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From: Christine Massey <[REDACTED]>

Sent: May 31, 2021 8:35 AM

To: Iannicca, Nando <nando.iannicca@peelregion.ca>; Groves, Annette <annette.groves@caledon.ca>; Bonnie Crombie <bonnie.crombie@mississauga.ca>; Parrish, Carolyn <carolyn.parrish@mississauga.ca>; Fonseca, Chris <chris.fonseca@mississauga.ca>; Dipika Damerla <dipika.damerla@mississauga.ca>; Carlson, George <george.carlson@mississauga.ca>; Gurpreet Dhillon <gurpreet.dhillon@brampton.ca>; [REDACTED]; Innis, Jennifer <jennifer.innis@caledon.ca>; Downey, Johanna <johanna.downey@caledon.ca>; Kovac, John <john.kovac@mississauga.ca>; Ras, Karen <karen.ras@mississauga.ca>; Medeiros, Martin <martin.medeiros@brampton.ca>; Mahoney, Matt <matt.mahoney@mississauga.ca>; Palleschi, Michael <michael.palleschi@brampton.ca>; Iannicca, Nando <nando.iannicca@mississauga.ca>; Saito, Pat <pat.saito@mississauga.ca>; Pat Fortini <pat.fortini@brampton.ca>; Patrick Brown <patrick.brown@brampton.ca>; Paul Vicente <paul.vicente@brampton.ca>; Starr, Ron <ron.starr@mississauga.ca>; Rowena Santos <rowena.santos@brampton.ca>; Stephen Dasko <stephen.dasko@mississauga.ca>; McFadden, Sue <sue.mcfadden@mississauga.ca>; Mayor Allan Thompson <mayor@caledon.ca>; doug.whillans <doug.whillans@brampton.ca>; Bowman, Jeff - Councillor <jeff.bowman@brampton.ca>; charmaine.williams@brampton.ca; harkirat.singh@brampton.ca; gurpreet.dhillon <gurpreet.dhillon@brampton.ca>; 22div.communitystation@peelpolice.ca; 21div.communitystation@peelpolice.ca; Enforcement <enforcement@brampton.ca>; ZZG-RegionalClerk <zzg-regionalclerk@peelregion.ca>; Lockyer, Kathryn <kathryn.lockyer@peelregion.ca>; dvassiliadis@peterborough.ca; kakapo@peterborough.ca; Dean Pappas <dpappas@peterborough.ca>; gbaldwin@peterborough.ca; kriel@peterborough.ca; dtherrien@peterborough.ca; lparnell@peterborough.ca; kzipfel@peterborough.ca; hclarke@peterborough.ca; councillor ainslie@toronto.ca; councillor holyday@toronto.ca; councillor grimes@toronto.ca; Councillor Perks <councillor_perks@toronto.ca>; councillor nunziata@toronto.ca; councillor pasternak@toronto.ca; Anthony Perruzza <councillor_perruzza@toronto.ca>; councillor colle8@toronto.ca; councillor bailao@toronto.ca; councillor cressy@toronto.ca; councillor layton@toronto.ca; councillor matlow@toronto.ca; councillor wongtam@toronto.ca; councillor fletcher@toronto.ca; councillor robinson@toronto.ca; councillor minnan-wong@toronto.ca; councillor carroll@toronto.ca; councillor bradford@toronto.ca; councillor crawford@toronto.ca; councillor thompson@toronto.ca; councillor karygiannis@toronto.ca; councillor lai@toronto.ca; councillor mckelvie@toronto.ca; Mayor Bryan Paterson <mayor@cityofkingston.ca>; Councillor Gary Oosterhof <goosterhof@cityofkingston.ca>; Councillor Simon Chapelle <schapelle@cityofkingston.ca>; Councillor Lisa Osanic <losanic@cityofkingston.ca>; Councillor Wayne Hill <whill@cityofkingston.ca>; Councillor Bridget Doherty <bdoherty@cityofkingston.ca>; Councillor Robert Kiley <rkiley@cityofkingston.ca>; Councillor Mary Rita Holland <mrholland@cityofkingston.ca>; Councillor Jeff McLaren <jmclaren@cityofkingston.ca>; Councillor Jim Neill <jneill@cityofkingston.ca>; Councillor Peter Stroud <pstroud@cityofkingston.ca>; Councillor Rob Hutchison <rhutchison@cityofkingston.ca>; Councillor Ryan Boehme <RNBoehme@cityofkingston.ca>; Bryson, Peter <Peter.Bryson@brampton.ca>; clerk@toronto.ca; City Clerks Office <City.ClerksOffice@brampton.ca>; Rima <RBerns-McGown-QP@ndp.on.ca>; Prime Minister/Premier ministre <pm@pm.gc.ca>; Eileen de Villa <Eileen.deVilla@toronto.ca>; Loh, Lawrence <lawrence.loh@peelregion.ca>; Christopher Mackie <Christopher.Mackie@mlhu.on.ca>; Wajid Ahmed <wahmed@wechu.org>; Moore, Kieran <kieran.moore@kflaph.ca>; Rosana Salvaterra <rsalvaterra@peterboroughpublichealth.ca>; Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>; sgilbert@peterborough.ca
Cc: clerks@peterborough.ca; public.info@mississauga.ca

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Subject: Over Quarter Million Post Covid19 Vaccine Injuries, Near 5,000 Deaths Reported, Myocarditis in Teens

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST.

To: Justin Trudeau, Doug Ford, Kieran Moore, Bonnie Crombie, Patrick Brown, John Tory, and other men and women who serve as Mayors, Councillors, Medical Officers and anyone else involved in "COVID-19" fear-mongering, enforcement/harassment/bullying and/or injections (for which you are **personally** liable under common law):

I require and request that this communication be added to the agendas for the next meetings of your respective bodies.

Be advised:

Over Quarter Million Post Covid19 Vaccine Injuries, Near 5,000 Deaths Reported, Myocarditis in Teens

Recommended companion reading:

What Parents Should Know: Covid-19 Vaccinations, Experimental Technology, 1000s Injuries Reported

Myocarditis Occurring Post Pfizer, Moderna Covid-19 Vaccination: 10s Thousands Cardiac Injury Reports, US/UK/Europe

Clusters of Myocarditis Occurring Across US Post Covid-19 mRNA Vaccination:

*Note: 83% of VAERS Reports are generated from medical providers, state reporting agencies, and pharmaceutical companies. European reporting systems are documenting exponentially higher rates than VAERS data, as the 30 year old monitoring system captures only 1% of post vaccination injuries per Harvard research report. Low capture rate is central issue with CDC VAERS system not credibility. FDA has admitted the mass vaccination program began without adequate safety monitoring system. A recent study from Mass General, Bingham documented anaphylactic reactions post Covid-19 vaccine occurring up to 120x the rate reported to the CDC. This highly suggests the system is continuing to vastly under capture post vaccination adverse events.

-All Covid-19 vaccines are emergency, investigative use only. Data will be utilized to inform safety investigations and final FDA drug approval. Three significant safety investigations have been launched due to serious post vaccination injury and death since the inception of the Covid-19 vaccination program in December including investigations into myocarditis/heart inflammation, thrombocytopenia/blood clotting, and anaphylactic shock.

-Doctors and public health officials claiming safety and efficacy of Covid-19 vaccines do not have adequate data & objective evidence to back such statements. Lack of data is not evidence of safety, the Covid-19 vaccinations skipped the usual five to twelve year safety monitoring trials with no mid or long term evidence available. Additionally, vaccine trials were severely compromised through use of severely flawed PCR testing that independent international experts deemed 'useless for the detection of Sars CoV-2.

-18 teenagers have been hospitalized with heart problems in Connecticut post Covid-19 vaccination. Global care reports of myocarditis (heart inflammation) have been increasing with 10,000s of cardiac related injuries being reported to Covid-19 monitoring systems since the vaccine program began in December

-14 cases of myocarditis have been reported in ONE county in Washington state with the youngest individual 16 years of age and the oldest, 42 years of age.

-The UK has recorded over 2,100 cardiac injuries for the Pfizer vaccination, alone. Both, Pfizer and Moderna mRNA vaccinations, have been implicated in inducing cardiac injury in vaccine recipients.

-Myocarditis is **inflammation** of the **heart** muscle. Pericarditis is **inflammation** of the tissue that forms a sac around the **heart**. Pericardial effusion is the build up of extra fluid in the space around the **heart**

-VAERS data for the week ending May 21 documents over **2000 myocardial/periocardial /cardiac specific injuries** reported post Covid-19 vaccination including:

259 cases of myocarditis,

485 recorded myocardial infarction (heart attacks)

493 cardiac arrests

320 pericardial related events including **187** reports of pericarditis, and **118** reports of pericardial effusion

161 Cardiac Disorders

198 Congestive Heart Failure

95 Cardiac Failure

149 Cardio Respiratory Arrest

87 Cardiomegaly (enlarged heart)

42 Cardiogenic shock

-the CDC issued a statement on May 27, 2021 stating the organization was monitoring for myocarditis in association with the vaccinations, in mostly younger individuals. The agency continued to recommend administration of Covid-19 vaccinations while ignoring the documentation showing individuals age 0-20 are at virtually zero risk from Covid-19 attributed infections.

The current VAERS total for the week of 5/21/2021:

Adverse events reports increased by cases in one week: **35,106**

*Multiple reports may be submitted for one event, researchers have flagged issue with data system implicating potential under counting of total events

Total Adverse event reports: **1,150,454**

Total individual events counted: **262,218**

Total Death event reports: **20,713**

Total individual death events counted: [4,863](#)

Time period between Covid-19 vaccine administration and death: (Breakdown of 4,265 deaths reported on VAERS data, CDC has not yet released all death VAERS report on system)

-total death number from weekly selected CDC events reports)

0 Days: **564**

1 Day : **700**

29.6% occurred with one day post vaccination (minutes to next day)

2 Days: **328**

3 Days: **206**

4 Days: **180**

5 Days: **146**

6 Days: **96**

7 Days: **142**

55.38% (2,362) deaths occurred within one week post Covid-19 vaccination

Total Life Threatening Event Reports: **38,040**

Total Individual Life Threatening Events Reported: **9,018**

Total Hospitalization event reports: 109,459

Total Individual Hospitalization events counted: **14,949**

Total Permanent Disability total event reports: **23,201**

Total Permanent Disability individual case counted: **3,284**

Total Emergency Room event reports: **210,897**

Total Emergency Room individual events counted: **34,415**

17,058 individuals went to the Emergency Room the same day as Covid-19 vaccine administration

VAERS total Pfizer-Biontech Week Ending 5/21/2021

Total Adverse event reports: **445,926**

Total individual events counted: **104,087**

Death event reports **1,963**

Total individual death events counted: **10,157**

Life threatening event report total: **16,312**

Life threatening event individual events counted: **2,209**

Permanent disability report total: **11,777**

Permanent disability individual event total: **1,726**

Total Hospitalization event reports: **50,893**

Total Individual Hospitalization events counted: **7,115**

Total Emergency Room event reports: **99,338**

Total Emergency Room individual events counted: **16,803**

UK Assets Reporting System - Week Ending May 21, 2021, Totals & Vascular Injuries (full report go [HERE](#))

Individual Case Reviews/Pfizer BioNTech Covid-19 Vaccinations:

Teen Myocarditis:

Healthy, 16 year old boy in North Carolina with no physical co-existing conditions developed immediate symptoms post Pfizer Covid-19 vaccination and hospitalized three days later with a diagnosis of myocarditis per verified health care provider report:

"MYOCARDITIS. Patient is a 16 year old boy with ADHD who presented with fever and myalgias for 3 days, that progressed to sharp parasternal chest pain and some SOB. Patient received second dose Pfizer COVID-19 vaccine on 4/26, and after that shot experienced fever to 102 at

home and myalgias. Subsequently his symptoms of chest pain have occurred. He underwent workup revealing of elevated Troponin, and EKG with some ST segment elevation, a slightly elevated CRP at 32, and a normal ECHO. Admitted for observation and concern for infectious myocarditis vs MIS-C. Cardiac MRI was done confirming Myocarditis, Troponin I was elevated and peaked at 23, 325pg/mL. Workup unrevealing of SARS. Other testing showed Resp virus panel negative, blood pcr for EBV, CMV, Parvovirus B19, enterovirus, and adenovirus all negative, HIV antigen/antibody testing negative. Patient treated with Ketorolac with steady improvement in symptoms over several hospital days. Discharged home 5/2 with Troponin I well down and symptoms resolved. Given reports in lay press regarding other cases of COVID-19 mRNA vaccine associated myocarditis, we are reporting this as a vaccine associated adverse event".

VAERS NOTE:

Another 16 year old boy in Virginia developed symptoms one day post Pfizer Covid-19 vaccination, confirmed VAERS report with medical note documenting severe loss of heart function:

"On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalgias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL".

Full VAERS note

Yet, another teenage boy in Illinois, went into life threatening respiratory failure and cardiogenic shock three days post Pfizer vaccination with diagnosis of pericarditis and myocarditis:

"Pt came to ER with nausea, vomiting, difficulty breathing. Pt was coughing up blood O2 sat 90 room air initially then down to low 80's. Put on high flow 10 L nasal cannula. Diagnosis hypoxia, dyspnea at rest, pericarditis, elevated troponin 35. Transferred to second hospital. Update from them : likely myopericarditis with cardiogenic shock, respiratory failure, diffuse ST elevation on EKG, on Inotropes"

Full VAERS NOTE:

In another case, a sixteen year old boy 'previously healthy' per medical note developed myocarditis and pericarditis and hospitalized for four days, in confirmed VAERS note:

"Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning at 06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:00 AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.

Full VAERS Note:

Moderna Covid-19 Vaccine for Week Ending 5/21/2022

Total Adverse event reports: **535,070 last week -**

Total individual events counted: **122,703**

Death event report total: **9,260**

Death event individual events counted: **20177**

Life threatening event report total: **13,791**

Life threatening event individual events counted: **1,712**

Total Hospitalization event reports: **42,987**

Total Individual Hospitalization events counted: **5,979**

Total Permanent Disability event reports: 8,549

Total Permanent Disability individual case counted: **1,202**

Total Emergency Room event reports: **79,873**

Total Emergency Room individual events counted: **13,104**

Moderna Individual Case Review:

39 year old woman from New York became increasingly nauseous, died within two hours of onset of symptoms, documented enlarged heart (cardiomegaly).

"Patient felt initially well, but later in that afternoon her arm started hurting and she felt increasingly nauseous and started vomiting at 10:49pm, two hours later she was pronounced dead at approximately 12:30am".

Full VAERS Note:

27 year old Ohio man, developed symptoms one day post Moderna vaccination and developed myocarditis per medical notes:

"Myocarditis. Pt received 2nd Dose Moderna on 4/21/21 morning. He reported developing fever of 102 F on 4/22/21. He reported developing chest pain early morning on 4/23/21. Denied other symptoms. Pt went to urgent care due to chest pain and SOB. Pt sent to ED from urgent care due to abnormal EKG. EKG showed ST elevation. Troponin I elevated 13.0 . C-reactive protein elevated 8.22. Left heart cath done, normal. CT PE done to rule out PE. Pt diagnosed with myocarditis and severe inflammation. ""Elevated Inflammatory markers possibly related to COVID vaccine.""

VAERS report:

18 year old Montana teen with no significant medical history developed symptoms two days post Moderna vaccination and hospitalized for five days with myocarditis:

"Patient presented to hospital with severe substernal chest pain with severely elevated troponin and EKG consistent with pericarditis, transferred to a different hospital given worsening cardiac function and rising cardiac enzymes consistent. Inflammatory markers (CRP, non-cardiac) were elevated and infectious workup (strep, COVID-19, EBV, lyme, blood cultures) were negative. ANA was also negative. Importantly patient was without symptoms prior to COVID-19 vaccination. Cardiac MRI was performed and was consistent with myocarditis with a mildly reduced ejection fraction. Cardiac coronary angiography showed no CAD. Patient was treated with ibuprofen, colchicine and metoprolol (given episodes of NSVT). Patient remained inpatient until 4/21 at which point he was discharged home".

Full VAERS note:

21 year old Missouri man developed chest pain 12 hours post Moderna vaccination, hospitalized five days with suspected myocarditis:

""Moderna"" Adverse vaccine reaction possible as began 12 hours post second COVID vaccine dose on Friday. A ER note was generated in a T-Con on a patient who got their 2nd Covid Vaccine and began experiencing chest pain approx. 12 hours post vaccine. Patient did not report to the ER until 28Feb21. It was discussed that he has myocarditis v pericarditis, elevated D-Dimer of 770, swollen lymph nodes, and elevated Troponin. Patient was transferred to Research Medical Center due to no available beds. Patient was referred to a Case Manager and Cardiology. The patient completed a follow up appointment with 509 MDG on 9Mar21 and reported Dull pain that has been affecting sleep. Cardiology reports shows Troponin was elevated to 9.1 decreased to 4.2 and back up again to 13.4. Cardiac revealed late gadolinium enhancement, possibly representing myocarditis and then at discharge possibly myocarditis."

Full VAERS note:

VAERS total Johnson & Johnson Janssen Covid-19 Vaccination for Week Ending 5/21/2021:

Total Adverse event reports: **167,321**

Total individual events counted: **35,307**

Total death event reports: **1,748**

Total individual deaths reports counted: **341**

Life threatening event report total: **5,298**

Life threatening event individual events counted: **627**

Top J&J Life Threatening Events Charts/Week Ending 5/21/2021

Total Hospitalization event reports: **14,958**

Total Individual Hospitalization events counted: **1,776**

Total Permanent Disability event reports: **2,809**

Total Permanent Disability individual case counted: **345**

Total Emergency Room event reports: **31,362**

Total Emergency Room individual events counted: **4,492**

Individual Case Review Johnson & Johnson Vaccine:

(reports of individuals dying due to blood disorder issues continue, CDC resumed administration of Johnson & Johnson on April 23, 2021 despite continued reports of life threatening blood clotting events occurring post Janssen vaccination):

29 year old Illinois man developed immediate reaction post Johnson & Johnson vaccination with vomiting and headaches, died with acute thrombocytopenia per medical note:

"Patient with PMH of Aspergers, ADD and obesity brought to ED in status epilepticus. Headaches and nausea/vomiting started day of vaccine and progressively worsened. Was observed to have 2-3 seizures before arriving to ED (possibly over a 2 hour period) on 5/18. Found to have Superior sagittal sinus thrombosis and thrombocytopenia with elevated D-Dimer and PF4 and low fibrinogen. Patient suffered irreversible brain injury. Decision made with family to withdraw care".

Full VAERS report:

43 Year Old California man died three days post J&J Covid-19 vaccination per medical note:

"Received vaccine on 5-6-21. On 5-8-21, complained of headache, bloating, fever, and constipation. Last seen alive at 9 PM on 5-8. Found dead at home at 7 PM on 5-9".

Full VAERS Report:

In 1976, the Swine Flu vaccination program was halted after 53 associated deaths. In 2021, the US is nearing close to 5,000 reports of death post Covid-19 vaccination with near 30% occurring within minutes to the next day after vaccination. This level of injuries and deaths should immediately halt the program.

Covid-19 Vaccine: 1976 Swine Flu Redux - 3 Deaths Stopped Program

The Swine Flu Fraud of 1976 (60 Minutes with Mike Wallace)

https://www.youtube.com/watch?time_continue=1&v=Ydx_ok6gyiY&feature=emb_title

Here is a advertising campaign for Swine Flu vaccination from 1976. The same tactics to pressure and fearmonger the public into unnecessary and harmful vaccination are being used today for Covid-19 vaccinations.

'Swine Flu' Vaccine Public Service Announcements From 1976!

https://www.youtube.com/watch?v=sSbBHN_ClvS

Decades of Pharmaceutical Commercials have normalized dangerous side effects and indoctrinated the public into a false belief that one must risk health in order to obtain health. The side effects and deaths with the Covid-19 vaccination program are NOT normal OR acceptable. Pharmaceutical ads showing healthy people having fun as narrator recites list of dangerous risks associated with the drug:

Prescription Drugs Side Effects Compilation

https://www.youtube.com/watch?v=3BaZkfKYz4k&feature=emb_title

Please sign and share Health Professionals for Covid-19 Policy Correction petition to halt unnecessary and harmful government health directives [HERE](#):

<https://www.unite4truth.com/post/emergency-petition-halt-covid-19-protocols-severe-testing-flaws-vaccines-safety-risks-exposed>

Unite4Truth is under heavy censorship, please share via email and all accessible social media sites to spread the word. Thank you!

Christine Massey M.Sc.
Peterborough, ON

FOI responses from 67 institutions (including Public Health Agency of Canada, Health Canada, the CDC) in **19 countries/jurisdictions** show that the world's health/science institutions have no record of "SARS-COV-2" purification, by anyone, anywhere, ever, thus *no record of any scientific study or sequencing* of the particles alleged to be "the COVID-19 virus", and thus zero proof of the existence of a "COVID-19 virus":

<https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>