

Presentation to LRSD Special Board Meeting by Joy Onyschak, Aug 24 2021

| Slide | Say: |
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| #1 Nature | <p>Thank you – I greatly appreciate opportunity to speak. My name is Joy Onyschak. I'm a parent & concerned community member.</p> <p>My presentation is my own;</p> <ul style="list-style-type: none"> • My voice and concerns do not represent a particular parent group, community, place of employment, or school. • I appreciate this process for inclusivity of diverse voices (Bill 64 were to be passed, this process of sharing concerns with an elected board would likely not exist). • Short prep time so this is not polished. • Presentation to Board Chair, including links to sources • Offer to correct anything that is wrongly stated or claimed. <p>For the record;</p> <ul style="list-style-type: none"> ○ The motion to pass first draft of the policies related to ‘return to school’ were made and passed prior to hearing from the 3 registered parent delegates ○ Requests to record the meeting from zoom platform were denied. ○ My presentation was not complete in the live meeting given the 10 minute time limit, and is thus a great deal of extra time has been taken to reformat and submit text that ‘represents as best as possible’, what was spoken during the live presentation. Slide show submitted along with this text. |
| #2 Topics list | <p>My presentation will be about;</p> <ol style="list-style-type: none"> 1. Respect for Human Diversity Policy – Deficiencies & Violations 2. Personal Health Information Policy – Deficiencies & Potential Violations 3. Informed Consent – A case to not introduce vaccine clinics in schools 4. Risk & Liability |
| #3 grad | <p>About Me/Bio: As a former Medical Laboratory Technologist with formal training in Adult Education, I had a 12- year career in an international pharmaceutical company, within the injectable blood products industry. My roles required me to read and interpret Federal Health Guidelines from multiple countries and design, implement quality systems (policies and procedures) within our blood centers, perform quality audits, host inspections by Health Canada and US FDA and set up training systems and deliver cGMP training. For the past 11 years I have run my own holistic wellness business, currently as a Somatic Coach, helping people recover from symptoms related to trauma and chronic stress. I was an active member on parent council at Penner (Chair/Past Chair 4 years), and have been publicly invited (by a current board member) to ‘run for a board position’ a few years back.</p> <p>Statement of bias: My family and I have strong values around personal responsibility for our health and making well researched and informed decisions for medical treatments, including vaccines. I'm not anti-vax, but pro-informed consent and research-based decision making. I think its relevant to also note that my family all recovered from COVID-19. The recent announcements imposing mandates on our 17 and 19 year old to vaccinate, continue undergo regular testing), and revealing their private health information in order to obtain a public education has been extremely stressful.</p> <p>This presentation includes Questions (in bold for your convenience) for you to consider while mulling over policies and mandates spoken about and, hopefully, an opportunity for self- reflection.</p> |
| #4 Trauma | <p>I'd first like to acknowledge the ‘collective trauma’ that the majority of the community has endured and been subjected to over these past 18 months. Many people in our community are burned out, have suffered enormous loss, are fearful, angry, worn out, and confused.</p> |

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| | <p>Back in March, I had a conversation with a board member about my concerns about mandatory vaccinations for Sept 2021 school start up and I was told, ‘Joy, you are a little far down the highway on that.’ Well here we all are, a little further down the highway.</p> |
| <p>#5 Policy on Human Diversity & Manitoba Human Rights Act</p> | <p>My first topic is about Respecting Human Diversity. The Manitoba Human Rights Act, section 9(1) states, ‘"discrimination" means... (b) differential treatment of an individual or group on the basis of any characteristic referred to in subsection (2), (which includes but not limited to things like ancestry, nationality, religion/creed, age, sex, gender, political beliefs, disability, and social disadvantage).</p> <p>Definition of Creed</p> <ol style="list-style-type: none"> 1. ‘a set of fundamental beliefs’, also, ‘a guiding principle’ [Source: https://www.merriam-webster.com/dictionary/creed] 2. ‘a set of beliefs that influences the way you live’. [Source: https://dictionary.cambridge.org/dictionary/english/creed] <p>Questions;</p> <ul style="list-style-type: none"> • Does Sr. Leadership and The Board members use language that is inclusive to various beliefs about medical choice, including vaccines? • Is there conversation at the board level about respecting the wishes of family’s medical choice? • Are these choices kept in mind when drafting, reviewing and approving policies. • Does this policy need the words, ‘Medical Choice’ or ‘Medical Segregation’ added? • What training is needed to ensure medical choice related to vaccine uptake is included to ensure children are not segregated, discriminated against? • Why are 6/10 pages of the document specific to one type of characteristic? (sexual/gender identity). Do the other characteristics not matter as much or seen as equal importance to the staff, leadership & the board? • Is one required to declare any of these characteristics? • How do these ‘return to school mandate’ policies NOT violate the Charter of Human Rights, the Manitoba Human Rights Act and your own policies related to respecting human diversity and protecting health information? <p>Requirement: LRSD Policy’s (and if any MLA’s are listening, the MB HR Act) need the words and definitions ‘coercion’ and ‘duress’ and ‘persuasion’ to be added to protect human rights in our school communities and in our province.</p> |
| <p>#6 Def’ns</p> | <p>Definitions of Coercion & Duress.</p> <p>Coersion (source: Black’s law) Compulsion; force; duress. It may be either actual, (physical force) to compel one to do an act against their will, or implied, where the relation of the parties is such that one is under subjection to the other, and is thereby constrained to do what their free will would refuse.</p> <p>Duress (Source: Black’s law) “Every individual should have the autonomy to make decisions for themselves.” “When someone threatens another person with the intention of getting them to do something they normally wouldn’t have done, it can possibly be considered “duress.”</p> |
| <p>#7</p> | <p>(Slide with picture of Healthy Hire, Vax to win, travel passports, vaccine cards, workplace requiring vaccines, Bomber tickets, University/College.)</p> |

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| | <p>Our government is using extortion, bribery, coercion, and persuasion to become ‘double vaccinated’: People I speak to, for the most part, are not getting the vaccine for their own health, they are getting it to go to the Bomber game, to travel, to go to University, fear it’s going to be mandatory at work and some believe it protects Grandma. Many adults have stated if it wasn’t mandatory, they wouldn’t have gotten it.</p> <p>Questions:</p> <p>What were your reasons for getting yours?</p> <p>Do you feel you were coerced in any way?</p> |
| <p>#8 Teachers coercion of students</p> | <p>Example of Violation:Teacher’s coercing students Teacher to my 17 yr old’s class during remote learning “ If you all want a grad next year, go get your vaccine as soon as you can.” I did requested LRSD do an investigation to determine the scope of the coercion and pressure by teachers to students, but was told they ‘weren’t required to do that’. I am still awaiting documentation to prove that teachers were communicated to about my concern.</p> <p>Questions;</p> <ul style="list-style-type: none"> • Do teachers have a legal authority and /or is it within their code of ethics to recommend/advise medical treatments? • Do parents consent to staff to be influencing their child’s medical choices or do they want them to teach them things like math, music and mechanics, how to think critically about current world issues, perhaps even model how to acknowledge their own bias in a complex conversation? • What liability are teachers assuming in doing so? • What kind of liability are Admin and Trustees assuming by allowing this? FYI – I’m still awaiting documentation to prove that teachers in LRSD were communicated to – and the nature of that communication – regarding speaking to students about vaccines. |
| <p>#9</p> | <p>LRSD, under the proposed policy/mandates, is coercing staff and students by;</p> <ul style="list-style-type: none"> • Mandating medical masks to be worn as condition of employment and attendance in school. • Requiring COVID-19 vaccination for eligible students to attend school and staff to obtain livelihoods. • Mandating rapid testing for the unvaccinated <p>And Asking for ‘Voluntary’ disclosure of personal health information (vaccination status) is a slippery slope that requires much consideration, care and policy review.</p> |
| <p>#10 Personal Health Protection Act</p> | <p>https://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php</p> <p>13 (1) A trustee shall not collect personal health information about an individual unless (a) the information is collected for a lawful purpose connected with a function or activity of the trustee; and (b) the collection of the information is necessary for that purpose.</p> <p>The medical rights staff and students are included and protected under this Act.</p> <p>Questions:</p> |

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| | <p>1) What changes to LRSD’s policy will be required to ensure the legal and lawful collection, handling and sharing, storage etc of personal health information from staff and students.</p> <p>2) What will you do with the information? How will it be used and how can it be mis-used?</p> |
| <p>#11 & 12 Herd immunity</p> | <p>Dr. Joss Reimer ..."herd immunity" (a colloquial term used to describe when a large portion of a community becomes immune to an infection via vaccination or previous infection, making person-to-person transmission of disease unlikely)’ WRHA April 26, 2021 titled ‘COVID-19 Vaccinations are our quickest route back to normal’. https://wrha.mb.ca/2021/04/26/covid-19-vaccinations-are-our-quickest-route-back-to-normal/</p> <p>Dr. Byram W. Bridle, CND Vaccinologist “The concept of ‘herd immunity’ means that a virus will stop spreading among a population once most of the people in that population acquire a protective immune response...” https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-Children-and-COVID-19-Vaccines-full-guide_FINAL.pdf (page 7&8)</p> <p>Questions; Given we are now at roughly 80% vaccinated for ages 12 & up (according to LRSD email and publicized statistics);</p> <ol style="list-style-type: none"> 1) Why are we mandating more vaccines? 2) If we have herd immunity and the vaccines work, why the masks? 3) What’s the point of Rapid Testing? 4) Why do you need to collect personal health info about vaccines? Isn’t this already done by WRHA, are you duplicating efforts? |
| <p># 13 & 14 (MB Health informed consent for vaccines & Def’n of legal consent.</p> | <p>Informed Consent Definitions;</p> <p>Province of Manitoba Public Health Branch, Document titled ‘Informed Consent Guidelines for Immunization’ amended April 2015 https://www.gov.mb.ca/health/publichealth/cdc/protocol/consentguidelines.pdf ‘Information, comprehension and willingness to participate (voluntariness) are fundamental elements of the informed consent document. The consent should adequately convey all the information needed for the subject to understand the immunization event, in addition to being in a language understandable to the client.’</p> <p>‘A client’s consent to participate must be free from coercion.’ And ‘Above all, the client should be able to understand the information presented in order to make an informed decision.’</p> <p>Province of Manitoba Public Health Branch, Document titled ‘Informed Consent Guidelines for Immunization’ amended April 2015 https://www.gov.mb.ca/health/publichealth/cdc/protocol/consentguidelines.pdf ‘Information, comprehension and willingness to participate (voluntariness) are fundamental elements of the informed consent document. The consent should adequately convey all the information needed for the subject to understand the immunization event, in addition to being in a language understandable to the client.’ ‘A client’s consent to participate must be free</p> |

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| | <p>from coercion.’ ‘Above all, the client should be able to understand the information presented in order to make an informed decision.’</p> <p>A consent form itself is not consent https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians ‘Consideration of a consent form to be signed by the patient should not obscure the important fact that the form itself is not the "consent." The explanation given by the physician, the dialogue between physician and patient about the proposed treatment, is the all important element of the consent process. The form is simply evidentiary, written confirmation that explanations were given and the patient agreed to what was proposed. A signed consent form will be of relatively little value later if the patient can convince a court the explanations were inadequate or, worse, were not given at all.’</p> <p>Questions to those who’ve been vaccinated – prior to signing informed consent:</p> <ul style="list-style-type: none"> • Did you read the 4-page fact sheet and the product monograph for the particular type of vaccine you received? https://www.gov.mb.ca/covid19/vaccine/resources.html • Did you understand the risks such as myocarditis and blood clots? • Do you think most 12 year olds will read the 4 page document and understand what that means? • Of the 12-17 year olds you know, how much time have they spent researching COVID statistics and doing risk-benefit analysis for their age group? • Lastly, a reminder that listening to the news and trusting someone who says ‘its safe and effective’ is NOT the legal/lawful definition of informed consent, it’s more involved than signing a paper. |
| <p>#15</p> | <p>(Picture of children and adolescents)</p> <p>Questions:</p> <p>What law allows children ages 12-15 to provide legal/lawful consent for medical treatment?</p> <p>Given the lack of legal/lawful informed consent being obtained for this experimental medical procedure, is The Board assuming liability for injury and harm for vaccinations received on school division property?</p> |
| <p>#16 Rapid Testing</p> | <p>Testing Deficiencies PCR test 56% false positive per testimony by Dr. Jared Bullard of Provincial Lab (Crown Witness) https://www.jccf.ca/manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/</p> <p>Rapid testing; In addition to segregation and revealing vaccine status, my limited understanding of the rapid testing is, much like the PCR test, there are high false + rates as is typical of screening tool with high sensitivity and low specificity. (source: Rapid Antigen testing recall https://worlddoctorsalliance.com/blog/innova-medical-group-recalls-unauthorized-sars-cov-2-antigen-rapid-qualitative-test-risk-false-test/)</p> <p>Questions: What type of tests will be used? How will testing be performed and by who? Will positive tests require confirmation testing, quarantine, missed school? Will remote learning be</p> |

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| | <p>offered for those sent home? Who will do the ‘contact tracing’? how can you be certain these rapid tests will be accurate?</p> <p>Note that current tests in place are being used under Interim Orders in Canada, like the vaccine and are being recalled by USFDA. www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/removal-lists-tests-should-no-longer-be-used-and-or-distributed-covid-19-faqs-testing-sars-cov-2</p> |
| <p>#17</p> | <p>Concerns raised by doctors; https://canadahealthalliance.org/ https://doctors4covidethics.org/ https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/</p> <p>Concerns raised by Scientists; https://canadahealthalliance.org/ https://doctors4covidethics.org/ https://doctors4covidethics.org/expert-evidence-regarding-comirnaty-covid-19-mrna-vaccine-for-children/</p> <p>Concerns raised by parent Advocacy groups; https://vaccinechoicecanada.com/</p> |
| <p>#18 Risks</p> | <p>Decisions about return to school mandates will be made with risk analysis and balancing liabilities, some potential risks to students are identified;</p> <ul style="list-style-type: none"> ○ Unknown long-term side effects https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-Children-and-COVID-19-Vaccines-full-guide_-_FINAL.pdf (page 7&8) ○ Harms caused by prolonged mask (refer to Natalie Anderson’s resources provided in same meeting) ○ Serious vaccine injury (short and long term) & Death (refer to Natalie Reimer Anderson’s resources from same meeting) ○ Loss of privacy of health info ○ Segregation https://www.youtube.com/watch?v=5u-XnzN9gAg ○ Isolation ○ Loss of education due to quarantine ○ Decline of physical and mental health ○ Loss of sovereignty and responsibility for their own health and body <p>Considering the extremely high rate of recovery in children (https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html), these mandates appear to have more risk to the overall health of children.</p> <p>My understanding is that you, serving as a representatives of a public corporation, are all the ‘TRUSTEES’ and have fiduciary duties and responsibilities to make sure children are safe when in your care. That they are safe and secure and everything is being done within the wishes of the parent or legal guardian. By imposing these mandates and policies, you not only assume personal liability but commercial and spiritual liability for ANY & ALL HARM. Without parental consent, you are taking on 100% of the liability as Trustees. Question: How much liability can you as an individual Trustee assume?</p> |

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| <p>#19 Options & summary</p> | <p>We, as parents, require alternatives for our families from The Board;</p> <p>Stay home when ill – do your own contact tracing for flu symptoms. Promote Health (Vit D, C, sunlight, exercise, nutrition, sleep, gut health, social and family connection – the majority of which is free or very low cost) Stop contributing to the collective trauma - give staff and families choice. Protect Personal Health Information & Human Rights of staff and students. Employ Focused Protection Strategies (Great Barrington Declaration) Halt Rollout of Vaccine Clinics in schools – until the province changes the consent process to include parents.</p> <p>Question: Why are these alternatives not being talked about? Why is health not being promoted? Where’s the real discussion on masks for young children (and why are they wearing them on playgrounds?), Where are the community surveys about what parents want for their children?</p> <p>In Summary, I believe the coercive nature in which the vaccines are being proposed across our country, in our province and sadly, now in our schools, in the form of these draft mandates violates existing LRSD policies, the Public Health Guidelines for legal informed consent and most importantly, pose more risk and fear than security and safety to the youth in our community and the health and wellness of our community as a whole over the short and long term.</p> <p>Finishing quote: <i>‘If corrupt statutes become onerous to the common good, the people have a right to withdraw their consent, in order to defend their rights, and indeed they have an obligation and a duty to do so, because only the people can redress the corruption of their government.’</i></p> <p>I trust you will consider these matters carefully. Thank you for listening.</p> |
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