

To

Dr. Luc Boileau, National Director of Public Health of Quebec
Dr. Mauril Gaudreault, President of the Collège des Médecins du Québec
Dr. Marie Claude Roy, Pediatric association president of Québec
Mr. Pierre Gerlier Forest, CEO of the INSPQ
Mr. Christian Dubé, Minister of Health of Quebec
And medias

Open letter to the Quebec College of Physicians and the Quebec Public Health Department

concerning the information to which parents are entitled to authorize or not the injection of a mRNA gene product for their child of an mRNA gene product in Phase III of experimentation

The information contained in this text is verifiable and comes from the Centers for Disease Control (CDC), the U.S. Food and Drug Administration (FDA) as well as the manufacturers Pfizer and Moderna. The principles underlying this text are those found in the [Civil Code of Quebec, articles 10 and 11](#) and of Canada as well as the [code of ethics of Quebec physicians](#). Some fall under the [Nuremberg Code](#).

The personal and unavoidable duty of the physician, enshrined in his code of ethics, and from which he cannot escape, requires him to ensure that free and informed consent is obtained from the patient. Free means without threat or constraint and, in the case of an investigational pharmaceutical product, without any promotion. Informed means that the patient receives truthful, factual, complete and clearly expressed information. Physicians also have an ethical duty to report public health situations about which they believe the public is poorly protected and/or poorly informed (**articles 39 and 40 of the code of ethics for physicians**).

It is clear that the public is poorly served in this regard in the context of the pandemic. An experimental product of gene manipulation was presented as a

“vaccine like any other”. This product has been presented as a “safe and effective vaccine”. Messages that have not been validated by science, imbued with incredible violence, have been spread, placing responsibility on the fragile shoulders of children for the illness or eventual death of one of their parents or grandparents. Citizens have been pitted against each other, always against science, by spreading the [fallacious ideas of asymptomatic contamination](#) and of the “pandemic of the unvaccinated”, to name but a few.

The media have filled the information void and proclaimed themselves the bearers and defenders of the truth. Often unqualified journalists presented established truths as “misinformation” and outright false information as scientific dogma. The media have stigmatized all those who have questioned experimental "vaccines" by attaching degrading epithets to them: anti-vaxx, conspiratorial, irresponsible, cuckoos, anti-science, etc.

If we seek the support of institutions such as the Public Health Department and the College of Physicians of Quebec (CMQ), it is to allow parents in Quebec to make free and informed decisions; decisions which, it should be mentioned, are irreversible. Indirectly, this letter is addressed to the parents and the language is deliberately simplified, as required by the law which governs “free and informed consent”.

Preliminary notice: The information contained in these pages is strictly consistent with recognized and accessible scientific knowledge. We are aware that they may offend the reader who will read them for the first time.

Complete information, which includes all the dangers of a pharmaceutical product, is an unavoidable ethical obligation. What we have found as information communicated to parents in the context of anti-covid vaccines is ethically and scientifically insufficient, hence this text, which aims to better inform them. Renowned academics and scientists from Quebec and around the world have

been fired for speaking out publicly and expressing fully justified reservations about anti-covid injections. Censorship that deprives parents of information essential to informed decision-making is unacceptable.

This text will also be sent to the media. Journalists or “fact checkers” may want to comment on this information. They are free to do so. However, we ask them to disclose their sources and their possible conflicts of interest and to demand the same from all specialists they call to speak publicly as required by the journalistic code of ethics. Nothing less than the lives and health of children in Quebec are at stake.

It should be noted that all the professionals who have signed this letter declare that they have no conflict of interest. Finally, let us mention that the main references are immediately accessible by clicking on the hyperlinks (underlined text).

Obligation to inform, Informed consent

Before prescribing or giving a treatment or a drug, the doctor, the government or Public Health, in this case, has an ethical and legal obligation to provide the person with all the information relating to the product concerned. This is an unavoidable duty of physicians and it is also a legal obligation enshrined in the Civil Code of Quebec, articles 10 to 25. This obligation is inspired by the principle of "inviolability of the person" and his "right to the truth".

Freedom of choice

The person must have complete freedom to accept or refuse any pharmaceutical product without being rewarded or penalized for their choice. This is valid for both adults and children. As the gene vaccine against COVID-19 is an unlicensed experimental product authorized under the guise of public health emergency and which, moreover, has not been adequately tested in animals, there should be no promotion of this product, and, above all, there should be no adverse

consequences for anyone who refuses. [No pressure should be exerted on the person.](#) (See Section 9).

Informed choice: no information should be hidden

For the choice to be informed, all available information (potential advantages and disadvantages, risks, uncertainties) must be provided and transmitted in understandable language. However, the highest authorities (Dr. Rochelle Walensky, CDC) have affirmed that the information on the gene vaccine cannot all be disclosed. In addition, the manufacturers of mRNA injections still refuse, even if their products are deployed on a global scale, to reveal the exact composition alleging that it is a trade secret. The authorities concerned, the **World Health Organization, Public Health of Quebec, Health Canada**, the College of Physicians of Quebec (CMQ) and our governments (federal and provincial) have not required pharmaceutical companies to disclose the exact composition of their products.

Consequently, it is impossible to obtain truly informed consent, which contravenes the fundamental principles of the CMQ. Despite these challenges, we must make every effort to share known and emerging information about this gene vaccine. Whether it comes from the manufacturers themselves, the **FDA** or the **CDC, VAERS**, the **American V-Safe** from the European **Eudravigilance** system, this information is all verifiable.

Parent Consent and Responsibilities

Never has an experimental product been given to human beings without extensive animal testing since the tragic drugs Thalidomide and Diethylstilbestrol given to pregnant women. However, the application of the “precautionary principle” is never more crucial than when it comes to children and fetuses. Children are not able to understand the information transmitted for consent to be considered truly “informed”. Thus, the parent who gives his authorization on behalf of his child must understand

1. that it is an irreversible intervention whose short and medium-term consequences are unknown and often underestimated, and whose long-term effects term (including the risk of infertility) are unknown due to the lack of follow-up;
2. that he makes a decision on behalf of his child, considered incapable of deciding for himself, and that this is a long-term responsibility;
3. that this mRNA injection is a product that has never been used on a large scale in humans and is totally different from all the vaccines we have been used to. It is false to claim that this injection is a “vaccine like the others”.

Risk/benefit balance

One must always ask oneself whether the product has more advantages or more disadvantages (risks). We must also take into account the age and particularities of the child concerned.

Manufacturers' studies in children did not meet minimum criteria validity (necessity, effectiveness and safety). These studies are [scientifically insufficient and unsatisfactory](#). They have nevertheless been [accepted by the FDA and by Health Canada](#).

You should first know that the vast majority of children have already acquired a natural immunity against COVID-19 and then that children are very rarely seriously affected by the disease. In addition, it is now [recognized by the CDC, since August 6, 2021](#), that this vaccination does not prevent either contracting the disease or transmitting it. Finally, as triple-vaccinated people occupy [a large proportion of hospital and intensive care beds](#), the relevance of vaccination is increasingly questioned, particularly among healthy people under the age of 60.

(5)

It is now [prohibited in Denmark for children under 18](#), since September 1, 2022. The risks of myocarditis are undeniable and the substance injected can cause various damage to the heart and all the organs where the toxic Spike protein can become lodged. The benefits of this product for our children have not been

satisfactorily explained, let alone demonstrated, by Public Health or the Government of Quebec. There are therefore unproven benefits, but the risks are indisputable and sometimes irremediable, thus subjecting children to unnecessary and unjustified danger.

Myocarditis

Myocarditis mainly affects adolescents and young men. According to Pfizer, the risk of myocarditis can be [as high as one in a thousand “vaccinated” children](#). According to [a Thai study](#) based on active surveillance of vaccinated young people, nearly 30% of young people had markers of cardiac damage. The question that arises is: “Why expose healthy children to a substance (Spike protein) well known to be potentially toxic to the heart? Some said myocarditis was "rare and mild." It is neither as rare nor as commonplace as we are led to believe. A heart disease with a risk of serious sequelae in the medium and long term certainly cannot be qualified as benign.

Long-term side effects

“S” protein, which cells in the human body produce as a result of the mRNA gene vaccine, spreads throughout the body, leading to the risk of inflammation (e.g. clots and thrombosis) and organ damage including the brain. The damage caused by this substance could appear years after the “vaccination”. Thus, we cannot precisely know the risk/benefit balance. On the other hand, the advantages of this injection are major and undeniable to favorably tip this risk/benefit balance, which is not the case. This is why Denmark has banned the vaccination of healthy children.

Potential damage to the child's immune system

Dr. Paul Offit, director of the FDA's vaccine advisory committee, said there was a real risk that the mRNA product given to the child could permanently weaken their immune system, making them more vulnerable to future infections than if they were not vaccinated. [Recently he added that it was necessary to be particularly careful with bivalent injections](#), these having been put on the market without any prior human experimentation.

Product not tested on animals?

For a drug product to be approved, it must first have been tested in animals (mice, rats, and rabbits of both sexes and pregnant animals). In the climate of urgency surrounding this pandemic and in the rush to manufacture a "vaccine", the manufacturer considerably shortened the crucial stage of animal testing, which would have taken several years for all phases are completed. Complete studies of bio-distribution and toxicity normally required have also been neglected. The disastrous examples above of Thalidomide and DES causing fetal malformations, infertility and vaginal cancers should have prompted us to be more cautious. He is important to mention that innovative, experimental and mRNA vaccines, whose risk/benefit profile is unfavorable for healthy young people and children, benefit from a marketing authorization under an interim order, and this, while there has never been an emergency in the pediatric population.

In case of damage, no legal recourse possible against the manufacturer

In case of damage, that is to say, adverse effects caused by this gene vaccine (myocarditis and its sequelae, death, allergy to PEG and anaphylaxis, immune disorders , neurological disorders etc.), the manufacturer cannot be held legally responsible for two reasons: The manufacturers have made it a condition of the sale of their products to the countries concerned that they sign a no-liability contract with them. These contracts with our governments are strictly confidential. The use of this gene vaccine is made possible thanks to a clause called: authorization for use in case of emergency. For this clause to be invoked, no other effective product must be available and there must be a health emergency. In this case, there can be no legal recourse.

Is the messenger RNA product a vaccine?

“A vaccine like the others”? Normally, a vaccine is considered effective if it prevents the person from contracting the disease AND if it prevents the transmission of the virus. However, we currently know that this product does not prevent the person from contracting COVID-19 or transmitting it, with the same degree of contagiousness.

This does not meet [the criteria for an effective vaccine](#). The reason COVID-19 shots were promoted as vaccines was to promote their acceptance in [a clever marketing scheme](#).

To claim that these are “vaccines like the others” is misleading. This is misinformation. No traditional vaccine uses mRNA gene technology. These “vaccines” are entirely different from any known vaccines. Their known and listed side effects are multiple, different, more frequent and sometimes serious.

Is it a “safe and effective” product?

A safe product? No, since [Pfizer has identified 1,291 side effects that may result from its product](#). The [VAERS \(Vaccine Adverse Event Reporting System\)](#), which is a self-reporting system of side effects by the American population, whose data everyone can consult, mentions, as of September 16, 2022, 1,418,220 reports of side effects in all groups of age, including [more than 31,000 deaths and nearly 260,000 serious injuries](#). In addition, it is considered, [according to an analysis commissioned by the FDA](#), that the actual frequency should be multiplied by 10 or 100.

Effective? Currently the authorities do not explain certain official statistics including the many deaths by COVID among doubly or triple vaccinated, sudden deaths among athletes as well as excess mortality statistics; this raises legitimate questions. Has the effectiveness of “vaccines” in healthy people really been demonstrated?

Damage to the ovaries and infertility?

What about the only animal bio-distribution study performed by Pfizer? This is a Japanese study discovered by an Ontario virologist and immunologist, Dr. Byram Bridle, who had it translated. We injected mRNA into rats and studied where the product (nanoparticles lipids) was distributed. It was noted that this toxic product was found in several organs and in very large quantities in the ovaries. This study was carried out in 2012. Unfortunately, the manufacturer has not carried out additional studies to document this disturbing information, to say the least. This information, together with Pfizer's discovery of anti-sperm antibodies and other studies showing [a transient decrease in the sperm of injected men](#), makes us

wonder whether mRNA injections [can harm the future fertility of our children](#). The burden of proof, since these are experimental products, rests on the shoulders of the manufacturer and those promoting them. This question, despite a preliminary study by the manufacturer which is worrying to say the least, remains unanswered as additional animal or human studies have not been carried out.

What parent, knowingly, is willing to put their child at risk?

Ethics: vaccinating children to protect adults???

The INSPQ affirms in its report intended for the Quebec government that it [can be ethical to vaccinate children](#) to protect the elderly and vulnerable. This logic of the INSPQ is all the more questionable since:

(1) It is not children who transmit COVID to the elderly, but adults who pass it on to children.

(2) “Vaccination” does not prevent either contracting the disease or transmitting it, and with the same intensity.

[Another publication](#) by a group of ethics professors from Oxford and the Netherlands opposes this principle and offers a long and relevant reflection. Parents who decide on behalf of their child are the only judges in the matter. The question is: “Does the parent accept the risk of compromising the health of their child in the hope of prolonging the life of the very old and vulnerable? Does he accept that his child serves as a sort of shield? The single parent must decide what is ethical in these circumstances. As the CMQ has not abolished the precautionary principle nor the principle of free and informed consent, these principles should apply to products, still under investigation, not sufficiently tested on animals, when it comes to administer them to children, a population already largely immunized naturally in a context, for them of non-emergency

Experimental gene manipulation product intended to be included under the guise of misrepresentation in the vaccination schedule for children: increased vaccine distrust?

The manufacturer and health authorities are considering regular [“update”](#) vaccinations for adults, possibly in conjunction with influenza vaccination. For

children, we are studying the possibility of introducing this product into their vaccination schedule. This product is reportedly sneaking in under a false representation of “emergency clearance”.

In this regard, it is up to the Direction de la santé publique and the Collège des médecins du Québec to be vigilant and to fulfill their primary mission of protecting the public.

Children are our wealth and represent the future of Quebec. If these bivalent or polyvalent vaccines were accepted, they could fuel growing distrust of all vaccines in general, including those whose efficacy and safety are currently recognized. The responsibility of our institutions is thereby increased.

As a conclusion:

We have focused on the obligation of truth and on the nature and extent of the information which must be transmitted to parents and which is essential for an informed decision-making concerning the inoculation of their child with an experimental RNA-based product. messenger.

As mentioned, fully informed consent is not possible, in the current situation, given the lack of perspective on this new product and the decision of the FDA and the manufacturer not to release all the information necessary for a decision making. On the other hand, we believe that the *Collège des médecins du Québec* and the *Direction de la santé publique* could facilitate more informed decision-making by producing a document that is neither promotional nor propagandist and which would include the information contained in the current.

For now, the risks of the COVID-19 vaccine for a normal child appear to us to clearly outweigh the benefits. There is also a need to obtain fully independent legal and ethical advice. These reviews are sorely lacking.

In short, we, the signatories, are asking our indispensable regulatory institutions, the *Direction de la santé publique* and the *Collège des médecins du Québec*, to put science back on the agenda regarding the vaccination of children.

We cannot let the media and well-meaning "fact checkers" who are not qualified to dissect scientific studies, to understand the mechanisms of action of gene therapy or to grasp the subtleties of science, be de facto the authorities that dictate parents what to do about their child's vaccination.

Where is the free and informed choice when we defend tooth and nail an experimental vaccination in children who do not need it, when we censor the different opinions, and the scientists who dare to mention the existence of side effects serious, numerous and well documented by the FDA and the CDC themselves?

We urge our institutions to step in and take their rightful place in this issue of childhood vaccination. This also constitutes a formal notice in compliance with article 39 of the code of ethics of physicians concerning the reporting of a situation that endangers the population, in this case the children of Quebec.

If the above is compliant, **a complete and immediate ban on the vaccination of children in Quebec against COVID-19 is necessary**, if only under the precautionary principle ("First, do no harm"). Pending an express response from you, please accept our sincere greetings.

Collective of doctors and scientists

In partnership with

Reinfo Covid Quebec

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Member of an international collective of 4,000 doctors and 80,000 members

Some signatories and co-signatories Doctors, scientists, pharmacists, etc.

1. Dr. René Lavigueur, MD
2. Dr. Robert Béliveau, retired physician
3. Dr. Danielle Fisch, MD
4. Dr. Alain Roux, MD
5. Dr. Snezana Stanojlovic MD
6. Simon Ruelland, MD
7. Bernard Massie, PhD in microbiology U. de M. Genomic vectors and gene therapy
therapy, career at INRS, Quebec Canada
8. Patrick Provost PhD Biochemist and researcher Laval University
9. Christian Linard PhD
10. Dr. Gaetan Brouillard MD
11. Dr. Andrée Mathieu Serra, MD
12. Dr. Robert Flo od, MDCM
13. Dr. David Barbeau, MD, Msc
14. Dr. Jane Omer, MD
15. Dr. Jacqueline Magny, MD
16. Jean Yves Dionne, BPharm
17. Mario Labrie, BPharm
18. Barry Breger, retired physician
19. Pierre Larose, Dentist

ANNEX 1

A few questions to the *Collège des médecins du Québec* and the *Direction de la santé publique du Québec*:

1. Is it scientifically justified to tell the public that messenger RNA inoculation against COVID-19 is a “vaccine like any other”?
2. Have the precautionary principle (*Primum, non nocere*) and the obligation of free and informed consent without threat, coercion or promotion been suspended under the health emergency law which surrounded the COVID-19 pandemic? If yes, specify.
3. Is it scientifically justified to be concerned about the many known or potential side effects of this investigational gene drug product? To worry in particular about the future fertility of our children inoculated with this product, given the studies on the reduction of sperm in inoculated men, the discovery of antisperm antibodies by the company Pfizer, and the discovery of an exceptionally abundant concentration of the toxic "S" protein in the ovaries of rats, without any follow-up being carried out or any additional study being carried out?
4. Is it scientifically allowed in the context of an experimental product still under investigation and in a non-emergency context for children, to question the risks of irreparable damage to their immune system? Recall that Dr. Paul Offit, pediatrician member of the FDA advisory committee on vaccines is specifically concerned about this issue.
5. What do you think of the cases of Denmark and the United Kingdom which not only gave up, but prohibited the vaccination of healthy children? What would their motives be? Why is it different here? What lesson can we draw from this?
6. We see a lot of misinformation from the mass media. Many physicians with significant conflicts of interest speak publicly without declaring these conflicts and without disclosing their sources, thus contravening their code of ethics. Could the CMQ intervene in this regard?
7. Can we speak of free consent in the context of the announcement, in the spring of 2021, of a vaccination percentage to be achieved by secondary school so that extracurricular activities take place at the start of the school year? All this being obviously associated to intense group pressure by peers

and teachers, without family physicians being able to express themselves freely?

8. How do you justify, from a health point of view, the imposition of a vaccination passport for all adolescents?
9. What do you think of the critical analysis written by the medical and scientific advisory committee of the CCCA (Canadian Covid Care Alliance) recently posted on the CCCA website, which analyzes and refutes point by point the recommendations of the Canadian committee of vaccination (NACI)? As the whole justification for vaccination is called into question, with numerous sources in support, shouldn't a dialogue be initiated?

ANNEX 2

Sources and references

[Australia has quietly stopped recommending more Covid vaccines for almost everyone under 50, and Norway under 65.](#)

[Étude japonnaise. Haute concentration dans les ovaires et la moelle osseuse.](#) Byram Bridle : Protéine S : Distribution du vaccin et de la protéine spike : (Étude japonnaise et du Dr Byram Bridle :

BRITISH MEDICAL JOURNAL

[Efficacité négative. Plus de mal que de bien avec la « vaccination » obligatoire contre COVID :](#)

[« Whatever teenagers and families decide, their views must be heard and respected ».](#)
[Considérer avec soin la vaccination des enfants. Vaccination enfants à risque.](#)

CCCA [Why COVID-19 Vaccine Boosters are Unnecessary and Not Recommended](#)

CDC: [New orientations of the CDC which denies previous assertions.](#)

CDC Director Rochelle Wolensky: [“what they can't do anymore is prevent transmission.”](#) (2 octobre 2021) -

CDC: Unvaccinated = vaccinated [CDC Quietly Ends Differentiation on Covid Vaccination Status](#)

NIH [COVID-19. Transmission and children: The child is not to blame.](#)

[Secret contracts inaccessible to EEC citizens](#)

[Exemption from vaccination: Usurpation of the physician's right to exercise judgment.](#)

Contraindications to vaccination according to a government directive: Does a "free and informed choice" become an obligation?

Pillar documents :

1. Stephanie Seneff : Reviewing Some Possible Unintended Consequences of the mRNA Vaccines - <https://ijvtpr.com/index.php/IJVTPR/article/view/23>
2. Dr Byram Bridle, PhD, Associate Professor of Viral Immunology - [COVID-19 Vaccines and Children](#):
3. Bernard Massie : [L'absence de fondement scientifique de l'obligation vaccinale pour la COVID-19](#) :
[COVID-19 Vaccines and Informed Consent](#)
4. Kennedy, Robert F. Livre; [A letter to liberals. Censorship and COVID: An Attack on Science and American Ideals](#)
5. Russel L. Blaylock [offers us a multidisciplinary summary of this pandemic](#) :
6. Dr Aseem Malhotra, Cardiologue. United Kingdom. [Master exposé: COVID Vaccines Causing More Harm Than Good](#)

European journal of Epidemiology : [Countries with the most vaccinations have the most new cases of COVID](#)

Harvard: 68-country study: [Increase in COVID cases has no relationship to vaccination rate Side effects of vaccination](#). 1,366 references for all reported side effects. By Dr. K.E.

Thorp:

[Adverse events numbering 1,291, disclosed in court order](#) via **Pfizer documents**: 03-2022 [Increased infections post inoculation](#). Risk of infection. Virology journal. NIH. Pubmed.gov

Israel: [Most vaccinated country in the world: Most cases and impairment of immunity](#).

JAMA

[Post-vaccination myocarditis. Frequency](#)

[Guillain Barré and mRNA inoculation](#)

Lancet. [Transmissibility of SARS-COV-2 among fully vaccinated individuals. Vaccinated and contagious](#):

[Freedom of speech](#). **Patrick Provost**, university professor fired for speaking out

Marketing: "Vaccine" name = [Bayer executive marketing strategy: Acknowledges that this product is not a vaccine](#).

[McCullough, Dr. Peter Cardiologist Epidemiologist](#), advisor to US Congress

Myocarditis: [Recognition by Moderna of a causal link between protein S and the occurrence of myocarditis](#):

Peter Doshi du BMJ: [More harm than good](#):

Peter Doshi : Vaccination enfants. University of Maryland. [COVID-19 vaccines in children: be careful](#).

Myocardite post Covid shots in adolescents. Thailand: '[Stunning](#)' [Link Between Pfizer Vaccine and Myocarditis in Teens](#), Study Shows

[Young Pfizer covid vaccine recipients suffered heart effects](#)

NEW ENGLAND JOURNAL OF MEDICINE

[NEJM-Negative efficacy](#). Triple vaccinated have more severe and contagious VIDC (Canada (Manitoba), UK, Israel. Canada: Manitoba: vaccinated are more likely to be vaccinated and die than non-vaccinated

NEJM : A study published in the prestigious New England Journal of Medicine found that [individuals fully vaccinated and boosted against COVID-19 actually recover markedly more slowly](#) from the illness and remain five times more contagious 10 days after infection.

BMJ - BRITISH MEDICAL JOURNAL

Pfizer: BMJ. Pfizer: BMJ. [Falsification of COVID research data](#)

Prasad, Vinay. [How could they have done this to our children](#)

Pfizer: [No toxicity, teratogenicity, carcinogenicity studies according to official documents](#) :

Pfizer Secrets contracts - [Pfizer accused of holding Brazil 'to ransom' over vaccine contract demands](#)

Pfizer documents : Bio distribution : [What Pfizer, J&J COVID Vaccine Animal Trials Reveal About Shots' Potential Impact on Major Organs](#)

Pfizer BMJ.[Falsification of COVID-19 data](#)

Pfizer. Secret documents. [FDA and Pfizer's concealment of information about the fetuses of vaccinated pregnant women](#):

Risk of undermining public confidence (Vaccine mistrust) - [mRNA platform and how an inadequately tested product can become the standard.](#)

[Relative versus absolute risk for Pfizer study](#):

[Sweden stops recommending vaccination for 12-17 year olds](#):

[Thalidomide - ICI RADIO-CANADA - ARCHIVES](#)

Uruguay: [Judge stops inoculation of under-13s, demands secret contracts with Pfizer.](#)

Nature magazine

Vaccinated and contagious [How do vaccinated people spread the Delta variant?](#)

Appendix 3

Some dissident and/or censored authors

Censorship and absence of debate on an eminently scientific subject.

Non-exhaustive list of doctors and specialists from Quebec, Canada and abroad, many of whom have been censored or prevented from working for having shed new or different light on the COVID-19 pandemic.

- 1. Alexander, Dr. Paul E.** PhD, McMaster University, Oxford University, epidemiologist, former White House advisor, Ontario, Canada.
- 2. Bhakdi, Sucharit**, retired microbiologist, Thai-German, Rhineland Order of Merit, Germany.
- 3. Bilheran, Ariane**, Doctor of Psychopathology, France.
- 4. Bridle, Dr. Byram** viral immunologist, researcher and professor, McMaster and Guelph Universities, Ontario, Canada.
- 5. Christian, Dr. Francis** surgeon, humanist, retired, Saskatchewan, Canada.
- 6. Cole, Ryan**, pathologist, USA
- 7. Cotton, Christine** biostatistician. Study on declassified documents Pfizer, France.
- 8. Derome, Nicolas** Ph D., Laval University, Quebec, Canada.
- 9. Desbiolles, Dr Alice**, epidemiologist, Santé Publique, France.
- 10. Desmet, Mattias**. Ph D. in Psychology and M.Sc. in Statistics, Mass Psychology, Ghent University, Belgium.
- 11. Doshi, Peter**, Associate Editor, BMJ, Pharmacology, University of Maryland, USA
- 12. Fouché, Dr. Louis** anesthesiologist-resuscitator, co-founder Réinfocovid, France.
- 13. Henrion-Claude, Alexandra** PhD geneticist, France
- 14. Hoffe, Dr. Charles Douglas** family physician, British Columbia, Canada.
- 15. Ioannidis, Dr. John P.A.**, statistics, epidemiology, public health, Stanford University, USA.
- 16. Kulldorff, Martin** PhD Harvard Medical School, biostatistician, Great Barrington Declaration, USA
- 17. Lawrie, Dr. Tess** MBBCh, PhD, EBM Director, Founder A Better Way to Health, Bath, UK
- 18. Malone, Robert** biochemist, physician, **co-inventor of mRNA technology**, USA.
- 19. Martin, Dr. David E.** mRNA patent specialist, USA
- 20. Massie, Bernard** PhD in microbiology U. of M. Genomic vectors and gene therapy, career at INRS, Quebec, Canada.
- 21. Mc Cullough, Dr. Peter** Cardiologist, MPH, famous specialist who advised Senator Ron Johnson on pandemic; very numerous scientific publications, Texas, USA.
- 22. Montagnier, Dr. Jean-Luc**, virologist, deceased 2022, Nobel Prize in Medicine in 2008, co-discoverer of the AIDS virus, Institut Pasteur, France.
- 23. Payne, Dr. Eric**, pediatrician, neurologist, Alberta, Canada.
- 24. Perronne, Dr. Christian**, infectious disease physician, specialist in emerging infectious diseases, France.
- 25. Ponesse, Dr. Julie** PhD in Philosophy and Master's in Bioethics, dismissed from her position as an ethics teacher, Ontario, Canada.
- 26. Prasad, Dr. Vinay** Hemato-oncologist, Epidemiologist and Biostatistician, University of California at San Francisco, California, USA.

- 27. Provost, Patrick** Biochemist, Laval University, RNA biogenesis and function, suspended 8 weeks "without pay" for expressing his opinion against experimental vaccination in children, Quebec, Canada
- 28. Risch, Dr. Harvey**, Md PhD. MPH, Yale School of Public Health, US Senate advisor, USA.
- 29. Rose, Jessica** PhD in biology, 2 post-docs, master's degree in immunology, researcher, Newfoundland, Canada.
- 30. Seneff, Stephanie** PhD, MIT, artificial intelligence, Mass, USA
- 31. Vanden Bossche**, Dr. Geert PhD in virology, global vaccine expert, Belgium.
- 32. Yeadon, Dr Myke** PhD. Ex V.P. Pfizer, whistleblower, UK.
- 33. Zelenko, Vladimir Dr.** Humanist, family physician, deceased 2022, USA