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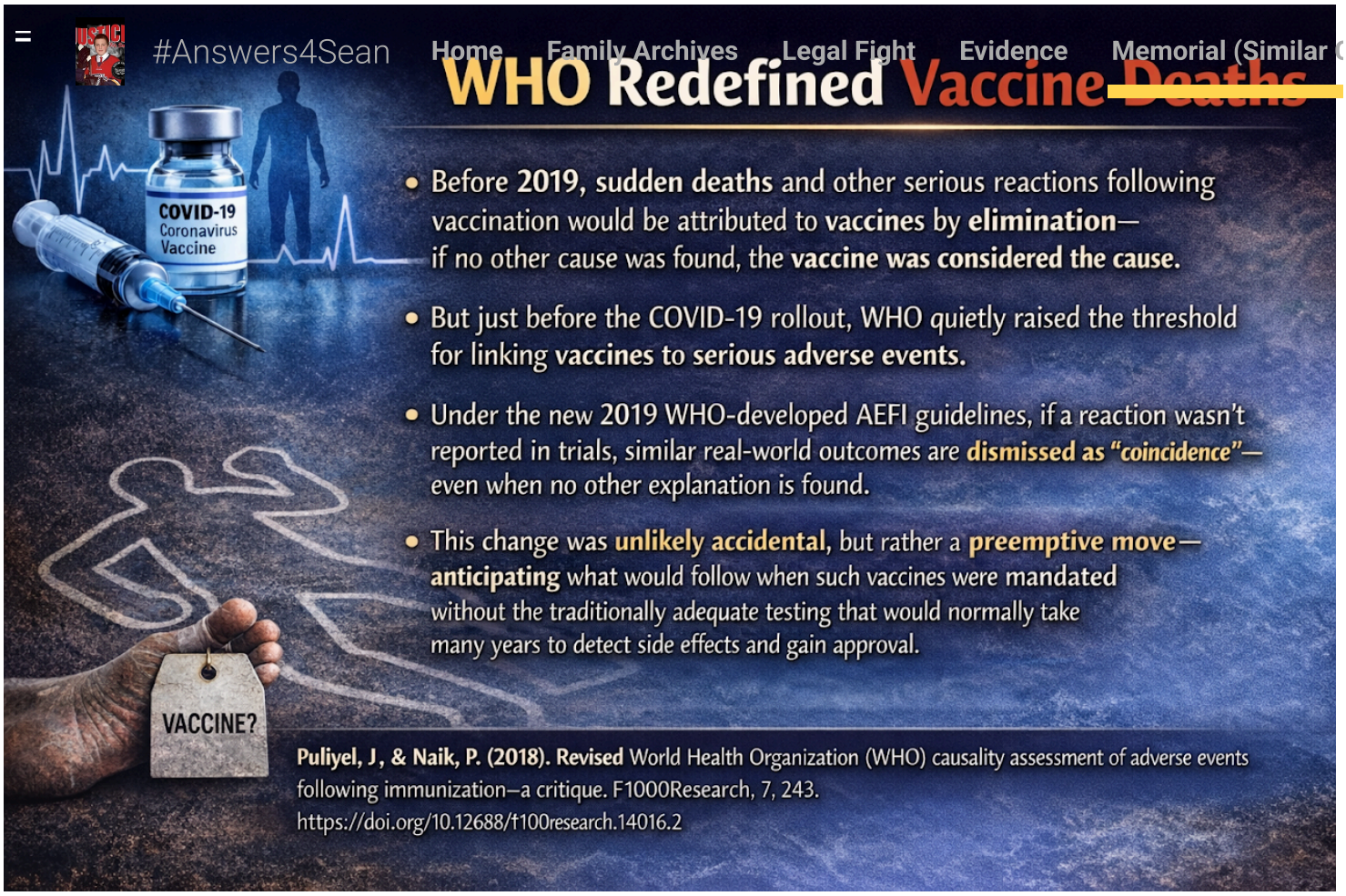
Memorial to Young Canadians Suddenly Died Following COVID-19 Vaccine

This page shows the faces of Canadian children who died as Sean — suddenly and unexpectedly, with no prior medical conditions or other identified explanations — shortly after receiving a COVID-19 vaccine.

What killed all these children? Who is responsible? Who will answer for lost lives?
Who will answer for Sean?

Those responsible have done everything they can to suppress the truth and avoid accountability. That's why it falls to us — the parents, the families of these children, and all Canadians who care about truth and justice — to stand up and demand answers.

And we already know where to look. It begins with the World Health Organization (WHO), which recommended mass vaccination for children — children who were at virtually no risk from COVID-19. And just before the rollout, WHO preemptively revised its AEFI reporting framework, making it nearly impossible to link deaths like these to the vaccines.



⚠️ Important Context #1 — WHO Redefined Vaccine Deaths

Before 2019, sudden deaths and other serious reactions following vaccination would be **attributed to vaccines** by elimination — **if no other cause was found, the vaccine was considered the cause.**

But just before the COVID-19 rollout, **WHO changed all that.** Under the new **2019 WHO guidelines**, if a reaction **wasn't reported in trials**, similar real-world outcomes are dismissed as **"coincidence"** — even when no other explanation is found.

Learn more: Puliyel, J., & Naik, P. (2018). **Revised World Health Organization (WHO) causality assessment of adverse events following immunization—a critique**. *F1000Research*, *7*, 243. https://doi.org/10.12688/f1000research.14016.2

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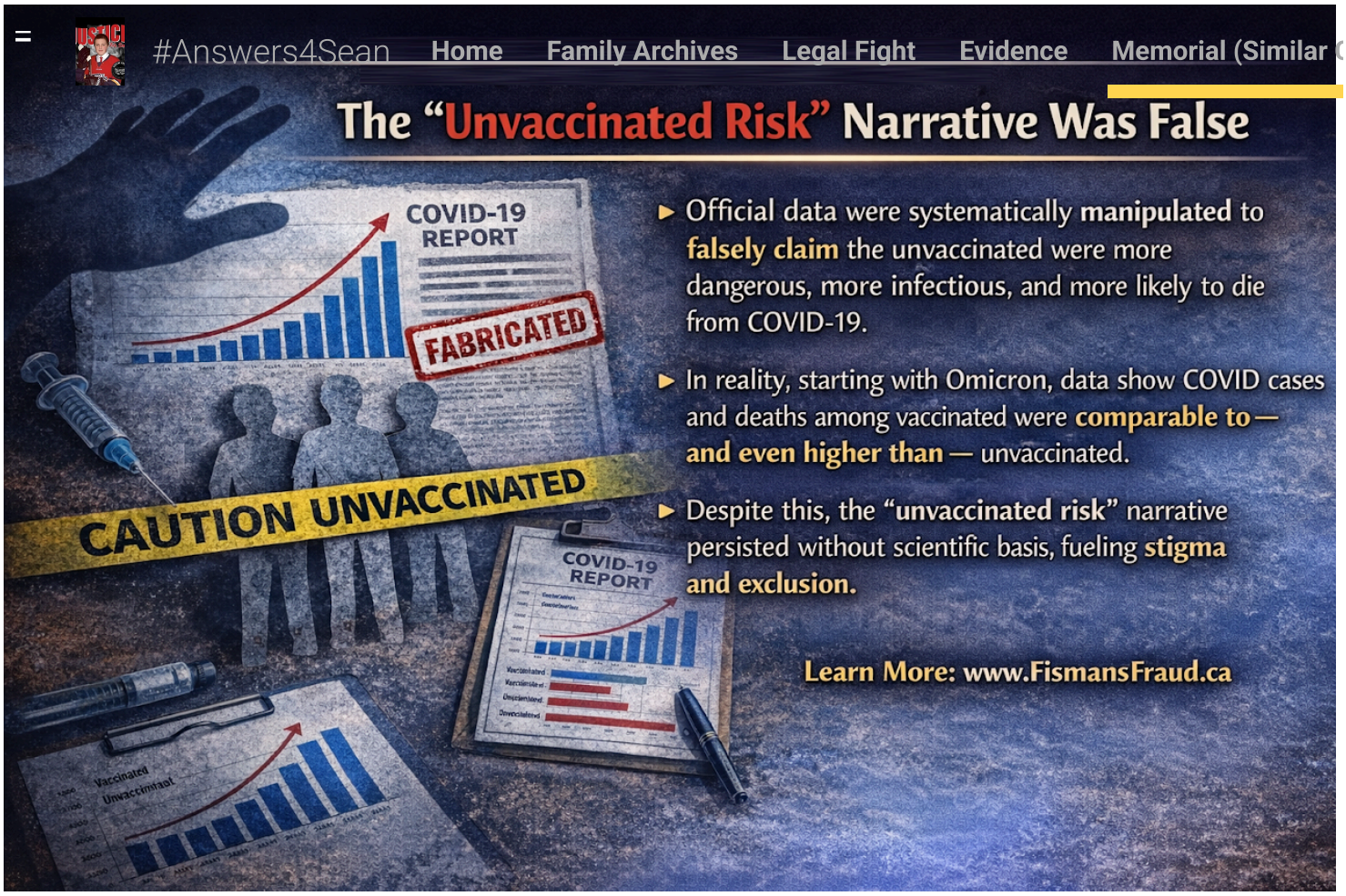

⚠️ **Important Insight #2 — The "Unvaccinated Risk" Narrative Was False**

While vaccine side effects were systematically minimized, evidence regarding vaccine effectiveness was simultaneously misrepresented. Official data were repeatedly presented in a misleading way to support the claim that unvaccinated individuals were more dangerous, more infectious, or more likely to die from COVID-19.

In reality, beginning with the **Omicron variant**, publicly available data showed that vaccine effectiveness against infection rapidly declined and, in some cases, became **negative**.

Despite this, the claim that the unvaccinated posed a disproportionate risk continued to be promoted, even after it was no longer supported by the data.

Learn more: Fisman's Fraud.



⚠️ Important Context #3 — WHO Censors Concerns

Alongside its **2019 changes to vaccine injury reporting**, the **WHO has increasingly prioritized the control of information and suppression of scientific debate** around vaccines.

Through national partners acting as **WHO focal points — such as PHAC in Canada — significant resources were directed toward countering and silencing doctors, researchers, and families who raised legitimate concerns**. Many were **labeled conspiracy theorists, censored, or professionally punished**.

This trajectory became explicit in the **2025 amendments to the WHO's International Health Regulations (IHR)**, which **expand WHO authority over pandemic response and information management, including censorship-related measures**. Notably, while the **United States rejected these amendments, Canada accepted them**.

Learn more: Canada Should Exit Who

More stories and documentaries:

- Watch "Shot Dead"- the film tells the story of Trista Martin, a beautiful 18-year-old girl from Oklahoma who died suddenly after the COVID-19 vaccine.
  - Read more at ShotDead.org.
  - Celebrating Trista's Life and the Lives of other children killed by COVID-19 vaccine: brokentruth.com/celebrating-tristas-life/

- List of children who died suddenly after COVID-19 vaccine (from Dr. Makis)
- List of athletes who died suddenly after COVID-19 vaccine (from Global Research) ↗
  - This list includes hundreds of young athletes who died after receiving vaccinations, with many cases involving heart failures due to myocarditis.
  - This list primarily includes well-known individuals, which constitutes only a very small percentage of all young athletes who died after receiving vaccinations.
- Canadian Doctors suddenly died following mandated COVID-19 vaccines: here and here

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Eli Palfreyman (20 y/o)
Ayr, ON – Aug 30, 2022
collapsed during game, died suddenly – 1

Canadian Hockey Captain, 20, Dies After Collapsing During Game: 'We Are All Broken'

"The happiest day in Eli's life was when he was named captain," Eli Palfreyman's father told his teammates a day after the athlete died suddenly

By **Charmaine Patterson** | Published on September 2, 2022 12:37 AM



PHOTO: FACEBOOK

Peac[illegible]uco Andre Harusha (6 y/o)
Victoriaville, QC - Nov 29, 2022
Died suddenly - 1, 2

Lizzie Saviakjuk (15 y/o)
Salluit, QC - Nov 29, 2022
Died suddenly - 1, 2

Alexander Jessup (19 y/o)
Halifax, NS - Nov 27, 2022
mRNA: mandated (Dalhousie U) | Diabetes complications - 1, 2

Danielle Mei Cabana (6 y/o)
Richmond, BC - Nov 26, 2022
mRNA: mRNA+ | Influenza, myocarditis, stroke - 1

Daniel Raymond Magnan (19 y/o)
Sault Sainte Marie, ON - Nov 25, 2022
Died suddenly - 1, 2

Lucas Holley (6 y/o)
Sherwood Park, AB - Nov 24, 2022
(no sources found)

Kaylyn Jonis Stone (16 y/o)
Saskatoon, SK - Nov 22, 2022
Died suddenly - 1, 2

Caleb Bailey (15 y/o)
Ottawa, ON - Nov 20, 2022
Died suddenly - 1

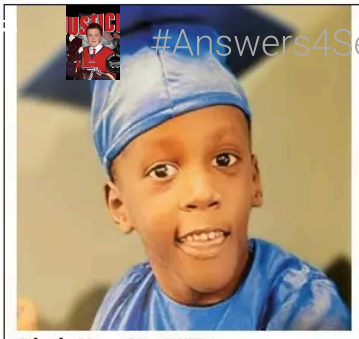
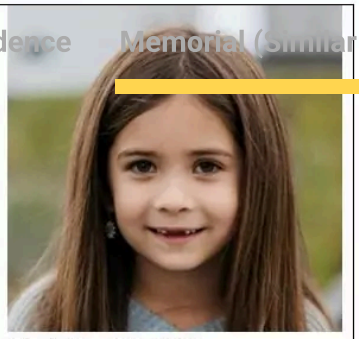
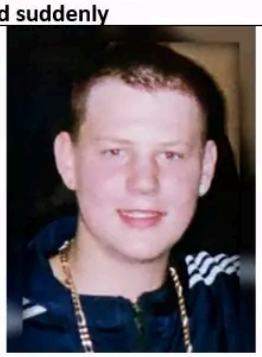
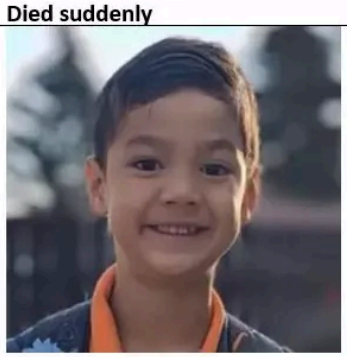
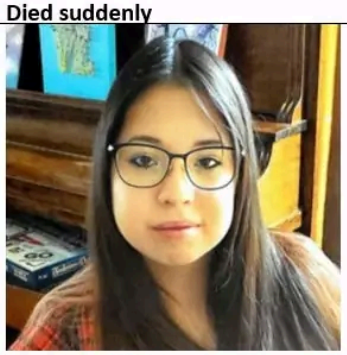
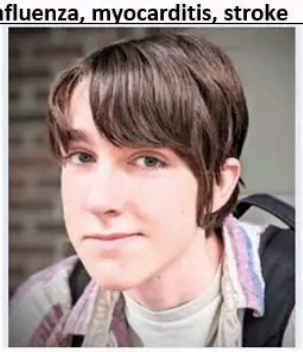
			
Died: Nov.29, 2022 **Peace-Muco Andre Harusha** **Age: 6** **Victoriaville, QC** **mRNA unknown** **Died suddenly**	**Died: Nov.29, 2022** **Lizzie Saviakjuk** **Age: 15** **Salluit, QC** **mRNA unknown** **Died suddenly**	**Died: Nov.27, 2022** **Alexander Jessup** **Age: 19** **Halifax, NS** **mRNA mandated (Dalhousie U)** **Died suddenly**	**Died: Nov.26, 2022** **Danielle Mei Cabana** **Age: 6** **Richmond, BC** **Hockey player (mRNA+)** **Influenza, myocarditis, stroke**
			
Died: Nov.25, 2022 **Daniel Raymond Magnan** **Age: 19** **Sault Sainte Marie, ON** **mRNA unknown** **Died suddenly**	**Died: Nov.24, 2022** **Lucas Holley** **Age: 6** **Sherwood Park, AB** **Gr.1 (mRNA unknown)** **Died from Influenza?**	**Died: Nov.22, 2022** **Kaylyn Jonis Stone** **Age: 16** **Saskatoon, SK** **mRNA unknown** **Died suddenly**	**Died: Nov.20, 2022** **Caleb Bailey** **Age: 15** **Ottawa, ON** **mRNA+** **Died suddenly**

Image by: Dr.William Makis MD
makismd.substack.com

Alejandro Noel Caceres (15 y/o)
Winnipeg, MB - Dec 14, 2022
Died suddenly - 1, 2

Maria Alexandra Gaynor (18 y/o)
Halifax, NS - Dec 13, 2022
mRNA: mandated (Dalhousie U) | Meningitis - 1, 2

Marilyn Fortin (19 y/o)
Chicoutimi, QC - Dec 12, 2022
Died suddenly - 1, 2

Kaylee Jennica Kolenski (17 y/o)
Vernon, BC - Dec 11, 2022
Died post surgery - 1, 2

(Name unknown) (2 y/o)
Ajax, ON - Dec 6, 2022
Cardiac arrest in hospital - 1, 2

Elijah Jason Borling (18 y/o)
Edmonton, AB - Dec 5, 2022
Died suddenly - 1

Nathan Sibley (16 y/o)
Waterloo, ON - Dec 5, 2022
mRNA: mRNA+ | Died suddenly - 1, 2

Ayden Cole Willerton (19 y/o)
Neepawa, MB - Dec 4, 2022
mRNA: mandated (hockey) | Car accident - 1, 2

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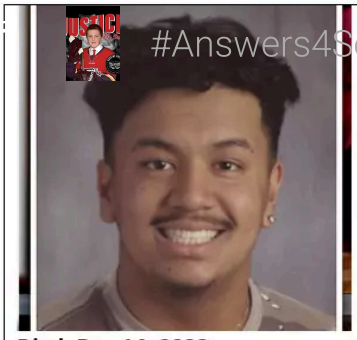
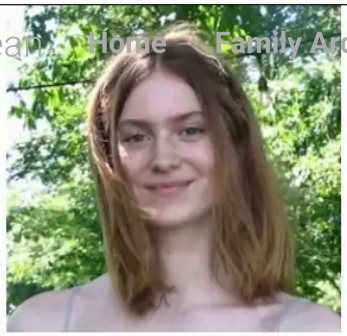
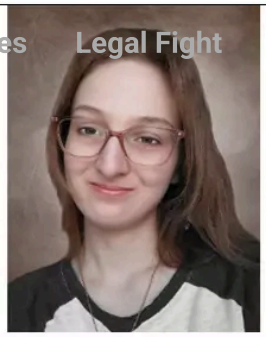
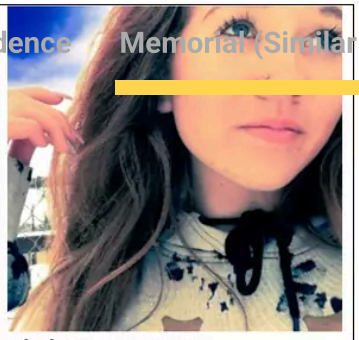
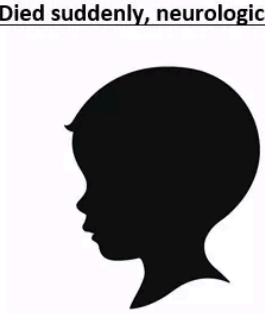
			
Died: Dec.14, 2022 **Alejandro Noel Caceres** **Age: 15** **Winnipeg, MB** **Basketball player (mRNA+)** **Died suddenly, neurological?**	**Died: Dec.13, 2022** **Maria Alexandra Gaynor** **Age: 18** **Halifax, NS** **mRNA mandated (Dalhousie U)** **Died suddenly of Meningitis**	**Died: Dec.12, 2022** **Marilyn Fortin** **Age: 19** **Chicoutimi, QC** **mRNA unknown** **Died suddenly**	**Died: Dec.11, 2022** **Kaylee Jennica Kolenski** **Age: 17** **Vernon, BC** **mRNA unknown** **Died suddenly, post surgery**
			
Died: Dec.6, 2022 **Name unknown** **Age: 2** **Ajax, ON (Lakeridge Hospital)** **Child died on hospital floor** **Cardiac arrest**	**Died: Dec.5, 2022** **Elijah Jason Borling** **Age: 18** **Edmonton, AB** **mRNA unknown** **Died suddenly**	**Died: Dec.5, 2022** **Nathan Sibley** **Age: 16** **Waterloo, ON** **High level Gymnast (mRNA+)** **Died suddenly**	**Died: Dec.4, 2022** **Ayden Cole Willerton** **Age: 19** **Neepawa, MB** **mRNA mandated (hockey)** **Died suddenly**

Image by: Dr.William Makis MD
makismd.substack.com

566-02-48305

Meron Gebrerhan (11 y/o)
Winnipeg, MB - Jan 23, 2023
Rapid cancer (6 mo) - 1

Jake William Connolly (17 y/o)
Hamilton, ON - Jan 19, 2023
Sudden death - 1

Bassam Alassal (18 y/o)
Waterloo, ON - Jan 19, 2023
mRNA+: student at Grand River Collegiate | Sudden death - 1

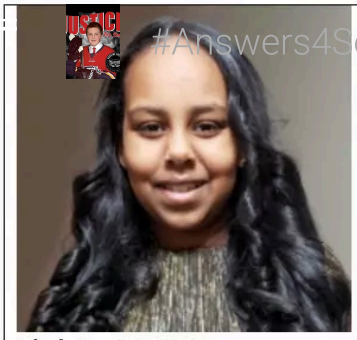
Presley Clara Rose Wilchuck (13 y/o)
Regina, SK - Jan 13, 2023
mRNA+: Football | Sudden death - 1

Kassandra Arcoite (18 y/o)
Mascouche, QC - Jan 12, 2023
Sudden death - 1

Noah Bouzane (17 y/o)
Paradise, NL - Jan 11, 2023
Sudden death (sleep) - 1, 2

Jayden Anthony Lopez (19 y/o)
Edmonton, AB - Jan 9, 2023
Sudden death (sleep) - 1, 2

James Troy Elliott (14 y/o)
Burlington, ON - Jan 9, 2023
mRNA+ | Sudden death (seizure) - 1



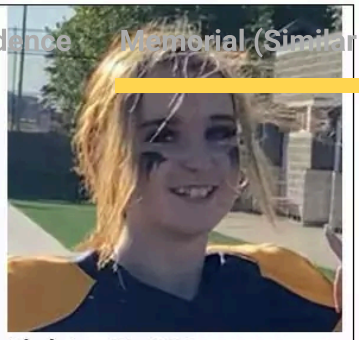
Died: Jan.23, 2023
Meron Gebrebrhan
Age: 11
Winnipeg, MB
mRNA unknown
Rapid Cancer 6 months



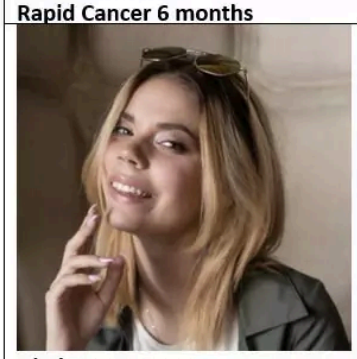
Died: Jan.19, 2023
Jake William Connolly
Age: 17
Hamilton, ON
mRNA unknown
Died suddenly



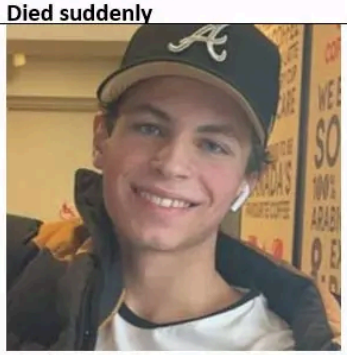
Died: Jan.19, 2023
Bassam Alassal
Age: 18
Waterloo, ON
Basketball player (mRNA+)
Died suddenly



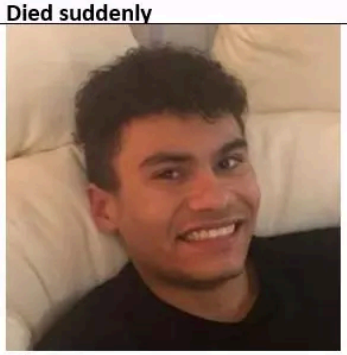
Died: Jan.13, 2023
Presley Clara Rose Wilchuck
Age: 13
Regina, SK
football player (mRNA+)
Died suddenly



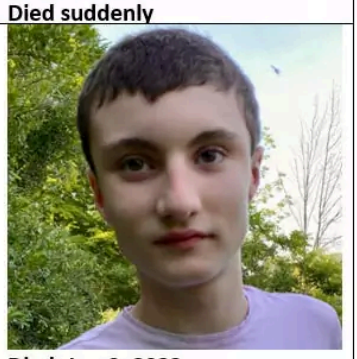
Died: Jan.12, 2023
Kassandra Arcoite
Age: 18
Mascouche, QC
mRNA unknown
Died suddenly



Died: Jan.11, 2023
Noah Bouzane
Age: 17
Paradise, NL
mRNA+
Died suddenly in his sleep



Died: Jan.9, 2023
Jayden Anthony Lopez
Age: 19
Edmonton, AB
mRNA unknown
Died suddenly in his sleep



Died: Jan.9, 2023
James Troy Elliott
Age: 14
Burlington, ON
mRNA+
Died suddenly, epileptic seizure

Image by: Dr.William Makis MD
makismd.substack.com

Justen Lee-Ann Nagtegaal (19 y/o)
Wabamun, AB - Jan 9, 2023
Died suddenly - 1

Cerise Kimone Howell (18 y/o)
Thorold, ON - Jan 9, 2023
Died suddenly - 1, 2

Zander Gregory Campbell (14 y/o)
Neepawa, MB - Jan 8, 2023
Died suddenly - 1, 2

Taren Lal (17 y/o)
Langley, BC - Jan 7, 2023
Died suddenly, car crash - 1, 2

Hubert Vézina (15 y/o)
Lac-Sergent, QC - Jan 7, 2023
Died of cancer - 1

Dylan Bergeron (7 y/o)
St-Simeon, QC - Jan 7, 2023
Died suddenly - 1

Riley Wang (17 y/o)
Toronto, ON - Jan 5, 2023
Died suddenly - 1

Jérémy Riendeau (10 y/o)
Sainte-Martine, QC - Jan 3, 2023
mRNA: mRNA+ | Died suddenly - 1, 2

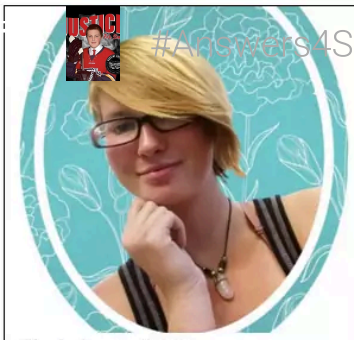
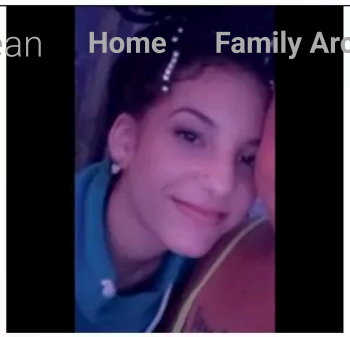
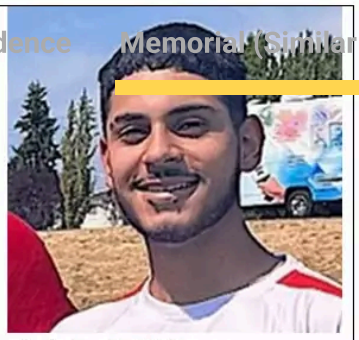
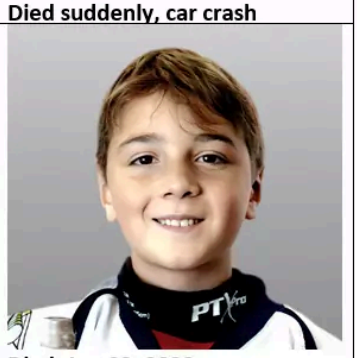
			
Died: Jan.9, 2023 **Justeen Lee-Ann Nagtegaal** **Age: 19** **Wabamun, AB** **mRNA unknown** **Died suddenly**	**Died: Jan.9, 2023** **Cerise Kimone Howell** **Age: 18** **Thorold, ON** **mRNA unknown** **Died suddenly**	**Died: Jan.08, 2023** **Zander Gregory Campbell** **Age: 14** **Neepawa, MB** **mRNA unknown** **Died suddenly**	**Died: Jan.7, 2023** **Taren Lal** **Age: 17** **Langley, BC** **mRNA unknown** **Died suddenly, car crash**
			
Died: Jan.7, 2023 **Hubert Vezina** **Age: 15** **Lac-Sergent, QC** **mRNA unknown** **Died suddenly**	**Died: Jan.7, 2023** **Dylan Bergeron** **Age: 7** **St-Simeon, QC** **mRNA unknown** **Died suddenly**	**Died: Jan.05, 2023** **Riley Wang** **Age: 17** **Toronto, ON** **mRNA unknown** **Died suddenly**	**Died: Jan.03, 2023** **Jeremy Riendeau** **Age: 10** **Sainte-Martine, QC** **Hockey player, (mRNA+)** **Died suddenly**

Image by: Dr.William Makis MD
makismd.substack.com

Samuel Alexander Kovach (18 y/o)
Fort Qu'Appelle, SK – Nov 16, 2022
Died suddenly – 1

Cadence Maylee Poulette (7 y/o)
Eskasoni, NS – Nov 13, 2022
Died suddenly – 1

Nino Nicholai Porteria (16 y/o)
Edmonton, AB – Nov 10, 2022
Died suddenly – 1

Madelaine Mae Leonard (18 y/o)
Peterborough, ON – Nov 9, 2022
Died suddenly, cardiac – 1

Eric Homersham (13 y/o)
Calgary, AB – Nov 9, 2022
mRNA: mandated (hockey) | Collapsed during basketball – 1

Aiden Thieman (6 y/o)
Saskatoon, SK – Nov 6, 2022
Died suddenly, pneumonia – 1

Elizabeth Ariel Snider (5 y/o)
Kitchener, ON – Oct 31, 2022
Died in her sleep – 1

Damien HJ Fortman (11 y/o)
Ottawa, ON – Oct 24, 2022
Died suddenly – 1

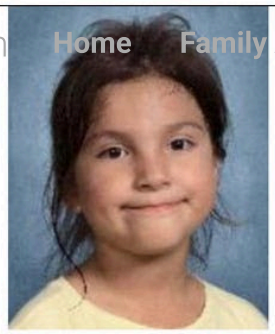
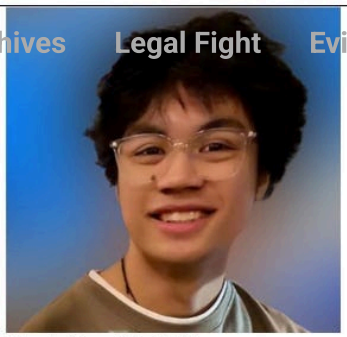
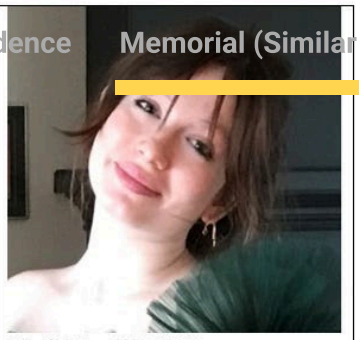
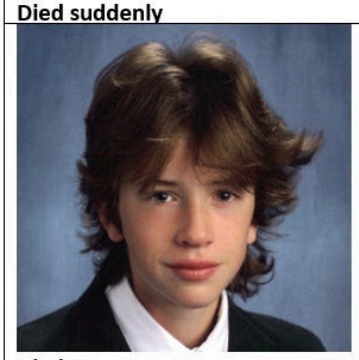
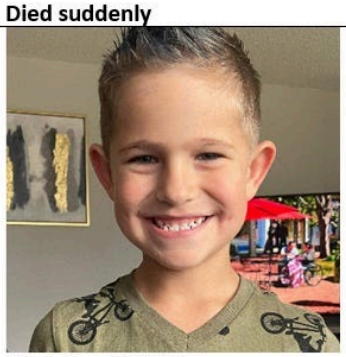
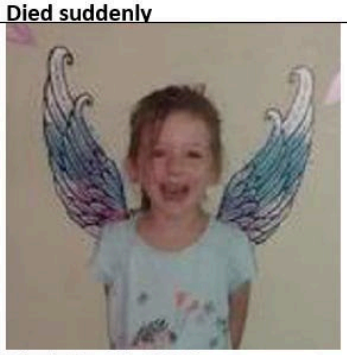
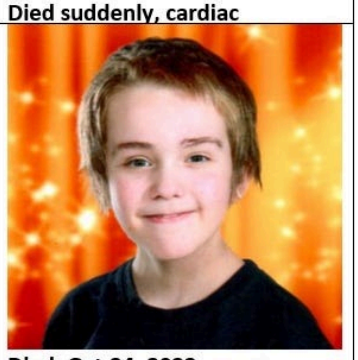
			
Died: Nov.16, 2022 **Samuel Alexander Kovach** **Age: 18** **Fort Qu'Appelle, SK** **mRNA unknown** **Died suddenly**	**Died: Nov.13, 2022** **Cadence Maylee Poulette** **Age: 7** **Eskasoni, NS** **mRNA unknown** **Died suddenly**	**Died: Nov.10, 2022** **Nino Nicholai Porteria** **Age: 16** **Edmonton, AB** **mRNA unknown** **Died suddenly**	**Died: Nov.09, 2022** **Madelaine Mae Leonard** **Age: 18** **Peterborough, ON** **(mRNA+)** **Died suddenly, cardiac**
			
Died: Nov.09, 2022 **Eric Homersham** **Age: 13** **Calgary, AB** **mRNA mandated (hockey)** **Collapsed during basketball**	**Died: Nov.6, 2022** **Aiden Thieman** **Age: 6** **Saskatoon, SK** **mRNA unknown (influenza)** **Died suddenly, pneumonia**	**Died: Oct.31, 2022** **Elizabeth Ariel Snider** **Age: 5** **Kitchener, ON** **mRNA unknown** **Died in her sleep**	**Died: Oct.24, 2022** **Damien HJ Fortman** **Age: 11** **Ottawa, ON** **mRNA unknown** **Died suddenly**

Image by: Dr.William Makis MD
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Theo[illegible]nes Gibbs (18 y/o)
Regina, SK – Dec 30, 2022
mRNA+: mandated (baseball) | Died in his sleep – 1, 2

Ocean Jun Wei Ou (16 y/o)
Vancouver, BC – Dec 18, 2022
Died suddenly – 1

Simona Ballantyne (14 y/o)
Flin Flon, MB – Dec 30, 2022
Died suddenly – 1

Addilyn Emelia Radomske Booth (2 y/o)
Kelowna, BC – Dec 29, 2022
Died in her sleep – 1, 2

Lady Machatis-Soloway (7 y/o)
Edmonton, AB – Dec 19, 2022
mRNA+: likely | Blood clot in lungs, Strep A – 1, 2

Colton Austin Bertram Windrem (9 y/o)
Omemee, ON – Dec 17, 2022
Sudden blood clot to brain stem – 1, 2

Abakar Kazbekov (18 y/o)
London, ON – Dec 17, 2022
mRNA+: mandated (OHL) | Fell from apartment building – 1

Chase Evan Rominger (18 y/o)
Barrie, ON – Dec 14, 2022
mRNA+: likely | Died suddenly – 1

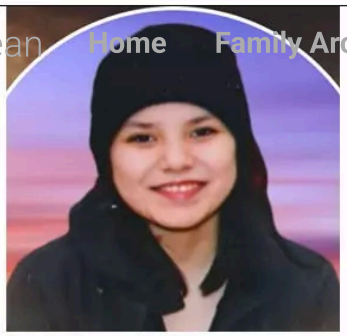
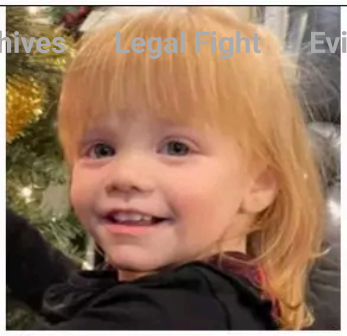
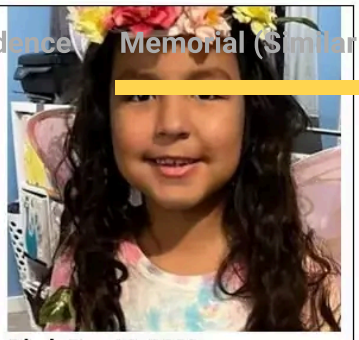
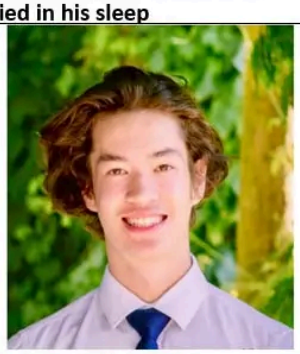
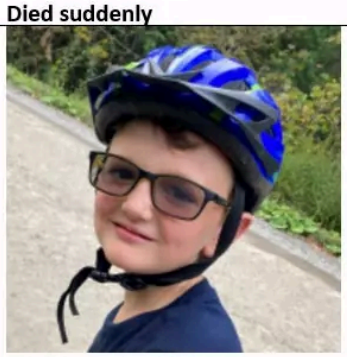
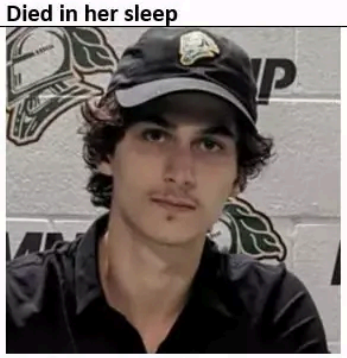
			
Died: Dec.30, 2022 **Theo James Gibbs** **Age: 18** **Regina, SK** **mRNA mandated (baseball)** **Died in his sleep**	**Died: Dec.30, 2022** **Simona Ballantyne** **Age: 14** **Flin Flon, MB** **mRNA unknown** **Died suddenly**	**Died: Dec.29, 2022** **Addilyn Emelia Radomske Booth** **Age: 2** **Kelowna, BC** **mRNA unknown** **Died in her sleep**	**Died: Dec.19, 2022** **Lady Machatis-Soloway** **Age: 7** **Edmonton, AB** **Gr.4 (mRNA+ likely)** **blood clot in the lungs, Strep A**
			
Died: Dec.18, 2022 **Ocean Jun Wei Ou** **Age: 16** **Vancouver, BC** **mRNA unknown** **Died suddenly**	**Died: Dec.17, 2022** **Colton Austin Bertram Windrem** **Age: 9** **Omemee, ON** **Gr.4 (mRNA unknown)** **Sudden blood clot to brain stem**	**Died: Dec.17, 2022** **Abakar Kazbekov** **Age: 18** **London, ON** **Jr Hockey Captain (mRNA+)** **Fell from Apartment building?**	**Died: Dec.14, 2022** **Chase Evan Rominger** **Age: 18** **Barrie, ON** **mRNA+ likely** **Died suddenly**

Image by: Dr.William Makis MD
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Elisa Liming Chan-Schneck (19)
Toronto, ON – Dec. 3, 2022
mRNA: mandated (UofT) | Died suddenly – 1

MacKenzie Cree Raine Marshall (18)
Langley, BC – Dec. 3, 2022
Died suddenly – 1

Colin Zeyi Song (14)
Milton, ON – Dec. 3, 2022
Details unknown – 1

Sawyer Ray Slaney (1.5 years)
Innisfail, AB – Dec. 2, 2022
mRNA: No medical history | Died in his sleep – 1

Jayla Nordgulen (16)
Assiniboia, SK – Nov. 30, 2022
Died suddenly – 1

Branden Alexander Lowe (16)
Mission, BC – Nov. 30, 2022
mRNA: mRNA+ | Influenza?, died in his sleep – 1

Slade Smith (7)
Calgary, AB – Nov. 29, 2022
mRNA: Gr.2, hockey player (mRNA+) | Four day illness, heart – 1

Ayla Grace Loseth (9)
Kelowna, BC – Nov. 29, 2022
mRNA: mRNA+ likely | Influenza, died of Strep A – 1, 2

566-02-48305



Died: Dec.3, 2022
Elisabeth Liming Chan-Schneck
Age: 19
Toronto, ON
mRNA mandated (UofT)
Died suddenly

Died: Dec.3, 2022
MacKenzie Cree Raine Marshall
Age: 18
Langley, BC
mRNA unknown
Died suddenly

Died: Dec.3, 2022
Colin Zeyi Song
Age: 14
Milton, ON
mRNA unknown
Details unknown

Died: Dec.2, 2022
Sawyer Ray Slaney
Age: 1.5 years (18 mo)
Innisfail, AB
No medical history
Died in his sleep

Died: Nov.30, 2022
Jayla Nordgulen
Age: 16
Assiniboia, SK
mRNA unknown
Died suddenly

Died: Nov.30, 2022
Branden Alexzander Lowe
Age: 16
Mission, BC
mRNA+
Influenza?, died in his sleep

Died: Nov.29, 2022
Slade Smith
Age: 7
Calgary, AB
Gr.2, hockey player (mRNA+)
Four day illness, heart

Died: Nov.29, 2022
Ayla Grace Loseth
Age: 9
Kelowna, BC
mRNA+ likely
Influenza, died of Strep A

Image by: Dr.William Makis MD
makismd.substack.com

Mikael Migliomeni (21)
Maple, ON – Jan. 8, 2023
Died suddenly – 1

Trinity Karla Thompson (21)
Calgary, AB – Jan. 2, 2023
Died suddenly – 1

Maria Masha Kagolovskaya (20)
Calgary, AB – Dec. 14, 2022
Died suddenly – 1

Edi Lavoie (21)
Chicoutimi, QC – Dec. 1, 2022
Died suddenly – 1

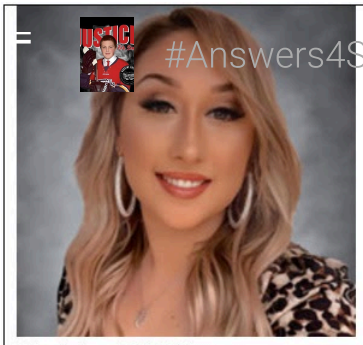
Celina Jewel Chapman (20)
Mississauga, ON – Nov. 25, 2022
Soccer player (mRNA+) | Died unexpectedly – 1

Kyle Martin Brooks-Charlie (20)
Vancouver, BC – Nov. 25, 2022
Died suddenly – 1

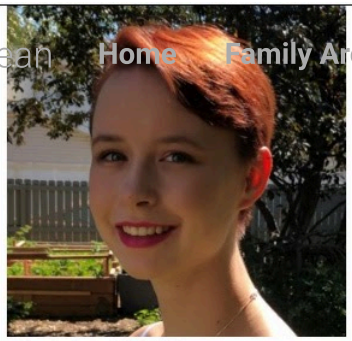
Megha Thakur (21)
London, ON – Nov. 24, 2022
Western University (mRNA+) | Died suddenly – 1

Hannah Ayotte-Bisson (20)
Cornwall, ON – Oct. 28, 2022
Died suddenly – 1

566-02-48305



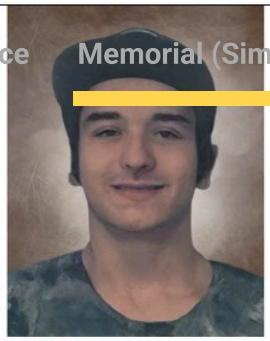
Died: Jan.8, 2023
Mikaela Figliomeni
Age: 21
Maple, ON
mRNA unknown
Died Suddenly



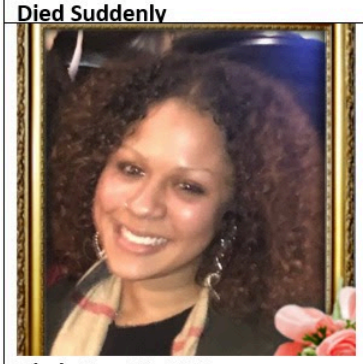
Died: Jan.2, 2023
Trinity Karla Thompson
Age: 21
Calgary, AB
mRNA unknown
Died Suddenly



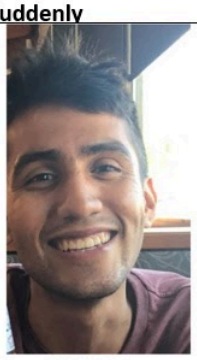
Died: Dec.14, 2022
Maria Masha Kagolovskaya
Age: 20
Calgary, AB
mRNA unknown
Died Suddenly



Died: Dec.1, 2022
Edi Lavoie
Age: 21
Chicoutimi, QC
mRNA unknown
Died Suddenly



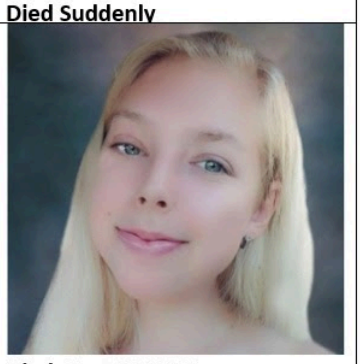
Died: Nov.25, 2022
Celina Jewel Chapman
Age: 20
Mississauga, ON
Soccer player (mRNA+)
Died unexpectedly



Died: Nov.25, 2022
Kyle Martin Brooks-Charlie
Age: 20
Vancouver, BC
mRNA unknown
Died suddenly



Died: Nov.24, 2022
Megha Thakur
Age: 21
London, ON
Western University (mRNA+)
Died suddenly



Died: Oct.28, 2022
Hannah Ayotte-Bisson
Age: 20
Cornwall, ON
mRNA unknown
Died suddenly

Image by: Dr.William Makis MD
makismd.substack.com

Kalan[illegible]exander Mahoney (18 y/o)
Brampton, ON – Feb 1, 2023
mRNA: mandated | Died suddenly, unexpectedly – 1, 2

Teanna Rae Delainey (19 y/o)
Regina, SK – Jan 30, 2023
Cause of death not stated – 1, 2

Lily Leblanc (6 y/o)
Sainte-Anne-des-Plaines, QC – Jan 29, 2023
Cause not publicly disclosed – 1, 2

Rhett Conner Dumont (3 y/o)
Edmonton, AB – Jan 26, 2023
Died suddenly – 1

Elliot Heinze (2 y/o)
Guelph, ON – Jan 25, 2023
Cause of death not stated – 1, 2

Shaydee Simaganis (18 y/o)
North Battleford, SK – Jan 24, 2023
Cause of death not stated – 1, 2

Andrew Farrand (12 y/o)
Windsor, ON – Jan 23, 2023
Cause of death not stated – 1, 2

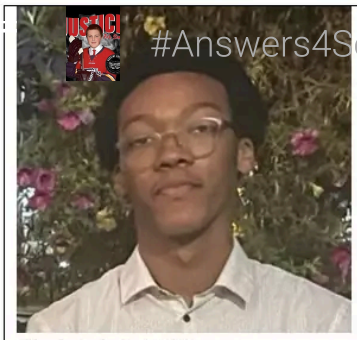
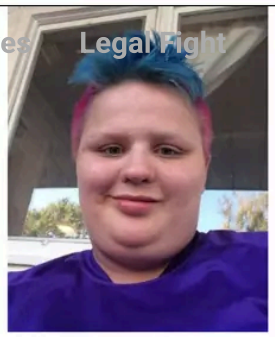
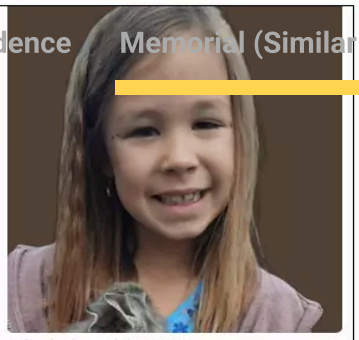
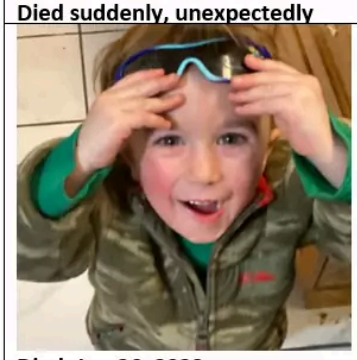
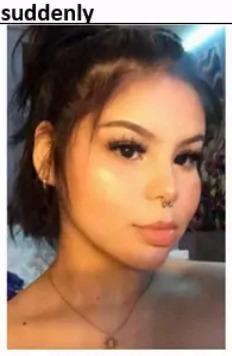
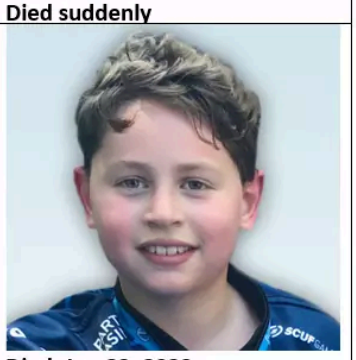
			
Died: Feb.1, 2023 **Kalan Alexander Mahoney** **Age: 18** **Brampton, ON (UoGuelph)** **mRNA mandated (Cadets)** **Died suddenly, unexpectedly**	**Died: Feb.1, 2023** **Daryl Waldner** **Age: 19** **Taber, Alberta** **mRNA unknown** **Cause of death unknown**	**Died: Jan.30, 2023** **Teanna Rae Delainey** **Age: 19** **Regina, SK** **mRNA unknown** **Died suddenly**	**Died: Jan.29, 2023** **Lily Leblanc** **Age: 6** **Sainte-Anne-des-Plaines, QC** **mRNA unknown** **Died suddenly**
			
Died: Jan.26, 2023 **Rhett Conner Dumont** **Age: 3** **Edmonton, AB** **mRNA unknown** **Died suddenly**	**Died: Jan.25, 2023** **Elliot Heinze** **Age: 2** **Guelph, ON** **mRNA unknown** **Died suddenly**	**Died: Jan.24, 2023** **Shaydee Simaganis** **Age: 18** **North Battleford, SK** **mRNA unknown** **Died suddenly**	**Died: Jan.23, 2023** **Andrew Farrand** **Age: 12** **Windsor, ON** **mRNA unknown** **Died suddenly**

Image by: Dr.William Makis MD
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Wyatt Geoffrey John Adrian (18 y/o)
Calgary, AB – Feb 5, 2023
mRNA: mandated (Army Cadets) | Vehicle accident – 1

Tyree Rogers (17 y/o)
Chestermere, AB – Feb 4, 2023
Died in his sleep – 1

Bryanna Allyson Cormier (18 y/o)
Moncton, NB – Feb 4, 2023
Died suddenly – 1

Andy James Wong (15 y/o)
Burnaby, BC – Feb 4, 2023
Died suddenly – 1

Dalena Raven Paige Peters (17 y/o)
Red Lake, ON – Feb 3, 2023
mRNA: unknown | Died suddenly – 1

Joseph Roderick Cyr (9 y/o)
Raymore, SK – Feb 3, 2023
Died unexpectedly – 1

Madelyn Ann Young (2 y/o)
Thunder Bay, ON – Feb 3, 2023
Died peacefully at SickKids – 1

Kayla Campilii (12 y/o)
Montreal, QC – Feb 1, 2023
Died suddenly – 1, 2

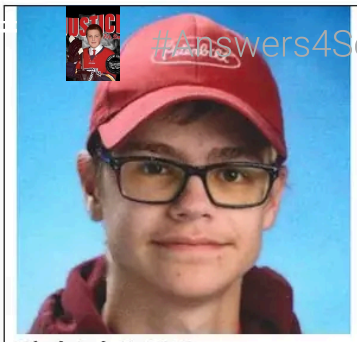
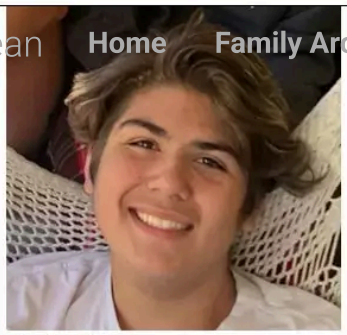
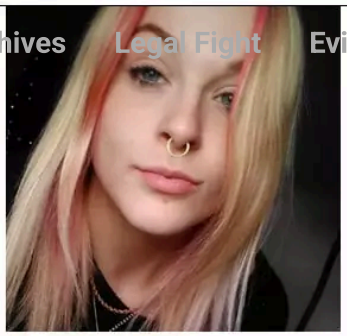
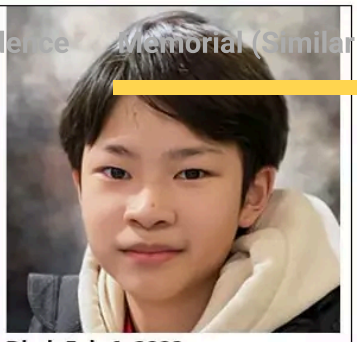
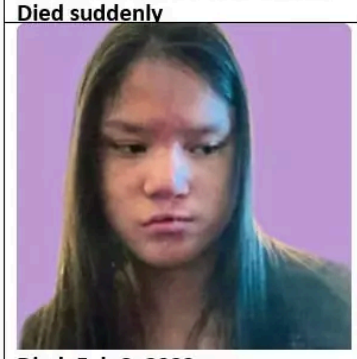
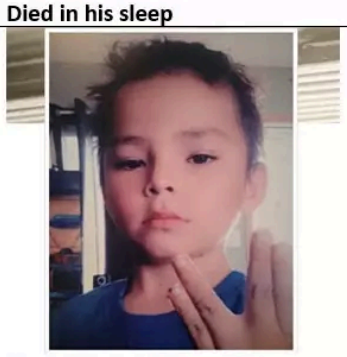
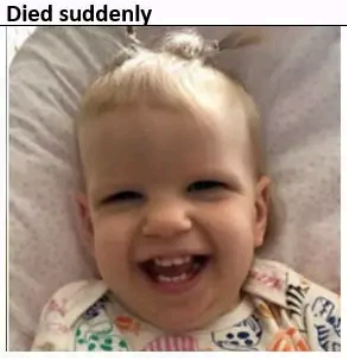
			
Died: Feb.5, 2023 **Wyatt Jeffrey John Adrian** **Age: 18** **Calgary, Alberta** **mRNA mandated (Army Cadets)** **Died suddenly**	**Died: Feb.4, 2023** **Tyree Rogers** **Age: 17** **Chestermere, AB** **mRNA unknown** **Died in his sleep**	**Died: Feb.4, 2023** **Bryanna Allyson Cormier** **Age: 18** **Moncton, NB** **mRNA unknown** **Died suddenly**	**Died: Feb.4, 2023** **Andy James Wong** **Age: 15** **Burnaby, BC** **mRNA unknown** **Died suddenly**
			
Died: Feb.3, 2023 **Dalena Raven Paige Peters** **Age: 17** **Red Lake, ON** **mRNA unknown** **Died suddenly**	**Died: Feb.3, 2023** **Joseph Roderick Cyr** **Age: 9** **Raymore, SK** **mRNA unknown** **Died unexpectedly**	**Died: Feb.3, 2023** **Madelyn Ann Young** **Age: 2** **Thunder Bay, ON** **mRNA unknown** **Cause of death unknown**	**Died: Feb.1, 2023** **Kayla Campilii** **Age: 12** **Montreal, QC** **mRNA unknown** **Died suddenly**

Image by: Dr.William Makis MD
makismd.substack.com



Theo[illegible] “Teddy” Sherle Bear (5 y/o)
Saskatoon, SK – Feb 12, 2023
Died suddenly – 1, 2

Lily-Rose Nguyen (17 y/o)
Greenfield Park (Brossard), QC – Feb 7, 2023
Died suddenly – 1, 2

Logan McNeary (14 y/o)
Wileville, NS – Feb 10, 2023
Passed away (sudden death) – 1, 2

Paulo Pereira Jr. (16 y/o)
Mississauga, ON – Feb 10, 2023
Died suddenly (no cause stated) – 1, 2

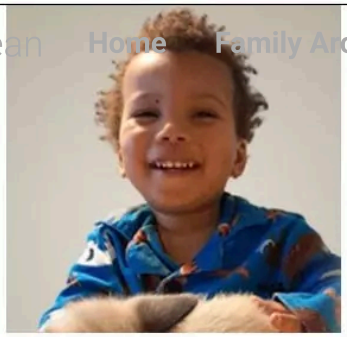
William Caron Cabrera (17 y/o)
Laval, QC – Feb 7, 2023
Died suddenly (cardiac arrest reported) – 1, 2

Alexia Tewari (17 y/o)
Toronto, ON – Feb 6, 2023
Died suddenly – 1, 2

Eli Palumbo (17 y/o)
Port Dover, ON – Feb 2, 2023
Died unexpectedly – 1, 2



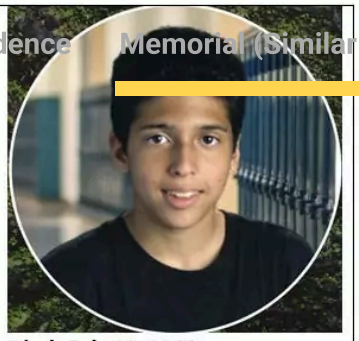
Died: Feb.12, 2023
Theodora Sherle Bear
Age: 5
Saskatoon, OK
mRNA unknown
Died suddenly



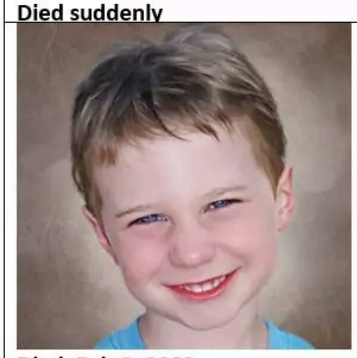
Died: Feb.11, 2023
Jerome Claude Crosby
Age: 3
London, ON
mRNA unknown
Died suddenly



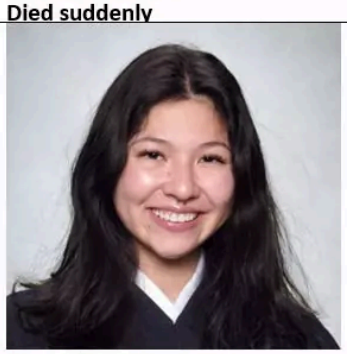
Died: Feb.10, 2023
Logan McNeary
Age: 14
Bridgewater, NS
mRNA unknown
Died suddenly



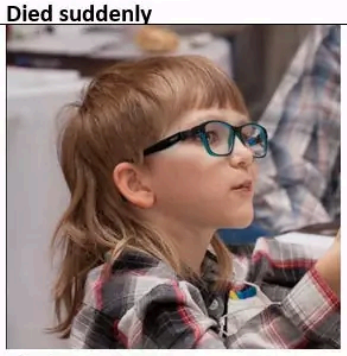
Died: Feb.10, 2023
Paulo Pereira Jr
Age: 16
Mississauga, ON
mRNA unknown
Died suddenly, cardiac



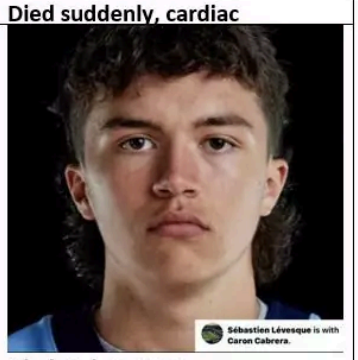
Died: Feb.8, 2023
Jacob Gauthier
Age: 4
Rosemere, QC
mRNA unknown
Died suddenly



Died: Feb.7, 2023
Lily Nguyen
Age: 17
Brossard, QC
mRNA unknown
Died suddenly



Died: Feb.7, 2023
Jake Knelsen
Age: 7
Swift Current, SK
mRNA unknown
Died suddenly



Died: Feb.6, 2023
William Caron Cabrera
Age: 17
Laval, QC
mRNA mandated (hockey)
Died in his sleep, cardiac arrest

Image by: Dr.William Makis MD
makismd.substack.com

Abby [illegible]uin (3 y/o)
Rouyn-Noranda, QC – Feb 21, 2023
died suddenly – 1, 2

Theodore Stefoglo (18 y/o)
St-Eustache, QC – Feb 21, 2023
died suddenly – 1, 2

Rogan Richels (16 y/o)
Leduc, AB – Feb 18, 2023
died suddenly, neurological? – 1, 2

Eliab Mamo Eyob (2 y/o)
North York, ON – Feb 15, 2023
cause of death unknown – 1, 2

Dylan Chaput (13 y/o)
Halifax, NS – Feb 14, 2023
mRNA: mRNA+ | died suddenly in Mexico – 1, 2

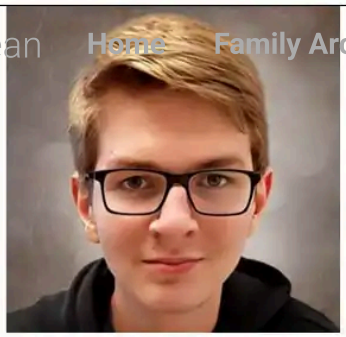
Robin Janjua (14 y/o)
Surrey, BC – Feb 14, 2023
mRNA: mandated (hockey) | died suddenly, neurological? – 1, 2

Alex Gowland (19 y/o)
Hamilton, ON – Feb 14, 2023
died suddenly – 1, 2

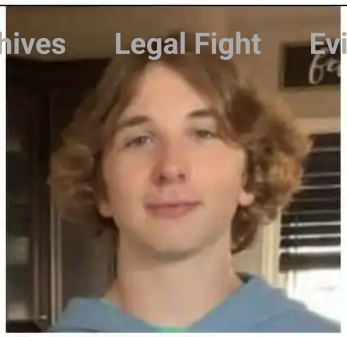
Michael Lanta (17 y/o)
Toronto, ON – Feb 12, 2023
died suddenly – 1, 2



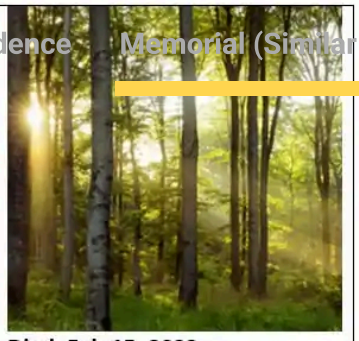
Died: Feb.21, 2023
Abby Drouin
Age: 3
Rouyn-Noranda, QC
mRNA unknown
Died suddenly



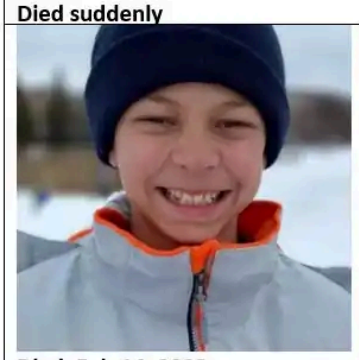
Died: Feb.21, 2023
Theodore Stefoglo
Age: 18
St-Eustache, QC
mRNA unknown
Died suddenly



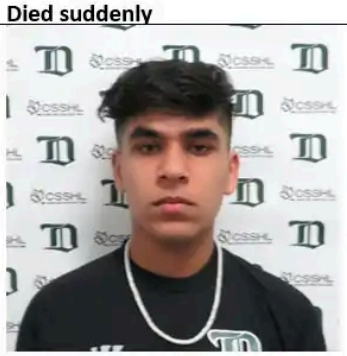
Died: Feb.18, 2023
Rogan Richels
Age: 16
Leduc, AB
mRNA unknown
Died suddenly, neurological?



Died: Feb.15, 2023
Eliab Mamo Eyob
Age: 2
North York, ON
mRNA unknown
Cause of death unknown



Died: Feb.14, 2023
Dylan Chaput
Age: 13
Halifax, NS
mRNA+
Died suddenly in Mexico



Died: Feb.14, 2023
Robin Janjua
Age: 14
Surrey, BC
mRNA mandated (hockey)
Died suddenly, neurological?



Died: Feb.14, 2023
Alex Gowland
Age: 19
Hamilton, ON
mRNA unknown
Died suddenly



Died: Feb.12, 2023
Michael Lanta
Age: 17
Toronto, ON
mRNA unknown
Died suddenly

Image by: Dr.William Makis MD
makismd.substack.com



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566-02-48305

ATIP PHAC-A-2025-00019: PHAC lists 314 "deaths" within days of a covid vaccine. Information related to the Age and month of death is redacted, not disclosed. We know many were children.

DG
APR 21, 2026

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Related ATIP: Req # A-2023-000085.

Read previous article:



FOI: 2,140 Pages of Reports about Deaths from COVID-19 vaccines, obtained from Government. These are just the ones reported. How Canada prepares for more of such deaths: new budget & new advertisement

DG • APRIL 20, 2024

Read full story →

PHAC response:
ATIP Req# PHAC-A-2025-000191 OCR

Scoops' Gazette

"Outcome: Death"

... 50 pages total ...

566-02-48305

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6 months ago · 31 likes · 6 comments · Scoops McGoo

Health Canada response: ATIP Req # A-2023-000085

Scoops' Gazette

Health Canada releases 229 covid vaccine death reports

An information request to Health Canada was made on 20 April 2023...

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566-02-48305

Employer Mandate Impact (EMI) Assessment: A Working Group Model for Disability and Health & Safety Committees Across Government

As the Allison Inquiry Examines Canada's COVID Response, Public Servants Can Examine What Happened Inside Their Own Departments. Here is How.



DMITRY GORODNICHY, PH.D.
AUG 07, 2026

3 Share

TERMS OF REFERENCE

People with Disabilities – Employer Mandate Impact Working Group (PWD-EMI WG)

A Working Group of the Persons with Disabilities Advisory Committee (PDAC)

1. Purpose

The Persons with Disabilities – Employer Mandate Impact Working Group (PWD-EMI WG) is established by the Persons with Disabilities Advisory Committee (PDAC) to support employees whose disabilities, health-related workplace limitations, or accommodation needs may have arisen from, been exacerbated by, or otherwise been affected by the employer's COVID-19 mandate policies.

The Working Group will collect, organize and review relevant evidence, document concerns and organizational responses, identify lessons learned, and develop recommendations that improve support for affected employees while promoting transparency, accountability and continuous organizational improvement.

2. Definitions

Disability (as defined in the **Accessible Canada Act**): means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society.

Abstract:

CBSA Persons with Disabilities Advisory Committee (PDAC) has developed Terms of Reference (ToR) to document health and disability concerns, employer responses, barriers encountered, and lessons learned.

566-02-48305

Other federal organizations are invited to reuse the ToR templates drafted by the CBSA PDAC in order to establish parallel EMI working groups in their organizations.

Introduction

As I recently reported, members of the CBSA Persons with Disabilities Advisory Committee (PDAC) have established the **People with Disabilities – Employer Mandate Impact Working Group** (**PWD-EMI WG**).

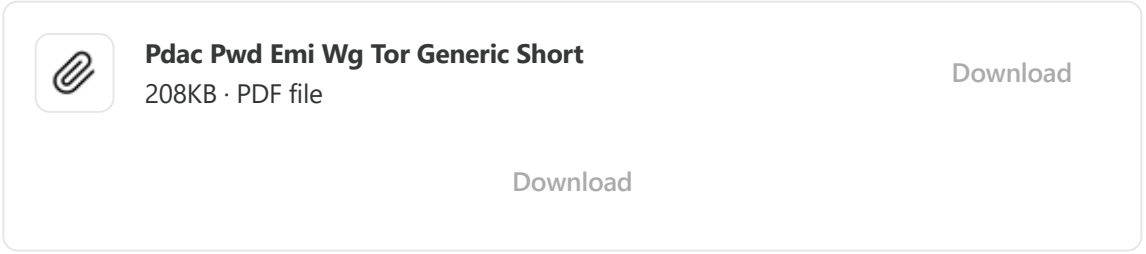
Its purpose is practical: **collect the evidence, document concerns and organizational responses, identify what remains unresolved, and develop recommendations to improve support for persons with disabilities.**

An important part of this work is the creation of an **Evidence Repository**—a historical record bringing together official data and documents, scientific evidence, employee experiences, concerns raised, actions taken, responses received, barriers encountered, and lessons learned. This is intended to support transparency, accountability and improvements in how affected employees are supported. These objectives are reflected in the draft Terms of Reference we have been developing.

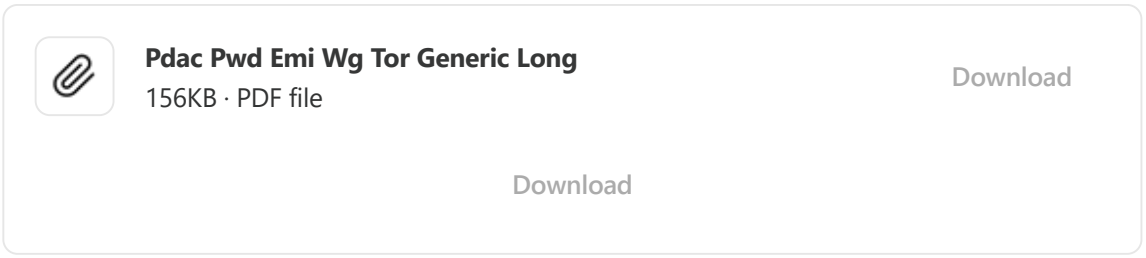
An Invitation to Colleagues Across Government

There is no reason for every department or agency to start from zero.

Therefore, here I am sharing the **two versions of the Terms of Reference** (**short and detailed**) drafted by the CBSA PDAC, so that they can be reused by anyone wishing to establish a similar Working Group in their organizations.



566-02-48305



Colleagues elsewhere in the federal public service are welcome to reuse them, modify them for their own organizations, and consider establishing similar working groups through their Persons with Disabilities networks or advisory committees.

The objective is not to predetermine what the evidence will show. It is to make sure the evidence is **collected, preserved, examined and acted upon**.

Where appropriate, these working groups can also leverage the existing mandate and expertise of Occupational Health and Safety Committees rather than attempting to duplicate their work. The CBSA model specifically envisages cooperation with OHS committees through sharing evidence, documenting concerns, identifying broader trends, and supporting recommendations concerning workplace health, safety, accessibility and accommodation.

The Timing Is Particularly Appropriate

This initiative is also developing at an interesting moment.

In parallel, as I discussed in my previous post, **MP Dean Allison's inquiry is bringing renewed public attention to questions surrounding Canada's pandemic response and its consequences**.

Whatever conclusions ultimately emerge from that inquiry, federal employees do not need to wait to begin documenting what happened within their own workplaces.

If similar concerns or experiences exist across multiple departments, bringing those records together could help us determine whether we are looking at isolated situations or broader government-wide patterns.

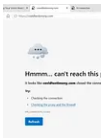
This work is for the benefit of everyone.

If you are involved with a Persons with Disabilities committee, Occupational Health and Safety Committee, bargaining agent, or employee network in another federal organization and would like to establish a similar working group, please feel free to use our Terms of Reference as your starting point.

And please contact me if you would like to connect with this initiative. The more organizations that preserve their evidence and compare their experiences, the more complete the picture can become.

Thanks for reading Making Your Voice Heard at PIPSC! This post is public so feel free to share it.

Related articles:



The Government Mandated the Vaccine. Now It Blocks MP Dean Allison's Vaccine-Injury Inquiry?

DMITRY GORODNICHY, PH.D. • AUG 7

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New Development: Supporting the People with Disabilities Advisory Committee, Addressing Workplace Health and Safety Concerns Related to the Employer'sMandates

DMITRY GORODNICHY, PH.D. • JUL 20

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du secteur public
du Canada

Ottawa, Canada K1P 5Y7

PROTECTED B

June 28, 2022

[redacted]

Re: **File No. PSIC-2022-D-0091**

Dear Mr. [redacted]

This letter is in response to the disclosure of wrongdoing that you made to the Office of the Public Sector Integrity Commissioner of Canada (the Commissioner's Office) on May 16, 2022, pursuant to subsection 13(1) of the *Public Servants Disclosure Protection Act* (the Act). Following the review of the information you provided, the purpose of this letter is to inform you of the reasons why an investigation will not be commenced.

In accordance with the powers, duties and functions delegated to me by the Public Sector Integrity Commissioner (the Commissioner), in order to determine whether an investigation is warranted under the Act, I must assess whether the disclosure concerns wrongdoing as defined in section 8 of the Act. I must also consider sections 23 and 24 of the Act, which list restrictions and the discretionary factors that I may take into account in deciding whether to deal with a disclosure or commence an investigation.

In your disclosure, you allege that the Government of Canada; Mona Fortier, President of the Treasury Board of Canada Secretariat; Mr. John Ossowski, President of Canada Border Services Agency; and the Royal Canadian Mounted Police committed wrongdoing pursuant to paragraphs 8(a) and (c) of the Act – a contravention of an Act of Parliament and gross mismanagement, respectively.

More specifically, you allege that the Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police (COVID-19 Vaccination Policy) contravenes the Nuremberg Code, Part II of the *Canada Labour Code* and the *Criminal Code*.

Regarding your allegation that the COVID-19 Vaccination Policy contravenes the Nuremberg Code, Part II of the *Canada Labour Code* and the *Criminal Code*, I note that Prime Minister Justin Trudeau publicly announced the policy on COVID-19 requirements on October 6, 2021.

Paragraph 24(1)(e) of the Act provides that I may refuse to deal with a disclosure or to commence an investigation if I am of the opinion that the subject-matter of the disclosure or the investigation relates to a matter that results from a balanced and informed decision-making process on a public policy issue. As the subject matter of your disclosure concerns a Treasury Board policy implemented at the direction of elected officials, I have decided to exercise my discretion not to investigate this allegation pursuant to paragraph 24(1)(e) of the Act.

Consequently, your file will be closed.

I do wish to thank you for taking the time to bring these concerns to my Office. Should you have any questions about my decision, please do not hesitate to contact Mr. Carle Dupont, Case Admissibility Analyst, at 613-314-6344 or 1-866-941-6400.

Sincerely,

for. Denis Bilodeau
Deputy Commissioner

"Outcome: Death"

PHAC list shows 314 Canadian lives taken within days of a covid vaccine



SCOOPS MCGOO

APR 07, 2026

34 7 7 Share

ATIA - 19(1)

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	A	B	C	D	E	F	G
1	Date vaccine administered	Age (years)	Sex	Drug name/Brand name	Manufacturer	MedDRA adverse reaction terms (Time to onset)	Outcome
2	2020-	[redacted]	Male	PB COVID-19 (COMIRNATY)	BioNTech Manufacturing GmbH	Coronary artery disease (Unknown)	Death
3	2021-	[redacted]	Male	Mod COVID-19 (SPIKEVAX)	Moderna Biopharma Canada Corporation	Fall (Unknown), Neck pain (2 days), Back pain (2 days), Vomiting (2 days), Hypotension (2 days), Anal incontinence (2 days), Unresponsive to stimuli (3 days), Headache (3 days), Nausea (3 days)	Death
4	2021-	[redacted]	Female	Mod COVID-19 (SPIKEVAX)	Moderna Biopharma Canada Corporation	Lethargy (Unknown), Hypopnoea (4 days)	Death
5	2021-	[redacted]	Female	Mod COVID-19 (SPIKEVAX)	Moderna Biopharma Canada Corporation	Unresponsive to stimuli (<1 day)	Death
6	2021-	[redacted]	Female	Mod COVID-19 (SPIKEVAX)	Moderna Biopharma Canada Corporation	Vaccination site erythema (7 days), Cerebrovascular accident (8 days)	Death
7	2021-	[redacted]	Female	Mod COVID-19 (SPIKEVAX)	Moderna Biopharma Canada Corporation	Epistaxis (3 days), Tachycardia (3 days), Cardiac arrest (3 days), Tachyarrhythmia (3 days), Bundle branch block left (3 days), Bradycardia (3 days)	Death
8	2021-	[redacted]	Female	PB COVID-19 (COMIRNATY)	BioNTech Manufacturing GmbH	Stridor (<1 day), Erythema (<1 day), Anaphylactic reaction (<1 day)	Death
9	2021-	[redacted]	Female	PB COVID-19 (COMIRNATY)	BioNTech Manufacturing GmbH	Unresponsive to stimuli (<1 day), Depressed level of consciousness (8 days)	Death

Page: 4 of/de 50
A2025000191

… 50 pages total …

Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

ATIA - 19(1)

	A	B	C	D	E	F	G
306	2025-	[redacted]	Female	SPIKEVAX	Moderna Biopharma Canada Corporation	Cerebrovascular accident (<1 day), Hemiplegia (<1 day), Coma (<1 day), Dysphagia (<1 day), Hypopnoea (<1 day), Snoring (<1 day), Unresponsive to stimuli (<1 day), Hypotonia (<1 day), Asthenia (<1 day)	Death
307	2025-	[redacted]	Female	SPIKEVAX	Moderna Biopharma Canada Corporation	Rectal haemorrhage (1 day), Diverticulitis (Unknown), Cardiac arrest (5 days)	Death
308	2025-	[redacted]	Male	SPIKEVAX	Moderna Biopharma Canada Corporation	Erythema (Unknown), Joint warmth (Unknown), Joint swelling (Unknown), Arthritis (Unknown), Thrombocytopenia (Unknown), Cardiac failure congestive (19 days), Generalised oedema (Unknown)	Death
309	2025-	[redacted]	Male	COMIRNATY	BioNTech Manufacturing GmbH	Unresponsive to stimuli (2 days)	Death
310	2025-	[redacted]	Female	SPIKEVAX	Moderna Biopharma Canada Corporation	Limb injury (4 days), Irritability (4 days), Mobility decreased (4 days), Moaning (4 days), Pain (4 days), Pneumonia (4 days), Influenza (4 days)	Death
311	2025-	[redacted]	Female	SPIKEVAX	Moderna Biopharma Canada Corporation	Abnormal behaviour (Unknown), Productive cough (1 day)	Death
312	2025-	[redacted]	Female	SPIKEVAX	Moderna Biopharma Canada Corporation	Multiple sclerosis (1 day)	Death

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ATIA - 19(1)

	A	B	C	D	E	F	G
313	2025-	[redacted]	Male	SPIKEVAX	Moderna Biopharma Canada Corporation	Decreased appetite (Unknown), Pain in extremity (Unknown), Lip disorder (Unknown), Dyspnoea (Unknown), Pyrexia (Unknown), Muscle spasms (Unknown)	Death
314	2024-	[redacted]	Female	SPIKEVAX XBB.1.5	Moderna Biopharma Canada Corporation	Cardiac arrest (2 days)	Death

PHAC-A-2025-000191 OCR
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A complaint has been filed to have the ages unredacted.

A similar request of Health Canada yielded these reports in 2023.

Scoops on X

566-02-48305

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Recommend



34 Likes · 7 Restacks

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Comments Restacks



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Oh Susanna The Walrus and the Carpenter Apr 7

Liked by Scoops McGoo

And that doesn't account for the thousands more whose deaths are probably connected to the shot but didn't occur in close enough temporal proximity to be noted.

LIKE (8) REPLY SHA



Jaye Jaye's Omnium Gatherum Apr 9

One wonders why the ages are redacted at all....

LIKE (1) REPLY SHA

3 replies by Scoops McGoo and others

5 more comments...

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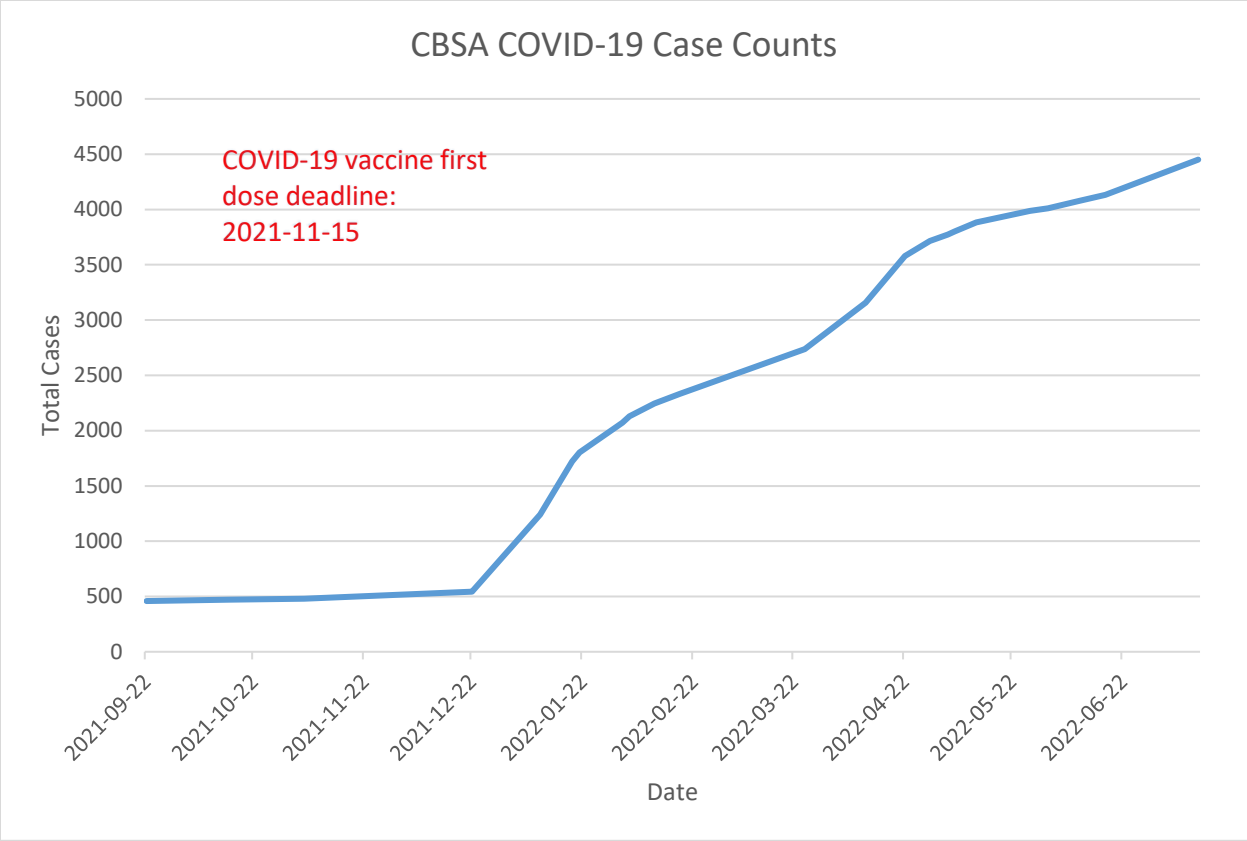
CBSA COVID-19 Case Counts
COVID-19 vaccine first dose deadline: 2021-11-15
Total Cases
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
2021-09-22
2021-10-22
2021-11-22
2021-12-22
2022-01-22
2022-02-22
2022-03-22
2022-04-22
2022-05-22
2022-06-22
Date

Date	Total Case #s
2021-09-22	459
2021-10-15	470
2021-11-05	479
2021-12-22	544
2022-01-10	1241
2022-01-19	1722
2022-01-21	1803
2022-02-02	2071
2022-02-04	2129
2022-02-11	2244
2022-02-18	2332
2022-03-25	2737
2022-04-11	3157
2022-04-22	3579
2022-04-29	3715
2022-05-04	3774
2022-05-06	3803
2022-05-12	3882
2022-05-27	3986
2022-06-01	4011
2022-06-10	4080
2022-06-17	4131
2022-07-13	4451

Canada

COVID-19 cases at the CBSA

There have been **459** confirmed cases of CBSA employees with COVID-19 with **449** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	96	2	90	13	106	39	41	72
Recovered cases	92	2	86	13	105	39	41	71

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

Our first priority is your safety. We wish to take this opportunity to remind everyone that cases of COVID-19 are acted upon immediately to safeguard staff. When a positive COVID-19 diagnosis is received, employees are to immediately self-isolate, communicate with their manager or supervisor, and follow the instructions of public health authorities. They are also asked to provide a list of where they have been within the workplace, and with whom they have been in close physical contact, which is supplemented by information regarding shift schedules, and all other pertinent information. Employees in the general workplace are informed by management, while respecting privacy, and those who may have been in close contact with an infected person are contacted directly by the public health authorities.

Once a workplace had a confirmed positive case of COVID-19, proper cleaning and sanitization (Apollo) protocols are followed.

In all cases, the union and workplace OHS committees are also engaged.

Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2021-09-22

Canada

COVID-19 cases at the CBSA

There have been **470** confirmed cases of CBSA employees with COVID-19 with **466** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	99	2	91	13	106	40	45	74
Recovered cases	98	2	89	13	106	40	44	74

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

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Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2021-10-15

Canada

COVID-19 cases at the CBSA

There have been **479** confirmed cases of CBSA employees with COVID-19 with **470** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	99	3	95	13	106	40	47	76
Recovered cases	98	2	92	13	106	40	45	74

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

Our first priority is your safety. We wish to take this opportunity to remind everyone that cases of COVID-19 are acted upon immediately to safeguard staff. When a positive COVID-19 diagnosis is received, employees are to immediately self-isolate, communicate with their manager or supervisor, and follow the instructions of public health authorities. They are also asked to provide a list of where they have been within the workplace, and with whom they have been in close physical contact, which is supplemented by information regarding shift schedules, and all other pertinent information. Employees in the general workplace are informed by management, while respecting privacy, and those who may have been in close contact with an infected person are contacted directly by the public health authorities.

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Date modified:
2021-11-05

Canada

COVID-19 cases at the CBSA

There have been **544** confirmed cases of CBSA employees with COVID-19 with **514** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	115	3	110	15	117	50	50	84
Recovered cases	109	3	100	13	112	46	48	83

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Date modified:

2021-12-22

Canada

COVID-19 cases at the CBSA

There have been **1241** confirmed cases of CBSA employees with COVID-19 with **831** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	248	17	267	37	262	143	95	172
Recovered cases	154	10	202	23	181	76	65	120

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Date modified:
2022-01-10

Canada

COVID-19 cases at the CBSA

There have been **1722** confirmed cases of CBSA employees with COVID-19 with **1470** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	317	40	345	53	330	216	150	271
Recovered cases	280	25	295	45	297	187	117	224

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Date modified:
2022-01-19

Canada

COVID-19 cases at the CBSA

There have been **1803** confirmed cases of CBSA employees with COVID-19 with **1520** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	344	42	349	54	344	222	163	285
Recovered cases	286	26	308	48	302	196	122	232

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

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Date modified:
2022-01-21

Canada

COVID-19 cases at the CBSA

There have been **2071** confirmed cases of CBSA employees with COVID-19 with **1912** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	391	58	391	62	368	248	203	350
Recovered cases	360	51	364	56	356	229	186	310

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Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2022-02-02

Canada

COVID-19 cases at the CBSA

There have been **2129** confirmed cases of CBSA employees with COVID-19 with **1978** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	400	63	399	64	373	253	216	361
Recovered cases	375	54	376	57	363	235	190	328

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In all cases, the union and workplace OHS committees are also engaged.

Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2022-02-04

Canada

COVID-19 cases at the CBSA

There have been **2244** confirmed cases of CBSA employees with COVID-19 with **2140** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	416	69	423	69	380	262	235	390
Recovered cases	402	64	400	65	373	253	217	366

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In all cases, the union and workplace OHS committees are also engaged.

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Date modified:
2022-02-11

Canada

COVID-19 cases at the CBSA

There have been **2332** confirmed cases of CBSA employees with COVID-19 with **2257** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	433	76	440	78	385	267	244	409
Recovered cases	419	70	422	70	381	264	237	394

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Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2022-02-18

Canada

COVID-19 cases at the CBSA

There have been **2737** confirmed cases of CBSA employees with COVID-19 with **2625** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	494	132	499	111	426	320	302	453
Recovered cases	467	120	480	106	414	309	283	446

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Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:
2022-03-25

Canada

COVID-19 cases at the CBSA

There have been **3157** confirmed cases of CBSA employees with COVID-19 with **2923** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	583	172	600	128	476	369	351	478
Recovered cases	537	148	544	118	437	342	332	465

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Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:

2022-04-11

Canada

COVID-19 cases at the CBSA

There have been **3,579** confirmed cases of CBSA employees with COVID-19 with **3,457** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	679	205	669	156	518	440	395	517
Recovered cases	654	200	649	148	507	423	379	497

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Date modified:

2022-04-22

Canada

COVID-19 cases at the CBSA

There have been **3,715** confirmed cases of CBSA employees with COVID-19 with **3,628** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	702	213	692	159	532	456	404	557
Recovered cases	692	210	676	157	523	445	397	528

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Date modified:

2022-04-29

Canada

COVID-19 cases at the CBSA

There have been **3,774** confirmed cases of CBSA employees with COVID-19 with **3,714** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	705	220	702	162	544	459	408	574
Recovered cases	702	213	691	159	532	456	404	557

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Date modified:

2022-05-04

Canada

COVID-19 cases at the CBSA

There have been **3,803** confirmed cases of CBSA employees with COVID-19 with **3,748** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	710	221	702	162	549	463	414	582
Recovered cases	705	214	697	161	537	458	407	569

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Date modified:

2022-05-06

Canada

COVID-19 cases at the CBSA

There have been **3,882** confirmed cases of CBSA employees with COVID-19 with **3,824** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	721	225	710	171	556	472	423	604
Recovered cases	715	222	702	166	552	465	414	588

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Date modified:

2022-05-12

COVID-19 cases at the CBSA

There have been **3,986** confirmed cases of CBSA employees with COVID-19 with **3,954** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	736	233	724	182	568	485	431	627
Recovered cases	734	229	718	181	563	480	428	621

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Date modified:

2022-05-27

Canada

COVID-19 cases at the CBSA

There have been **4,011** confirmed cases of CBSA employees with COVID-19 with **3,990** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	740	234	726	183	573	487	434	634
Recovered cases	738	233	723	182	570	485	431	628

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Date modified:

2022-06-01

Canada

COVID-19 cases at the CBSA

There have been **4,080** confirmed cases of CBSA employees with COVID-19 with **4,041** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	751	242	737	187	579	493	437	654
Recovered cases	743	237	731	186	579	490	435	640

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

Our first priority is your safety. We wish to take this opportunity to remind everyone that cases of COVID-19 are acted upon immediately to safeguard staff. When a positive COVID-19 diagnosis is received, employees are to immediately self-isolate, communicate with their manager or supervisor, and follow the instructions of public health authorities. They are also asked to provide a list of where they have been within the workplace, and with whom they have been in close physical contact, which is supplemented by information regarding shift schedules, and all other pertinent information. Employees in the general workplace are informed by management, while respecting privacy, and those who may have been in close contact with an infected person are contacted directly by the public health authorities.

In all cases, the union and workplace OHS committees are also engaged.

Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:

2022-06-10

COVID-19 cases at the CBSA

There have been **4,131** confirmed cases of CBSA employees with COVID-19 with **4,100** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	760	247	751	187	584	494	443	665
Recovered cases	759	243	739	187	581	494	438	659

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

Our first priority is your safety. We wish to take this opportunity to remind everyone that cases of COVID-19 are acted upon immediately to safeguard staff. When a positive COVID-19 diagnosis is received, employees are to immediately self-isolate, communicate with their manager or supervisor, and follow the instructions of public health authorities. They are also asked to provide a list of where they have been within the workplace, and with whom they have been in close physical contact, which is supplemented by information regarding shift schedules, and all other pertinent information. Employees in the general workplace are informed by management, while respecting privacy, and those who may have been in close contact with an infected person are contacted directly by the public health authorities.

In all cases, the union and workplace OHS committees are also engaged.

Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:

2022-06-17

COVID-19 cases at the CBSA

There have been **4,451** confirmed cases of CBSA employees with COVID-19 with **4,413** of those cases now being reported as fully recovered.

Region	Headquarters	Atlantic	Quebec	Northern Ontario	Greater Toronto Area	Southern Ontario	Prairie	Pacific
Total cases	808	274	820	198	645	528	455	723
Recovered cases	803	273	814	195	634	526	455	713

In the Agency's ongoing effort to promote a culture of openness and transparency, we are providing you the number of our own employees who have received a positive diagnosis of COVID-19, as well as those who have now fully recovered from the virus. These are a lot more than just numbers. They are friends and colleagues bravely fighting a new illness which necessitates isolation from others. While traditional visits are not possible, we are maintaining contact to keep spirits high. They are in our thoughts and we wish them all a speedy and complete recovery.

Our first priority is your safety. We wish to take this opportunity to remind everyone that cases of COVID-19 are acted upon immediately to safeguard staff. When a positive COVID-19 diagnosis is received, employees are to immediately self-isolate, communicate with their manager or supervisor, and follow the instructions of public health authorities. They are also asked to provide a list of where they have been within the workplace, and with whom they have been in close physical contact, which is supplemented by information regarding shift schedules, and all other pertinent information. Employees in the general workplace are informed by management, while respecting privacy, and those who may have been in close contact with an infected person are contacted directly by the public health authorities.

In all cases, the union and workplace OHS committees are also engaged.

Stay well and, if you know of someone currently fighting COVID-19, consider reaching out to them.

Date modified:

2022-07-13

DRUTHERS

Truth • Love • Peace • Freedom druthers.ca October 2026 • Issue #71 • FREE



Still Trust the "Science"?

Vaccine injury is more than a story about medicine, policy, statistics, or controversy. It is a story about people whose lives were divided into two parts: Before and after. For four days in September of 2026, Canadians entered a room on Parliament Hill for *The Allison Inquiry* and, one by one, told what had happened to their bodies, their families, their careers, and their lives after receiving COVID-19 vaccines.

See the Allison Inquiry website: CovidTestimony.com
Watch these video clips at: YouTube.com/@Canada-Info

Read the article on page 3

566-02-48505

Gmail **Dmitry O. Gorodnichy <dmitry.gorodnichy@gmail.com>**

Follow-up with the Office of Auditor General of Canada in relationship to the use of Algorithmic Bias by PHAC in r…

Dr. Dmitry Gorodnichy from Independently Verified Information Machine (IVIM) <ivim@substack.com>
Tue, Aug 23, 2022 at 12:19 AM
Reply-To: "Dr. Dmitry Gorodnichy from Independently Verified Information Machine (IVIM)" <reply+15mp4s&1hy8l3&&000247742d386fc50566d7ffc69595ce541c09dd000d2b317a9414ff9834438f@mg1.substack.com>
To: dmitry.gorodnichy@gmail.com

Open in browser

Follow-up with the Office of Auditor General of Canada in relationship to the use of Algorithmic Bias by PHAC in reporting Percentages of fully vaccinated among COVID cases

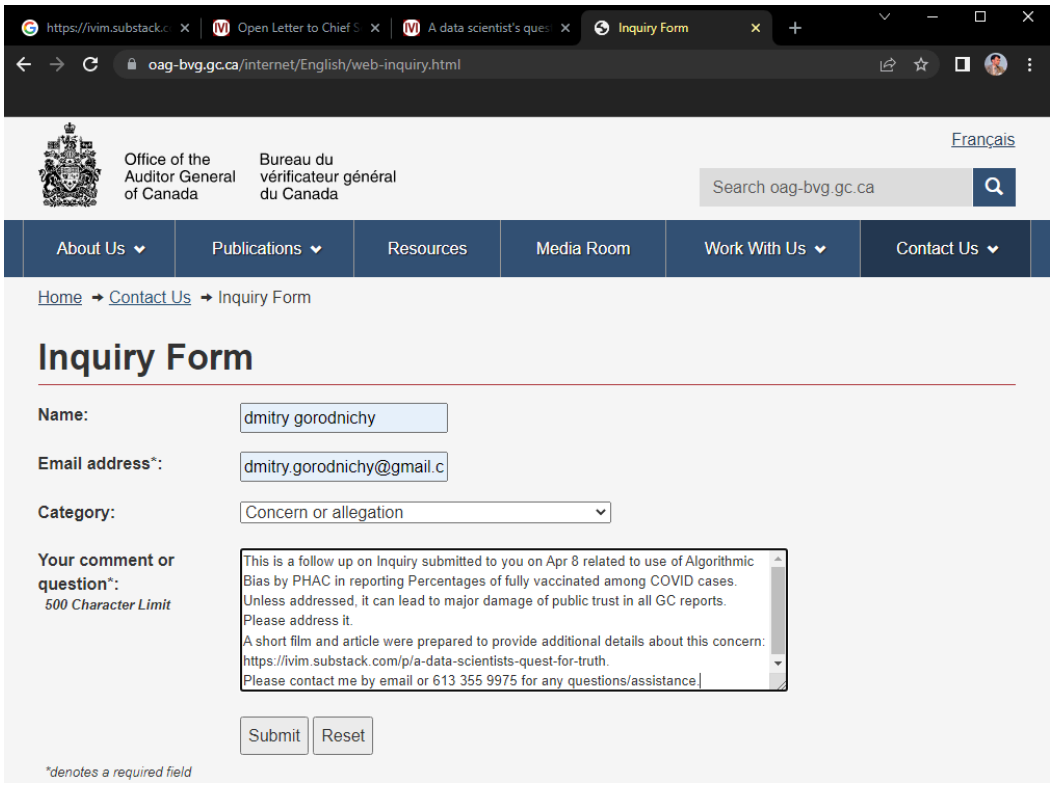
This bias has recently become even more pronounced when PHAC started reporting percentages of COVID cases among people with 4 doses, still counting cases (used in the denominator) since Dec. 2020!



Dr. Dmitry Gorodnichy
Aug 23

The following “Concern/Allegation” has been submitted one more time last night to the Office of the Auditor General of Canada:

566-02-48305



> This is a follow up on Inquiry submitted to you on Apr 8, 2022, related to use of Algorithmic Bias by PHAC in reporting Percentages of fully vaccinated among COVID case. [A copy of this Inquiry and related data can be found at www.ivim.ca/bias.htm]
>
> Unless addressed, it can lead to major damage of public trust in all GC reports. Please address it. Please contact me by email or 613 355 9975 for any questions/assistance.
>
> A short film and article were prepared to provide additional details about this concern:

Independently Verified Information Machine (IVIM)

A data scientist's quest for truth (SHORT FILM)

In this issue: Watch the Film on YouTube - 4 mins Evidence used in the Film (Some observations from official data) - 5 mins of your life that will change the way you see the Gov't official data on vaccine efficacy Unanswered questions Appendix A: More data snapshots from PHAC reports used as evidence...

566-02-48305

Read more

22 days ago · 2 likes · Dr. Dmitry Gorodnichy

Below is their automated response. I wonder - Would I ever hear a non-automated response from them (or from Chief Science Adviser, or from CBC or any main media or official channel) about what appears to be a very reasonable and very important concern that deals with trust and well-being of all Canadians?…

For those who already watched the Short Film or read the above article, please note that both of these have been edited for correctness and further extended with more detail, so you may wish to watch/read them again and share with others.

Feedback is always welcome, but please remain respectful of alternative opinions.

---------- Forwarded message ---------
From: Communications - Public / Communications pour le public <Communications@oag-bvg.gc.ca>
Date: Mon, Aug 22, 2022 at 11:49 PM
Subject: Message Receipt from the OAG-Communications / Accusé de réception du BVG-Communications
To: dmitry gorodnichy <dmitry.gorodnichy@gmail.com>

Un message français suit.

We have received your inquiry. Please note:

- The Office of the Auditor General of Canada does not directly provide programs and services to the public.
- We respond to questions about what we do<http://www.oag-bvg.gc.ca/internet/English/au_fs_e_371.html>. Should your question be relevant to what we do, you can expect a response from us within 20 business days from the date we received your inquiry.

A-2020-00305--00566-02-48305

- We do not respond to inquiries relating to what we don't do<http://www.oag-bvg.gc.ca/internet/English/au_fs_e_39450.html>. Please direct your inquiries about Government of Canada activities, programs, services, and forms to Service Canada<http://www.servicecanada.gc.ca/>.
- If you are raising an issue you believe the Auditor General should audit, we may contact you for further information if required. Where we require further information, you can expect to hear from us within 20 business days from the date we received your inquiry.
- To protect our systems, we delete all emails containing unsolicited attachments.
- We do not forward messages to any Government of Canada organization, program, service, or representative.
- We do not respond to correspondence that contains offensive language or subject matter.

We thank you for your inquiry.

Nous avons reçu votre message.

Avis importants :

- Le Bureau du vérificateur général du Canada n’offre pas de programmes ou services directs au public.
- Nous répondons aux demandes d’information qui concernent ce que nous faisons<http://www.oag-bvg.gc.ca/internet/Francais/au_fs_f_371.html>. Si votre question est pertinente aux travaux du BVG, nous communiquerons avec vous dans les 20 jours ouvrables suivant la date à laquelle votre demande parvient à notre Bureau.
- Nous ne répondons pas aux demandes d’information qui abordent ce que nous ne faisons pas<http://www.oag-bvg.gc.ca/internet/Francais/au_fs_f_39450.html>. Veuillez communiquer avec Service Canada<http://www.servicecanada.gc.ca/> pour obtenir de l’information sur les activités, programmes, services et formulaires du gouvernement du Canada.

566-02-48305

- Si vous soulevez une question qui devrait selon vous faire l'objet d'un audit, nous communiquerons avec vous au besoin pour obtenir plus d'information. Si nous avons besoin de plus d'information, nous communiquerons avec vous dans les 20 jours ouvrables suivant la date à laquelle votre demande parvient à notre Bureau.
- Afin de protéger nos systèmes, nous supprimons tous les messages auxquels sont annexées des pièces jointes.
- Nous n'acheminons pas de messages à des organisations, programmes, services ou représentants du gouvernement du Canada.
- Nous ne répondons pas à la correspondance contenant des propos grossiers.

Nous vous remercions de votre message.

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If you liked this post from Independently Verified Information Machine (IVIM), why not share it? There are also several ways to donate and support this work, should you be interested.

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566-02-48305

Health Canada releases 229 covid vaccine death reports

yet the program continues...



SCOOPS MCGOO
NOV 14, 2023

23 6 4 Share

An information request to Health Canada was made on 20 April 2023,

> Seeking all individual reports with an outcome of death (all ages, all provinces and territories), submitted by provincial health ministries, hospitals, product manufacturers or any other party, that are causally, indeterminately, inconsistently, unclassifiably or temporally associated with receipt of any COVID-19 vaccine. As of writing, there should be *at least* 427 such individual reports per Health Canada's public statistics available at https://health-infobase.canada.ca/covid-19/vaccine-safety/ under 'Deaths'. Dates: 1 Mar 2020 - present.

Below is one such report regarding a "generally healthy" 55 year old Canadian woman who was deceived into taking a covid injection. Discretion advised.

Canada Vigilance AER#:	E2B_04646031 (1)	Page#8

Summary (B.5)

Case narrative (B.5.1)

A spontaneous report has been received from a consumer via the regulatory authority in Canada (Health Canada) concerning a female patient of an unknown ethnic origin (age 55 years).

The patient's past and current medical history included period cramps (dates not reported) in past but not for a few years. The patient was generally healthy. The fibroid was pre-existing for thirty years.

No concomitant products were reported.

During 2021, the patient received first dose of Astrazeneca Covid-19 Vaccine Vial Contains 10 Doses Of 0.5ml (covid-19 vaccine nrvv ad (chadox1 ncov-19)) (batch number UNKNOWN) once/single administration, via intramuscular route, for infection prevention.

The report described off-label use for Astrazeneca Covid-19 Vaccine Vial Contains 10 Doses Of 0.5ml. The reported term was "astrazeneca covid 19 vaccine indicated for prophylaxis (off label use)".

On an unknown date, the patient experienced aphasia (preferred term: Aphasia), pulmonary embolism (preferred term: Pulmonary embolism), cerebral thrombosis (preferred term: Cerebral thrombosis), pulmonary infarction (preferred term: Pulmonary infarction), pain (preferred term: Pain), platelet count decreased (preferred term: Platelet count decreased), speech disorder (preferred term: Speech disorder), thrombosis (preferred term: Thrombosis), vomiting (preferred term: Vomiting), abdominal pain (preferred term: Abdominal pain), abnormal behaviour (preferred term: Abnormal behaviour), anxiety (preferred term: Anxiety), discoloured vomit (preferred term: Discoloured vomit), electric shock sensation (preferred term: Electric shock sensation), headache (preferred term: Headache), malaise (preferred term: Malaise), neurological symptom (preferred term: Neurological symptom), astrazeneca covid 19 vaccine indicated for prophylaxis (off label use) (Preferred term: Off label use). The reporter stated that twenty hours after the vaccine, developed severe headache, lightening bolts to brain. She self-treated herself with Advil, twenty-four hours post-vaccine, she developed abdominal pain like knives to abdomen. She was in pain and not acting like herself. The headache and abdominal pain continued for a number of days, she then thought she was better and she stopped taking Advil, however, she got worse. Twenty-four hours before death, she felt like she was going to vomit. Then she vomited for two hours and then felt unwell afterwards. Vomit was reddish in color and she thought it was from ketchup chips. She had clotting which led to death. The reporter stated that there were neurological signs before death like mumbling and loss of speech and there was a clot in her brain as well. The patient died before reaching the hospital. Post-mortem COVID-19 test was negative. There was a low platelet count in post-mortem blood test.

The action taken with Astrazeneca Covid-19 Vaccine Vial Contains 10 Doses Of 0.5ml was not applicable.

During 2021, the patient died from the event of aphasia, pulmonary embolism, cerebral thrombosis, pulmonary infarction, pain, platelet count decreased, speech disorder, thrombosis, vomiting, abdominal pain, abnormal behaviour, anxiety, discoloured vomit, electric shock sensation, headache, malaise and neurological symptom. The outcome of the event of astrazeneca covid 19 vaccine indicated for prophylaxis (off label use) was unknown.

An autopsy was performed which showed lung infarcts and pulmonary embolism as well as a fibroid. No blood clot was found in brain. The cause of death was aphasia, pulmonary embolism, cerebral thrombosis, pulmonary infarction, pain, platelet count decreased, speech disorder, thrombosis, vomiting, abdominal pain, abnormal behavior, anxiety, discoloured vomit, electric shock sensation, headache, malaise and neurological symptom.

The reporter assessed the events of aphasia, pulmonary embolism, cerebral thrombosis, pulmonary infarction, pain, platelet count decreased, speech disorder, thrombosis, vomiting, abdominal pain, abnormal behaviour, anxiety, discoloured vomit, electric shock sensation, headache, malaise and neurological symptom as serious due to seriousness criterion of death. The reporter assessed the events of aphasia, pulmonary embolism, cerebral thrombosis, pulmonary infarction, pain, platelet count decreased, speech disorder, thrombosis, vomiting, abdominal pain, abnormal behaviour, anxiety, discoloured vomit, electric shock sensation, headache, malaise and neurological symptom as serious due to seriousness criterion of important medical event. The reporter assessed the event of astrazeneca covid 19 vaccine indicated for prophylaxis (off label use) as non-serious.

For regulatory reporting purposes, if an event is spontaneously reported, at least a reasonable possibility of a causal relationship is implied by the reporter, even if the relationship is unknown or unstated.

Summary of follow-up information received by AstraZeneca/MedImmune 18-May-2022 from a consumer via spontaneous source: added reference reporter, added start date and indication for suspect, added relevant history period cramps and fibroids, added date of death and updated autopsy performed, added all lab tests. Narrative amended.CAUSE OF DEATH: APHASIA CAUSE OF DEATH: PULMONARY EMBOLISM CAUSE OF DEATH: CEREBRAL THROMBOSIS CAUSE OF DEATH: PULMONARY INFARCTION CAUSE OF DEATH: PAIN CAUSE OF DEATH: PLATELET COUNT DECREASED CAUSE OF DEATH: SPEECH DISORDER CAUSE OF DEATH: THROMBOSIS CAUSE OF DEATH: VOMITING CAUSE OF DEATH: ABDOMINAL PAIN CAUSE OF DEATH: ABNORMAL BEHAVIOUR CAUSE OF DEATH: ANXIETY CAUSE OF DEATH: DISCOLOURED VOMIT CAUSE OF DEATH: ELECTRIC SHOCK SENSATION CAUSE OF DEATH: HEADACHE CAUSE OF DEATH: MALAISE CAUSE OF DEATH: NEUROLOGICAL SYMPTOM Lab Test #1 : 10084356 Lab Test #2 : 10035525
The Astra-Zeneca COVID-19 Vaccine is an AstraZeneca Canada Inc. product authorized under the Interim Order.

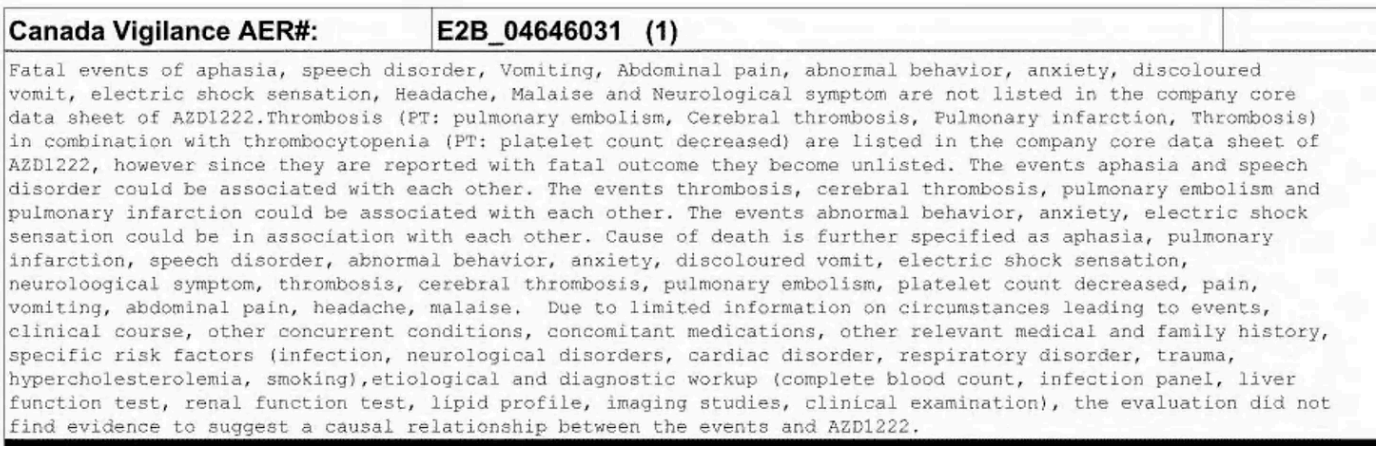
Reporter's comments (B.5.2)

MedDRA version for sender's diagnosis (B.5.3a)

Sender's diagnosis (B.5.3b)

Sender's comments (B.5.4)

"... pain like knives to abdomen." — page 14 of 2140

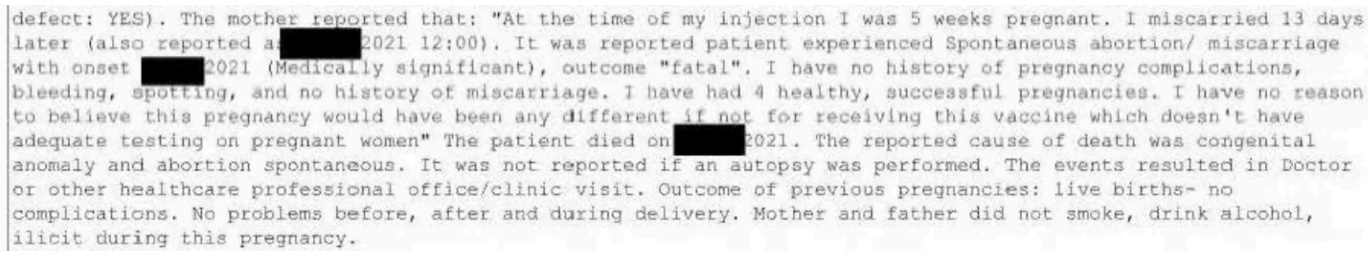


Canada Vigilance AER#:	E2B_04646031 (1)

Fatal events of aphasia, speech disorder, Vomiting, Abdominal pain, abnormal behavior, anxiety, discoloured vomit, electric shock sensation, Headache, Malaise and Neurological symptom are not listed in the company core data sheet of AZD1222.Thrombosis (PT: pulmonary embolism, Cerebral thrombosis, Pulmonary infarction, Thrombosis) in combination with thrombocytopenia (PT: platelet count decreased) are listed in the company core data sheet of AZD1222, however since they are reported with fatal outcome they become unlisted. The events aphasia and speech disorder could be associated with each other. The events thrombosis, cerebral thrombosis, pulmonary embolism and pulmonary infarction could be associated with each other. The events abnormal behavior, anxiety, electric shock sensation could be in association with each other. Cause of death is further specified as aphasia, pulmonary infarction, speech disorder, abnormal behavior, anxiety, discoloured vomit, electric shock sensation, neuroloogical symptom, thrombosis, cerebral thrombosis, pulmonary embolism, platelet count decreased, pain, vomiting, abdominal pain, headache, malaise. Due to limited information on circumstances leading to events, clinical course, other concurrent conditions, concomitant medications, other relevant medical and family history, specific risk factors (infection, neurological disorders, cardiac disorder, respiratory disorder, trauma, hypercholesterolemia, smoking),etiological and diagnostic workup (complete blood count, infection panel, liver function test, renal function test, lipid profile, imaging studies, clinical examination), the evaluation did not find evidence to suggest a causal relationship between the events and AZD1222.

"... the evaluation did **not** find evidence to suggest a causal relationship between the events and AZD1222." — page 15

From another report, a miscarriage.



defect: YES). The mother reported that: "At the time of my injection I was 5 weeks pregnant. I miscarried 13 days later (also reported a[redacted]2021 12:00). It was reported patient experienced Spontaneous abortion/ miscarriage with onset [redacted]2021 (Medically significant), outcome "fatal". I have no history of pregnancy complications, bleeding, spotting, and no history of miscarriage. I have had 4 healthy, successful pregnancies. I have no reason to believe this pregnancy would have been any different if not for receiving this vaccine which doesn't have adequate testing on pregnant women" The patient died on [redacted]2021. The reported cause of death was congenital anomaly and abortion spontaneous. It was not reported if an autopsy was performed. The events resulted in Doctor or other healthcare professional office/clinic visit. Outcome of previous pregnancies: live births- no complications. No problems before, after and during delivery. Mother and father did not smoke, drink alcohol, ilicit during this pregnancy.

"I have had 4 healthy, successful pregnancies. I have no reason to believe this pregnancy would have been any different if not for receiving this vaccine which doesn't have adequate testing on pregnant women" — page 119

Metrics of death

Number of times the following terms come up throughout the 2140 pages.

- stroke, 136
  cardiac, 84
  cerebral, 278
  neurologic, 47
  embolism, 49
  pain, 450
  sudden, 37

566-02-48305

unexpected, 39
myocarditis, 20
pericarditis, 10
myopericarditis, 8
anxiety, 16

- female, 136
  male, 218
- healthy, 24
  pregnancy, 65
  fetus, 11
  child, 10
  elder, 14
- pfizer, 471
  moderna, 160
  astrazeneca, 343
  janssen, 3
  novavax, 0
- 2020, 82
  2021, 1663
  2022, 928
  2023, 2277

Download the package:



Health Canada ATIP - covid injection deaths - 2140 pages - 313mb - text-searchable - released 14 Nov 2023
313MB · PDF file

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Health Canada ATIP - covid injection deaths - 2140 pages - 313mb - text-searchable - released 14 Nov 2023

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566-02-48305

Special thanks to SuperSpreaders for the idea to file this request, and thanks to the OIC for helping obtain these important reports.

How many is too many?

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Recommend Scoops' Gazette to your readers

Recommend



23 Likes · 4 Restacks

Discussion about this post

Comments Restacks



Write a comment...



patrick.net/memes Patrick.net Memes Nov 14, 2023

Liked by Scoops McGoo

Tip of the iceberg.

https://patrick.net/post/1340336/2021-07-29-thread-for-vax-deaths-maimings-and

LIKE (4) REPLY SHA



Freeq O'Nature Rumbles from the Jungle Nov 14, 2023

566-02-48305

Liked by Scoops McGoo

Considering the “swine flu” shot was pulled after only 26 deaths... and the recordkeeping then was just as shoddy...

At least they learned their lesson: how not to lose a vaxx during trials - don’t have trials. These convid shots WERE the trials

LIKE (3) REPLY SHA

4 more comments...

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Substack is the home for great culture

DRAFT. Version 0.4. (Short, 4 pages)

TERMS OF REFERENCE

People with Disabilities – Employer Mandate Impact Working Group (PWD-EMI WG)

A Working Group of the Persons with Disabilities Advisory Committee (PDAC)

1. Purpose

The Persons with Disabilities – Employer Mandate Impact Working Group (PWD-EMI WG) is established by the Persons with Disabilities Advisory Committee (PDAC) to support employees whose disabilities, health-related workplace limitations, or accommodation needs may have arisen from, been exacerbated by, or otherwise been affected by the employer's COVID-19 mandate policies.

The Working Group will collect, organize and review relevant evidence, document concerns and organizational responses, identify lessons learned, and develop recommendations that improve support for affected employees while promoting transparency, accountability and continuous organizational improvement.

2. Definitions

Disability (as defined in the **Accessible Canada Act**): means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.

Persons with Disabilities Potentially Impacted by Employer Mandate Policies (PWD-EMI)

For the purposes of this Working Group, this term refers to employees who meet the definition of disability under the Accessible Canada Act and whose disability, functional limitation, accommodation needs, workplace participation or health-related employment circumstances may have arisen from, been exacerbated by, or otherwise been affected by the employer's COVID-19 mandate policies.

This working definition establishes the scope of the Working Group and does not determine medical or legal causation in any individual case.

Evidence Repository

The **Evidence Repository** is the centralized collection of documents, records, correspondence, scientific literature, official statistics, timelines, recommendations and other relevant materials maintained by the Working Group to support transparency, organizational learning and evidence-informed recommendations.

3. Objectives

The Working Group will:

1. Collect and organize relevant evidence relating to the impacts of employer mandate policies.
2. Establish and maintain an Evidence Repository.
3. Document:
    - concerns raised;
    - supporting evidence;
    - actions taken to address those concerns;
    - organizational responses; and
    - unresolved issues.
4. Identify organizational barriers, lessons learned and opportunities to improve support for persons with disabilities.
5. Develop recommendations for PDAC and the employer aimed at improving accommodation, accessibility, transparency, accountability and workplace support.

4. Scope

The Working Group may examine:

- health and disability outcomes;
- accommodation and accessibility issues;
- workplace impacts;
- employer policies and practices;
- concerns raised by employees and stakeholders;
- organizational responses;
- workplace health and safety matters relevant to its mandate; and
- lessons learned.

The Working Group serves as an advisory and evidence-gathering body.

It does not replace existing grievance, labour relations, Occupational Health and Safety, medical, legal or investigative processes.

5. Relationship with Occupational Health and Safety Committees

The Working Group recognizes the important role of Occupational Health and Safety Committees in identifying, investigating and making recommendations concerning workplace health and safety matters.

The Working Group seeks to complement their work by:

- sharing relevant evidence;

- documenting concerns affecting persons with disabilities;
- identifying issues and trends that may extend beyond individual workplaces;
- documenting recommendations and organizational responses; and
- supporting improvements to workplace health, safety, accessibility and accommodation.

Where appropriate, the Working Group may collaborate with Occupational Health and Safety Committees and other organizations whose mandates align with its objectives.

6. Deliverables

Subject to available resources, the Working Group may produce:

- an Evidence Repository;
- evidence summaries;
- timelines of significant events;
- issue summaries;
- recommendations to PDAC;
- recommendations supporting Occupational Health and Safety Committees;
- briefing notes; and
- annual summaries of activities and lessons learned.

7. Membership

Membership is voluntary.

The Working Group may include:

- PDAC members;
- employees with lived experience;
- allies;
- Occupational Health and Safety Committee members;
- bargaining agent representatives; and
- invited subject matter experts.

Representatives from other federal departments or organizations may participate as observers or contributors where appropriate.

8. Meetings

The Working Group will meet as required.

Meetings may be held virtually or in person.

Brief meeting notes and action items will be maintained.

9. Reporting

The Working Group reports to the CBSA Persons with Disabilities Advisory Committee.

Findings, recommendations and evidence summaries will be presented to PDAC for consideration.

10. Amendments

These Terms of Reference may be amended with the agreement of the Working Group and the approval of the PDAC Executive.

The Wayback Machine - https://web.archive.org/web/20220922113054/https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021028-eng.htm

Statistics Canada Statistique Canada

Home

Provisional deaths and excess mortality in Canada dashboard

Provisional deaths and excess mortality in Canada

COVID-19 continues to affect communities and families in Canada. In terms of lives lost, the toll of the pandemic should account for both the direct and indirect effects of the virus. It is important to measure excess mortality (www.statcan.gc.ca/web/20220922113054/https://www150.statcan.gc.ca/pub/45-28-0001/2020001/article/00076-eng.htm) to better understand the direct and indirect consequences of the COVID-19 pandemic. Excess mortality occurs when there are more deaths during a period of time than would be expected for that period. The number of excess deaths is measured as the difference between the number of observed deaths and the number of expected deaths over a certain period of time. The Canadian Vital Statistics Death (CVS-D) database is the authoritative source for cause of death data in Canada. The CVS-D is an administrative survey that collects demographic and medical information from all provincial and territorial vital statistics registries on all deaths in Canada.

What is represented on this dashboard?



This dashboard presents data that are relevant for monitoring the impacts of COVID-19 on mortality in Canada. The two interactive visualizations within the dashboard feature insights on the estimated number of weekly deaths and weekly death counts from the CVS-D. The data used in this dashboard are provisional, as some deaths which occurred during the reference period have not yet been reported. To address this issue, Statistics Canada has produced provisional death estimates which have been adjusted to account for the incomplete nature of the counts. Provisional deaths are not based on all deaths that occurred during a specific reference period because of reporting delays. The provisional death counts and estimates may not match figures from other sources, such as media reports, or counts and estimates from provincial and territorial health authorities and other agencies.

How to use this dashboard?



With these tools, data users can explore trends in excess mortality. These interactive tools allow users to examine excess deaths by comparing the adjusted estimates of weekly deaths to the expected number of weekly death counts. Comparing provisional death counts and death estimates over time can be useful for understanding trends in mortality. The quality of the weekly adjusted counts is dependent upon completeness of the death data reported to Statistics Canada. Only estimates for

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weeks where the level of completeness reaches 75% or more are shown. The level of completeness reaches 90% or more for almost all weeks, with a few exceptions. More information on these exceptions can be found in the footnotes for table 13-10-0784-01.

Provisional weekly death counts

Exploring the trends: Provisional weekly death count insights

Excess mortality, which accounts for the direct and indirect impacts of the pandemic, occurs when there are more deaths during a period of time than would be expected for that period. One way to consider whether there is excess mortality is to compare the number of deaths being observed with previous years.

▶ Recent key insight: Changing impacts on age groups

▼ Recent key insight: National trends

Nationally, periods of significant excess mortality have been observed from March 2020 to June 2020; from October 2020 to February 2021; and from August 2021 to November 2021. Canada experienced a new period of significant excess mortality starting in January 2022,

https://web.archive.org/web/20220922113054/https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021028-eng.htm

when Omicron was the dominant variant. Excess deaths were observed across all age groups but were relatively higher among those younger than 45 and among men, particularly in the western provinces.

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Sex

Both sexes

Age at time of death

All ages

Geography, place of occurrence

Canada

Provisional weekly estimates of the number of deaths,

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expected number of deaths and excess mortality

Exploring the trends: Provisional death estimate insights

The number of excess deaths is measured as the difference between the number of observed deaths and the number of expected deaths over a certain period of time. Using excess mortality insights to assess the direct and indirect impacts of the pandemic can help to understand when there are more deaths during a period of time than would be expected for that period.

To account for pre-pandemic trends in mortality, including the effects of a growing and aging population, Statistics Canada is using an approach that has been adopted by other countries to estimate expected deaths. There are a number of ways to measure excess mortality and each method has challenges, including how to properly estimate the number of expected deaths that would occur in a non-COVID-19 context compared to the current death counts. It should be noted that, even without a pandemic, there is always some variation in the number of people who die in a given week. This means that the number of expected deaths should fall within a certain range of values.

Beyond deaths attributed to the disease itself, the pandemic could also have indirect consequences that increase or decrease the number of deaths as a result of various factors, including delayed medical procedures, increased substance use, or declines in deaths attributable to other causes, such as influenza (www.statcan.gc.ca/web/20220922113054/https://www150.statcan.gc.ca/pub/45-28-0001/2020001/article/00076-eng.htm) .

▼ Recent key insight: National trends

Nationally, periods of significant excess mortality have been observed from March 2020 to June 2020; from October 2020 to February 2021; and from August 2021 to November 2021. Canada experienced a new period of significant excess mortality starting in January 2022, when Omicron was the dominant variant. Excess deaths were observed across various regions of the country, including Newfoundland and Labrador, Quebec, Ontario, Saskatchewan, Alberta, and British Columbia.

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Geography

Canada

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