

How do we get at “the Truth”?

1. Freedom of Information requests
2. Discovery of relevant evidence pursuant to litigation
3. Elected Opposition Members of Provincial Legislatures & Parliament
4. Public Inquiry/Judicial Inquiry
5. Whistleblowers
6. Others?

What 3 questions will this presentation address?

(i) What is a Freedom of Information Request?

(ii) How can our FOI or FOIP request potentially help others across the country?

(iii) What are some of the limitations of a FOI request?

PART II

Access to Records

Right of access

5 Subject to this Act and the regulations, every person has a right to and, on an application made in accordance with this Part, shall be permitted access to records that are in the possession or under the control of a government institution.

(Underlining added)

2(1)

(i) “record” means a record of information in any form and includes information that is written, photographed, recorded or stored in any manner, but does not include computer programs or other mechanisms that produce records;

(Underlining added)

Duty of government institution to assist

5.1(1) Subject to this Act and the regulations, a government institution shall respond to a written request for access openly, accurately and completely.

(Underlining added)

35 pages of Records requests:

1. Transmissibility ✓
2. Natural Immunity ✓
3. Deaths
4. Hospitalizations ✓
5. Daily case counts
6. Adverse events
7. The 4 Pillars of Pandemic Response ✓
8. Risk stratification
9. Free Speech & Integrity of Evidence ✓
10. Privacy
11. Informed Consent
12. Pregnancy/Breastfeeding/Family Planning

What records do you wish to access?

Please provide a detailed description of the records you wish to access.

The information will help^I locate the records.

1. Transmissibility

On this government website (<https://www.saskatchewan.ca/government/news-and-media/2021/november/09/covid-19-vaccination-remains-best-protection-against-serious-illness>) dated Nov. 9, 2021 it states:

“COVID-19 Vaccination Remains Best Protection Against Serious Illness...

The COVID-19 vaccine is not a cure. It will not prevent every COVID-19 transmission. It will reduce the risk of transmission...”

(Underlining added)

1.1 Records of the evidence regarding the claim that the COVID-19 “vaccines” will reduce the risk of transmission.

1.2 Records of the evidence suggesting that the COVID-19 “vaccines” will not reduce the risk of transmission, particularly with respect to the Omicron variant.

140 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

by Paul Alexander

November 11, 2021

We should not force COVID vaccines on anyone when the evidence shows that naturally acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves.

Public health officials and the medical establishment with the help of the politicized media are misleading the public with assertions that the COVID-19 shots provide greater protection than natural immunity. CDC Director Rochelle Walensky, for example, was deceptive in her October 2020 published LANCET statement that "there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection" and that "the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future."

2. Natural Immunity

2.1 Records of the evidence regarding natural immunity, also described as the immunity conferred from previous COVID-19 infection, that are in the possession or under the control of the Ministry of Health (“the Ministry”).

2.4 Records regarding the role of natural immunity in ending the pandemic.

The hospital payments include:

- A “free” *required* PCR test in the Emergency Room or upon admission for every patient, with government-paid fee to hospital.
- Added bonus payment for each positive COVID-19 diagnosis.
- Another bonus for a COVID-19 admission to the hospital.
- A 20 percent “boost” bonus payment from Medicare on the *entire hospital bill* for use of remdesivir instead of medicines such as Ivermectin.
- Another and larger bonus payment to the hospital if a COVID-19 patient is mechanically ventilated.
- More money to the hospital if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19.
- A COVID-19 diagnosis also provides extra payments to coroners.

CMS implemented “value-based” payment programs that track data such as how many workers at a healthcare facility receive a COVID-19 vaccine. Now we see why many hospitals implemented COVID-19 vaccine mandates. They are paid more.

4. Hospitalizations

4.7 According to a November 17, 2021 Op-ed published on the Association of American Physicians and Surgeons' website (https://aapsonline.org/bidens-bounty-on-your-life-hospitals-incentive-payments-for-covid-19/?fbclid=IwAR2YA8_SyvyY_QNKutnr5sYg_xlqYeGyxRzT5HNR7JlXnZ6Uklg-k3rBYeQ):

The [CARES Act](#), provides hospitals with bonus incentive payments for all things related to COVID-19 (testing, diagnosing, admitting to hospital, use of remdesivir and ventilators, reporting COVID-19 deaths, and vaccinations)...

4.7.9 Records relating to any payments and/or other incentives to coroners relating to COVID-19.

I

4.7.11 Records relating to any other payments and/or other incentives for anything relating to COVID-19 not addressed above.

7. The 4 Pillars of Pandemic Response

Records relating to the extent, if any, which teams of doctors have been engaged to address the following:

1. Reducing spread of the illness;
2. Early treatment;
3. In-hospital treatment; and
4. “Vaccination”.

7.1 Records relating to the extent, if any, to which doctors were required to provide regular, ie. weekly or monthly, reports with evidence reviews and scientific updates regarding the above 4 “pillars of pandemic response”.

7.1.1 Records relating to a feedback loop, if any, for physicians who were/are treating COVID-19 in Saskatchewan to advise what is working and what is not, such that protocols and policies can change and be updated.



[Journal List](#) > [Virol J](#) > [v.2; 2005](#) > PMC1232869

Virology Journal



[Virol J](#). 2005; 2: 69.

PMCID: PMC1232869

Published online 2005 Aug 22. doi: [10.1186/1743-422X-2-69](#)

PMID: [16115318](#)

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

[Martin J Vincent](#),¹ [Eric Bergeron](#),² [Suzanne Benjannet](#),² [Bobbie R Erickson](#),¹ [Pierre E Rollin](#),¹ [Thomas G Ksiazek](#),¹ [Nabil G Seidah](#),² and [Stuart T Nichol](#)¹

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Abstract

Go to: ►

7.3.1 Records relating to the use of chloroquine and/or hydroxychloroquine for early treatment, either alone or in combination with other drugs, including the evidence which was relied on.

Context: It was known in 2005 that chloroquine is a potent inhibitor of SARS coronavirus infection and spread. See 2005 Virology Journal study:

https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC1232869/?fbclid=IwAR2s0bNMYL_fm-OeW60UrMOWYptFuao5l54yeqPg_zR22Dou0nqLrk4rXcc

“Chloroquine is effective in preventing the spread of SARS CoV in cell culture. Favorable inhibition of virus spread was observed when the cells were either treated with chloroquine prior to or after SARS CoV infection.”

Saskatoon surgery professor suspended, terminated from key roles

The SHA and the U of S take action against Dr. Francis Christian over his public statements on COVID-19 and vaccines.

Phil Tank • Saskatoon StarPhoenix

Jun 23, 2021 • June 23, 2021 • 3 minute read •  15 Comments



Dr. Francis Christian, a surgery professor at the University of Saskatchewan, speaks at a press conference outside Walter Murray Collegiate for a group called Concerned Parents Saskatchewan to address their issues with students being vaccinated in Saskatoon, Thursday, June, 17, 2021. Dr. Chong Wong, who is also seen in this photo, also lectures at the University of Saskatchewan. Kayle Neis/ Saskatoon StarPhoenix PHOTO BY KAYLE NEIS /Saskatoon StarPhoenix

93 doctors sign letter urging government to hold off on vaccinating children

11 April 2021, 4:31 pm | 



In an attempt to battle the measles outbreak, some countries in Europe have enacted laws making vaccinating children mandatory. (Illustrative. Miriam Alster/FLASH90)

A group of 93 doctors have signed on to a letter urging the government to hold off on vaccinating children below the age of 16 until more is learned about the coronavirus and the inoculation's impact.

B.C. doctors warned they could face discipline for spreading COVID-19 misinformation



First Nations Health Authority says false information especially damaging in Indigenous communities



[Bethany Lindsay](#) · CBC News · Posted: May 11, 2021 6:00 AM PT | Last Updated: May 11, 2021



Dr. Stephen Malthouse appeared at a rally against COVID-19 restrictions in Duncan, B.C., in November, referring to the disease as a 'so-called pandemic.' (Garden Gate Society/YouTube)

Cape Breton doctor removed as head of emergency medicine for Eastern zone



Kyle Moore
CTV News Atlantic Reporter

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Published June 16, 2021 6:16
p.m. CST

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SYDNEY, N.S. - Dr. Chris Milburn has been practising medicine for 22 years, over that time he hasn't shied away from controversy.

On a local radio show last week, Milburn questioned some decisions being made by the province.

"I'm not surprised Dr. Strang was angry, because my views were misrepresented to him," says Milburn, a Cape Breton physician.

9.1 Records relating to ensuring Saskatchewan's doctors spoke only in a manner consistent with the established narrative regarding COVID-19, and did not spread "misinformation".

Context: Were memos sent out to Saskatchewan's physicians advising as to consequences for deviating from the narrative? Was access to resources, such as operating rooms, leveraged to ensure compliance with the established narrative? Were other "carrots" & "sticks" leveraged?

9.1.1 Records relating to communications with the College of Physicians and Surgeons of Saskatchewan to ensure that doctors would not spread “misinformation” about COVID-19.

9.1.2 Records relating to the definition of “misinformation” and how it was determined that any duly licensed doctor’s medical opinion is “misinformation”.

How can any of this assist others?

- Organizers have our FOI request & are free to share it as they deem appropriate, or you may call me via number provided at end
- Initiate your own FOI Request(s)
- Cross-reference with discovery provided by Public Health Authorities
- Provide suggestions for open-minded elected officials to ask these questions
- Could provide a roadmap for a public inquiry

Cabinet documents

16(1) A head shall refuse to give access to a record that discloses a confidence of the Executive Council, including

Advice from officials

17(1) Subject to subsection (2), a head may refuse to give access to a record that could reasonably be expected to disclose:

(a) advice, proposals, recommendations, analyses or policy options developed by or for a government institution or a member of the Executive Council

Fee

9(1) An applicant who is given notice pursuant to clause 7(2)(a) is entitled to obtain access to the record on payment of the prescribed fee.

ACCESS TO INFORMATION COST ESTIMATE

REQUEST: See attachment

FILE NUMBER:

HE126-22G

DATE OF ESTIMATE:

19-Apr-22

PREPARED BY:

Isaac Mwenge

Description	Total # Pages	Time (in hours)			Total Cost
Computer printout/document copy (pages)	2,655,131	NA	X	\$0.25 per page	\$0.00
Document Search and Retrieval for electronic records		4.0	X	\$15.00 per half hour	\$120.00
Severing and Document Preparation		66378.0	X	\$15.00 per half hour	\$1,991,340.00
Additoinal Costs:					
Electronic Record Retrieval Cost Charged to The Ministry of Health by vendor to produce records.					
Less 2 hours free search and/or preparation time		(2.0)	X	\$15.00 per half hour	(\$60.00)
Total Cost Estimate					\$1,991,400.00
Deposit Required 50%					\$995,700.00

9(5) Where a prescribed circumstance exists, the head may waive payment of all or any part of the prescribed fee.

