after a review under section 133.

(6) Standards of practice or amendments to the standards of practice made under subsection (5) are deemed to be standards of practice or amendments adopted by a council in accordance with section 133.

(7) A regulation, a bylaw or standards of practice or an amendment to standards of practice made under this section prevails over any regulation, bylaw or standards of practice, as amended, made or adopted by a council, with which it conflicts or is inconsistent.

(8) A regulation under subsection (1) or an order under subsection (3) or (5) made by the Lieutenant Governor in Council must be made on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f).

(9) The Regulations Act does not apply to bylaws, standards of practice or amendments to standards of practice made under this section, but the bylaws, standards of practice or amendments to standards of practice must be published in Part 1 of The Alberta Gazette.

Minister's direction

135.5(1) Despite sections 133 and 133.1 and the bylaws of a college, if in the opinion of the Minister the standards of practice proposed under section 133.1 are not in the public interest, the Lieutenant Governor in Council may by order, on the recommendation of the Minister, make any standards of practice required under section 133.1.

(2) Any standards of practice made under subsection (1) are deemed to be standards of practice adopted by a council."

70) Directive D1-2021 and Directive D5-2021, entered by the Crown, make it clear that vaccinations for COVID 19 were being completed under the Direction of the GOA's CMOH. This direction was given to ALL Medical Officers of Health who in turn control the actions relating to COVID 19 for all healthcare facilities in Alberta. This clearly demonstrates that the direction for action and communication of information was specifically controlled by the GOA via the CMOH and her direction to the Medical Officers of Health.

71) Further, the direction being given by the Colleges to those under their control is being exclusively driven by the GOA as will be demonstrated at trial/through my application.

72) "15) The Court does not have the jurisdiction to assume the authority that has been granted to these bodies on issues relating to standards of practice."

73) As the ultimate authority that overrides these Colleges is the GOA, it is clear that the Court would have jurisdiction as outlined above. Again, the Crown has wilfully excluded exculpatory evidence in their Disclosure, contrary to their requirements under the law. This is again made clear in the missing parts of the Health Professions Act, Part 8.1, Sections 135.1 through 135.5 as referenced above.

74) "16) In addition, HMQ is not the proper party as a respondent on any issue involving the standards of practice of regulated health professionals."

75) As this is "in Addition", not "in the alternate" as an argument, either it is rendered moot by the Crown's other arguments and evidence, or it renders moot the other arguments by the Crown.

76) In the arguments presented above, I believe I have outlined why HMQ would be the proper party in this application.

77) Regardless, I submit to the Court that the Crown has not even come close to proving their Application to Strike. It has instead raised significant questions to be answered at trial. As such, the Crown is putting the cart before the horse in its application.

78) I would suggest that if the Crown wishes to advance any of these arguments in its defence, that that should be done at the trial of the facts in the Originating Application as the Crown has failed to provide evidence to support a position to strike. I would ask that the Court dismiss the Crown's Application to Strike with costs as the Court sees fit.

79) Given the urgency of the rollout to children 5 and up that starts Friday 26th, November 2021, I would ask that an interim Order be provided to halt vaccines and/or the direction relating to mandatory requirements for vaccines, until this matter can be tried.

80) It is clear that even the Federal Government is not sure about the safety of these vaccines, especially for children 5 and up. This is a risk that is too great to bear for those who are not fully Informed but rather acting on misinformation, a lack of information and/or fear.

SWORN BEFORE ME at
Devon__, Alberta, this _26th_ day)
of ____ November _____, 2021)

) Redacted

-vid Thomas Dickson

Redacted

Commissioner for Oaths in and
for the Province of Alberta

A Commissioner for Oaths
in and for the Province of Alberta
Appointment expires 2022/01/22