

This is the 1st affidavit  
of Dr. Charles Hoffe in this case  
and was made on 20 March, 2024

IN THE MATTER OF the CITATION to appear further amended and dated July 19, 2023  
pursuant to Section 38 of the *Health Professions Act*, RSBC 1996, c 183

BETWEEN

**COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA (the  
"College")**

APPLICANT

AND

**DR. CHARLES HOFFE ("Dr. Hoffe")**

RESPONDENT

### **AFFIDAVIT**

I, DR. CHARLES HOFFE, of 153 Loring Way East, PO Box 550, Lytton, British Columbia,  
V0K 1Z0, Physician, SWEAR (OR AFFIRM) THAT:

1. I am the Respondent in this matter and as such, have personal knowledge of the facts and matters hereinafter deposed to, save and except where such facts and matters are stated to be made upon information and belief, and as to such facts and matters I verily believe them to be true.
2. I have reviewed the documents and videos attached as exhibits to my affidavit and provide a brief summary of some of the information contained with them and some background information.
3. In September 2021 a group called the Public Health and Medical Professionals for Transparency filed a Freedom of Information Act (FOIA) request with the US Food and Drug Administration to obtain the documentation used to approve the Pfizer COVID-19 Vaccine known as Comirnaty, including safety and effectiveness data, adverse reaction reports and lists of active and inactive ingredients. When after a month, the FDA had not responded to the request the PHMPT sued to compel production of the documents. Pfizer and the FDA asked the Court to give them 75 years to release the documents, providing just 500 pages per month, but the Court ruled that they had to release them at the rate of 50,000 plus pages per month. In the middle of November 2021 the FDA released the first 91 pages which included the Pfizer Adverse Events Report dated April 30, 2021 which included data from Pfizer's post-market surveillance up to February 28, 2021 (the "Pfizer Feb 28, 2021 AESI Report") . A true copy of this document is attached as exhibit "A" to this my affidavit.

4. In this report, Pfizer revealed that it received 42,086 adverse events reports that included 1223 deaths from people who had received the vaccine. See page 6, last paragraph, and Table 1 on page 7, 2nd last row for this information.
5. Attached as [exhibit “B “](#) is a document that I created by taking the information contained within Appendix 1 to the Pfizer Feb 28, 2021 AESI Report, and numbering each of the adverse events of special interest reported to Pfizer following injection of their product, up to February 28, 2021. I have color coded those AESIs that are relevant to the Citation and provided a legend for ease of reference.
6. The College has provided in their application at pages 6-8/80 the particulars of what they say I have said that is misleading, incorrect or inflammatory statements about vaccinations, treatments and public measures relating to Covid 19. The particulars of these allegations are summarized in paragraph 18 of the Application. The College breaks these down into 3 categories. The largest category is the statement made by me that Covid vaccines cause serious harms which they say is misleading, incorrect or inflammatory. The Pfizer AESI Report documents serious harms within approximately 2 months of the vaccines being distributed to the public involving neurological side effects, clotting side effects, death or life threatening side effects, fertility or pregnancy related side effects, myocarditis/pericarditis/endocarditis, and risks to children through shedding.
7. Attached as [exhibit “C “](#) is a true copy of an article published by the Canadian Medical Association Journal on January 4, 2005 found on their website concerning Health Canada’s approval in 1999 of Vioxx as a safe and effective medication which was heavily marketed as having a low risk of gastrointestinal bleeding but was withdrawn from the market 4 years later because of an increased risk of cardiovascular disease, mainly myocardial infarction and stroke. It was alleged by the authors of the journal that Health Canada were aware of the increased risk of cardiovascular adverse events from the drug long before it was withdrawn from the market.
8. Attached as [exhibit “D “](#) is a true copy of an article in the Oxford Academic Journal discussing the drug thalidomide which was approved by health regulators, including Health Canada, as safe and effective treatment of nausea in pregnant women. It was later discovered that this drug resulted in severe birth defects in thousands of children and it was ultimately removed from the market about 10 years after it had been approved.
9. Attached as [exhibit “E “](#) is a true copy the US Department of Health and Human Services Food and Drug Administration Centre for Biologics Evaluation and research paper dated August 2015 providing guidance to the drug manufacturing industry on how to conduct shedding studies during preclinical and clinical development of their drug products. The report confirms that the term “shedding” means the release of virus or bacteria based gene therapy products from the patient through one or all of the following ways: feces, urine, saliva, nasopharyngeal fluids etc., or through the skin. The authors explain that shedding is distinct from biodistribution because the latter describes how a product is spread within the patient’s body from the side of administration while the former describes how it is excreted or released from the patient’s body. The authors also confirm that shedding raises the possibility of transmission of the virus or bacteria based gene therapy products from

treated to untreated individuals (e.g., close contacts and healthcare professionals). The authors also confirm that transmission could occur if the virus or bacteria based gene therapy products are shed in the form of intact viruses or bacteria. This guidance indicates that it does not address in this paper, the collection or submission of adverse event information that could be attributed to shedding.

10. Attached as [exhibit “F”](#) is a true copy of the October 26, 2020 Pfizer vaccine purchase contract between Pfizer Canada ULC and the government of Canada obtained through a freedom of information request by the news organization The Canadian Independent. The definition of “serious injury” has been edited from view but paragraph 5.4 of the contract make it clear that Pfizer excludes all conditions, warranties of its product, and they specifically disclaim that their vaccine is of merchantable quality or fit for the particular purpose for which it was purchased. The government of Canada also specifically acknowledges that the vaccine and its materials were rapidly developed due to the emergency circumstances and will continue to be studied after the vaccine is provided to the government of Canada. The government of Canada acknowledged that the long-term effects and efficacy of the vaccine are not currently known.
11. Attached as [exhibit “G”](#) is a true copy of emails between Dr. Bonnie Henry, Dr. Monica Naus from the BC CDC, Dr. Douglas Smith, Executive Director of Interior Health, Dr. Carole Fenton of Interior Health and others concerning my communications, and containing data possessed by the BC government and the BC CDC regarding the adverse events following immunization with the Covid 19 vaccines that they were seeing by January 21, 2021, just over one month after they were released to the public. These emails make it clear that representatives of the BC Government and the BC CDC were aware on March 11, 2021 that AstraZeneca had been suspended and that in BC they were continuing to see anaphylaxis reported at higher rates than the Canadian average, in fact BC was said to be in the top 3 in Canada. They also mention reports of Bell’s Palsy. At page 32/59 of this exhibit, representatives of the BC CDC share their “high level of concern with the findings” namely, the severe nature of the AEFI (high case fatality and sequelae risk) with the AstraZeneca vaccine, the young age of the cases, and the unusual features and excess risk associated with the AstraZeneca vaccine. At page 7/59 the BC CDC presented their AEFI summary report as of January 21, 2021 just over one month after the vaccines were made available to the public. These show total AEFI’s of 56 in British Columbia with 18 of them being listed as serious. They also indicate that there was a rate of 46.7 reports of AEFI’s associated with Covid 19 vaccines per 100,000 distributed doses.
12. Attached as [exhibit “H”](#) is a true copy of the official statement of the Society of Obstetrics and Gynecologist of Canada (“SOGC”) regarding their official position on the safety of the Covid 19 vaccines for pregnant and breast-feeding women originally published December 18, 2020 and last revised on January 11, 2021. The SOGC made a point of noting that pregnant and breast-feeding women were excluded from the Phase II and Phase III studies for the Pfizer Covid 19 vaccine. They also indicated that until more data was available, the potential risks of vaccination to a pregnant woman and fetus remain unknown. They recommended that pregnant and breast-feeding women who are eligible for the Covid 19 vaccine due to exposure risk, medical status, or other circumstances should be able to make an informed decision by having access to up-to-date information about the safety and

efficacy of the vaccine (including clear information about the data that they clearly stated is not yet available) and information about the risks of Covid 19 infection for them.

13. Attached as [exhibit “I “](#) is a true copy of a video from the global news network in British Columbia showing Danuta Skowroski, lead epidemiologist of the BCCDC, on February 19, 2021 providing advice to the public regarding dosage of the Pfizer vaccine contrary to the dosage recommended by the CEO of Pfizer. She recommended one dose while Pfizer was saying 2 doses were required.
14. Attached as [exhibit “J “](#) is a true copy of a CBC news article on March 15, 2021 quoting Prime Minister Justin Trudeau wherein he states that every vaccine approved in Canada is both safe and effective and that there was absolutely no risk associated with the AstraZeneca vaccine and that it was safe despite finding by the European Health Regulators to the contrary.
15. Attached as [exhibit “K “](#) is a true copy of Pfizer’s Pregnancy and Lactation Cumulative Review released April 20, 2021 containing Pfizer’s post-market data to February 28, 2021. This report contains data collected by Pfizer as part of their post-market surveillance as of February 28, 2021, just over 2 months after the vaccines were made available to the public. They identified 673 serious adverse events following immunization with the Pfizer Covid 19 vaccine in that timeframe. They acknowledge that reports were submitted voluntarily and the magnitude of underreporting was unknown. These serious adverse events following receipt of the Covid 19 Pfizer vaccine include adverse events reported in infants with exposure to the vaccine through lactation, and spontaneous abortion, among other things.
16. Attached as [exhibit “L“](#) is a true copy of a May 4, 2021 news video showing a representative of the National Advisory Committee on Immunization (“NACI”) confirming that as information evolved there has been concerning safety signals of harm emerging with the AstraZeneca vaccines that caused NACI to recommend mRNA vaccines like Pfizer and Moderna as a preferred option. Initially NACI thought the risk of adverse events from this vaccine were about 1 in 1 million but new information suggested it was more in the and range of 1 in 100,000, - a 10 fold increased risk.
17. Attached as [exhibit “M “](#) is a true copy of a video of the May 4, 2021 reaction of Prime Minister Justin Trudeau, and Dominic Cardy, Education Minister for New Brunswick to NACI’s concerns over the safety signals observed with the AstraZeneca vaccine. Mr. Trudeau and Mr. Cardy assure Canadians that this vaccine and all other vaccines have been approved by Health Canada and therefore are safe and effective and people shouldn’t hesitate to get the vaccine. Dr. Theresa Tam, Chief Public Health Officer for Canada in the same video however expresses her opinion that she understands why some individuals would be concerned or frustrated with this news of the safety concerns regarding the AstraZeneca vaccine. She said that people should weigh certain factors before considering waiting for Pfizer or Moderna including the risk of blood clots and says that advice on the second AstraZeneca dose will be coming soon.
18. Attached as [exhibit “N “](#) is a true copy of May 7, 2021 global news video showing Dr. Deborah Money of the University of British Columbia saying there is good safety data so

far with the vaccines in pregnancy and no reason to believe that we will see concerns particularly related to pregnant women.

19. Attached as [exhibit “O “](#) is a true copy of a CBC news article on May 13, 2021 quoting Dr. Howard Njoo Canada’s Deputy Chief Public health Officer, acknowledging that public health officials in Canada had identified 28 suspected cases of a rare but serious condition called vaccine induced thrombotic thrombocytopenia, in people who had received the AstraZeneca vaccine, including 4 deaths related to this. Alberta, New Brunswick, Nova Scotia, Ontario, Saskatchewan and Québec suspended use of the AstraZeneca vaccine as a result and Ontario announced that they felt the incidence of this adverse reaction to the AstraZeneca vaccine was now roughly 1 in 60,000. Dr. Njoo admitted that the situation with AstraZeneca was evolving and they were waiting for a determination by Health Canada as well as NACI on the situation with respect to the vaccine induced thrombotic thrombocytopenia.
20. Attached as [exhibit “P “](#) is a true copy of the June 14, 2021 report of the House of Commons Standing Committee on Health wherein Dr. Shirin Kaylan, Adjunct Professor of Medicine, University of British Columbia and vice-President, Scientific Innovation, Qu Biologics, explained that women have borne the brunt of experiencing more serious adverse events related to the Covid 19 vaccines. She explained that the Covid vaccines deliver genetic material either in the form of DNA or RNA into our cells to make or express viral proteins. She admitted that we have very little, to no knowledge on the long-term safety and efficacy of many aspects of this particular technology especially when they are given in multiple doses. Given this lack of experience she explained, it was very difficult to make well-informed decisions regarding their use.
21. Attached as [exhibit “Q “](#) is a true copy of a video Dr. Theresa Tam explaining at a news conference on CTV News on June 17, 2021 that based upon NACI’s recommendations, the emerging evidence suggests the Pfizer and Moderna vaccines should be offered first rather than Astrazeneca because of concerns over vaccine induced thrombotic thrombocytopenia, but the viral vector vaccines like AstraZeneca, and the mRNA vaccines like Moderna and Pfizer, are all interchangeable and all offer effective protection against infection and severe illness and disease. She indicated that the Government was aware of rare cases of myocarditis and pericarditis following receipt of the mRNA vaccines and they were closely monitoring the emerging evidence.
22. Attached as [exhibit “R “](#) is a true copy of an official response to a freedom of information request made to the BC Ministry of Health wherein they confirm that they were unable to locate any data, records, emails or texts that proved Dr. Carole Fenton statement in a April 23, 2021 press release that Covid 19 vaccines are unequivocally safer than Covid 19 infection, nor to show that the vaccines have been demonstrated to be safe and effective through all levels of clinical trials.
23. Attached as [exhibit “S “](#) is a true copy of Health Canada’s Public advisory from their website on ivermectin last updated October 19, 2021, and retrieved from their website on February 18, 2024 and is still displayed on their website. In this Public advisory Health Canada states that there is no evidence that ivermectin works to prevent or treat Covid 19

and it is not authorized for this use. Health Canada confirms that ivermectin has been authorized by Health Canada for human use, as a prescription antiparasitic drug for the treatment of parasitic worm infections. In this public advisory, Health Canada advised Canadians not to use either the veterinary or human drug versions of ivermectin to prevent or treat Covid 19.

24. Attached as [exhibit “T “](#) is a true copy of the official statement of the Chief Public Health Officer of Canada on December 3, 2021 advising the public that NACI has reaffirmed that the benefits of receiving an mRNA Covid 19 vaccine continue to outweigh any potential risks of experiencing rare side effects following vaccination with an mRNA vaccine, including the rare risk of vaccine associated myocarditis and/or pericarditis most often seen in males aged 12 to 29 years of age. The CPHO also advised the public that the effectiveness of the vaccine wanes over time and recommends a booster dose which may be offered 6 months after previous dose.
25. Attached as [exhibit “U “](#) is a true copy of NACI’s December 3, 2021 public guidance wherein they acknowledge that the effectiveness of the Covid 19 vaccines waned over time and they strongly recommend a booster dose that should be offered at least 6 months after the completion of the primary series to certain groups.
26. Attached as [exhibit “V “](#) is a true copy of another version of the NACI and the PHAC guidance dated December 3, 2021 acknowledging that evidence on the potential benefit and safety of booster doses has evolved over time and that the risk of myocarditis/pericarditis after a booster dose of an mRNA vaccine appears to be lower than the already rare risk after the 2<sup>nd</sup> dose of the primary series but higher than after the first dose.
27. Attached as [exhibit “W “](#) is a transcript of statements made by the Minister of Health for the Province of Ontario, Christine Elliott, where she states in the legislature that the Covid 19 vaccines are safe for pregnant women and their babies and has been accepted by Health Canada. The video of Ms. Elliott making this statement in the legislature is attached as [exhibit “X”](#) to this my affidavit.
28. Attached as [exhibit “Y “](#) is a true copy of a transcript referencing specific timestamps of the news conference by Dr. Bonnie Henry referencing matters that are relevant to the citation.
29. The video of Dr. Bonnie Henry referenced in [exhibit “Y”](#) is attached as [exhibit “Z “](#) to this my affidavit. Dr. Henry indicates in her public address that unequivocally, the Covid 19 vaccines do not change your DNA, do not affect fertility, do protect you from infection and serious illness, and are very safe, but do have the potential for side effects but those are very low. Dr. Henry acknowledges being aware that there are very rare side effects of the vaccines that cause inflammation of the heart, or the heart muscle or lining of the heart, postvaccination. She recommends that people find credible sources of information that starts with your family practitioner, pediatrician, pharmacist the BC CDC and particular websites.

30. Attached as [exhibit “AA “](#) is a true copy of a January 11, 2022 Newsweek article where the province of Ontario acknowledged that 46% of the Covid 19 Hospitalizations in Canada were “incidental” patients who were Covid positive but were not admitted to hospital due to their virus diagnosis. Ontario’s Chief Medical Officer indicated that they had asked all of their hospital partners to be more vigourous in the reporting so that they can provide a reliable source of data to decision-makers and to the public.
31. Attached as Exhibit [“XXX”](#) is a news article quoting Dr. Bonnie Henry acknowledging a similar reality to that of Ontario in that BC had been counting everyone in the hospital with a COVID positive test as a hospitalization and was trying to determine who was actually in hospital from Covid as opposed to someone who was in hospital for some other reason but had a positive test for COVID while in the hospital. She acknowledged that BC’s hospitalization figures represented an overestimation of the burden that the Covid 19 was actually causing in BC hospitals.
32. Attached as [exhibit “BB “](#) is an official notice from the Government of Saskatchewan confirming that the benefits of a proof of vaccination policy no longer outweigh the costs and revoked remaining proof of vaccination and testing requirements in Saskatchewan businesses, workplaces and other public venues effective February 14, 2022.
33. Attached as [exhibit “CC “](#) is a true copy of portions of the affidavit of Celia Lourenco, the person responsible for the Government of Canada approving the Covid 19 vaccines who confirms at paragraphs 98 and 118 of her affidavit, that the duration of assessment of the safety and efficacy of the Pfizer and Moderna vaccines used for approval was a median of 2 months.
34. Attached as [exhibit “DD “](#) is a true copy of the Province of Alberta’s announcement located on their official website that Alberta ended all remaining mandatory public health restrictions for Covid 19 on June 14, 2022.
35. Attached as [exhibit “EE “](#) is a true copy of the official announcement of the Government of Canada on June 14, 2022 suspending the vaccine mandates for domestic travellers, transportation workers and federal employees.
36. Attached as [exhibit “FF “](#) is a true copy of NACI’s revised recommendations as of September 9, 2022 cautioning people administering the Covid 19 vaccines to be aware of the contents of the relevant product monograph and reminding those individuals that the recommendations for use and other information set out in NACI’s public guidance may differ from that set out in the product monographs of the Canadian manufacturers of the vaccines. NACI states that manufacturers have sought approval of the vaccines and provided evidence as to its safety and efficacy only when it is used in accordance with the product monograph.
37. Attached as [exhibit “GG“](#) is a true copy of a research journal published in the Journal of Clinical Medicine on October 25, 2022 by Diani, et. al., concluding that natural, post-Covid 19 immunity from infection, indicated good immunological protection in the vast majority of individuals. The elicited natural immunity seems to protect against both reinfection and

serious illness. Vaccine induced immunity proved to decay faster than natural immunity, and natural immunity was the only type of immunological protection which is also activated by cross-reactivity towards other pathogens.

38. Attached as [exhibit “HH “](#) is a true copy of research paper published on February 16, 2023 in Volume 401 of the Lancet medical journal dated March 11, 2023 by Stein, et.al., indicating that protection from a past infection of Covid 19 against reinfection from pre-micron variance was very high and remained high even after 40 weeks. Protection from severe disease was high for all variants as well.
39. Attached as [exhibit “II “](#) is a true copy of the BC Centre for Disease Control/BC Ministry of Health April 18, 2023 public health guidance stating that clinical trials of Covid 19 vaccines all excluded pregnant or breast-feeding women from their trials, although some participants reported pregnancies during the trial. The guidance states that the potential risks of vaccination to a pregnant individual are not clear. The guidance goes on to state that as recommended by NACI, as a matter of informed consent, pregnant women should be counselled about the lack of safety and efficacy data for the currently approved mRNA and adenovirus vaccines in pregnant women.
40. Attached as [exhibit “JJ “](#) is a true copy of Department of Security public news release confirming as of May 12, 2023 DHS no longer requires non-US travellers into the United States to be fully vaccinated against Covid 19.
41. Attached as [exhibit “KK “](#) is a true copy of the May 5, 2023 BC Government official public notice acknowledging that the World Health Organization declared an end of Covid 19 as a global public health emergency effective May 5, 2023.
42. Attached as [exhibit “LL “](#) is a true copy of the World Health Organization’ s official May 5, 2023 statement declaring an end to Covid 19 is a global public health emergency.
43. Attached as [exhibit “MM “](#) is a true copy of the Government of Canada’s official announcement that the Johnson & Johnson Covid 19 vaccine authorization for distribution of their product to the public was cancelled. This guidance provides a list of the contents of the vaccine and the side effects that resulted in the withdrawal of the authorization which included blood clots with low levels of blood platelets, capillary leak syndrome and Guillain-Barre syndrome among others.
44. Attached as [exhibit “NN “](#) is a true copy of an email exchange from July 23 to August 18, 2023 between Health Canada and a journalist from the Epoch Times where the Health Canada representative advised “although the full DNA sequence of the Pfizer plasmid was provided at the time of initial filing, the sponsor did not specifically identify SV40 sequence. When the presence of the SV40 enhancer was raised publicly by [Kevin] McKernan and Buckhaults, it was possible for Health Canada to confirm the presence of the enhancer based on the plasma DNA sequence submitted by Pfizer against the published SV40 enhancer sequence.
45. Attached as [exhibit “OO“](#) is a true copy of the Epoch Times providing more detail on their exchange with Health Canada about the DNA plasmid contamination in the Covid 19

vaccines, and providing information about the background of the experts who alerted Health Canada to this problem, namely Kevin McKernan and Peter Buckhaults, who had done their own independent research into the issue.

46. Attached as [exhibit “PP “](#) is a true copy of a public announcement by Dr. Theresa Tam, Chief Public Health Officer. for Canada on September 12, 2023 advising the public that the efficacy of the Covid 19 vaccination’s wanes after 6 months and encouraged pregnant women to get vaccinated.
47. Attached as [exhibit “QQ “](#) is a true copy of Dr. Bonnie Henry’s current public health order dated October 5, 2023 where Dr. Henry confirms in Preamble A that the order is made pursuant to a declaration that she made under the Public Health Act in March 2020 that COVID-19 constitutes an immediate and significant risk to public health throughout the province, which by definition is an “emergency” under the Act.
48. Attached as [exhibit “RR “](#) is a true copy of NACI’s October 27, 2023 public health guidance advising that the evidence of myocarditis and pericarditis resulting from the Covid 19 vaccines is evolving over time. NACI advises that a higher rate of myocarditis and/pericarditis was reported nationally and internationally after a primary series vaccination with Moderna/Spikevax compared to Pfizer especially among 12 to 29-year-old males after the second dose. NACI admits that although Moderna was recommended for use as a primary series for individuals age and will 6 to 11, the use of this vaccine in the population has been limited and data are not available to determine the risk of myocarditis and/or pericarditis to individuals in this age group.
49. Attached as [exhibit “SS “](#) is a true copy of Government of Canada’s official notice advising that the AstraZeneca vaccine authorization for use in Canada was revoked December 19, 2023 as a result of concerns about side effects that included blood clots with low levels of blood platelets, capillary leak syndrome and Guillian Barre syndrome. There were also reports of a severe allergic reaction of anaphylaxis.
50. Attached as [exhibit “TT “](#) is a true copy of a research paper published in the Therapeutic Advances in Drug Safety in 2024 by Rose, et. al, which concluded that the evidence establishes that Covid 19 vaccination is strongly associated with the serious adverse safety signal of myocarditis, particularly in children and young adults resulting in hospitalization and death.
51. Attached as [exhibit “UU “](#) is a true copy of NACI’s updated public health guidance dated January 12, 2024 advising that their advice and recommendations are based upon the best current available scientific knowledge. They remind people administering the COVID-19 vaccine to be aware of the information contained in the product monographs of the Canadian manufacturers of the vaccines as they have sought approval and the vaccines and provided evidence as to what safety and efficacy only when used in accordance with the product monographs.
52. Attached as [exhibit “VV “](#) is a true copy of a published article dated January 24, 2024 by Mead et. al., involving a reanalysis of the Pfizer clinical trial data which identified

statistically significant increases in serious adverse events in the vaccine group in the Pfizer clinical trial. Numerous serious adverse events were identified following the Emergency Use Authorization including death, cancer, cardiac events and various autoimmune, hematological, reproductive and neurological disorders. The authors conclude that the products never underwent adequate safety and toxicological testing in accordance with previously established scientific standards. The risk-benefit imbalance substantiated by the evidence to date contraindicates further booster injections and suggest that at a minimum, the mRNA injection should be removed from the childhood immunization program until proper safety and toxicological studies are conducted.

53. Attached as [exhibit “WW “](#) is a true copy of a February 22, 2024 video of the BC legislature where the BC Minister of Health is asked by the Leader of the Opposition to justify the ongoing declared public state of emergency for Covid 19 and the public health mandates declared under that state of emergency, when British Columbia is the only jurisdiction in North America whose government still believes that to be true.
54. Attached as [exhibit “XX “](#) is a true copy of the Government of Canada’s official website confirming that as of February 28, 2024 they had received 58,712 adverse event following immunization reports related to the Covid 19 vaccines, 11,702 of them which were serious. The notice also confirms that on July 26, 2023 and December 19, 2023 respectively, Health Canada canceled the authorization for approval for the Janssen and Janssen vaccine and the AstraZeneca vaccine pursuant to the Food and Drug Regulations. This update confirms that overall, most adverse event reports were reported from females (72.4%). The update also confirms the most common report adverse event was parasthesia at a rate of 7.64 per 100,000 doses. On page 11, the Government of Canada’s provides the breakdown of the adverse events of special interest following immunization with the Covid 19 vaccines which included reports of Guillian Barre Syndrome, thrombocytopenia, cardiac arrest, cardiac failure, heart attack, myocarditis and pericarditis, cerebral venous thrombosis, cerebral thrombosis, cutaneous vasculitis, deep vein thrombosis, embolism, hemorrhage, pulmonary embolism and thrombosis (blood clots with low platelets). The reports also included Bell’s palsy, transverse myelitis (inflammation of the spinal cord), fetal growth restriction and spontaneous abortions.
55. Attached as [exhibit “YY “](#) is a true copy of the official updated guidance for community settings issued by the US Centre for Disease Control on March 1, 2024 where they recommend a unified approach to addressing risks from infection from Covid 19, the flu and RSV.
56. Attached as [exhibit “ZZ “](#) is a true copy of a video endorsed by Health Canada saying that there is no evidence that COVID-19 vaccines cause fertility issues and that evidence shows that mRNA COVID-19 vaccines are safe if you are pregnant or breastfeeding.
57. Attached as [exhibit “AAA“](#) is a true copy of the Public Health Agency of Canada’s September 2022 updated public health guidance where in the PHAC indicates that on an individual level, readiness can best be achieved by keeping Covid 19 vaccinations up to date, including booster doses when eligible, as an important foundation of protection

against Covid 19. The PHAC says getting a booster dose if you are eligible, and especially for those aged 50 years of age or older, is very important.

58. Attached as [exhibit “BBB”](#) is a link to a website containing 246 studies demonstrating the safety and efficacy of ivermectin as a treatment for Covid 19. 192 of the studies are peer-reviewed with 101 comparing treatment and control groups.
59. Attached as [exhibit “CCC”](#) is a true copy of Pfizer’s phase 1, 2, 3 placebo-controlled randomized observer blind trial data evaluating the safety, efficacy of the vaccine for Covid 19 for healthy individuals. At page 45 of the study, the authors confirm that the Pfizer Covid 19 vaccine is referred to as a “study intervention”. At page 67-69 Pfizer defines when a pregnant person is considered to have been exposed to the Pfizer vaccine, including through inhalation or skin contact with another person who has been vaccinated. Pfizer explains that abnormal pregnancy outcomes are considered serious adverse events such as ectopic pregnancy, spontaneous abortion, intrauterine fetal demise, neonatal death, or congenital anomaly. Pfizer explains that additional information about pregnancy outcomes that are reported to Pfizer Safety as serious adverse events follows spontaneous abortion include miscarriage and missed abortion, and neonatal deaths that occur within one month of birth. Pfizer goes on to explain at page 69 of the clinical trial report that an exposure is considered to have occurred during breast-feeding if a female participant is found to be breast-feeding while receiving or after discontinuing the Pfizer vaccine, or through environmental exposure through inhalation or skin contact with someone who has been vaccinated with the Pfizer vaccine. The exposure to the vaccine through skin contact or inhalation is often referred to as “shedding”.
60. Attached as [exhibit “DDD”](#) is a true copy of product monograph for the AstraZeneca vaccine with an initial authorization of November 19, 2021 and revised on December 14, 2022. The product monograph provides the following with respect to the AstraZeneca vaccine:
  - (i) a combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination
  - (ii) there are no safety, immunogenicity or efficacy data to support interchangeability of the vaccine with other Covid 19 vaccines
  - (iii) hypersensitivity reactions including anaphylaxis and angioedema have occurred following administration of the vaccine
  - (iv) coagulation disorders reported with administration of the vaccine include thromboembolism in combination with thrombocytopenia syndrome, cerebrovascular venous and sinus thrombosis without thrombocytopenia, thrombocytopenia, for which fatal outcomes have been reported.
  - (v) capillary leak syndrome has been observed very rarely following vaccination and is characterized by acute episodes of limb edema, hypotension, chemo concentration and hypoalbuminemia

- (vi) very rare events of demyelinating disorders, such as Guillain-Barre Syndrome and transverse myelitis have been reported following vaccination
  - (vii) it is unknown whether the vaccine may impact fertility as no data are available in humans
  - (viii) the safety of the vaccine in pregnant women has not yet been established
  - (ix) it is unknown whether the vaccine itself is excreted in human breast milk
  - (x) non-medicinal ingredients in the vaccine include ethanol, disodium edate dihydrate, L-histidine, L-histidine, hydrochloride, monohydrate magnesium chloride hexahydrate, polysorbate 80, sodium chloride sucrose and water.
61. Attached as [exhibit “EEE”](#) is a true copy of the product monograph for the Johnson & Johnson Covid 19 vaccine initially authorized on November 23, 2021 and revised on February 16, 2023. The product monograph provides the following information:
- (a) a combination of thrombosis and thrombocytopenia in some cases accompanied by bleeding has been observed very rarely following vaccination
  - (b) there are no data available on the use of the vaccine to complete a primary vaccination series initiated with another Covid 19 vaccine
  - (c) serious and unexpected adverse events may occur that have not been previously reported
  - (d) anaphylaxis has been reported
  - (e) coagulation disorders that have been reported include thrombosis and thrombocytopenia in as high as one case per 100,000 doses in females ages 30-49 years, with approximately 15% of these cases being fatal
  - (f) immune thrombocytopenia, venous thromboembolism, risk of bleeding, capillary leak syndrome have all been reported following vaccination, very rare events of demyelinating disorders such as Guillian Barre syndrome and transverse myelitis have been reported following vaccination
  - (g) no data are available on fertility in humans
  - (h) there is limited experience with the use of the vaccine in pregnant women it is not known whether the components of the vaccine are excreted in human milk
  - (i) nonmedicinal ingredients in the vaccine include 2-hydroxypropyl-B- cyclodextrin, citric acid monohydrate, ethanol, Hydrochloric acid, polysorbate 80, sodium chloride, sodium hydroxide, trisodium citrate dihydrate and water.

62. Attached as [exhibit “FFF”](#) is a true copy of the product monographs for the Moderna Covid 19 vaccine initially authorized on December 23, 2020 and revised on February 19, 2021..
63. Attached as [exhibit “GGG”](#) is a true copy of the product monographs for Moderna/Spikevax Covid 19 vaccine initially authorized September 16, 2021 and revised on December 23, 2021.
64. Attached as [exhibit “HHH”](#) is a true copy of the product monograph for the Moderna Spikevax Covid 19 vaccine initially authorized on September 16, 2021 and revised on July 14, 2022.
65. Attached as [exhibit “III”](#) is a true copy of the product monograph for the Moderna Spikevax Covid 19 vaccine initially authorized on September 16, 2021 and revised on January 12, 2023.
66. Attached as [exhibit “JJJ”](#) is a true copy of the product monograph for the Moderna Spikevax Covid 19 vaccine initially authorized on September 16, 2021 and revised on October 4, 2023. The product monograph provides the following information:
  - (a) the safety and efficacy of the vaccine for individuals under 6 months of age has not yet been established
  - (b) the vaccine must not be reconstituted, or mixed with other medicinal products or diluted
  - (c) anaphylaxis has been reported
  - (d) very rare cases of myocarditis and or pericarditis have been reported during post authorization use. There is an increased risk for myocarditis and pericarditis following vaccination, particularly within the first week following receipt of the 2<sup>nd</sup> primary series dose or first booster dose in young male adults
  - (e) immunocompromised persons may have a diminished immune response to the vaccine
  - (f) the safety and efficacy of the vaccine in pregnant women have not yet been established
  - (g) it is unknown if the vaccine is excreted in human milk and a risk to newborns/infants cannot be excluded
  - (h) overall there was a higher reported rate of solicited adverse reactions in younger age groups
  - (i) the following adverse reactions were identified during post-authorization use of the vaccine: immune system disorders including anaphylaxis and hypersensitivity, cardiac disorders such as myocarditis and pericarditis, skin and subcutaneous tissue disorders such as erythema multiforme, acute and delayed urticaria, nervous system

disorders including facial paralysis, Bell's Palsy, hypoaesthesia, parasthesia and dizziness.

67. Attached as [exhibit "KKK"](#) is a true copy of the product monograph for the Moderna Spikevax Covid 19 vaccine initially authorized on September 16, 2021.
68. Attached as [exhibit "LLL"](#) is a true copy of the product monograph for the Moderna Spikevax Covid 19 vaccine initially authorized on September 16, 2021 and revised on December 20, 2022.
69. Attached as [exhibit "MMM"](#) is a true copy of the product monograph for the Pfizer Comirnaty Covid 19 vaccine initially authorized September 16, 2021 and revised on March 21, 2023. The product monograph provides the following information:
  - (a) the safety and efficacy of the vaccine in children under 6 months has not yet been established
  - (b) anaphylaxis has been reported
  - (c) very rare cases of myocarditis and/or pericarditis have been reported following vaccination. Reports of this adverse reaction to the vaccine is lower in 5 through 11-year-olds than it is through 12 through 17-year-olds.
  - (d) It is unknown whether the vaccine has an impact on fertility
  - (e) immunocompromised individuals may have a diminished response to the vaccine
  - (f) safety and efficacy of the vaccine in pregnant women has not yet been established
  - (g) it is unknown whether the vaccine is excreted in human milk and a risk to newborns/infants cannot be excluded
70. Attached as [exhibit "NNN"](#) is a true copy of the product monograph for the Pfizer Comirnaty Original & Omicron BA.4/BA.5 Covid 19 vaccine initially authorized October 7, 2022 and revised on September 13, 2023.
71. Attached as [exhibit "OOO"](#) is a true copy of the product monograph for the Pfizer Comirnaty Omicron XBB.1.5 Covid 19 vaccine authorized September 28, 2023.
72. Attached as [exhibit "PPP"](#) is a true copy of the adverse reaction database for the Covid 19 vaccines developed and maintained by the WHO Collaborating Centre for International Drug Monitoring on behalf of the World Health Organization as of March 11, 2024. This document demonstrates of the WHO has received 5,309,331 adverse events reports concerning the Covid 19 vaccines that are listed by category from 2021 to March 11, 2024. This is compared to exhibit "WWW" of my affidavit which is the same database for the influenza vaccine from 1968 to March 11, 2024 which records 325,344 adverse events over that time frame from flu vaccines.

73. Attached as [exhibit “QQQ”](#) is a true copy of an official reply by the Minister of Health on May 25, 2023 to questions posed by Member of Parliament Mr. Falk (Provencher) which confirms the following:

- (i) NACI continues to monitor the evidence on the use of Covid 19 vaccines in pregnancy and breast-feeding and will update recommendations as needed.
- (ii) Health Canada and PHAC continue to monitor safety information from various sources including scientific literature, manufacturers and international regulators. If new safety issues are identified, Health Canada takes the appropriate action to ensure that new risks are communicated to Canadians in healthcare professionals.
- (iii) In November 2022, following a review of evidence from clinical trials, observational studies and post-marketing surveillance activities, the Pharmacovigilance Risk Assessment Committee of the European Medical Association (“EMA-PRAC”) concluded that there was “at least a reasonable possibility that heavy menstrual bleeding is causally associated with Cominarty”.
- (iv) Based on the available evidence, and in the context of the frequency of menstrual irregularities, it is not possible to determine what percentage of Covid 19 mRNA vaccine recipients could experience an increase in menstrual bleeding.
- (v) As part of its ongoing surveillance of Covid 19 vaccine safety, Health Canada is reviewing the peer reviewed article by Dr. James Thorp and Associates in the safety summary reports. Should new safety issues be identified, Health Canada will take appropriate action, including communicating any new risks to Canadians and healthcare professionals.

74. Attached as [exhibit “RRR”](#) is a true copy of an official reply by the Minister of Health on October 27, 2023 to questions posed by Member of Parliament Mr. Carrie (Oshawa) which confirms the following:

- (i) Pfizer’s submission provided information that process 1 was used for vaccine development for the clinical trials, and process 2 was used for vaccines that were distributed to the public
- (ii) Health Canada was aware of the presence of residual plasma DNA in the vaccines
- (iii) the simian virus 40 promoter enhancer sequence was found to be a residual DNA fragment in Pfizer-BioNTech Covid 19 vaccine.
- (iv) Health Canada is not considering regulating mRNA vaccines as gene therapy products, as these vaccines cannot modify genes. The mRNA from

the vaccines does not enter the cell nucleus or interact with the DNA at all, so it does not constitute gene therapy.

75. Attached as [exhibit “SSS”](#) is a true copy of an official reply by the Minister of Health on December 12, 2023 to questions posed by Member of Parliament Mr. Falk (Provencher) which confirms the following:
- (i) Health Canada did not perform a risk-harm analysis for the use of ivermectin to prevent or treat Covid 19 and only does so if a marketing application for a drug has been submitted by a manufacturer.
  - (ii) The Department has not received nor reviewed any scientific evidence for the purpose of determining a benefits, harms, and uncertainties profile on such use.
76. Attached as [exhibit “TTT”](#) is a true copy of an official reply by the Minister of Health on December 12, 2023 to questions posed by Member of Parliament Mr. Falk (Provencher) which confirms the following:
- (i) none of the Covid 19 vaccine manufacturers sought indications for use in pregnant or lactating women or submitted randomized clinical trial data in pregnant/lactating women for regulatory evaluation. The PCAP product Monographs included statements about the uncertainties related to pregnancy and lactation.
77. Attached as exhibit [“UUU”](#) is **a true copy of an official reply by the Minister of Health on December 13, 2023** to questions posed by Member of Parliament Mrs. Wagentall (Yorkton/Melville) which confirms the following:
- (i) None of the Covid 19 vaccine manufacturers sought indications for use in pregnant or lactating women or submitted random control trials in pregnant/lactating women for regulatory evaluation. The Product Monographs included statements about the uncertainties related to pregnancy and lactation.
  - (ii) **As noted in the specific Product Monographs, it is noted that the safety and efficacy of these vaccines in pregnant women have not yet been established. No indication for use in pregnant or lactating women was sought by the vaccine sponsors or authorized by Health Canada.**
  - (iii) As noted in the Product Monograph, the safety and efficacy of Cominarty in pregnant women have not yet been established.
  - (iv) Health Canada has not approved any safety claims with regard to pregnant and lactating women.

78. Attached as exhibit “[VVV](#)” is a true copy of an official reply by the Minister of Health on December 13, 2023 to questions posed by Member of Parliament Mr. Epp (Chatham-Kent-Leamington) which confirms the following:
- (i) the Minister of Health requires a manufacturer to submit an application for approval of a new indication for drug that is already approved for a different indication.
  - (ii) However, healthcare practitioners may choose to prescribe a drug outside of its approved indication (off-label use). Off-label use falls under the “practice of medicine” and is regulated at the provincial and territorial level.
79. Attached as [exhibit “WWW”](#) is a true copy of the WHO adverse reaction database to the flu vaccines from 1968 up to and including March 11, 2024.
80. The College alleges that statements that I made in 2021 that the Covid 19 vaccines were experimental was incorrect, inflammatory and deserving of discipline. The reality is that the Covid 19 vaccines were in clinical trials when I made this statement, and the vaccines are still being tested in a variety of clinical trials and studies. Public Health Officials routinely admit that the evidence about the safety and efficacy of the Covid-19 vaccines are still evolving and emerging over time as more information is gleaned from the roll out of the vaccines to the public and the results of ongoing clinical trials and studies. They regularly update their public health guidance and change what they say the facts are.
81. Attached as exhibit “[YYY](#)” is a true copy of the Pfizer clinical study for the Covid vaccines that commenced April 29, 2020 and completed February 10, 2023 that were ongoing at the time that I made my statement.
82. Attached as exhibit “[ZZZ](#)” is a true copy of the Moderna Clinical trial for the Covid vaccine that commenced May 29, 2020 and ended on October 28, 2021 that was ongoing at the time that I made my statement.
83. Attached as [exhibit “AAA”](#) is a true copy of another three-part phase 3 study by Moderna for their Covid 19 vaccine that commenced July 27, 2020 and ended on December 29, 2022, which was ongoing at the time that I made my statements.
84. The website for the National Library of Medicine keeps track of completed and ongoing clinical trials related to the Covid 19 vaccines and other products. <https://clinicaltrials.gov/search?intr=covid19%20vaccine>
85. The second study listed on the NLM page currently, is said to have completed December 10, 2021, pertains to Covid 19 vaccine induced transverse myelitis, which is a neurological disorder caused by inflammation of the spinal cord. The overview indicates that some patients receiving the Covid 19 vaccines from AstraZeneca, Pfizer, Moderna and Johnson & Johnson have suffered rare but serious adverse events such as transverse myelitis. Attached as [exhibit “BBB”](#) is a true copy of the Study Details Tab. The results of the study have not been posted.

86. On the same website, there is a link to a study sponsored by Moderna called to study the long term side effects from the COVID-19 vaccine called "Long-Term Follow-up Survey of COVID-19 Vaccine After Vaccination. Attached as [exhibit "CCCC"](#) is a true copy of the Study Details from the NIH National Library of Medicine website.
87. This study was started on December 22, 2021 and completed on April 28, 2023. This was a survey of Japanese people after their second vaccination with the Moderna COVID-19 vaccine. The main aim of the study was to check for long-term side effects from the Covid 19 vaccine. Although the study was completed in April 2023 the results of the study have not been posted.
88. Another study is listed as commencing June 24, 2022 with an anticipated completion date of December 2025 that is called "Genomics and Covid-19 Vaccine Adverse Events". The University of British Columbia is the sponsor of this study. Attached as [exhibit "DDDD"](#) is a true copy of the Study Details from the NIH National Library of Medicine website.
89. The brief summary of this study provides:

As vaccination against Covid 19 has begun, adverse events to the vaccine, particularly Guillain-Barre Syndrome (GBS), vaccine-induced immune thrombotic thrombocytopenia (VITT)/thrombosis with thrombocytopenia syndrome (TTS) and myocarditis/peritonitis, after Covid 19 vaccination have been reported worldwide. The objective of the study is to determine if there are specific genetic factors strongly associated with Covid 19 vaccination induced adverse events.

90. The purpose of the study is described as:

Reduce the risk of Covid 19 vaccine-induced adverse events (i.e., GBS, VITT/TTS, and myocarditis/pericarditis) through improved understanding of the biology underlying these severe adverse events and the genetic contribution to their cause.

91. No results of this study have been posted.

92. I make this my Affidavit in response to the College's application for an order for judicial notice and for no improper purpose.

SWORN (OR AFFIRMED) BEFORE ME  
at Kelowna, British Columbia, on the 20<sup>th</sup>  
of March 2024.



Lee C. Turner

A commissioner for taking affidavits for  
British Columbia



DR. CHARLES HOFFE

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IN THE MATTER OF the CITATION to appear  
further amended and dated July 19, 2023 pursuant  
to Section 38 of the *Health Professions Act*, RSBC  
1996, c 183

BETWEEN

**COLLEGE OF PHYSICIANS AND  
SURGEONS OF BRITISH COLUMBIA (the  
“College”)**

APPLICANT

AND

**DR. CHARLES HOFFE (“Dr. Hoffe”)**  
RESPONDENT

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**AFFIDAVIT**

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