

Coercion does not equal consent



Analysis from the NCI Final Report
7.1.7. Coercion





Analysis

Excerpts from the NCI Final Report | 7.1.7. Coercion

Coercion Does Not Equal Consent

Introduction

The principle that coercion does not equal consent is universally accepted as true in the case of sexual activity. It is hard to see how it is not equally as true when it comes to providing a medical treatment such as a vaccine—even more so when the medical treatment is a novel treatment with no long-term safety or effectiveness data.

Discussion

Coercion refers to the use of tactics like pressure, trickery, or emotional force to get someone to do something they otherwise do not want to do. Consent is not freely given if a person is pressured or threatened to agree to something.

What is surprising is how easily Canadians and their courts accepted coercive government actions in pursuit of getting every person injected with the same substance, regardless of a person's medical history or risk for serious disease from COVID-19. The hard-won principle of “my body, my choice,” gained by feminists after years of fighting for the rights of women to control their own bodies, vanished during the second year of the pandemic. It was replaced with a constant drumbeat by public officials, supported by the media, of safe and effective, which was accompanied by politicians and public figures stating that measures would not be lifted unless everybody “did their part.”

Canadians who hesitated to get vaccinated were branded as anti-vaxxers, despite having voluntarily received every other vaccine, recommended by public health, in their lives. Politicians encouraged people to blame the unvaccinated for the restrictive measures that stopped them from getting back to normal. Those who had taken the COVID-19 vaccines felt morally superior and validated in scorning those who didn't “do the right thing.” Public shaming became a societal norm.

Witness after witness took the NCI stand and proclaimed, “I am not an anti-vaxxer,” at the same time as refusing to take a COVID-19 vaccine. Why did they feel the need to make such a proclamation? Because Canadian society had devolved to the point where open denigration of the unvaccinated was permitted and even encouraged.

Coercion was applied in virtually every aspect of Canadians' lives. Workplace mandates caused many to accept a COVID-19 vaccine who didn't want one. People who supported their families simply couldn't afford to lose their jobs. The NCI heard from many witnesses that they or a loved one felt compelled to take the injection, under the threat of losing their livelihood. This does not resemble freely given consent.

Vaccine passes were designed to encourage vaccination by denying the unvaccinated access to everything not deemed essential. Thus, people were denied access to their own children's schools and sports events, to their vulnerable relatives in long-term-care homes, and to basic services such as gyms, restaurants, and movie theatres. The message was clear: If you want access to these people/things that you like/love, you must submit to vaccination. This is not freely given consent. Vaccine passes were required for businesses, such as liquor stores in some provinces, that are

frequented by vulnerable people. This ensured that persons with addiction problems would get vaccinated in order to gain access to their drug. At the same time, support services such as Alcoholics Anonymous had been locked down, ensuring that alcoholics had only one path: vaccination. Taking advantage of people's vulnerabilities in this way was shocking and un-Canadian. How did this principle that coercion does not equal consent become forgotten? Was it overlooked or deliberately buried?

The NCI heard testimony that legal opinions were obtained by some employers who implemented vaccine mandates in the workplace. Since we did not have the benefit of reviewing any of these opinions, we can only guess at how lawyers could justify the coercive nature of workplace mandates. One legal expert testified to the NCI that vaccine passports would likely not be viewed as breaching Charter rights, since each person technically had the right to refuse a vaccine. The reasoning being that even if exercising the right to refuse resulted in a loss of the ability to work, travel, or generally participate in society, then this was a voluntary choice. Presumably, this type of reasoning was used to support the mandates.

This likely explains how much of Canadian society appeared to easily adopt the view that choices have consequences, in order to rationalize the coercive measures applied to unvaccinated people. However, it begs the question of where the line is between a voluntary choice and coercion. Wherever that line lies, it is difficult to see how the threat of losing your ability to financially support yourself and your loved ones could be anything but coercion.

If the loss of your job wasn't enough of a coercive force, the Government of Canada further increased pressure by declaring that employment insurance would be denied to those who lost their jobs due to a refusal to get vaccinated. This ensured there was no financial safety net for those who accepted job loss as the consequence of their decision not to receive a COVID-19 vaccine. The employment insurance program in Canada is designed to be a safety net for Canadians. It is not a voluntary program; employees must pay into it. In return for a deduction off of every paycheque, employees expect that they will receive financial assistance in the event of job loss. Virtually every witness who testified about losing their job due to a vaccine mandate also testified that they were denied employment insurance benefits. The denial of these benefits served only one purpose: to cause as much financial pressure as possible on Canadians to accept a COVID-19 vaccine. This is not freely given consent.

Instead of using scientific evidence to convince people of the benefits of the COVID-19 vaccines, governments discussed vaccine hesitancy as something distasteful and used it as a wedge issue to turn Canadians against each other. The government could have engaged in a campaign to encourage vaccination by, for example, demonstrating that increased vaccination rates would result in, or were resulting in, better health outcomes. Instead, governments openly admitted that vaccine measures were aimed at modifying behaviour.³⁶

Moreover, the NCI discovered that the data published by health authorities was dishonest when comparing vaccinated against unvaccinated persons in areas such as infections, hospitalizations, and deaths. It was discovered that health authorities continued to count people as "unvaccinated"

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³⁶ The NCI watched video evidence from press events in both British Columbia and Newfoundland and Labrador, wherein government officials acknowledged that their measures were aimed at changing behaviour, as opposed to creating better health outcomes.

for 14 days following an injection. In this way, all infections, hospitalizations, and deaths in that 14-day window were attributed to unvaccinated people—despite occurring in people who had received a COVID-19 vaccine. At the same time, the people in this 14-day window had higher rates of COVID infection, hospitalization, and death than people who had received no COVID-19 vaccine. Publishing skewed data in this dishonest way led people to conclude that they should get vaccinated. Soliciting consent based on dishonesty is inherently coercive.

The Government of Canada's intent to push vaccination on every member of its population appears to have its origins early in the pandemic, before any vaccines existed at all. Natasha Gonek testified that in 2020, prior to the existence of any COVID-19 vaccines, the Government of Canada created the Immunization Partnership Fund. This initiative was funded with \$45.5 million for the stated purpose of helping Canadians make informed vaccination decisions. Some of the specifically targeted groups for the project were newcomers to Canada and pregnant women. This leads to the troubling question: How much effort and study did the Government of Canada put into determining the coercive steps it could impose on Canadians?

The problem with the “choices have consequences” position can be easily demonstrated by applying it to other situations, such as coercion to participate in sexual activity or coercion to undergo reproductive sterilization. It is easy to see why you cannot threaten someone that they might lose their job if they refuse to engage in sexual activity. Why, then, was it okay to threaten people's jobs over an injection?

The pressures felt by those who didn't want a COVID-19 vaccine were demoralizing and dehumanizing. Witness after witness testified about feeling alone, isolated, depressed, and dejected. Many described having suicidal thoughts. People testified about being banned from family and social events, being threatened by neighbours, being shamed at work, being attacked on social media, and being denied contact with grandchildren, parents, grandparents, and other family. Many spoke of pressure from friends and family to “do the right thing,” imparting a moral judgment on their personal medical decision. One witness was told that she had “blood on her hands.”³⁷

Institutes of higher education and colleges imposed the same measures as many workplaces, requiring a COVID-19 vaccine not only to attend classes in person but also online classes. The denial of online access was intended to coerce students to get vaccinated. By denying them any access to education at all, post-secondary students were forced to either give up their education goals or submit to vaccination. This was coercion.

The Government of Canada made the vaccine mandates the main issue in a snap election called in the fall of 2021. Shortly after the election, the government announced the implementation of vaccine mandates for travel, both domestic and international. In the world's second-largest country (by area), a vaccine requirement for planes and trains amounted to an inability for Canadians to travel for work and to visit family. Canadians were also effectively prevented from leaving their country by these measures, as the only land border is with the United States, which had imposed a vaccine mandate for entry.

The Prime Minister of Canada cruelly announced that unvaccinated people would not be able to sit on planes next to vaccinated people, to the cheers of a crowd of people. At this same time, it was

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³⁷ Kristen Nagle, Ottawa hearing.

already known that vaccinated people could transmit the COVID-19 virus to other vaccinated people. This inconvenient fact went unacknowledged so that pressure on the unvaccinated could continue.

Governments across the country embarked on a coercive mission to get every Canadian vaccinated, regardless of whether they wanted it or not. Any person who resisted vaccination faced the denial of basic rights and freedoms that were allowed to other Canadians. The restrictions were designed to make life difficult until people submitted to vaccination. No measure was too strong. Ultimately, the only step that wasn't taken was holding people down and forcing an injection into their arm.

When did coercion become acceptable in Canada? Will the vaccine measures and mandates go down in history as a grave societal mistake? How long will it take before Canadian politicians, media, and the courts recognize the harms and indignity that were inflicted on people in the name of a novel medical treatment?

The testimony of Canadians at the NCI cries out with the pain suffered as a result of coercion in the name of COVID-19 vaccines. In the end, we were unable to discern any justification for the coercive vaccine measures. The governments of Canada should apologize to each and every Canadian who was harmed, and commit to never employing such measures against the Canadian population again.

Testimonial Examples of Coercion

Patients who had experienced vaccine injury, as confirmed by a physician, were contacted by public health authorities who recommended that they take another COVID-19 vaccine.

(Dr. Patrick Phillips, Truro, NS)

A patient who required an organ transplant was taken off the surgery waitlist due to her refusal to accept the COVID-19 vaccine. She did accept re-vaccination of all childhood vaccines and had proof of COVID antibodies. Despite this, the doctors refused to perform her surgery unless she consented to a COVID-19 vaccine. The NCI has learned that she has since passed away.

(Sheila Lewis, Ottawa, ON)

People who were suspended or fired from their jobs as a result of vaccine mandates at work, most of whom were also denied any employment insurance benefits:

- **Cathy Careen** (Truro, NS)
- **Vonnie Allen** (Truro, NS)
- **Terry LaChappelle** (Truro, NS)
- **Amie Johnson** (Truro, NS)
- **Sabrina McGrath** (Truro, NS)
- **Joe Behar** (Truro, NS)
- **Janessa Blauvelt** (Truro, NS)
- **Linda Adshade** (Truro, NS)
- **Katrina Burns** (Truro, NS)
- **Tami Clarke** (Truro, NS)
- **Oliver Kennedy** (Toronto, ON)
- **Victoria McGuire** (Toronto, ON)
- **Lynn Kofler** (Toronto, ON)
- **Sean Mitchell** (Toronto, ON)

- **Cindy Campbell** (Toronto, ON)
- **Kimberly Snow** (Toronto, ON)
- **Greg Hill** (Toronto, ON)
- **Ksenia Usenko** (Toronto, ON)
- **Dr. Eric Payne** (Toronto, ON)
- **Jason Kurz** (Toronto, ON)
- **Scarlett Martyn** (Toronto, ON)
- **James Erskine** (Winnipeg, MB)
- **Sean Howe** (Winnipeg, MB)
- **Devon Sexstone** (Winnipeg, MB)
- **Jessica Kraft** (Winnipeg, MB)
- **Michelle Malkoske** (Winnipeg, MB)
- **Cindy Stevenson** (Saskatoon, SK)
- **Ryan Orydzuk** (Saskatoon, SK)
- **Elodie Cossette** (Saskatoon, SK)
- **Bridgette Hounjet** (Saskatoon, SK)
- **Chantel Kona Barreda** (Saskatoon, SK)
- **Jody McPhee** (Saskatoon, SK)
- **Jacques Robert** (Red Deer, AB)
- **Scott Crawford** (Red Deer, AB)
- **Babita Rana** (Red Deer, AB)
- **Grace Neustaedter** (Red Deer, AB)
- **Suzanne Brauti** (Red Deer, AB)
- **Darcy Harsch** (Red Deer, AB)
- **Philip Davidson** (Vancouver, BC)
- **Dr. Chris Shaw** (Vancouver, BC)
- **Aurora Bisson-Montpetit** (Vancouver, BC)
- **Lisa Bernard** (Vancouver, BC)
- **Dr. Ben Sutherland** (Vancouver, BC)
- **Zoran Boskovic** (Vancouver, BC)
- **Camille Mitchell** (Vancouver, BC)
- **Josée Belleville** (Québec City, QC)
- **Jérémie Miller** (Québec City, QC)
- **Gary Lalancette** (Québec City, QC)
- **Jean-Philippe Chabot** (Ottawa, ON)
- **Captain Scott Routley** (Ottawa, ON)
- **Laurier Mantil** (Ottawa, ON)

A woman had a stroke after her first injection of a COVID-19 vaccine. She was advised to get a second dose and that if she had concerns about having another stroke, then she should get it before her prescription for blood thinners ran out. She was denied a medical exemption from the second dose by her physician. She therefore lost her job.

(Leigh-Anne Coolen, Truro, NS)

People who testified felt coerced to take the vaccine to keep their employment, comply with rules to visit or care for a loved-one, to travel or to attend school.

- **Peter Van Caulart** (Truro, NS)
- **Ellen Smith** (Truro, NS)
- **Josephine Fillier** (Truro, NS)

- **Marc Auger** (Toronto, ON)
- **Prof. Heather Church** (Toronto, ON)
- **Carley Walterson-Dupuis** (Winnipeg, MB)
- **Steven Kiedyk** (Winnipeg, MB)
- **Charlotte Garrett** (Saskatoon, SK)
- **Krista Hamilton** (Saskatoon, SK)
- **Joelle Valliere** (Red Deer, AB)
- **Michelle Ellert** (Red Deer, AB)
- **Madison Lowe** (Red Deer, AB)
- **Jennifer Curry** (Red Deer, AB)
- **Serena Steven** (Vancouver, BC)
- **Shawn Muldoon** (Vancouver, BC)
- **Mélissa Sansfaçon** (Québec City, QC)

Tragically, almost every person who testified that they were coerced to take the injection also reported that they had suffered an injury as a result.



Recommendations

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Recommendations

The report highlights various instances of coercion and its impact on individuals' decisions regarding COVID-19 vaccination. To address these issues and mitigate the failures of the system, here are eight recommendations:

A. Protect Individual Rights

- **Legislation Against Coercion:** Introduce legislation that explicitly prohibits coercive tactics, whether by employers, educational institutions, or any other entity, in relation to medical treatments, such as vaccinations. Ensure that individuals have the freedom to make informed choices without undue pressure.

B. Transparency and Accountability

- **Require Organizations to Provide Legal Basis of Mandates Imposed:** Conduct a comprehensive review of the legal opinions obtained by employers who implemented vaccine mandates. Ensure these opinions align with fundamental principles of consent and individual rights. Publish these legal opinions for public scrutiny.

C. Access to Education and Work

- **Online Learning Options:** Ensure that individuals who choose not to get vaccinated have access to online education, especially in institutes of higher education, to avoid coercion through denial of educational opportunities.
- **Job Protection:** Enact legislation to protect employment insurance benefits for individuals who choose not to get vaccinated. Losing employment due to vaccine refusal should not lead to financial hardship.

D. Informed Decision-Making

- **Factual Communication:** Government and public health authorities should communicate drug information transparently and factually. Encourage vaccination through education, emphasizing the benefits of vaccination rather than resorting to coercion.
- **Accurate Data Reporting:** Ensure accurate reporting of COVID-19 data, including vaccine effectiveness, and avoid any manipulation or misrepresentation that may lead to coercion.

E. Address Vulnerabilities

- **Support Vulnerable Groups:** Recognize and support vulnerable populations, such as those with addiction issues, with strategies that do not resort to coercion. Ensure they have access to essential services and support networks.

F. Independent Oversight

- **Ombudsman or Commission:** Establish an independent body, like an ombudsman or commission, to investigate cases of coercion and violations of individual rights related to vaccination. Provide a channel for individuals to report coercion and seek redress.

G. Avoid Political Exploitation

- Ethical Political Discourse: Encourage ethical political discourse around public health measures, including vaccinations. Ensure that political campaigns do not exploit vaccination issues or use coercion for political gain.

H. Rebuild Trust

- Public Apology: Governments should issue public apologies to individuals who felt coerced into vaccination and acknowledge the harms caused by these coercive measures. Rebuilding trust should be a priority.

These recommendations aim to strike a balance between promoting vaccination for public health and respecting individual rights and choices. They seek to prevent coercion, protect individual freedoms, and rebuild trust between the government and its citizens, especially in the context of medical treatments like vaccines.