File No: AI22-30-09740

QB/PC File No: CI-20-01-29284

IN THE COURT OF APPEAL

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN and ROSS MACKAY

(Applicants) Appellants

-and-

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA, and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA, and DR. JAZZ ATWAL in his capacity as ACTING DEPUTY CHIEF OFFICER OF HEALTH MANITOBA

(Respondents) Respondents

APPELLANTS' APPEAL BOOK

VOLUME 1 (Pages AB1 to AB229)

May 20, 2022

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AB1

File No. CI 20-01-29284

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, ~~DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD,~~ ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA, ~~and~~ DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA, and DR. JAZZ ATWAL in his capacity as ACTING DEPUTY CHIEF OFFICER OF HEALTH OF MANITOBA

Respondents.

AMENDED ~~AMENDED~~ NOTICE OF APPLICATION
CIVIL ~~UN~~CONTESTED MOTIONS
HEARING DATES: ~~December 17, 2020,~~ February 9, 10, 2021 at 10:00 a.m., May 3-7, 10-14, 2021 at 10:00 a.m.

JUSTICE CENTRE FOR CONSTITUTIONAL FREEDOMS
D. Jared Brown / Allison Kindle Pejovic / Jay Cameron
[redacted]

THE QUEEN'S BENCH
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APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

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IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

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Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA, ~~and~~ DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA, and DR. JAZZ ATWAL in his capacity as ACTING DEPUTY CHIEF MEDICAL OFFICER OF HEALTH OF MANITOBA

Respondents.

AMENDED~~AMENDED~~ NOTICE OF APPLICATION

TO THE RESPONDENTS:

A LEGAL PROCEEDING HAS BEEN COMMENCED by the Applicants. The claims made by the Applicants appear on the following pages.

THIS APPLICATION will come on for a hearing before a judge, on **~~THURSDAY, December 17, 2020~~ TUESDAY, February 9 and 10, 2021 at 10:00 a.m., and May 3-7, and 10-14, 2021 at 10:00 a.m.** at The Law Courts, 408 York Avenue, Winnipeg, Manitoba.

IF YOU WISH TO OPPOSE THIS APPLICATION, you or a Manitoba lawyer

acting for you must appear at the hearing.

IF YOU WISH TO PRESENT AFFIDAVIT OR OTHER DOCUMENTARY EVIDENCE TO THE COURT OR TO EXAMINE OR CROSS-EXAMINE WITNESSES ON THE APPLICATION, you or your lawyer must serve a copy of the evidence on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in the court office where the application is to be heard as soon as possible, but not later than 2:00 p.m. on the day before the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, JUDGMENT MAY BE GIVEN IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU.

April~~January December~~ __, ~~2020~~2021 Issued by:

_____
(Deputy) Registrar

TO: Attorney-General of Manitoba
c/o Heather Leonoff
Constitutional Law Section, Legal Services Branch
Manitoba Department of Justice
1205-405 Broadway
Winnipeg, Manitoba, R3C 3L6

AND TO: Dr. Brent Roussin, Chief Public Health Officer of Manitoba
4003 – 300 Carlton St
Winnipeg, MB R3B 3M9

AND TO: Dr. Jazz Atwal, Acting Deputy Chief Medical Officer of Health of Manitoba
4003 – 300 Carlton St
Winnipeg, MB R3B 3M9

AND TO: Attorney-General of Canada
c/o Prairie Regional Office – Winnipeg
Department of Justice Canada
Suite 301, 310 Broadway
Winnipeg, Manitoba, R3C 0S6

APPLICATION

RELIEF SOUGHT

1. The Applicants seek the following relief:

~~a) An Order abridging the time for service of this Application, if necessary;~~

Constitutionality of ss. 13(1), 67(1), (2), (3) of the *Public Health Act*

~~b) A Declaration that sections~~ 13(1), ~~67(1), 67(2), and 67(3) of *The Public Health Act* C.C.S.M. c. P210 (the "*Act*") are *ultra vires* as offending the unwritten constitutional principle that only the Legislative Assembly can make laws of general and universal application and that such law making authority cannot be delegated to medical officers of health or to individual Ministers;~~

c) A Declaration pursuant to section 52(1) of the *Constitution Act, 1982* that sections 13(1), 67(1), 67(2), and 67(3) of *The Public Health Act* C.C.S.M. c. P210 (the "*Act*") are an unconstitutional delegation of legislative power and are *ultra vires* as:

a. offending the unwritten constitutional principle that only the Legislative Assembly can make laws of general and universal application and that such law-making authority cannot be delegated to medical officers of health or to individual Ministers, and that medical officers of health or individual Ministers cannot sub-delegate their universal law-making authority to any other person they choose,

b. contravening section 92 of the *Constitution Act, 1867* (exclusive power of the provincial legislature to enact laws),

c. contravening sections 55 and 90 of the *Constitution Act, 1867* (requirement for Royal Assent for enacted laws),

d. violating the unwritten constitutional principles labelled by the Supreme Court of Canada as the democratic principle and the separation of powers (by enabling a medical officer of health or their delegate and an

individual Minister or their delegate to make laws of general and universal application with no legislative oversight for an indefinite timeframe),

e. violate the unwritten constitutional principle of the rule of law (by subjecting citizens to unpredictable and arbitrary law-making by a medical officer of health or their delegate and an individual Minister or their delegate with no legislature oversight for an indefinite timeframe).

d) A Declaration pursuant to section 52(1) of the *Constitution Act, 1982* that sections 13(1), 67(1), 67(2) and 67(3) of the "*Act*" have been utilized to violate the absolute imperative in section 1 of the *Charter* that only reasonable state action that is "prescribed by law as can be demonstrably justified in a free and democratic society" can constitute an infringement of the *Charter's* rights and freedoms;

Orders are *Ultra Vires* the *Public Health Act*

e) A Declaration that ~~the~~ Order 1(1) of the November 11, 2020 Public Health Order (as it relates to a limit on outdoor gatherings), Orders 1(1), 2(1), 15(1),(3) of the November 21, 2020 Public Health Orders, Orders 1(1), 2(1), 16(1),(3) of the December 22, 2020 Public Health Orders, Orders 1(1), 2(1), 16(1),(3) of the January 8, 2021 Public Health Orders, and subsequent orders of a substantially similar or identical nature that prohibit or restrict gatherings at private residences, restrict public gatherings and public expression, and restrict and close places of worship (the "Orders") ~~November 21, 2020 Public Health Orders that prohibit gatherings at private residences, restrict public gatherings and public expression, and restrict and close businesses and places of worship (the "Orders"),~~ do not meet the statutory criteria set out ~~on~~ in section 3 of the *Act* (restrictions of rights and freedoms are greater than are reasonably necessary in order to respond to the COVID-19 pandemic) and are therefore *ultra vires* the *Act*;

Charter Breaches

f) A Declaration pursuant to section 52(1) of the *Constitution Act, 1982* that the Orders infringe the Applicants' constitutional rights and freedoms protected by the *Canadian Charter of Rights and Freedoms* as set out below:

a. Section 2(a) freedom of religion, by prohibiting or restricting church services, Bible studies, Bible camps, prayer meetings and public ministry;

b. Section 2(b) freedom of expression, by prohibiting the expression of religious individuals in private and public religious gatherings, including singing, and the right of listeners to gather to listen to such expression;

c. Section 2(c) freedom of peaceful assembly, by prohibiting or restricting church services, Bible studies, Bible camps, prayer meetings and public ministry;

d. Section 2(c) freedom of peaceful assembly, by prohibiting public gatherings to protest the COVID-19 lockdowns and seek general redress for grievances from the Respondent Manitoba, and by restricting public gatherings in general;

e. Section 7 liberty and security of the person, that the Orders are arbitrary and jeopardize the liberty of religious officials for holding religious services, and by regulating access to and from private homes treating Manitobans as though they are criminals and on house arrest;

f. Section 15 equality rights, by classifying liquor and marijuana stores and large box retailers as “essential” and allowing them to remain open, and in contrast classifying churches, churches services and religious gatherings as “non-essential” and ordering them to close/cease, which is both arbitrary and an abuse of fundamental rights as set out in section 2(a), (b) and (c) of the *Charter*.

g) A Declaration pursuant to section 52(1) of the *Constitution Act, 1982*, that the Orders unjustifiably infringe the Applicants’ rights and freedoms which are protected under sections 2(a) (freedom of conscience and religion)d, 2(b) (freedom of expression), 2(c) (freedom of assembly), 7 (liberty and security of the

~~person), and 15 of the *Canadian Charter of Rights and Freedoms* ("*Charter*"), and therefore are of no force or effect;~~

~~h) A Declaration that the violations of the Applicants' sections 2(a), 2(b), 2(c), 7, and 15 *Charter* rights as set out above are not justified under section 1 of the *Charter*;~~

i) In the alternative, a Declaration pursuant to section 24(1) of the *Charter* that the Orders are unreasonable because they unjustifiably infringe:

   a. Sections 2(a), 2(b) and 2(c) of the *Charter*,

   b. Section 7 of the *Charter*, and

   c. Section 15 of the *Charter*;

Conflict with Criminal Code

j) A Declaration that the Orders pertaining to the restriction of religious services are in direct contravention of section 176 of the *Criminal Code*, R.S.C., 1985, c. C-46, and are therefore of no force or effect pursuant to the doctrine of paramountcy;

Other Relief

k) A Declaration prohibiting the Respondents from issuing further Orders which restrict or close places of worship and businesses, and place restrictions on congregation, home and public gatherings and public expression;

l) Costs of this Application; and,

m) Such further and other relief as counsel may advise and as this Honourable Court deems just and equitable.

GROUNDS OF APPLICATION

2. The Applicants are applying for the relief set out above on the following grounds:

Foundational Principles

Constitutionality of ss. 13(1), 67(1), (2), (3) of the *Public Health Act*

a) The rule of law and the constitutional rights of Manitobans are not suspended by the declaration of a public health crisis. The Constitution, both written and unwritten, continues to apply to all legislation and government decisions, and operates to protect the fundamental freedoms and civil rights of all Manitobans notwithstanding the presence of an infectious illness;

b) The citizens of Manitoba have at no time waived or foregone their right to a representative system of democracy in accordance with the Constitution, and the checks and balances of the rule of law;

c) ~~In elucidating the unwritten constitutional principles embedded by the preamble of the *Constitution Act, 1867*, the Supreme Court of Canada has recognized that it~~ It is fundamental to the working of government that ~~the~~ legislative bodies not improperly delegate their exclusive legislative authority to civil servants who are neither democratically accountable nor jurisdictionally capable of making laws, and that civil servants not sub-delegate their authority under the *Act*;

d) The Respondent, Dr. Roussin, Chief Medical Health Officer of Manitoba, sub-delegated his authority under the *Act* to make public health orders affecting all Manitobans to the Respondent, Dr. Jazz Atwall, Medical Officer of Heath of Manitoba, who has neither been elected by the citizens of Manitoba or appointed by the health minister as the Chief Medical Health Officer;

e) Section 92 of the *Constitution Act, 1867*, explicitly outlines that the making of laws is in the exclusive jurisdiction of the Legislature;

Charter section 1 Analysis

f) The Orders are rules or laws of general and universal application which trample the *Charter* rights of Manitobans and punish them for the peaceful and lawful exercise of their fundamental constitutional rights and freedoms. The Orders are therefore *ultra vires* and of no force or effect;

g) The Orders to date are inextricably linked with the diagnostic tool known as a "Polymerase Chain Reaction" test (hereafter "PCR Test"). The COVID-19 PCR tests as utilized by the Respondents are well known in the medical and scientific community to produce unreliable and misleading data, such as a high percentage of false positive test results, such that the *Charter*-infringing Orders based on the results of these PCR tests cannot be justified; ~~The Respondents rely on PCR Tests despite knowing that PCR Tests as utilized by the Respondents result in unreliable and misleading data;~~

h) The Respondents failed or refused to consider the opinions of 45,000 medical doctors and scientists who authored and signed The Great Barrington Declaration advocating against "locking down" societies and instead recommended taking special precautions to protect the elderly and immunocompromised populations, causing immense and preventable harm to Manitobans;

   a. The Respondents failed to conduct a risk assessment prior to enacting the Orders, and thereby failed to account for significant harms to the public as a result; They failed or refused to correct course when the legal, social and economic devastation of the Orders became apparent; Further, the Applicants state that the lockdowns have caused deaths and other harms from suicide, domestic abuse, increased drug use, mental illness, delayed diagnoses and cancelled surgeries and other harms to society;

   b. The Respondents have failed or refused to provide evidence that deaths from COVID-19 cannot be prevented by alternative, mitigative measures such as taking extra precautions to protect the

immunocompromised and elderly populations;

c. The Respondents have failed or refused to provide evidence that the Orders will or have reduced and prevented hospitalizations and deaths from COVID-19 in Manitoba as a whole;

i) The Respondents have failed to provide any evidence that the restrictions on worship, assembly, and expression are effective and/or necessary to prevent the spread of COVID-19 and reduce mortality due to COVID-19;

~~j) Public health and safety protections may infringe *Charter* freedoms *only* to the extent reasonably necessary in accordance with law in a free and democratic society. There is nothing democratic about the Orders – they are issued without Manitobans' representatives considering and debating their profound and devastating impact on constituents. Further, the Orders fail to minimize interference with *Charter* rights of those vast portions of society which are not at significant risk from COVID-19. The Respondents have failed or refused to show that the vulnerable cannot be protected without the broad trampling of everyone else's *Charter* rights;~~

k) The Respondents have failed to properly consider, or consider at all:

i) The collateral social and health costs of the restrictions;

ii) The extent to which the restrictions are effective in reducing the spread of COVID-19;

iii) Whether the restrictions are based on credible scientific evidence and data;

~~l) The Applicants state that the vast harms from "locking down" society far outweigh the harms caused by COVID-19, and include: cancelled surgeries and other medical treatments and resultant hardship, suffering and in some cases death, delayed medical diagnoses with similar consequences, deterioration of mental health generally and especially in those who are most at risk for mental health~~

~~issues, exponential increases in suicides, drug use and domestic abuse, severe economic hardship for many but especially business owners and employees subject to lay offs, loss of social cohesion and familial and social relations, and profound loss of enjoyment of civil liberties, including life and liberty;~~

~~m) The Respondents failed to conduct a risk assessment prior to enacting the Orders, and thereby failed to account for significant harms to the public as a result. Specifically, the Applicants state that the Respondents failed to assess the likelihood of deaths and other harms from suicide, domestic abuse, increased drug use, delayed diagnoses and cancelled surgeries, caused by the Orders, and weigh such harms against the limited benefits of prolonged and crippling lockdowns resulting from the Orders, and that the Respondents failed or refused to correct course when the legal, social and economic devastation of the Orders became apparent;~~

~~n) The Respondents failed to conduct a risk assessment of the economic harm to business owners and other Manitobans who would be laid off due to the Orders;~~

~~o) The Respondents have failed or refused to provide evidence that the Orders will or have reduced or prevented hospitalizations and deaths from COVID-19 in Manitoba as a whole;~~

~~p) The Respondents have failed or refused to provide evidence that deaths from COVID-19 cannot be prevented by alternative, mitigative measures such as taking extra precautions to protect the immunocompromised and elderly populations;~~

q) The number of COVID-19 deaths in Manitoba has been <u>inaccurately</u> inflated <u>and the resulting inaccurate figures used to justify the lockdowns;</u>~~in a manner that will be proven at the hearing of this matter;~~

r) The Respondents failed or refused to complete a cost-benefit analysis of “locking down” the Manitoba population through these Orders, and failed over the progression of time to conduct necessary review of the disproportionate damage the Orders have caused to society;

~~s) The Respondents failed or refused to properly consider, or consider at all, the opinions of other qualified medical practitioners, including the 45,000 medical doctors and scientists who authored and signed The Great Barrington Declaration advocating against "locking down" societies and instead recommended taking special precautions to protect the elderly and immunocompromised populations, causing immense and preventable harm to Manitobans;~~

t) The modelling data that the Respondents used to justify the Orders ~~in April 2020~~ is flawed and unreliable;~~, and not updated prior to the drafting of these Orders;~~

u) The Applicants state that the Respondents have failed or refused to estimate the potential years of life saved by these Orders, and weigh the results of those conclusions against the loss of life and profound damage resulting from the Orders;

v) The Applicants state that the Respondents have failed to provide evidence that COVID-19 spreads more easily at churches than at liquor or big box stores, and have thus discriminated against church-goers and pastors who are prohibited from engaging in in-person worship while Manitobans can legally assemble in similar numbers at such stores as would assemble at churches;

w) Due to the Orders, the Applicants have been unable to engage in the following:

a. Attend in-person church services including for the purposes of congressional singing and worship;

b. Public assembly and peaceful protest, Bible study/prayer meeting/Bible camp; and,

c. Private home gatherings with friends and family who do not reside at the home in violation of liberty and assembly;

The Applicants

x) The Applicant Pembina Valley Baptist Church is a Baptist church in Winkler, Manitoba. It was founded in October 1988. This Applicant has approximately 650 attendees on Sunday mornings, and 600 on Sunday and Wednesday evenings. Under the Respondents' Orders, this Applicant was instructed to close on or about November 21, 2020.

y) The Applicant Redeeming Grace Bible Church is a Reformed Baptist church in Morden, Manitoba. It was founded on March 25, 2013. This Applicant has 23 members, and between 90-100 attendees attend church service on Sundays. Under the Respondents' Orders, this Applicant was instructed to close on November 21, 2020.

z) The Applicant Thomas Rempel is a Deacon at Redeeming Grace Bible Church in Morden, Manitoba. He resides in Morden, Manitoba. Under the Orders, this Applicant is prohibited from exercising his right to worship with the rest of his church congregation. This Applicant states that these Orders are a breach of his rights of conscience, worship, expression and assembly, in addition to his freedom of religion, which are protected under sections 2(a), 2(b), 2(c) and 15 of the *Charter*. This Applicant further states that the Orders that permit him to assemble indoors at liquor stores and grocery stores but not worship at a church discriminate on the basis of religion contrary to section 15 of the *Charter*; ~~arbitrary in that they disproportionately limit his right to security of the person as protected by section 7 of the *Charter* in a manner that is not in accordance with the principles of fundamental justice;~~

aa) The Applicant Grace Covenant Church is a Reformed Baptist church in Altona, Manitoba. It was founded in September 2019. This Applicant has 23 members, and between 60-70 regular attendees. Under the Respondents' Orders, this Applicant was instructed to close on November 21, 2020;

bb) The Applicant Gateway Bible Baptist Church is a Baptist church in Thompson, Manitoba. It was founded on August 17, 2012 as an Independent Baptist Church,

and it currently has 13 active members. Under the Respondents' Orders, this Applicant was instructed to close on November 21, 2020;

cc) The Applicant Slavic Baptist Church is an Evangelical Christian Baptist church in Morden, Manitoba. It was founded on March 23, 2017, and has approximately 60 active members. Under the Respondents' Orders, this Applicant was instructed to close on November 21, 2020;

dd) The Applicant Christian Church of Morden is a Christian Protestant Church in Morden, Manitoba. It was founded in September 2006 and has 180 members and approximately 280 attendees for its Sunday service. Under the Respondent's Orders, this Applicant was instructed to close on November 21, 2020;

ee) The Applicant Bible Baptist Church is an Independent Baptist Church in Brandon, Manitoba. It was founded in 1988 and has approximately 35 attendees. Under the Respondent's Orders, this Applicant was instructed to close on November 21, 2020;

ff) The aforesaid Applicant churches are herein referred to as the "Applicant Churches". The Applicant Churches state that the Orders are a breach of their and their congregants' rights of conscience, religion, expression, assembly and equality as protected by sections 2(a), 2(b), 2(c), and 15 of the *Charter*;

gg) The Applicant Tobias Tissen is a Minister at the Church of God, which is located near Steinbach, Manitoba. The church has approximately 140 members who attend services on Sunday morning and evening, and on Wednesday evenings. Under the Orders which closed the church, this Applicant is prohibited from exercising his right to worship with the rest of his church congregation. This Applicant states that these Orders are a breach of his rights of expression, conscience, worship and assembly, in addition to his freedom of religion, which are protected under sections 2(a), 2(b), 2(c) and 15 of the *Charter*. This Applicant further states that the Orders that permit him to assemble indoors at liquor stores and grocery stores but not worship at a church are discriminatory under section 15 of the *Charter*, and arbitrary in that they disproportionately and arbitrarily limit

his right to security of the person as protected by section 7 of the *Charter* in a manner that is not in accordance with the principles of fundamental justice;

~~hh) The Applicant DJ's Family Restaurant is a restaurant in Winkler, Manitoba. It is co owned by the Applicants Lyle and Helen Neufeld. The restaurant has operated since 1973, and specializes in serving pizza and chicken. It has a seated capacity of 100 people, and on busy days can turn over that number 2-3 times a day. It operates Monday to Friday, 9:30 a.m. – 9:00 p.m., and Sunday 11:00 a.m. – 8:00 p.m. Under earlier Public Health Orders issued since March 2020, this Applicant had to close and/or reduce its capacity by varying degrees. On November 22, 2020, the Orders restricted all in person dining at the restaurant. The Applicants Lyle and Helen Neufeld state that due to the economic hardship these Orders have caused them, the Respondents have unjustifiably and arbitrarily interfered with their right to survive as independent and free citizens in a free and democratic society, and jeopardized their security of the person rights as guaranteed by section 7 of the *Charter*, in a manner that is not in accordance with the principles of fundamental justice;~~

ii) The Applicant Ross MacKay is a Winnipeg resident. He attended a peaceful Hugs for Masks rally in Steinbach, Manitoba on November 14, 2020, and spoke at the rally. On November 20, 2020, representatives of the Respondents served him at his residence with a fine for violating the Orders. He also desires to both visit friends and extended family and also have friends and extended family visit his home but is prohibited from doing so by these Orders. This Applicant states that these Orders are an oppressive and unjustified breach of his freedom of expression and right to peacefully assemble which are protected under sections 2(b) and 2(c) of the *Charter*. He also states that the prohibition of home gatherings in these Orders, in addition to being a draconian interference with personal autonomy, is arbitrary in that it disproportionately limits his liberty and security of the person as protected by section 7 of the *Charter* in a manner that is not in accordance with the principles of fundamental justice;

jj) The Applicants state that the Respondents have failed to provide evidence that

restaurants, churches and small businesses, which are deemed “non-essential” and are negatively impacted by the Orders, pose a greater risk of facilitating the spread of COVID-19 than liquor stores, big-box stores or drug stores, which are deemed “essential” and permitted to stay open;

kk) The Applicants state that the Orders infringe their religious rights and rights of conscience as protected under section 2(a) of the *Charter* by prohibiting churches from opening and holding religious services, and prohibiting the gathering in homes to worship and hold Bible studies, all of which is a gross, offensive and outrageous overreach of state authority;

ll) The Applicants state that the Orders disproportionately target and discriminate against houses of worship, religious services, and religious persons including the Applicants, contrary to section 15 of the *Charter*;

mm) The Applicants state that the Orders cruelly and irrationally infringe freedom of expression as protected by section 2(b) of the *Charter* by prohibiting singing, preaching, and corporate prayer, as well as those rights of listeners who would hear said expression. The Applicants state these infringements are gross unconstitutional exercises of state authority, effected without sound scientific evidence, and a deprivation of the citizenry of the joys of worship and praise and general enjoyment of life;

nn) The Applicants state that the Orders interfere with peaceful assembly generally as protected by 2(c) of the *Charter* and prevent protected citizen activities which are necessary to ~~inform the Respondents of the injustice of~~ seek <u>the redress of public grievances, including the Orders,</u> the lockdowns, and their resultant suffering, contrary to ~~all~~ democratic imperatives;

~~oo) The Applicants state that the Orders interfere with the right to survive as an independent and free citizen in a free and democratic society as guaranteed by section 7 of the *Charter* by closing businesses and causing the loss of jobs, resulting in a loss of the ability to provide for one’s self and one’s family, and jeopardizing the future security of the person of the Applicants Lyle and Helen~~

~~Neufeld, co owners of the Applicant DJ's Family Restaurant, all of which is a profound breach of trust by the public officials entrusted with civil governance;~~

3. The following materials will be used at the hearing of the application:

(a) the Affidavit of Christopher Lowe;

(b) the Affidavit of Riley Toews;

(c) the Affidavit of Thomas Rempel;

(d) the Affidavit of Tobias Tissen;

(e) ~~the Affidavit of Lyle Neufeld~~;

(f) the Affidavit of Ross MacKay;

(g) the Affidavit of Dale Wohlgemuth;

(h) the Affidavit of Roger Thomas;

(i) the Affidavit of Jay Bhattacharya;

(j) the Affidavit of Thomas Warren;

(k) the Affidavit of Joel Kettner;

(l) such further and other materials as counsel may advise and this Honorable Court may allow.

4. The Applicants intend to rely on the following Acts and Rules:

a) Manitoba *Court of Queen's Bench Rules*, Manitoba Regulation 553/88

b) *Constitutional Questions Act*, C.C.S.M., c. 180

c) *Constitution Act, 1867*

d) *Constitution Act*, *1982*

e) *Public Health Act* C.C.S.M. c. P210

f) *Canadian Charter of Rights and Freedoms*, ss. 1, 2(a), 2(b), 2(c), 7, and 15

g) *Criminal Code*, R.S.C., 1985, c. C-46

h) *The Manitoba Evidence Act*, C.C.S.M. c. E150

i) *The Emergency Measures Act*, C.C.S.M. c. E80

j) Such other enactments as the Applicants may advise.

April 30, 2021~~January 8, 2021~~~~December 9, 2020~~

Justice Centre For Constitutional Freedoms
[redacted]

D. Jared Brown / Allison Kindle Pejovic / Jay Cameron
[redacted]
Lawyers for the Applicants~~.~~

File No. CI 20-01-29284

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD, ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF DALE WOHLGEMUTH
AFFIRMED DECEMBER 14, 2020

JUSTICE CENTRE FOR CONSTITUTIONAL FREEDOMS
Allison Kindle Pejovic / Jay Cameron
[redacted]

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

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Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF DALE WOHLGEMUTH

I, Dale Wohlgemuth of the Town of Landmark, in the Province of Manitoba,

MAKE OATH AND SAY AS FOLLOWS:

1. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where same are stated to be based upon information and belief, and those I do verily believe to be true.

2. On September 21, 2020, I sent an email entitled "Masks and PCR tests" to the following individuals at the Manitoba Government: Premier Brian Pallister, Bob Lagasse, Kelvin Goertzen and Dr. Brent Roussin. A copy of that email is attached hereto and marked as **Exhibit "A"**. A portion of the email has been redacted to protect my personal contact information.

3. On November 5, 2020, I received an email in response to my September 21, 2020 email (as described above) from Leanne Niville, Administration Officer, Transition Division of the Department of Health, Seniors and Active Living. Her email attached a letter addressed to me from Tom Ormiston, Assistant Deputy Minister of Transition Division, Department of Health, Seniors and Active Living. A copy of that email and its attached letter is attached hereto and marked as **Exhibit "B"**. A portion of the email has been redacted to protect my personal contact information.

4. I make this affidavit *bona fide*.

AFFIRMED before me in the City of Winnipeg, in the Province of Manitoba, this 14th day of December, 2020.

Commissioner for Oaths in and for the Province of Manitoba

My Commission Expires: July 28, 2021

DALE WOHLGEMUTH

This is Exhibit "A" referred to in the affidavit of DALE WOHLGEMUTH affirmed before me this 14th day of December , 2020.

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

AB23

From: Dale Wohlgemuth [redacted]>
Date: September 21, 2020 at 3:39:42 AM CDT
To: Brian Pallister [redacted]>, Bob Lagasse [redacted], Kelvin Goertzen [redacted]
Subject: Masks and PCR tests

I hear a lot of media pushing for a mask mandate for the public.
Currently there are eleven people in Manitoba hospitals with Covid. Two of those in Winnipeg where cases are growing. This is statistically insignificant.
Show leadership and common sense for a change.
Dr Roussin can you explain the PCR test protocols and what cycles are being used?

Thanks

Dale Wohlgemuth
[redacted]
Sent from my iPhone

This is Exhibit "B" referred to in the affidavit of DALE WOHLGEMUTH affirmed before me this 14th day of December , 2020.

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

AB25

From: "+WPG1244 - ADMO Transition (HSAL)" <[redacted]
Date: November 5, 2020 at 3:24:48 PM CST
To: [redacted]
Subject: Masks and PCR tests

Good afternoon. The attached response is being sent on behalf of Tom Ormiston, Assistant Deputy Minister of Transition Division, Department of Health, Seniors and Active Living.

Thank you.

Leanne Neville
Administrative Officer
Transition Division

-----Original Message-----
From: Dale Wohlgemuth
Sent: September 21, 2020 3:40 AM
Subject: Masks and PCR tests

I hear a lot of media pushing for a mask mandate for the public.
Currently there are eleven people in Manitoba hospitals with Covid. Two of those in Winnipeg where cases are growing. This is statistically insignificant.
Show leadership and common sense for a change.
Dr Roussin can you explain the PCR test protocols and what cycles are being used?

Thanks

Dale Wohlgemuth
[redacted]
Sent from my iPhone

AB26

Manitoba
Health, Seniors and Active Living
Transition
300 Carlton Street, Winnipeg MB R3B 3M9
www.gov.mb.ca/health/

November 3, 2020

Dale Wohlgemuth
Email: [redacted]

Dear Dale Wohlgemuth:

Your email regarding PCR test protocols and what cycles are being used during the COVID-19 pandemic has been referred to me for response on behalf of Health, Seniors and Active Living Minister Cameron Friesen.

Thank you for sharing your concerns. Actions taken by the Manitoba government are carefully assessed and informed by expert advice. Please be assured that provincial public health officials are constantly monitoring the risks and threats to Manitobans posed by COVID-19, and will continue to do so to inform Manitoba's phased approach to pandemic and economic recovery.

Laboratories in Manitoba, including Cadham Provincial Laboratory, testing Manitobans suspected of having COVID-19 use a sensitive molecular method to detect the genetic material of SARS-CoV-2, the cause of COVID-19. The genetic signal is doubled approximately 40 times. Those samples with no detectable SARS-CoV-2 after 40 cycles are considered negative. Those samples with less than 40 cycles are considered positive. The number of cycles at which a sample becomes positive is called the cycle threshold or Ct value. Though samples with higher Ct values have less virus, they still represent a true positive. It is important to use approximately 40 cycles to ensure that all Manitobans with COVID-19 are identified so they receive the best care and minimize the spread of COVID-19 in the province.

The government is taking the necessary proactive steps to respond to the COVID-19 pandemic. We are committed to providing up-to-date information to all Manitobans at manitoba.ca/covid19/, which is being continuously updated as the situation evolves.

Sincerely,

Tom Ormiston
Assistant Deputy Minister

c The Honourable Brian Pallister, Premier
Honourable Cameron Friesen

File No. CI 20-01-29284

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD, ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF CHRISTOPHER LOWE
SWORN DECEMBER 30, 2020

JUSTICE CENTRE FOR CONSTITUTIONAL FREEDOMS
Allison Kindle Pejovic / Jay Cameron
[redacted]

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

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Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF CHRISTOPHER LOWE

I, CHRISTOPHER LOWE of the City of THOMPSON, in the Province of Manitoba,

MAKE OATH AND SAY AS FOLLOWS:

1. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where same are stated to be based upon information and belief, and those I do verily believe to be true.

2. I am of the Christian Faith and am a Pastor at Gateway Bible Baptist Church and have been a Pastor there since 2017. Prior to that, I was a professor at Canadian Baptist Bible College in Winkler, Manitoba for the 2016 Fall semester. I also assisted Pembina Valley Baptist Church with its preaching and teaching duties of the church. Prior to this, from 2013-2016, I was on staff of Tabernacle Baptist Church, Roswell, New Mexico where I was involved with teaching, preaching, and administrative duties as assigned by the pastor.

3. Before the Covid-19 pandemic, I would lead our church's service(s) on Sundays at 10AM for the Adult Sunday school, and then at 11AM and 7PM for the two regular worship services. Both of these services are different messages. Then on Wednesdays at 7PM, I would conduct a mid-week prayer and Bible Study. In addition, on Friday nights, we would conduct a faith-based addiction program for adults at 7PM. There are approximately 30 members in our church who attend the Sunday morning 11AM service, and approximately 18 congregants who attend the other services of the church. On Friday night, we were averaging 6-10 participants in the faith-based addiction program before the lockdowns, but now no one is coming.

4. Since the start of the Covid-19 pandemic, our church has faced closures and restrictions which have prevented us from worshipping altogether. The Province of Manitoba's Chief Public Health Officer imposed Public Health Orders between March 2020 – May 2020 in response to Covid-19. As part of the restrictions listed in these Orders, churches were required to reduce the number of people who could worship together to 50,

and then to 10. A copy of the relevant sections of those Orders is attached hereto and marked as **Exhibit "A".**

5. On or about November 21, 2020, the Province of Manitoba approved Dr. Roussin's Public Health Order that restricted any kind of in-person worship at our church. A copy of that Order is attached hereto and marked as **Exhibit "B"**.

6. In-person worship continues to be prohibited under the current provincial Public Health Order dated December 22, 2020. A copy of that Order is attached hereto and marked as **Exhibit "C"**.

7. Churches down through the ages from the time of Jesus Christ have been meeting corporately to worship Jehovah God. God instructs both personal and corporate worship of Himself. Personal worship involves a time of prayer and meditating upon the Words of the Sacred Scriptures (Psalms 1:1), whereas corporate worship demands the need to assemble physically. Corporate worship is strewn throughout the Scriptures. Before the time of Jesus Christ and the first-century church, Moses insisted on bringing Israel to a separate place in the desert to worship Jehovah God (i.e. Exodus 5:2-3; 7:16; 8:27-28; 9:1; 9:13). The New Testament word for church (ekklesia transliterated from the Greek texts) means "a called-out assembly." This is where the corporate worship of God occurs. In the one hundred and fifteen instances of the word "church" in the Greek New Testament Scriptures, one hundred and seven instances refer specifically to an earthly geographical group of people assembling, whether for a religious or secular reason. The other usages of the word church speak of an institutional generality or the specific assembling of Christians in Heaven.

8. The idea of spiritually congregating under the concept of a mystical, universal church is a concept foreign to the Word of God. The corporate meeting of believers in God is intrinsic and fundamental to the very fabric of Christianity. It is a practice that cannot be altered or changed to conform to any government's wishes or reinvented to a cultural norm to mean some mysterious, mystical or virtual experience. To deviate from the defined pattern of worshipping Jesus Christ both personally and corporately with whom our faith rests (1 Peter 2:7; Hebrews 12:2) would be to cause injury to one's conscience (1 Timothy 1:19), resulting in double-mindedness or mental instability (James 1:8; 4:8); as well as the straining of the relationship with God (Psalm 66:18) and other believers (1 John 2:19). Everything a believer does is to glorify God (1 Corinthians 10:29).

9. To the Christian, Jesus Christ, God Himself, is their life, "For in him we live, move, and have our being; ..." (Acts 17:28 KJV). God has clearly set the structure for worshipping Him, and it is through the local assembling of believers in a physical locale. The manner of worship has been established to include the following: Meeting on Sundays (Acts 20:7-8); Singing songs (Ephesians 5:19; Colossians 3:16); Imparting a spiritual message from the Bible (Acts 20:7); Periodically taking communion (1 Corinthians 11:26); Giving (1 Corinthians 9:14, Acts 4:34-35; Genesis 14:20); and Socializing together (Acts 2:42).

10. These are ancient customs from the time of Jesus Christ and far outdate Canada's very existence. The government's legislation upon these sacred and necessary practices seeks to deprive Christians of the very vehicle to help them get through the trials, tragedies, and elations of life (1 Corinthians 12:25-27). The Holy Bible dictates His local church's structure, of which He is the Head (Ephesians 5:23). There is no denominational

headquarters or presbytery to dictate these beliefs, other than the sacred Scriptures.

11. Lest we think that the physical gathering of Christians is optional or subject to cultural constructs, Hebrews 10:25 (King James Version) stipulates to "not forsaking the assembling of ourselves together, as the manner of some is; but exhorting one another: and so much the more, as ye see the day approaching." The very word assembling (ἐπισυναγωγή) in the Greek texts necessitates the physical meeting of believers together. This geographically similar group of believers unite around a core doctrine that constitutes a church known as God's house (1 Timothy 3:15). God's house is the assembly of believers (1 Corinthians 12:27) and not a temple or church building.

12. There is a separate word in the Greek text that speaks of a brick and mortar structure (Acts 18:29) called a church. A church, the body of believers, is comprised of a group of people who have placed their complete faith in Christ for the forgiveness of their sins, been baptized and corporately welcomed into the membership of those who unite around a core doctrine as defined in the Bible (Matthew 28:19-20; Acts 2:41; 2 Peter 3:1-2). God has individually endowed this group of believers with personal traits to strengthen and support the church. These personal talents are only viably used to edify the church (Romans 12:4-5) in a corporate setting. Christians are not given the option, should they desire to be true to God's Scriptures, on what constitutes true worship. First Timothy 3:15 clearly defines the idea of an established pattern when meeting in the house of God (amongst the other members of the church).

13. The assembly of believers is not only for the adoration of God but also for helping or edifying one another (Acts 2:44-45, Ephesians 4:16, Romans 12:4-5). In 2 Peter 1:7, there is a demand for brotherly kindness, which demands physical attention. Live-streaming a church service makes it impossible to read another parishioner's body language and forbids the free exercise of religious expression and love for those who attend the services. First Corinthians 12:25-26 stipulates how a church cares for and comforts another in the assembly, an unfeasible act virtually.

14. To falsely assume that a church can conduct itself virtually would be analogous, in a temporal fashion, to a dog owner having a virtual pet. This is an absurd solution to any true lover of dogs. It is the interaction with the dog and the dog's reciprocating love that produces the reward of owning the animal in the endearing relationship. If churches are required to be virtual, then following the same logic, protests should be virtual as well.

15. Online services do not meet the criteria for appropriately venerating the Lord Jesus Christ in our public worship. One of the worship commands is corporately singing (Psalms 149:1; Ephesians 5:1); however, there are some inherent and formidable challenges to conducting this in real-time over the internet. Real-time corporate "virtual" singing has the inherent obstacle of the technical hardware transmitting the musical and vocal signals through the internet's architecture and receiving a product that is acceptable to the participant's ears.

16. Other challenges of "virtual" faith are the sporadic unreliability and changing bandwidth of the internet, resulting in buffering, lagging, asynchronous video and audio, or even dead live stream feeds. The virtual "church," as the government may esteem, does not account for the lack of

technological savviness that some of the older congregation may possess. To demand the virtual may prevent the elderly's ability to worship in congregation. Worship is not a formula that places God in a form fit box, where we repeat weekly to assuage any guilt or follow a traditional religious norm. It is the personal and corporate relationship with God that forms the identity of the believer. Our very identity is wrapped up in our love and adoration for Jesus Christ, who is God, through the act of worship (John 15:4-5,7).

17. Prayer is another aspect of worship that cannot be accomplished virtually in a biblically conscionable manner. The leadership of a church is to pray over the sick (James 5:14). The church as a whole is to pray together (Acts 12:12) and offer their praises to God (Psalm 107:22; 108:3; 109:30; Hebrews 13:15). Online "prayer" fails to abide by the pattern of Scripture with which we regulate our lives. I cannot be "assembling" (Hebrews 10:25) and give the full effect of compassion while using the virtual platform. It is not just a choice to assemble and pray together; it is a command of God that will affect a person of faith's mental well-being.

18. An inattention to God's desires to worship Him as He has laid out will result in being out of harmony with Him (Psalm 66:18), as well as having an offended conscience (Psalm 107:9-11). God created humanity to be relational with others (Genesis 2:18) and Himself (Genesis 1:27; 3:8). It is God who gives me peace and comfort for life as I live in an adoring relationship with Him (John 14:27). Christianity is not a mechanical religion; it involves the free exercise of my will to express my affection and adoration for God without compulsion.

19. I have seen many come and receive hope and encouragement for life within the community of the church. It is a place to trust others, to enjoy life together. Many of our congregants have gone through tough times of life: a miscarriage, a tragic death, illness, a loss of work, and other tragedies of life, and found solace through congregating with other believers under the preaching of God's Word. The messages given are not some traditional message or patented message some upper echelons of religious hierarchy dictate. Rather, they are a message from the pastor's heart and his study of the Bible to help his parishioners with life. Preaching in the virtual space poses an easier means for the viewers to be distracted and less attentive to the message being given, and out of tune with the reasoning for their watching in the first place, spiritual enrichment.

20. In my opinion, the government's responsibility is to help its citizens keep law and order while affording them the freedom and information to choose how to respond to the threat of a virus. I believe that a society run by a few "elite" aristocrats with ideological principles deploying their experimental ideas is detrimental to Canada's heritage. I believe it is unfair that the government drastically increases the fines on businesses who desire to make a living and houses of worship who want to worship God peacefully, while crowded grocery stores face no financial fines. I have observed liquor stores with lines of people waiting to get in. The alcohol and cannabis stores are only open because some elitist politicians deem them essential, yet a house of worship that helps and aids many people who are struggling in life is listed as non-essential. I see this thought process as entirely backwards.

21. I understand that alcohol and cannabis are a great revenue stream for the government, but the residual by-product of these drugs'

consumption has a far greater financial burden on the government than any place of faith will ever have. Lives are transformed at places of worship and ruined at houses of liquor. This fiendish addictive liquid has ruined my extended family and the families of many whom I have ministered to and conducted funerals for. If you want to deem something non-essential, then deem liquor and cannabis as such. Our church arranged our auditorium to comply with the social distancing guidelines and had the patrons wear their masks to their seats. However, this was still not enough for the government to stipulate fines and desire to shut down churches.

22. Concerning houses of worship, I believe that God has the authority to tell us when to open and close our doors, not the government (Acts 5:29). This is a principle of the separation of church and state. I do not believe that it has a right to legislate faith. When the government tries to play God and tell us when we can and cannot be open, it is in opposition to God Almighty.

23. These closures have certainly not been easy for me, causing brief periods of depression and increased anxiety due to a lack of social interaction and corporate worship. These restrictions have similarly affected my parishioners. I am frequently concerned about our church's congregants' mental and spiritual welfare, as many have pre-existing mental struggles. The restrictions have only exacerbated these issues. The Respondent's second round of closures prompted several congregants to reach out to me, telling me of their disappointment and hardships caused by these measures. It was these messages that emboldened me to take a stand and say no more. I want the Respondents to remove all restrictions on places of worship now and do not want them to restrict our worship in the future.

24. We had to cancel our annual kids' summer program called Vacation Bible School. This program reaches roughly 30-35 community/church children, ages 4-12, on a nightly basis and operates Thursday-Sunday from 6 pm-9 pm each night. Dividing the children up by age groups, each division of children rotates through the various scheduled activities and culminate the event with encouraging and lively songs as well as an inspirational message. On top of the physical activities and crafts, we provide a snack and beverage to all attendees, children and parents alike.

25. It is not uncommon for several foster children to attend the services, some of whose foster parents may let the children feed themselves, leading to hunger. Our volunteer leaders do not treat the children as a number but actually love the children by providing meals for those who are not sufficiently fed at home and safe rides home as circumstances dictate. Due to an inability to socially distance the kids at all times, we were unable to invite larger groups of kids onto the church property to engage in fun outdoor games, crafts, snacks, and other activities. It was very disappointing to cancel our summer program as I believe it is such a positive experience for the children.

26. I believe it is reprehensible for a government to think it can tell the religious when they can and cannot practice their faith - a faith that does not hurt society but actually increases society's morality.

27. I make this affidavit *bona fide*.

SWORN before me in the City of Thompson, in the Province of Manitoba, this 30th day of December, 2020.

A Barrister Entitled to Practice Law in the Province of Manitoba

CHRISTOPHER LOWE

This is Exhibit A referred to in the
Affidavit of CHRISTOPHER LOWE sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of DECEMBER, 2020.

Notary Public/Commissioner for Oaths
in and for the Province of Manitoba

My Commission Expires:

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

AB40

This is Exhibit A referred to in the Affidavit of Christopher Long sworn/affirmed before me at the City/Town of Thompson, Manitoba, this 30 day of December, 20 20.

Notary Public/Commissioner for Oaths in and for the Province of Manitoba

My ~~Commission Expires~~:
CURTIS M. ERISCOE
Practicing Manitoba Solicitor
435 Thompson Drive North
Thompson, Manitoba R8N 0C6

MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba CANADA
R3C 0V8

March 20, 2020

Dr. Brent Roussin
Chief Provincial Public Health Officer

Dear Dr. Roussin:

RE: Orders under section 67 of *The Public Health Act*

Pursuant to subsection 67(3) of *The Public Health Act*, this correspondence confirms that I, Cameron Friesen, Minister responsible for the administration of *The Public Health Act*, approve special measures being taken by the Chief Provincial Public Health Officer under clauses 67(2)(c) and (d) of *The Public Health Act* in response to the COVID-19 pandemic.

Cameron Friesen
Minister responsible for the administration of *The Public Health Act*

ORDER

THE PUBLIC HEALTH ACT
(Section 67)

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent actions to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that as a result of the COVID-19 pandemic

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(c) and (d) of the Act.

THEREFORE, I am taking the following special measures, as authorized under the Act:

ORDER 1
Pursuant to clause 67(2)(d) of the Act, all persons are prohibited from assembling in a public gathering of more than 50 persons at any indoor or outdoor place or premises. This includes places of worship, social gatherings and family events such as weddings and funerals.

EXCEPTION
This Order does not apply to the following:

(a) a facility where health care or social services are provided;

(b) a retail business (including a grocery or food store, shopping centre, pharmacy or gas station), provided that the person in control of the retail business implements measures to ensure that persons attending the business are reasonably able to maintain a separation of at least one metre from other persons attending the business;

(c) a public transportation facility, provided that the person in control of the facility implements measures to ensure that persons attending the facility are reasonably able to maintain a separation of at least one metre from other persons attending the facility.

ORDER 2
Pursuant to clause 67(2)(d) of the Act, all persons are prohibited from assembling in a public gathering at any restaurant or other commercial facility where food is served, licensed premises under *The Liquor, Gaming and Cannabis Control Act* or any theatres offering live performances of music, dance and other art forms as well as movie theatres (the "hospitality

AB43

COPY

This is Exhibit A referred to in the
Affidavit of Christopher Lowe sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of December, 2020.

Notary Public/Commissioner for Oaths
in and for the Province of Manitoba
My Commission Expires:

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
435 Thompson Drive North
Thompson, Manitoba R8N 0C6

MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba CANADA
R3C 0V8

March 31, 2020

Dr. Brent Roussin
Chief Provincial Public Health Officer

Dear Dr. Roussin:

RE: Orders under section 67 of *The Public Health Act*

Pursuant to subsection 67(3) of *The Public Health Act*, this correspondence confirms that I, Cameron Friesen, Minister responsible for the administration of *The Public Health Act*, approve special measures being taken by the Chief Provincial Public Health Officer under clauses 67(2)(a), (c) and (d) of *The Public Health Act* in response to the COVID-19 pandemic.

Cameron Friesen
Minister responsible for the administration of *The Public Health Act*

AB44

THE STATUTES AND REGULATIONS ACT

CERTIFICATE

The undersigned hereby certifies that the attached Order is a true copy of the original Order:

(a) entitled *Order under The Public Health Act*;

(b) made under *The Public Health Act*;

(c) made by the Chief Provincial Public Health Officer;

(d) made on the date indicated in the attached Order.

LOI SUR LES TEXTES LÉGISLATIFS ET RÉGLEMENTAIRES

CERTIFICAT

Je soussigné certifie par les présentes que l'ordre ci-joint constitue une copie conforme de l'original :

a) intitulé *Ordre donné en vertu de la Loi sur la santé publique*;

b) donné en vertu de la *Loi sur la santé publique*;

c) donné par le médecin hygiéniste en chef;

d) donné à la date indiquée dans l'ordre ci-joint.

March 31/2026
Date

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Order under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordre donné en vertu de la *Loi sur la santé publique*

Regulation
Registered

Règlement
Date d'enregistrement :

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c) and (d) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie transmissible connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, Dr Brent Roussin, médecin hygiéniste en chef, ai des motifs de croire que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c) et d) de la *Loi*,

THEREFORE, I am taking the following special measures, as authorized under the Act.

TERMINATION OF PREVIOUS ORDERS
My Orders dated March 30, 2020, are terminated and replaced with the following:

ORDER 1
1(1) All persons are prohibited from assembling in a public gathering of more than 10 persons at any indoor or outdoor place or premises. This includes places of worship, social gatherings and family events such as weddings and funerals.

1(2) This Order does not apply to a facility where health care or social services are provided.

ORDER 2
2(1) All restaurants and other commercial facilities where food is served must not serve food to customers for consumption at their premises.

2(2) This Order does not prevent food from being sold for delivery or takeout if the person responsible for the restaurant or commercial facility implements measures to ensure that persons attending the premises are reasonably able to maintain a separation of at least two metres from other persons who are attending the premises.

ORDER 3
3(1) The operator of a business that is not listed in the Schedule must ensure that the place of business is closed between 12:01 a.m. on April 1, 2020, and 12:01 a.m. on April 14, 2020.

3(2) Despite subsection (1), temporary access to a closed place of business that is not listed in the Schedule is authorized, unless otherwise prohibited by any applicable law, for any of the following purposes:

PAR CONSÉQUENT, j'ordonne la prise des mesures spéciales qui suivent, conformément à ce qu'autorise la *Loi*.

RÉVOCATION DES ORDRES ANTÉRIEURS
Il est mis fin aux ordres que j'ai donnés le 30 mars 2020 et ils sont remplacés par ce qui suit :

ORDRE N° 1
1(1) Les rassemblements publics de plus de dix personnes sont interdits en tout lieu, tant à l'intérieur qu'à l'extérieur, y compris les lieux de culte, les rassemblements sociaux et les événements familiaux tels les mariages et les funérailles.

1(2) Le présent ordre ne s'applique pas aux établissements où des services sociaux ou de soins de santé sont offerts.

ORDRE N° 2
2(1) Les restaurants et autres établissements commerciaux qui servent des aliments sont tenus de cesser de servir des aliments à des clients pour consommation dans leurs locaux.

2(2) Le présent ordre n'a pas pour effet d'empêcher la vente d'aliments à livrer ou à emporter si la personne qui est responsable du restaurant ou de l'établissement commercial met en place des mesures visant à assurer que ceux qui le fréquentent sont raisonnablement capables de maintenir entre eux une distance d'au moins deux mètres.

ORDRE N° 3
3(1) L'exploitant d'une entreprise qui n'est pas visée à l'annexe veille à ce que ses locaux soient fermés de 0 h 1 le 1er avril 2020 à 0 h 1 le 14 avril 2020.

3(2) Malgré le paragraphe (1) et sauf interdiction contraire de toute règle de droit applicable, l'accès provisoire aux locaux fermés d'une entreprise qui n'est pas visée à l'annexe est autorisé aux fins suivantes :

AB48

This is Exhibit A referred to in the Affidavit of Christopher Lowe sworn/affirmed before me at the City/Town of Thompson, Manitoba this 30 day of December, 2020.

Notary Public/Commissioner for Oaths in and for the Province of Manitoba

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

MINISTER OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba CANADA
R3C 0V8

May 5, 2020

Dr. Brent Roussin
Chief Provincial Public Health Officer

Dear Dr. Roussin:

RE: Orders under section 67 of *The Public Health Act*

Pursuant to subsection 67(3) of *The Public Health Act*, this correspondence confirms that I, Cameron Friesen, Minister responsible for the administration of *The Public Health Act*, approve special measures being taken by the Chief Provincial Public Health Officer under clauses 67(2)(a), (c) (d) and (d.1) of *The Public Health Act* in response to the COVID-19 pandemic.

Cameron Friesen
Minister responsible for the administration of *The Public Health Act*

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, D[r] Brent Roussin, médecin hygiéniste en chef, crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

May 5/20
Date

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

AB51

COVID-19 PREVENTION ORDERS

Public gatherings

ORDER 1

1(1) All persons are prohibited from assembling in a public gathering of more than ten persons at any indoor or outdoor place or premises. This includes places of worship, social gatherings and family events such as weddings and funerals.

1(2) This Order does not apply to a facility where health care or social services are provided.

1(3) For certainty, more than ten members of the public may attend a business that is permitted to open under these Orders if the operator of the business has implemented the applicable public distancing measures set out in these Orders.

Retail and other businesses

ORDER 2

2(1) A business listed in Schedule A may open, subject to any restrictions set out in the Schedule.

2(2) If a business listed in Schedule A allows members of the public to attend the place of business, the operator of the business must implement measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public at the business.

ORDER 3

3(1) A business listed in Schedule B may open, subject to any restrictions set out in the Schedule.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements publics

ORDRE N° 1

1(1) Les rassemblements publics de plus de dix personnes sont interdits en tout lieu, tant à l'intérieur qu'à l'extérieur, y compris les lieux de culte, les rassemblements sociaux et les événements familiaux tels les mariages et les funérailles.

1(2) Le présent ordre ne s'applique pas aux établissements où des services sociaux ou de soins de santé sont offerts.

1(3) Il demeure entendu que plus de dix personnes peuvent fréquenter les locaux d'une entreprise dont l'ouverture est permise conformément aux présents ordres et dont l'exploitant a mis en place les mesures d'éloignement public applicables indiquées dans ces ordres.

Commerces de détail et autres entreprises

ORDRE N° 2

2(1) L'entreprise visée à l'annexe A peut être ouverte, sous réserve des restrictions qui y sont prévues.

2(2) L'exploitant d'une entreprise visée à l'annexe A qui permet au public de fréquenter ses locaux met en place des mesures visant à assurer que ceux qui les fréquentent sont raisonnablement capables de maintenir entre eux une distance d'au moins deux mètres.

ORDRE N° 3

3(1) L'entreprise visée à l'annexe B peut être ouverte, sous réserve des restrictions qui y sont prévues.

This is Exhibit A referred to in the
Affidavit of Christopher Lowe sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of December, 2020.

This order is no longer in force. Le présent texte n'est plus en vigueur.
It was in effect during the period indicated on the footer below. Il était en vigueur pendant la période indiquée en bas de page.

In and for the Province of Manitoba
Practising Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

My Commission Expires:

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, Dr Brent Roussin, médecin hygiéniste en chef, crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

This order is no longer in force.
It was in force from 2020-06-01 to 2020-06-21.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-06-01 au 2020-06-21.

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

May 29, 2020
29 mai 2020

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

This order is no longer in force.
It was in force from 2020-06-01 to 2020-06-21.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-06-01 au 2020-06-21.

COVID-19 PREVENTION ORDERS

Public gatherings

ORDER 1

1(1) All persons are prohibited from assembling in a public gathering of more than 25 persons at an indoor place or more than 50 persons at an outdoor place. For certainty, this includes gatherings at places of worship and events such as weddings and funerals.

1(2) Subsection (1) does not apply to a business or a facility that is permitted to open under these Orders if the operator of the business or facility has implemented the applicable public distancing measures set out in these Orders.

1(3) Subsection (1) does not apply to an organized outdoor event which persons attend in their motor vehicle, if all persons remain in their motor vehicle or stay immediately outside of their vehicle in a manner that ensures that they are able to maintain a separation of at least two metres from other persons attending the event.

Retail and other businesses

ORDER 2

2(1) A retail business listed in Schedule A may open if the operator of the business implements measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public at the business.

2(2) A business listed in Schedule B may open if the operator of the business

(a) implements measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public at the business; and

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements publics

ORDRE N° 1

1(1) Les rassemblements publics, y compris dans les lieux de culte, les mariages et les funérailles, ne peuvent excéder 25 personnes à l'intérieur ou 50, à l'extérieur.

1(2) Le paragraphe (1) ne s'applique pas aux entreprises ou aux installations dont l'ouverture est permise conformément aux présents ordres et dont l'exploitant a mis en place les mesures d'éloignement public applicables indiquées dans les présents ordres.

1(3) Le paragraphe (1) ne s'applique pas aux événements extérieurs auxquels les participants assistent dans un véhicule automobile, ou à proximité immédiate de celui-ci de manière à maintenir entre eux une distance d'au moins deux mètres.

Commerces de détail et autres entreprises

ORDRE N° 2

2(1) Le commerce de détail visé à l'annexe A peut être ouvert si son exploitant met en place des mesures visant à assurer que ceux qui fréquentent ses locaux sont raisonnablement capables de maintenir entre eux une distance d'au moins deux mètres.

2(2) L'entreprise visée à l'annexe B peut être ouverte si son exploitant :

a) met en place des mesures visant à assurer que ceux qui fréquentent ses locaux sont raisonnablement capables de maintenir entre eux une distance d'au moins deux mètres;

This order is no longer in force.
It was in force from 2020-06-01 to 2020-06-21.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-06-01 au 2020-06-21.

This is Exhibit 6 referred to in the
Affidavit of Christopher Lowe sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of December, 2020.

Notary Public/Commissioner for Oaths
in and for the Province of Manitoba

My Commission Expires:

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

AB57

This is Exhibit B referred to in the
Affidavit of Cameron Lowe sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of December, 2020.

Notary Public/Commissioner for Oaths
in and for the Province of Manitoba

My ~~Commission Expires~~:

CURTIS M. BRISCOE
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MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

November 21, 2020

Dr. Brent Roussin
Chief Provincial Public Health Officer

Dear Dr. Roussin:

Re: Direction under section 67 of *The Public Health Act*

Pursuant to subsection 67(3) of *The Public Health Act*, this correspondence confirms that I, Cameron Friesen, Minister responsible for the administration of *The Public Health Act*, approve special measures being taken by the Chief Provincial Public Health Officer under clauses (67(2) (a.1), (c) (d) and (d.1) of *The Public Health Act* in response to the COVID-19 pandemic.

Cameron Friesen
Minister responsible for the administration of *The Public Health Act*

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, D[r] Brent Roussin, médecin hygiéniste en chef, crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

Nov 21/20
Date

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

COVID-19 PREVENTION ORDERS

No gatherings at private residences

ORDER 1

1(1) Subject to subsections (2) and (3), a person who resides in a private residence must not permit a person who does not normally reside in that residence to enter or remain in the residence.

1(2) Subsection (1) does not prevent a person from entering the private residence of another person for any of the following purposes:

(a) to provide health care, personal care or housekeeping services;

(b) for a visit between a child and a parent or guardian who does not normally reside with that child;

(c) to receive or provide child care;

(d) to provide tutoring or other educational instruction;

(e) to perform construction, renovations, repairs or maintenance;

(f) to deliver items;

(g) to provide real estate or moving services;

(h) to respond to an emergency.

1(3) A person who resides on their own may

(a) have one other person with whom they regularly interact attend at their private residence; and

(b) attend at the private residence of one person with whom they regularly interact.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements interdits dans les résidences privées

ORDRE N° 1

1(1) Sous réserve des paragraphes (2) à (3), il est interdit aux personnes qui habitent dans une résidence privée de permettre à des personnes qui n'y résident pas normalement d'y entrer ou d'y rester.

1(2) Le paragraphe (1) n'a pas pour effet d'empêcher une personne d'entrer dans la résidence privée d'une autre personne aux fins suivantes :

a) fournir des soins de santé, des soins personnels ou des services d'entretien ménager;

b) rendre visite à un enfant dont elle est le parent ou le tuteur n'habitant pas normalement avec lui;

c) obtenir ou fournir des services de garde d'enfants;

d) faire du tutorat ou enseigner;

e) exécuter des travaux de construction, de rénovation, de réparation ou d'entretien;

f) livrer des articles;

g) exécuter des services immobiliers ou des services de déménagement;

h) intervenir en cas d'urgence.

1(3) Une personne qui habite seule peut :

a) recevoir la visite dans sa résidence privée d'une autre personne qu'elle fréquente régulièrement;

b) se rendre à la résidence privée d'une personne qu'elle fréquente régulièrement.

Restrictions on public gatherings

ORDER 2

2(1) Except as otherwise permitted by these Orders, all persons are prohibited from assembling in a gathering of more than five persons at any indoor or outdoor public place or in the common areas of a multi-unit residence.

2(2) This Order does not apply to a facility where health care or social services are provided or any part of a facility that is used by a public or private school for instructional purposes.

2(3) For certainty, more than five persons may attend a business or facility that is allowed to open under these Orders if the operator of the business or facility has implemented the applicable public health protection measures set out in these Orders.

ORDER 3

3(1) The operator of a business or facility must not rent, reserve or allow the business or facility to be used for a gathering that would contravene Order 2.

3(2) For certainty, if a business or facility is used for a gathering, its operator must ensure that the gathering is conducted in a manner that does not contravene Order 2.

Business openings and closures

ORDER 4

4(1) A business listed in Schedule A may open, subject to any applicable restrictions set out in these Orders, and may provide those goods and services set out in Schedule A.

Restrictions à l'égard des rassemblements publics

ORDRE N° 2

2(1) Sauf disposition contraire des présents ordres, les rassemblements dans les lieux publics intérieurs ou extérieurs ou dans les aires communes des immeubles à logements multiples sont limités à cinq personnes.

2(2) Le présent ordre ne s'applique pas aux installations où sont fournis des soins de santé ou des services sociaux ou à toute partie d'une installation qu'une école publique ou privée utilise pour l'enseignement.

2(3) Il demeure entendu que plus de cinq personnes peuvent fréquenter une entreprise ou installation qui a le droit d'ouvrir en vertu des présents ordres si son exploitant a mis en place les mesures applicables de protection de la santé publique qui sont prévues aux présents ordres.

ORDRE N° 3

3(1) L'exploitant d'une entreprise ou d'une installation ne peut permettre son utilisation, notamment au moyen d'une location ou d'une réservation, en vue d'un rassemblement qui contreviendrait à l'ordre n° 2.

3(2) Il demeure entendu que l'exploitant d'une entreprise ou d'une installation accueillant un rassemblement veille à ce que ce dernier se déroule en conformité avec l'ordre n° 2.

Ouverture et fermeture des entreprises

ORDRE N° 4

4(1) Les entreprises énumérées à l'annexe A peuvent ouvrir, sous réserve des restrictions applicables prévues par les présents ordres et offrir les biens et services prévus à cette annexe.

4(2) If a business listed in Schedule A allows members of the public to attend, the operator of the business must implement measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public.

ORDER 5

5(1) A retail business may open but it may only sell essential items to members of the public who are shopping in person at the business.

5(2) By no later than 12:01 a.m. on November 21, 2020, the operator of a retail business must ensure that

(a) non-essential items are removed from areas of the business to which members of the public have access;

(b) members of the public are physically prevented from gaining access to non-essential items at the business; or

(c) signs in the business or stickers on items clearly identify non-essential items that cannot be purchased.

5(3) The operator of a retail business must

(a) limit the number of members of the public at the business to 25% of the usual capacity of the premises or 250 persons, whichever is lower; and

(b) implement measures to ensure that members of the public at the business are reasonably able to maintain a separation of at least two metres from other members of the public.

5(4) A shopping centre or mall may open to enable public access to businesses that are permitted to open under these Orders if the operator of the shopping centre or mall

(a) limits the number of members of the public at the shopping centre or mall to 25% of the usual capacity of the premises; and

4(2) L'exploitant d'une entreprise visée à l'annexe A qui permet au public d'accéder à son entreprise met en place des mesures pour veiller à ce que ceux qui la fréquentent puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

ORDRE N° 5

5(1) Les établissements de commerce de détail peuvent ouvrir, mais ne peuvent vendre que des articles essentiels à ceux qui effectuent des achats sur place.

5(2) Au plus tard le 21 novembre 2020 à 0 h 1, l'exploitant d'un commerce de détail veille à ce que les règles qui suivent y soient respectées :

a) les articles non essentiels sont retirés des endroits accessibles au public;

b) des obstacles empêchent le public d'accéder aux articles non essentiels;

c) des affiches ou des autocollants apposés sur les articles identifient clairement les articles non essentiels dont la vente est interdite.

5(3) L'exploitant d'un commerce de détail :

a) limite l'accès du public à 25 % de la capacité normale des lieux ou à 250 personnes, la valeur la moins élevée étant retenue;

b) met en place des mesures pour veiller à ce que ceux qui se trouvent dans l'établissement puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

5(4) Les centres commerciaux peuvent ouvrir pour permettre au public d'accéder aux entreprises qui sont autorisées à ouvrir en vertu des présents ordres, mais les exploitants d'un tel centre sont tenus :

a) de limiter l'accès du public à 25 % de la capacité normale des lieux;

(b) implements measures to ensure that members of the public at the shopping centre or mall are reasonably able to maintain a separation of at least two metres from other members of the public.

5(5) Operators of retail businesses and shopping centres and malls must

(a) establish a system to ensure compliance with the applicable capacity limits set out in clause (3)(a) or (4)(a); and

(b) on request from a person authorized to enforce these Orders, provide proof that the capacity limits have not been exceeded at the time the request is made.

5(6) Nothing in this Order prevents a retail business from selling essential items and non-essential items online, by telephone or other remote means for delivery or pick-up.

5(7) Subsections (1) and (2) do not apply to

(a) retail businesses in northern Manitoba, other than retail businesses in Thompson, Flin Flon, The Pas; and

(b) retail businesses in Sapotaweyak, Berens River, Poplar River, Little Grand Rapids and Pauingassi.

5(8) A food court in a shopping centre or mall must be closed while these Orders are in effect.

ORDER 6

6(1) The operator of a facility or business that is not listed in Schedule A or whose ability to open is not otherwise addressed in these Orders must ensure that the business or facility is closed while these Orders are in effect.

b) de mettre en place des mesures pour veiller à ce que ceux qui se trouvent dans le centre commercial puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

5(5) L'exploitant d'un établissement de commerce de détail ou d'un centre commercial :

a) établit un système pour que la limite de capacité applicable prévue, selon le cas, à l'alinéa (3)a) ou (4)a) soit respectée;

b) fournit, à toute personne autorisée à faire appliquer les présents ordres qui en fait la demande, une preuve attestant qu'au moment où la demande est présentée, la limite de capacité n' a pas été dépassée.

5(6) Le présent ordre n'a pas pour effet d'empêcher les commerces de détail de vendre des articles essentiels et non essentiels en ligne, par téléphone ou par d'autres moyens à distance.

5(7) Les paragraphes (1) et (2) ne s'appliquent pas aux commerces de détail suivants :

a) ceux qui sont situés dans le nord du Manitoba, à l'exception de ceux situés à Thompson, à Flin Flon et à The Pas;

b) ceux qui sont situés à Sapotaweyak, à Berens River, à Poplar River, à Little Grand Rapids et à Pauingassi.

5(8) Les aires de restauration situées dans un centre commercial demeurent fermées tant que les présents ordres sont en vigueur.

ORDRE N° 6

6(1) L'exploitant d'une installation ou entreprise qui n'est pas visée à l'annexe A ou dont l'ouverture n'est pas prévue par les présents ordres veille à ce qu'elle demeure fermée tant que les présents ordres sont en vigueur.

6(2) The operator of a business or facility that is required to be closed under these Orders must ensure that no members of the public enter the business or facility while these Orders are in effect, except as permitted under these Orders. Temporary access to a closed business or facility is authorized for any of the following purposes:

(a) performing work at the business or facility in order to comply with any applicable law;

(b) allowing for inspections, maintenance and repairs to be carried out at the business or facility;

(c) allowing for security services to be provided at the business or facility;

(d) attending the business or facility to deal with critical matters relating to its closure.

6(3) Despite subsection (2), a business or facility that is required to be closed under these Orders may continue to provide goods or services online, by telephone or other remote means. Employees of the business or facility may attend at the business or facility to facilitate these activities.

6(4) Despite subsection (2), a business or facility that is required to be closed under these Orders may continue to operate in order to provide goods by delivery or pick-up that have been ordered online, by telephone or other remote means. If a business or facility allows members of the public to attend to pick up goods, the operator must implement measures to ensure that members of the public attending are reasonably able to maintain a separation of at least two metres from other members of the public.

Food service

ORDER 7

7(1) All restaurants and other commercial facilities serving food to the public must not serve food to customers for consumption in the premises or on any associated patio or outdoor area.

6(2) L'exploitant d'une entreprise ou installation devant demeurer fermée en application des présents ordres veille à ce que le public n'y ait pas accès tant que ces ordres sont en vigueur, sauf dans la mesure permise par ces derniers. L'accès temporaire à une entreprise ou installation fermée est toutefois autorisé aux fins suivantes :

a) y exécuter un travail aux fins de conformité à toute règle de droit applicable;

b) y permettre l'exécution de travaux d'inspection, d'entretien ou de réparation;

c) y permettre la prestation de services de sécurité;

d) traiter de questions essentielles liées à sa fermeture.

6(3) Malgré le paragraphe (2), les entreprises et installations devant demeurer fermées en application des présents ordres peuvent continuer à fournir des biens et des services en ligne, par téléphone ou par d'autres moyens à distance et leurs employés peuvent y accéder à cette fin.

6(4) Malgré le paragraphe (2), les entreprises et installations devant demeurer fermées en application des présents ordres peuvent continuer à fournir des biens à livrer ou à emporter qui ont été commandés en ligne, par téléphone ou par d'autres moyens à distance. L'exploitant d'une entreprise ou installation qui permet aux clients d'y accéder pour venir chercher les biens qu'ils ont achetés met en place des mesures pour veiller à ce qu'ils puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

Restauration

ORDRE N° 7

7(1) Les restaurants et autres établissements commerciaux qui servent de la nourriture au public ne peuvent le faire en vue d'une consommation sur les lieux ou dans un espace extérieur connexe, y compris une terrasse.

7(2) The operator of a restaurant or other commercial facility serving food may sell food for delivery or takeout from the premises.

7(2) L'exploitant d'un restaurant ou d'un autre établissement commercial qui sert de la nourriture peut vendre de la nourriture à livrer ou à emporter depuis ces locaux.

Licensed premises

Locaux visés par une licence

ORDER 8

8(1) Subject to subsections (2) and (4), all premises that are the subject of a liquor service licence issued under *The Liquor, Gaming and Cannabis Control Act* must be closed while these Orders are in effect.

8(2) Food may be sold for delivery or takeout from licensed premises while these Orders are in effect. Members of the public may enter the licensed premises for the sole purpose of picking up their orders. Liquor must not be served in the licensed premises during this period.

8(3) Beer, wine, cider and coolers may be sold with food that is purchased for delivery or takeout as permitted under section 24.1 of *The Liquor, Gaming and Cannabis Control Act*.

8(4) If licensed premises are located within retail premises or other multi-use premises, this Order does not prevent members of the public from being present in the licensed premises, provided that food and liquor are not served for consumption in the licensed premises.

ORDRE N° 8

8(1) Sous réserve des paragraphes (2) et (4), les locaux visés par une licence de service de boissons alcoolisées délivrée en vertu de la *Loi sur la réglementation des alcools, des jeux et du cannabis* demeurent fermés tant que les présents ordres sont en vigueur.

8(2) Il est permis de vendre de la nourriture à livrer ou à emporter depuis des locaux visés par une licence pendant que les présents ordres sont en vigueur, mais le public ne peut y entrer que pour aller y chercher une commande. Il est interdit d'y servir des boissons alcoolisées pendant cette période.

8(3) La vente de bière, de vin, de cidre et de panachés y est permise, mais uniquement si elle coïncide avec l'achat de nourriture à livrer ou à emporter et dans la mesure permise par l'article 24.1 de la *Loi sur la réglementation des alcools, des jeux et du cannabis*.

8(4) Le présent ordre n'a pas pour effet d'empêcher le public d'accéder aux locaux visés par une licence qui sont situés dans un lieu à usage multiple ou dans lequel s'effectue du commerce de détail, pour autant qu'aucune nourriture ni boisson ne soit servie en vue de sa consommation dans les locaux.

Transportation

Transport

ORDER 9

9 Municipal public transportation services, taxis, limousines and other vehicles for hire may continue to operate if their operators have implemented measures to ensure that all passengers are able to maintain a reasonable separation from other persons in the vehicle.

ORDRE N° 9

9 L'exploitation des services municipaux de transport en commun, des taxis, des limousines et d'autres véhicules avec chauffeur demeure permise si l'exploitant a mis en place des mesures pour veiller à ce que les occupants puissent maintenir entre eux une distance raisonnable.

Post-secondary educational institutions

ORDER 10

10(1) Universities, colleges and private vocational institutions and other businesses that provide group training or instruction may open and may provide online and remote instruction. They may also provide in-person instruction if occupancy in all classrooms and other areas of instruction is restricted to 50% of the usual capacity and the total number of students in any classroom or other area of instruction does not exceed 25. Where reasonably possible, measures must be implemented to ensure that there is a two-metre separation between all persons in the classroom or other area of instruction.

10(2) Measures must be implemented to ensure that persons in common indoor areas of a university, college, private vocational institution or other instruction or training facility are reasonably able to maintain a separation of at least two metres from other persons.

Établissements d'enseignement postsecondaire

ORDRE N° 10

10(1) Les universités, les collèges, les établissements d'enseignement professionnel privés et les autres entreprises qui fournissent des formations ou des cours en groupe peuvent ouvrir et offrir de l'enseignement en ligne ou à distance. Ils peuvent également offrir de l'enseignement en personne si l'accès aux salles de classe et aux autres locaux d'enseignement est limité à 50 % de leur capacité normale, sans excéder 25 étudiants ou élèves par salle ou local. Lorsqu'il est raisonnablement possible de le faire, des mesures sont mises en place pour veiller à ce que les personnes dans les salles de classe ou autres locaux d'enseignement maintiennent entre elles une distance d'au moins deux mètres.

10(2) Les universités, les collèges, les établissements d'enseignement professionnel privés et les autres installations où sont fournis des formations et des cours mettent en place des mesures pour veiller à ce que les personnes se trouvant dans les parties communes intérieures puissent raisonnablement maintenir entre elles une distance d'au moins deux mètres.

Child care

ORDER 11

11 Child care centres and child care homes may open and provide care to children in accordance with *The Community Child Care Standards Act*.

Garde d'enfants

ORDRE N° 11

11 Les garderies, y compris les garderies familiales, peuvent ouvrir et fournir des services de garde d'enfants en conformité avec la *Loi sur la garde d'enfants*.

Sporting and recreational activities

ORDER 12

12(1) Outdoor recreational facilities such as football and soccer fields, skateboard parks, playgrounds, hockey rinks and toboggan slides must be closed while these Orders are in effect.

Activités sportives et récréatives

ORDRE N° 12

12(1) Les installations récréatives extérieures, telles que les terrains de soccer ou de football, les planchodromes, les terrains de jeu, les patinoires de hockey et les glissoires à toboggans, demeurent fermées tant que les présents ordres sont en vigueur.

12(2) Outdoor recreational activities such as cross-country skiing, running and snowmobiling may take place while these Orders are in effect, as long as all participants maintain a separation of at least two metres from each other.

12(3) Dressing rooms, warming shacks and other indoor facilities associated with outdoor sporting or recreational activities must be closed while these Orders are in effect.

ORDER 13

13(1) All indoor sporting or recreational facilities must be closed while these Orders are in effect.

13(2) Subsection (1) does not prevent gymnasiums with volleyball or basketball courts in public and private schools from being used for physical education classes and practices during school hours.

Community centres

ORDER 14

14 Community centres may open. Only activities that are permitted under these Orders may take place in a community centre while these Orders are in effect. The conduct of specific activities at a community centre is governed by the applicable provisions of these Orders that relate to the activities in question.

Places of worship

ORDER 15

15(1) Except as permitted by subsections (3) and (4), churches, mosques, synagogues, temples and other places of worship must be closed to the public while these Orders are in effect.

12(2) Les activités récréatives extérieures, telles que le ski de fond, la course et la motoneige, peuvent avoir lieu pendant que les présents ordres sont en vigueur, pour autant que les participants maintiennent entre eux une distance d'au moins deux mètres.

12(3) Les vestiaires, abris et autres installations intérieures liées aux activités sportives ou récréatives extérieures demeurent fermés tant que les présents ordres sont en vigueur.

ORDRE N° 13

13(1) Les installations sportives ou récréatives intérieures demeurent fermées tant que les présents ordres sont en vigueur.

13(2) Le paragraphe (1) n'a pas pour effet d'empêcher que les gymnases des écoles publiques ou privées qui sont dotés de terrains de volleyball ou de basketball soient utilisés pour les pratiques et les cours d'éducation physique pendant les heures de classe.

Centres communautaires

ORDRE N° 14

14 Les centres communautaires peuvent ouvrir, mais seules les activités permises par les présents ordres peuvent y avoir lieu pendant que ces derniers sont en vigueur et uniquement en conformité avec les ordres applicables.

Lieux de culte

ORDRE N° 15

15(1) Sauf dans la mesure permise par les paragraphes (3) et (4), les églises, les mosquées, les synagogues, les temples et les autres lieux de culte demeurent fermés au public tant que les présents ordres sont en vigueur.

15(2) Despite subsection (1), religious leaders may conduct services at places of worship so that those services may be made available to the public over the Internet or through other remote means.

15(3) A funeral, wedding, baptism or similar religious ceremony may take place at a place of worship provided that no more than five persons, other than the officiant, attend the ceremony.

15(4) This Order does not prevent the premises of a place of worship from being used by a public or private school or for the delivery of health care, child care or social services.

15(2) Malgré le paragraphe (1), les chefs religieux peuvent tenir des services dans les lieux de culte dans le but de les rendre accessibles au public par Internet ou d'autres moyens à distance.

15(3) Les funérailles, les mariages, les baptêmes et les autres cérémonies religieuses semblables peuvent avoir lieu dans un lieu de culte, pour autant qu'au plus cinq personnes y assistent, hormis l'officiant.

15(4) Le présent ordre n'a pas pour effet d'empêcher qu'un lieu de culte soit utilisé par une école publique ou privée ou qu'il serve à la fourniture de soins de santé, de services de garde d'enfants ou de services sociaux.

Use of masks

Port du masque

ORDER 16

16(1) A person who enters or remains in an indoor public place must wear a mask in a manner that covers their mouth, nose and chin without gapping.

16(2) The operator of an indoor public place must ensure that every person who is not wearing a mask while in the indoor public place is given a reminder to do so as soon as practicable.

16(3) Subsections (1) and (2) do not apply in respect of the following:

(a) a child who is under five years of age;

(b) a person with a medical condition that is unrelated to COVID-19, including breathing or cognitive difficulties, or a disability, that prevents them from safely wearing a mask;

(c) a person who is unable to put on or remove a mask without the assistance of another person;

(d) a person who needs to temporarily remove their mask while in the indoor public place for the purpose of

ORDRE N° 16

16(1) Quiconque entre ou se trouve dans un lieu public intérieur est tenu de porter un masque bien ajusté couvrant la bouche, le nez et le menton.

16(2) L'exploitant d'un lieu public intérieur veille à ce que toute personne qui s'y trouve sans porter de masque reçoive dès que possible un rappel lui demandant de mettre un masque.

16(3) Les paragraphes (1) et (2) ne s'appliquent pas aux personnes qui répondent à l'un des critères suivants :

a) elles ont moins de cinq ans;

b) elles ont un problème de santé sans rapport avec la COVID-19, notamment des difficultés respiratoires ou cognitives, ou une incapacité qui ne leur permettent pas de porter un masque en toute sécurité;

c) elles ne peuvent pas mettre un masque ou l'enlever sans l'aide d'une autre personne;

d) elles doivent enlever temporairement leur masque pour l'une des raisons suivantes :

(i) receiving a service that requires the removal of their mask,

(ii) consuming food or drink,

(iii) an emergency or medical purpose, or

(iv) establishing their identity.

16(4) Subsections (1) and (2) do not apply to an employee or agent of the operator of the indoor public place while the employee or agent is

(a) in an area of the indoor public place to which members of the public do not normally have access; or

(b) located behind a non-permeable physical barrier.

16(5) Subsections (1) and (2) do not apply to a person in an indoor public place if

(a) they are seated and

(i) the seating is arranged in accordance with the applicable requirements set out in these Orders, or

(ii) they are separated by at least two metres from other persons who are not sitting with that person, if the arrangement of seating in the place is not specifically addressed in these Orders; and

(b) they wear a mask at all times while moving to or from their seated position within the indoor public place.

16(6) This Order does not apply to a child care centre or a child care home.

APPLICATION
These Orders apply in all areas of Manitoba.

These Orders do not apply to a public or private school.

(i) pour recevoir un service qui ne peut être reçu avec un masque,

(ii) pour consommer de la nourriture ou des boissons,

(iii) pour une urgence ou une raison médicale,

(iv) pour décliner leur identité.

16(4) Les paragraphes (1) et (2) ne s'appliquent pas aux employés ou représentants de l'exploitant du lieu public intérieur lorsque ceux-ci sont :

a) soit dans une zone du lieu qui n'est normalement pas accessible au public;

b) soit derrière une cloison étanche.

16(5) Les paragraphes (1) et (2) ne s'appliquent pas aux personnes qui se trouvent dans un lieu public intérieur dans le cas suivant :

a) elles sont assises et l'une des conditions suivantes est remplie :

(i) les sièges sont disposés conformément aux exigences applicables prévues aux présents ordres,

(ii) lorsque la disposition des sièges n'est pas expressément prévue par les présents ordres, elles sont assises à au moins deux mètres de distance des personnes qui ne sont pas assises avec elles;

b) elles portent un masque en tout temps lorsqu'elles quittent leur siège ou s'y rendent.

16(6) Le présent ordre ne s'applique pas aux garderies ni aux garderies familiales.

APPLICATION
Les présents ordres s'appliquent à l'ensemble de la province.

Les présents ordres ne s'appliquent pas aux écoles publiques ou privées.

SPECIFIC ORDER PREVAILS IN CASE OF CONFLICT
In the case of a conflict between these Orders and another Order made under *The Public Health Act* that applies to a specific community or area, the other Order prevails.

NO RESTRICTION ON CERTAIN SERVICES
Nothing in these Orders prevents, restricts or governs the operations or the delivery of services by any of the following:

(a) the Government of Canada;

(b) the Government of Manitoba;

(c) the Manitoba Legislative Assembly;

(d) the Provincial Court of Manitoba, the Court of Queen's Bench of Manitoba and The Court of Appeal;

(e) a municipality, except in relation to the delivery of transit and recreational services and the operation of recreational and library facilities;

(f) the council of a municipality;

(g) a Crown corporation or other government agency;

(h) any person or publicly funded agency, organization or authority that delivers or supports government operations and services, including health care operations and services;

(i) a health professional.

INTERPRETATION
The following definitions apply in these Orders and in the Schedules.

"**business**" includes a trade, industry, service, profession or occupation, whether operated on a commercial or not-for-profit basis. (« entreprise »)

"**essential items**" means the goods and products set out in Schedule B. (« article essentiel »)

PRÉSÉANCE D'AUTRES ORDRES ET ORDONNANCES
Les ordres donnés et les ordonnances prises en vertu de la *Loi sur la santé publique* qui s'appliquent à une collectivité ou à une région donnée l'emportent sur les présents ordres.

AUCUNE RESTRICTION À L'ÉGARD DE CERTAINS SERVICES
Les présents ordres n'ont pas pour effet d'empêcher, de restreindre ou de régir les activités des entités ou personnes qui suivent ou la prestation de services par ces entités ou personnes :

a) le gouvernement du Canada;

b) le gouvernement du Manitoba;

c) l'Assemblée législative du Manitoba;

d) la Cour provinciale du Manitoba, la Cour du Banc de la Reine du Manitoba et la Cour d'appel;

e) une municipalité, sauf en ce qui concerne la prestation de services de transport en commun ou de services récréatifs et le fonctionnement d'installations récréatives et de bibliothèques;

f) le conseil d'une municipalité;

g) une corporation de la Couronne ou un organisme gouvernemental;

h) une personne, ou une autorité ou un organisme financés par des fonds publics, qui offre ou soutient des activités ou services gouvernementaux, y compris dans le secteur des soins de santé;

i) un professionnel de la santé.

DÉFINITIONS
Les définitions qui suivent s'appliquent aux présents ordres et aux annexes.

« **article essentiel** » Bien ou produit mentionné à l'annexe B ("essential items")

« **article non essentiel** » Bien ou produit qui n'est pas mentionné à l'annexe B. La présente définition vise notamment les bijoux, les fleurs, les parfums, les appareils électroniques grand public, l'équipement de sport, les livres et les jouets ("non-essential items")

"gathering" means a grouping of persons in general proximity to each other who have assembled for a common purpose or reason, regardless of whether it occurs in public or at a private residence or on other private property, but does not include

(a) a gathering in which all persons are occupants of the same residence; and

(b) a gathering of employees at a business or facility or persons who are working at a worksite. (« rassemblement »)

"health professional" means

(a) a person who is licensed or registered to provide health care under an Act of the Legislature;

(b) a person who is a massage therapist and a member, or eligible to be a member, of any of the following:

(i) the Massage Therapy Association of Manitoba Inc.,

(ii) the Natural Health Practitioners of Canada,

(iii) the Remedial Massage Therapists Society of Manitoba Inc.,

(iv) the Canadian Massage and Manual Osteopathic Therapists Association,

(v) the London and Counties Society of Physiologists (Canadian Chapter); and

(c) a person who is a member, or who is eligible to be a member, of the Manitoba Athletic Therapists' Association. (« professionnel de la santé »)

"indoor public place" means an enclosed public place within the meaning of *The Smoking and Vapour Products Control Act* and the regulations made under that Act, and includes a motor vehicle used for the public transportation of persons or property such as a bus, taxi, limousine or other vehicle for hire. (« lieu public intérieur »)

« **entreprise** » S'entend notamment d'un métier, d'une industrie, d'un service ou d'une profession, que l'entreprise soit exploitée de manière commerciale ou à but non lucratif. ("business")

« **établissement de commerce de détail** » Entreprise qui vend des biens ou des produits en vue de leur utilisation ou de leur consommation par des acheteurs qui sont des particuliers. La présente définition vise notamment les épiceries, les pharmacies et les quincailleries. ("retail business")

« **lieu public intérieur** » Endroit public fermé au sens de la *Loi sur la réglementation de l'usage du tabac et du cannabis et des produits servant à vapoter* et de ses règlements d'application, y compris les véhicules automobiles servant au transport public de personnes ou de biens, tels que les autobus, les taxis, les limousines et tout autre véhicule avec chauffeur. ("indoor public place")

« **masque** » S'entend notamment des passe-montagnes, des bandanas, des écharpes, des foulards et d'autres articles similaires. ("mask")

« **nord du Manitoba** » La région du Manitoba située au nord du 53e parallèle de latitude. ("northern Manitoba")

« **professionnel de la santé** »

a) Personne autorisée ou inscrite aux fins de la fourniture de soins de santé en vertu d'une loi de la Législature;

b) massothérapeute et membre — ou massothérapeute admissible à devenir membre — d'un des organismes suivants :

(i) la Massage Therapy Association of Manitoba Inc.,

(ii) la Natural Health Practitioners of Canada,

(iii) la Remedial Massage Therapists Society of Manitoba Inc.,

(iv) la Canadian Massage and Manual Osteopathic Therapists Association,

"**mask**" includes a balaclava, bandana, scarf or other similar item. (« masque»)

"**non-essential items**" means goods and products that are not set out in Schedule B. For certainty, this includes jewellery, flowers, perfume, consumer electronics, sporting equipment, books and toys. (« article non essentiel »)

"**northern Manitoba**" means the area of Manitoba located north of the 53rd parallel of latitude. (« nord du Manitoba »)

"**private residence**" means the residence of a person and includes a cottage or other vacation home as well as the property on which a residence is located. (« résidence privée »)

"**retail business**" means a business that sells goods or products for use or consumption by individual purchasers, and includes a grocery store, pharmacy and hardware store. (« établissement de commerce de détail »)

(v) le chapitre canadien de la London and Counties Society of Physiologists;

c) membre — ou personne admissible à le devenir — de la Manitoba Athletic Therapists' Association Inc. ("health professional")

« **rassemblement** » Groupe de personnes qui se trouvent à proximité les unes des autres et qui se sont réunies pour une raison ou un objectif communs, que ce soit dans un lieu public, dans une résidence privée ou sur une autre propriété privée. La présente définition ne vise toutefois pas :

a) les groupes composés exclusivement de personnes habitant dans la même résidence;

b) les groupes d'employés dans une entreprise ou une installation ou les personnes qui travaillent dans un lieu de travail. ("gathering")

« **résidence privée** » La résidence, le chalet ou la résidence de vacances d'une personne ainsi que le terrain sur lequel se trouve cette habitation. ("private residence")

TERMINATION OF PREVIOUS ORDERS

The COVID-19 Prevention Orders made on November 19, 2020 are terminated and replaced with these Orders.

EFFECTIVE DATE

These Orders are effective as of 12:01 a.m. on November 22, 2020, and remain in effect until 11:59 p.m. on December 11, 2020.

RÉVOCATION DES ORDRES ANTÉRIEURS

Les *Ordres de prévention de la COVID-19* donnés le 19 novembre 2020 sont révoqués et remplacés par les présents ordres.

ENTRÉE EN VIGUEUR

Les présents ordres entrent en vigueur le 22 novembre 2020 à 0 h 1 et le demeurent jusqu'au 11 décembre 2020 à 23 h 59.

SCHEDULE A

Businesses Permitted to Open

Supply chains

1. A business

   (a) that provides another business permitted to operate under these Orders with goods or services necessary for the business to operate, including transportation and logistics management relating to those goods or services; or

   (b) that supports or facilitates the two-way movement of goods within integrated North American and global supply chains.

2. A business that supplies or distributes items to retailers and other businesses.

Accommodations

3. A hotel, motel, hunting or fishing lodge or a business that provides rental units or similar living accommodations, including student residences, provided that reasonable measures are taken to ensure that no person is able to access a conference room, pool, hot tub sauna, fitness centre or game room on the premises that is normally accessible to all guests or residents, and that any beverage room associated with a hotel is closed.

ANNEXE A

Entreprises autorisées à ouvrir

Chaînes d'approvisionnement

1. Les entreprises qui, selon le cas :

   a) fournissent à des entreprises dont l'exploitation est permise par les présents ordres les biens ou services nécessaires à leur fonctionnement, y compris le transport et la gestion logistique qui se rapportent à ces biens et services;

   b) appuient ou facilitent la circulation de biens dans les deux sens au sein des chaînes d'approvisionnement intégrées nord-américaines et mondiales.

2. Les entreprises qui approvisionnent les détaillants et les autres entreprises en articles ou qui s'occupent de la distribution de ces articles.

Hébergement

3. Les hôtels, les motels, les pavillons de chasse, les camps de pêche et les entreprises qui fournissent des unités locatives ou d'autres types d'habitation similaires, y compris les résidences d'étudiants, si les exploitants prennent des mesures raisonnables pour que personne ne puisse accéder aux salles de conférence, aux piscines, aux cuves thermales, aux saunas, aux centres de conditionnement physique et aux salles de jeu situés dans leurs locaux et auxquels les clients et les résidents ont normalement accès; dans le cas des hôtels, tout débit de boissons qui y est associé doit également être fermé.

4. A business that operates a seasonal campground or recreational vehicle park, or that offers vacation cabins, yurts or other seasonal residences, provided that reasonable measures are taken to ensure that no person is able to access a pool, hot tub, sauna, fitness centre or game room on the premises that is normally accessible to all guests.

Insttitutional, residential, commercial and industrial maintenance

5. A business that provides support and maintenance services, including urgent repair, to maintain the safety, security, sanitation and essential operation of institutional, residential, commercial and industrial properties, and includes

(a) property management services, including residential snow clearing;

(b) services provided by skilled trades, such as plumbers, electricians and HVAC technicians;

(c) custodial or janitorial services and cleaning services;

(d) fire safety and sprinkler systems installation and monitoring; and

(e) similar services provided by other service providers.

Telecommunications and information technology

6. A business that provides telecommunications services, Internet services and radio services as well as support facilities necessary for support and service delivery, such as a call centre.

4. Les entreprises qui exploitent un terrain de camping ou de caravaning saisonnier ou qui offrent des chalets, des yourtes ou d'autres résidences saisonnières, si les exploitants prennent des mesures raisonnables pour que personne ne puisse accéder aux piscines, aux cuves thermales, aux saunas, aux centres de conditionnement physique et aux salles de jeu qui sont situés dans leurs locaux et auxquels les clients ont normalement accès.

Entretien des bâtiments institutionnels, résidentiels, commerciaux et industriels

5. Les entreprises qui fournissent des services d'entretien pour maintenir la sécurité, la salubrité et les fonctions essentielles des biens et bâtiments institutionnels, résidentiels, commerciaux et industriels, y compris les services de réparation urgente et les services suivants :

a) les services de gestion immobilière, y compris le déneigement résidentiel;

b) les services fournis par les métiers spécialisés tels les plombiers, les électriciens et les spécialistes en chauffage, en ventilation et en climatisation;

c) les services de garde, de conciergerie et de nettoyage;

d) les services d'installation et de surveillance des systèmes de sécurité incendie et des systèmes d'extincteurs à eau;

e) les services similaires fournis par d'autres fournisseurs de services.

Télécommunications et technologie de l'information

6. Les entreprises qui fournissent des services de télécommunication, d'Internet et de radio, ainsi que les centres de soutien nécessaires à l'appui et à la fourniture de ces services, comme les centres d'appel.

7. A business that provides information technology, including online services, software products and related support services, as well as technical facilities such as data centres and other network facilities.

Communications industries

8. A business that provides information through radio or television broadcasting, telecommunication services or newspaper publications.

Transportation

9. A business that provides transportation services necessary for the activities of daily living, including couriers and food delivery services.

10. A business that provides transportation services to other businesses or individuals by road, rail, air or water, including a business that provides logistical support, distribution services or warehousing and storage, or truck stops.

11. A business that sells, services or repairs motor vehicles, farm equipment, aircraft, watercraft, snowmobiles, all-terrain vehicles or bicycles .

12. A gas station or other business that provides diesel, aviation, propane, heating fuel or other fuel used to power a motor vehicle, aircraft or watercraft.

13. A business that provides towing services or roadside repair assistance.

14. A business that provides goods and services for the operation, maintenance and safety of the road, rail, air and water transportation systems.

7. Les entreprises qui fournissent des services de technologie de l'information, y compris en ce qui a trait aux logiciels, aux services en ligne et aux services de soutien connexes, et celles qui gèrent des infrastructures techniques comme les centres de données et d'autres installations de réseau.

Industries des communications

8. Les entreprises qui fournissent des renseignements par radiodiffusion ou télédiffusion, par la publication de journaux ou au moyen de services de télécommunications.

Transport

9. Les entreprises qui fournissent les services de transport nécessaires aux activités de la vie courante, y compris les services de messagerie et de livraison de nourriture.

10. Les entreprises qui fournissent des services à d'autres entreprises ou à des particuliers par voie routière, ferroviaire, aérienne ou maritime, notamment les entreprises qui fournissent un soutien logistique, des services de distribution ou d'entreposage ou des relais routiers.

11. Les entreprises qui vendent, réparent ou entretiennent des véhicules automobiles, du matériel agricole, des avions, des embarcations, des motoneiges, des véhicules tout-terrain ou des bicyclettes.

12. Les stations-service et autres entreprises qui fournissent du diesel, du propane, du mazout de chauffage ou d'autres carburants pour véhicules automobiles, avions et embarcations.

13. Les entreprises qui fournissent des services de remorquage ou de réparation au bord de la route.

14. Les entreprises qui fournissent des biens et des services servant à l'exploitation, à l'entretien et à la sécurité des systèmes de transport routier, ferroviaire, aérien et maritime.

15. A business that provides maintenance services such as clearing snow and completing necessary repairs to the transportation system.

Manufacturing and production

16. A business that manufactures or processes goods or materials, including a component manufacturer or a business that produces inputs used by another manufacturer.

Agriculture, food production and animal care

17. A business that is engaged in farming, harvesting, processing, manufacturing, producing or distributing food or farm products such as crops, animal products and by-products or beverages.

18. A business that is engaged in fishing, hunting or aquaculture, including the provision of guiding or outfitting services.

19. A business that supports the food supply chain, including assembly yards, livestock auctions, food distribution hubs, feed mills, farm equipment suppliers, feed suppliers, food terminals and warehouses, animal processing plants and grain elevators.

20. A business that supplies agricultural producers with necessary products or services, such as seed, fertilizers, herbicides, pesticides, agricultural equipment, custom application of herbicides and pesticides and the repair of agricultural equipment.

21. A business that supports the safety of food, including animal and plant health and animal well-being.

15. Les entreprises qui fournissent des services d'entretien comme le déneigement et les réparations nécessaires au bon fonctionnement des systèmes de transport.

Fabrication et production

16. Les entreprises qui fabriquent ou transforment des biens ou des matériaux, y compris les fabricants de composants et les entreprises qui fabriquent des intrants pour d'autres fabricants.

Agriculture, production alimentaire et soin des animaux

17. Les entreprises qui cultivent, récoltent, transforment, fabriquent, produisent ou distribuent des aliments ou des produits agricoles comme les plantes cultivées, les produits et sous-produits d'origine animale et les boissons.

18. Les entreprises d'aquaculture, de chasse ou de pêche, y compris les services de guides et les services de pourvoirie.

19. Les entreprises qui soutiennent la chaîne d'approvisionnement alimentaire, y compris les parcs de groupage, les marchés de vente aux enchères de bétail, les centres de distribution alimentaire, les provenderies, les fournisseurs de machinerie agricole, les marchés de produits alimentaires, les usines de transformation des animaux et les élévateurs à grains.

20. Les entreprises qui approvisionnent — directement ou indirectement — les producteurs agricoles en produits et services nécessaires, notamment les semences, les engrais, les herbicides, les pesticides, le matériel agricole, l'application sur mesure d'herbicides et de pesticides et la réparation de matériel agricole.

21. Les entreprises qui assurent la salubrité des aliments, y compris la santé animale ou végétale et le bien-être des animaux.

22. A business that supplies goods or services for the health and well-being of animals, including feed and supplies such as bedding.

23. A business that provides veterinary services or that supplies veterinary or animal control medications and related supplies and testing kits.

24. A business involved in ensuring the safe and effective management of animal waste, including a business responsible for the disposal of dead animals, rendering, nutrient management and biohazardous materials treatment or disposal.

Construction

25. A business engaged in construction work or services in the industrial, commercial, institutional and residential sectors, including demolition services and expanding, renovating, converting or repurposing existing spaces.

26. A business engaged in construction work or services that are required to ensure safe and reliable operations of provincial and municipal infrastructure.

27. A business engaged in construction work or services that supports environmental rehabilitation projects.

Finance

28. A business engaged in the capital markets.

29. A bank, credit union or caisse populaire.

30. A business that is a payday lender or a cheque-cashing service.

31. A business that provides insurance services, including the adjustment of insurance claims.

22. Les entreprises qui offrent des biens ou des services pour la santé et le bien-être des animaux, notamment des aliments et des fournitures comme la litière.

23. Les entreprises qui fournissent des services vétérinaires, des médicaments vétérinaires ou des produits de contrôle animal ainsi que de l'équipement et des trousses de test connexes.

24. Les entreprises qui veillent à la gestion sûre et efficace des déchets animaux, y compris les entreprises d'élimination des animaux morts, d'équarrissage, de gestion des nutriments et de traitement et d'élimination des matières présentant un danger biologique.

Construction

25. Les entreprises chargées de travaux ou de services de construction dans les secteurs industriel, commercial, institutionnel et résidentiel, notamment les travaux de démolition et les travaux d'agrandissement, de rénovation, de conversion ou de réaménagement d'espaces existants.

26. Les entreprises chargées des travaux ou des services de construction nécessaires pour assurer le fonctionnement sûr et fiable des infrastructures provinciales et municipales.

27. Les entreprises chargées de travaux ou de services de construction qui appuient des projets de réhabilitation environnementale.

Finances

28. Les entreprises participant aux marchés financiers.

29. Les banques, les caisses populaires et les credit unions.

30. Les sociétés de prêt sur salaires et les agences d'encaissement de chèques.

31. Les entreprises qui fournissent des services d'assurance, y compris le règlement de sinistres.

32. A business that provides pension services and employee benefits services.

33. A business that provides financial services, including

    (a) payment processing; or

    (b) the payroll division of any employer or an entity whose operation is the administration of payroll.

34. A business that deals in securities or manages financial portfolios.

Natural resources

35. A business engaged in the extraction or processing of natural resources, such as minerals, forest products, oil and gas or aggregates, including a business engaged in the production or sale of biofuels.

36. A business engaged in natural resource exploration and development.

37. A business that provides supplies or materials used in the natural resource sector.

38. A business that supplies or ensures the supply of natural resources, such as petroleum and petroleum by-products or aggregate, to other businesses.

39. A business that supports the health and safety of natural resource extraction or processing operations.

32. Les entreprises qui fournissent des services de pensions et d'avantages sociaux.

33. Les entreprises qui fournissent des services financiers, notamment :

    a) les centres de traitement des paiements;

    b) le service de paie d'un employeur ou les entités qui gèrent un service de paie.

34. Les entreprises qui œuvrent dans le domaine des valeurs mobilières ou qui gèrent des portefeuilles financiers.

Ressources naturelles

35. Les entreprises qui fournissent des services dans le domaine de l'extraction ou de la transformation des ressources naturelles, comme les minéraux, les produits forestiers, le pétrole et le gaz ou les granulats, y compris les entreprises qui produisent ou vendent des biocarburants.

36. Les entreprises d'exploration et d'exploitation de ressources naturelles.

37. Les entreprises qui fournissent des produits ou des matériaux utilisés dans le secteur des ressources naturelles.

38. Les entreprises qui approvisionnent d'autres entreprises en ressources naturelles, notamment le pétrole, les produits dérivés du pétrole et les granulats, ou qui en assurent l'approvisionnement.

39. Les entreprises qui favorisent la santé et la sécurité dans le cadre des opérations d'extraction et de transformation des ressources naturelles.

Environmental services

40. A business that supports environmental management or monitoring services or that provides environmental clean-up and response services or services in respect of industrial sewage or effluent, including environmental consulting firms, septic haulers, portable toilet suppliers, well drillers, pesticide applicators and exterminators.

41. A business that provides laboratory services in respect of water or wastewater.

42. A business engaged in waste collection or recycling, waste and sewage treatment and disposal, the operation of a landfill or hazardous waste disposal.

Utilities and public works

43. A business that operates a utility, including a business that provides goods, materials and services needed for the delivery of utilities, such as potable drinking water, electricity and natural gas.

44. A business engaged in or supporting the operation, maintenance or repair of provincial or municipal infrastructure, such as railways, dams, bridges, highways, erosion control structures and water control works.

Research

45. A business that maintains research facilities and engages in research, including medical research and other research and development activities.

Services environnementaux

40. Les entreprises qui appuient les services de gestion ou de surveillance environnementales ou qui fournissent des services de dépollution et d'intervention environnementales ou des services en ce qui a trait aux eaux usées et aux effluents industriels, notamment les sociétés de conseil en environnement, les transporteurs de fosses septiques, les fournisseurs de toilettes portatives, les foreurs de puits, les applicateurs de pesticides et les exterminateurs.

41. Les entreprises qui fournissent des services de laboratoire en ce qui a trait à l'eau ou aux eaux usées.

42. Les entreprises de collecte et de recyclage des déchets, de traitement et d'élimination des déchets et des eaux usées, d'exploitation de sites d'enfouissement et d'élimination des déchets dangereux.

Services et travaux publics

43. Les entreprises qui exploitent des services publics, notamment celles qui fournissent des biens, des matériaux et des services nécessaires à la prestation de services publics, notamment l'eau potable, l'électricité et le gaz naturel.

44. Les entreprises qui participent à l'exploitation, à l'entretien ou à la réparation des infrastructures provinciales et municipales, notamment les chemins de fer, les barrages, les ponts, les routes, les ouvrages de contrôle de l'érosion et les ouvrages régulateurs des eaux, ou qui appuient ces activités.

Recherche

45. Les entreprises qui exploitent des installations de recherche et mènent des activités de recherche, y compris en ce qui a trait à la recherche médicale et à d'autres activités de recherche-développement.

46. A business that provides goods and services that support research activities.

Health care, seniors' care and social services

47. A business that provides land medical emergency response services, air medical response services or stretcher transportation services.

48. A business that provides home care services.

49. A child and family services authority and a child and family services agency.

50. A business that operates a personal care home, supportive housing or an assisted living facility.

51. A business that provides personal support services in-home or provides residential services for children or for individuals with physical or mental disabilities, including developmental disabilities.

52. A business that provides or supports the provision of food, shelter, safety or protection or social services and other necessities of life to economically disadvantaged and other vulnerable individuals, including food banks, family violence and abuse shelters, homeless shelters, community housing, supportive housing, services that promote or protect the welfare of children, services to newcomers and custody and detention programs for persons in conflict with the law.

46. Les entreprises qui fournissent des biens ou des services appuyant des activités de recherche.

Soins de santé, soins aux personnes âgées et services sociaux

47. Les entreprises qui fournissent des services terrestres d'intervention médicale d'urgence, des services aériens d'intervention médicale ou des services de transport pour personnes sur civière.

48. Les entreprises qui fournissent des soins à domicile.

49. Les régies et les offices de services à l'enfant et à la famille.

50. Les entreprises qui exploitent des foyers de soins personnels ou des centres de logements avec services de soutien ou avec assistance.

51. Les entreprises qui fournissent à domicile des services de soutien à la personne ou des services pour les enfants ou les personnes ayant une incapacité physique ou mentale, notamment des déficiences développementales.

52. Les entreprises qui offrent — directement ou indirectement — de la nourriture, un refuge, de la sécurité ou de la protection ou encore des services sociaux et d'autres nécessités de la vie aux personnes défavorisées sur le plan économique et à d'autres personnes vulnérables, notamment les banques alimentaires, les maisons d'hébergement pour victimes de violence familiale ou de mauvais traitements, les refuges pour sans-abri, les logements communautaires, les logements avec services de soutien, les services qui favorisent ou protègent le bien-être des enfants, les services à l'intention des nouveaux arrivants et les programmes de garde à vue et de détention pour personnes ayant des démêlés avec la justice.

53. A business engaged in the manufacturing, wholesaling or distribution of pharmaceutical goods and medical supplies, such as medications, medical isotopes, vaccines and antivirals, medical devices.

53. Les entreprises qui sont des fabricants, grossistes ou distributeurs de biens pharmaceutiques et de fournitures médicales, y compris de médicaments, d'isotopes médicaux, de vaccins, d'antiviraux et de dispositifs médicaux.

54. A business engaged in providing logistic services or manufacturing or distributing goods or services that support the delivery of health care, including a business that provides laboratory services.

54. Les entreprises qui sont chargées de la fabrication ou de la distribution de biens ou de services qui soutiennent la prestation des soins de santé ou qui fournissent des services de logistique à l'égard de cette prestation, y compris les entreprises qui fournissent des services de laboratoire.

55. A business that provides mental health or addictions supports or services, such as counselling.

55. Les entreprises qui fournissent des services ou du soutien en santé mentale ou en lutte contre les dépendances, y compris le counseling.

56. A business that supplies or services assistive devices, mobility devices or medical devices, and other similar devices or supplies.

56. Les entreprises qui fournissent des appareils et accessoires fonctionnels, des aides à la mobilité, des dispositifs médicaux ainsi que d'autres fournitures et appareils semblables et qui les réparent.

Justice sector

Secteur de la justice

57. A business that provides professional or social services supports in the justice system.

57. Les entreprises qui fournissent des services professionnels ou des services sociaux qui appuient le système de justice.

Professional services

Services professionnels

58. A lawyer, paralegal, accountant, translator, veterinarian, engineer or geoscientist.

58. Les avocats, les parajuristes, les comptables, les traducteurs, les vétérinaires, les ingénieurs et les géoscientifiques.

59. A regulatory body of a profession.

59. Les organismes de réglementation des professions.

Other businesses

Autres entreprises

60. A business that provides rental and leasing services, including renting or leasing automobiles and commercial and light industrial machinery and equipment.

60. Les entreprises qui fournissent des services de location, y compris d'automobile et de machinerie et d'équipement commerciaux et de l'industrie légère.

61. A business that provides mailing, shipping, courier or delivery services, including post office boxes.

62 A business that services or repairs computers and other office products.

63. A business that operates a laundromat or provides dry cleaning or laundry services.

64. A business that provides funeral, mortician, cremation, transfer or burial services, or any related goods and products such as coffins and embalming fluid, provided that no more than five persons, other than the officiant, attend a funeral service at the business.

65. A business that operates a land registration service or that provides real estate services or moving services.

66. A business that provides security services, including private security guards, or provides monitoring or surveillance equipment and services.

67. A business that provides staffing services, including temporary help.

68. A business that provides tax preparation services.

69. A business that provides travel consulting services.

70. A business that is producing a motion picture or television show, if filming had started before these Orders came into effect.

71. A business that supports the safe operations of residences and critical businesses.

72. A business that provides arboriculture services.

61. Les entreprises qui fournissent des services postaux, d'expédition, de messagerie ou de livraison, y compris les cases postales.

62. Les entreprises qui effectuent l'entretien ou qui réparent les ordinateurs et le matériel de bureau.

63. Les entreprises qui exploitent des laveries ou qui fournissent des services de nettoyage à sec ou de blanchisserie.

64. Les entreprises qui fournissent des services funéraires, de thanatologie, de crémation, de transfert ou d'inhumation, y compris les biens et produits connexes tels les cercueils et le fluide d'embaumement, pour autant qu'au plus cinq personnes assistent à un service funéraire dans une entreprise, hormis l'officiant.

65. Les entreprises qui exploitent un service d'enregistrement foncier ou qui fournissent des services immobiliers ou des services de déménagement.

66. Les entreprises qui offrent des services de sécurité, y compris des services de gardiens de sécurité privés, ou des services ou de l'équipement de surveillance.

67. Les entreprises qui offrent des services de dotation, y compris des travailleurs temporaires.

68. Les entreprises qui offrent des services de préparation de déclarations de revenus.

69. Les entreprises qui offrent des services de conseillers en voyages.

70. Les entreprises qui produisent un film ou une émission de télévision, mais uniquement dans le cas d'un tournage ayant commencé avant l'entrée en vigueur des présents ordres.

71. Les entreprises qui soutiennent l'exploitation sécuritaire des entreprises essentielles et des résidences.

72. Les entreprises qui fournissent des services d'arboriculture.

73. A business that provides for the health and well-being of animals, including farms, boarding kennels, stables, animal shelters, zoos, aquariums, research facilities, pet groomers and other service providers.

74 A business that operates a pawnshop.

75. A business that provides tutoring or other individualized educational instruction.

76. A business that provides education or training programs required for a business listed in this Schedule, such as a pilot school or a commercial truck driver training course, or training for persons delivering health care services or providing any pandemic-related services.

77. A business that holds a retail liquor licence, a manufacturer's licence, including a manufacturer's licence with a retail endorsement, or a retail cannabis licence or that is authorized by the Government of Canada to produce cannabis.

73. Les entreprises qui veillent à la santé et au bien-être des animaux, y compris les fermes, les pensions canines, les étables, les refuges pour animaux, les jardins zoologiques, les aquariums, les établissements de recherche, les toiletteurs pour animaux d'agrément et autres fournisseurs de services.

74. Les entreprises qui exploitent un bureau de prêteur sur gages.

75. Les entreprises qui fournissent du tutorat ou d'autres formations personnalisées.

76. Les entreprises qui fournissent soit des programmes de formation ou d'éducation dont ont besoin les entreprises énumérées à la présente annexe, notamment les écoles de pilotes et les cours de formation pour conducteurs de véhicules commerciaux, soit de la formation aux personnes qui donnent des soins de santé ou qui fournissent tout autre service lié à la pandémie.

77. Les entreprises qui sont titulaires d'une licence de vente au détail de boissons alcoolisées, d'une licence de fabricant — assortie ou non d'un avenant de vente au détail — ou d'une licence de vente au détail de cannabis ou qui sont autorisées par le gouvernement du Canada à produire du cannabis.

SCHEDULE B

Essential Items for Retail Sale

1. Food and beverages.
2. Products related to food preparation or storage such as aluminum foil, saran wrap and food containers.
3. Personal care products such as soap and skin care products, hair care products, dental care products, eye care products, deodorant, feminine hygiene products, razors and shaving cream.
4. Health-related products such as prescription drugs, over the counter medication, vitamins and supplements, birth control and first aid products.
5. Mobility or assistive devices, such as wheel chairs, walkers, canes, splints and similar products or supplies.
6. Diapers, wipes, baby bottles and other infant feeding and nursing accessories, infant clothing and sleepers, car seats, cribs, strollers, infant carriers and monitors.
7. Household paper products such as toilet paper and paper towels.
8. Household cleaning products and supplies such as laundry detergent, dish soap, bleach, cleaning agents, mops and brooms.
9. Household safety and protection products such as smoke alarms, carbon monoxide detectors and fire extinguishers.
10. Batteries and light bulbs.
11. Winter jackets, snow pants, underwear, winter headwear, gloves and mitts, socks and winter boots.

ANNEXE B

Articles essentiels pour la vente au détail

1. Les aliments et les boissons;
2. les produits liés à la préparation ou à l'entreposage des aliments comme le papier d'aluminium, les pellicules plastiques et les contenants;
3. les produits de soins personnels comme le savon, les produits pour le soin de la peau, des cheveux ou des yeux ou pour les soins dentaires, les désodorisants, les produits d'hygiène féminine, les rasoirs et la crème à raser;
4. les produits liés à la santé comme les médicaments sur ordonnance ou sans ordonnance, les vitamines et les suppléments, les produits de planification des naissances et les produits de premiers soins;
5. les appareils accessoires fonctionnels et les aides à la mobilité comme les fauteuils roulants, les marchettes, les cannes, les attelles et les autres produits ou fournitures semblables;
6. les couches, les lingettes, les biberons et les autres accessoires servant à l'allaitement et aux soins pour bébés, les vêtements et les grenouillères pour bébés, les sièges d'auto, les lits à barreaux, les poussettes, les porte-bébés et les interphones de surveillance pour bébé;
7. les produits ménagers en papier comme le papier hygiénique et les essuie-tout;
8. les produits et les fournitures d'entretien ménager comme le détergent à lessive ou à vaisselle, l'eau de Javel, les produits de nettoyage, les vadrouilles et les balais;
9. les produits pour la sécurité et la protection du domicile comme les détecteurs de fumée ou de monoxyde de carbone et les extincteurs;
10. les piles et les ampoules;
11. les manteaux d'hiver, les pantalons de neige, les sous-vêtements, les couvre-chefs d'hiver, les gants, les mitaines, les chaussettes et les bottes d'hiver;

12. Personal protective equipment and protective clothing for use in the workplace.

13. Tobacco products.

14. Pet food and supplies.

15. Postage stamps.

16. Cell phones and cell phone accessories.

17. Parts and supplies for all types of motor vehicles and watercraft.

18. Major household appliances.

19. Hunting, fishing and trapping supplies.

20. Tools and hardware.

21. Materials, parts and components for the maintenance, repair or construction of residential or commercial building systems, including plumbing, electrical and lighting, heating, cooling and ventilation systems.

22. Products related to property maintenance such as shovels, snow blowers, sand and road salt.

23. Gift cards and pre-paid credit cards.

24. Newspapers.

12. l'équipement de protection individuelle et les vêtements de protection pour une utilisation en milieu de travail;

13. les produits du tabac;

14. les aliments et les fournitures pour animaux de compagnie;

15. les timbres-poste;

16. les téléphones cellulaires et les accessoires connexes;

17. les pièces et fournitures pour tout type de véhicule motorisé ou d'embarcation;

18. les grands appareils électroménagers;

19. les fournitures de chasse, de pêche et de piégeage;

20. les outils et la quincaillerie;

21. les matériaux, les pièces et les composantes servant à l'entretien, à la réparation ou à la construction de systèmes résidentiels ou commerciaux, y compris les systèmes de plomberie, d'électricité, d'éclairage, de chauffage, de climatisation ou de ventilation;

22. les produits liés à l'entretien des propriétés comme les pelles, les souffleuses, le sable et le sel de voirie;

23. les cartes-cadeaux et les cartes de crédit prépayées;

24. les journaux;

This is Exhibit C referred to in the
Affidavit of Charlsonach Love sworn/affirmed
before me at the City/Town of Thompson, Manitoba
this 30 day of December, 2020.

Notary Public/Commissioner for Oaths
in and for the Province of Manitoba

My ~~Commission Expires~~:

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

This is Exhibit C referred to in the Affidavit of Christopher Lowe sworn/affirmed before me at the City/Town of Thompson, Manitoba this 30 day of December, 2020.

Notary Public/Commissioner for Oaths in and for the Province of Manitoba

My Commission Expires:

CURTIS M. BRISCOE
Practicing Manitoba Solicitor
436 Thompson Drive North
Thompson, Manitoba R8N 0C6

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. Dr. Brent Roussin, Chief Provincial Public Health Officer has delegated his powers and duties under *The Public Health Act* ("the Act"), except the responsibilities under section 14 and 15 of the Act, to me, Dr. Jasdeep Atwal, effective December 17, 2020.

3. I believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

4. The Minister responsible for the administration of the Act has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. qu'à compter du 17 décembre 2020, le Dr Brent Roussin, médecin hygiéniste en chef, me délègue, à moi, Dr Jasdeep Atwal, les attributions que lui confère la *Loi sur la santé publique* (« *Loi* »), à l'exception de celles que lui confèrent les articles 14 et 15 de cette loi;

3. que je crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

4. que le ministre chargé de l'application de la *Loi* a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

AB88

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

December 22, 2020
22 décembre 22, 2020 Dr. Jasdeep Atwal/Dr Jasdeep Atwal

COVID-19 PREVENTION ORDERS

No gatherings at private residences

ORDER 1

1(1) Subject to subsections (2) to (5), a person who resides in a private residence must not permit a person who does not normally reside in that residence to enter or remain in the residence.

1(2) Subsection (1) does not prevent a person from entering the private residence of another person for any of the following purposes:

(a) to provide health care, personal care or housekeeping services;

(b) for a visit between a child and a parent or guardian who does not normally reside with that child;

(c) to receive or provide child care;

(d) to provide tutoring or other educational instruction;

(e) to perform construction, renovations, repairs or maintenance;

(f) to deliver items;

(g) to provide real estate or legal services;

(h) in the case of rented premises, for any purpose for which a landlord may enter those premises under *The Residential Tenancies Act*;

(i) to respond to an emergency;

(j) for the purpose of moving a person into or out of the residence.

1(3) If a person operates a business that is permitted to open under these Orders at their private residence, other persons may attend at the person's residence for purposes related to the operation of that business.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements interdits dans les résidences privées

ORDRE N° 1

1(1) Sous réserve des paragraphes (2) à (5), il est interdit aux personnes qui habitent dans une résidence privée de permettre à des personnes qui n'y résident pas normalement d'y entrer ou d'y rester.

1(2) Le paragraphe (1) n'a pas pour effet d'empêcher une personne d'entrer dans une résidence privée pour une des raisons suivantes :

a) fournir des soins de santé, des soins personnels ou des services d'entretien ménager;

b) rendre visite à un enfant dont elle est parent ou tuteur et avec lequel elle n'habite pas normalement;

c) obtenir ou fournir des services de garde d'enfants;

d) faire du tutorat ou enseigner;

e) exécuter des travaux de construction, de rénovation, de réparation ou d'entretien;

f) livrer des articles;

g) fournir des services immobiliers ou juridiques;

h) entrer dans des locaux loués en tant que locateur pour un des motifs permis par la *Loi sur la location à usage d'habitation*;

i) intervenir en cas d'urgence;

j) effectuer un déménagement pour une personne qui quitte la résidence ou y emménage.

1(3) Quiconque exploite, dans sa résidence privée, une entreprise autorisée à ouvrir en vertu des présents ordres peut permettre à d'autres personnes d'y entrer à des fins liées à l'exploitation de l'entreprise.

1(4) A person who resides on their own may

(a) have one other person with whom they regularly interact attend at their private residence; and

(b) attend at the private residence of one person with whom they regularly interact.

1(5) A person who is obtaining technical training at a university or college and who does not normally reside in the community where the university or college is located may, on a temporary basis, reside at the private residence of another person in the community where the university or college is located while receiving technical training.

Restrictions on public gatherings

ORDER 2

2(1) Except as otherwise permitted by these Orders, all persons are prohibited from assembling in a gathering of more than five persons at any indoor or outdoor public place or in the common areas of a multi-unit residence.

2(2) This Order does not apply to an organized outdoor gathering or event which persons attend in a motor vehicle if

(a) all persons stay in their motor vehicle at all times while at the site of the gathering or event;

(b) persons in a motor vehicle do not interact with any person not in their motor vehicle while at the site of the gathering or event; and

(c) all persons in a motor vehicle reside in the same residence or receive caregiving services from another person in the motor vehicle.

1(4) Il est également permis aux personnes qui habitent seules :

a) d'accueillir dans leur résidence privée une personne avec laquelle elles entretiennent des rapports réguliers;

b) d'entrer dans la résidence privée d'une telle personne.

1(5) La personne qui suit une formation technique dans une université ou un collège situés dans une autre collectivité que celle où elle habite normalement peut, de façon temporaire et seulement pendant la durée de la formation, habiter dans la résidence privée d'une personne habitant dans cette collectivité.

Restrictions à l'égard des rassemblements publics

ORDRE N° 2

2(1) Sauf disposition contraire des présents ordres, les rassemblements dans les lieux publics intérieurs ou extérieurs ou dans les aires communes des immeubles à logements multiples sont limités à cinq personnes.

2(2) Le présent ordre ne s'applique pas aux rassemblements ou événements extérieurs organisés dont les participants sont à bord d'un véhicule automobile, pour autant que les conditions suivantes soient réunies :

a) ils demeurent à bord du véhicule en tout temps tant qu'ils se trouvent sur le site du rassemblement ou de l'événement;

b) les occupants d'un véhicule n'ont aucune interaction avec des personnes hors du véhicule tant qu'ils se trouvent sur le site du rassemblement ou de l'événement;

c) les occupants d'un même véhicule habitent dans la même résidence ou reçoivent des soins d'un autre occupant.

2(3) This Order does not apply to a facility where health care or social services are provided or any part of a facility that is used by a public or private school for instructional purposes.

2(4) For certainty, more than five persons may attend a business or facility that is allowed to open under these Orders if the operator of the business or facility has implemented the applicable public health protection measures set out in these Orders.

ORDER 3

3(1) The operator of a business or facility must not rent, reserve or allow the business or facility to be used for a gathering or event that would contravene Order 2.

3(2) For certainty, if a business or facility is used for a gathering or event, its operator must ensure that the gathering or event is conducted in a manner that does not contravene Order 2.

Business openings and closures

ORDER 4

4(1) A business listed in Schedule A may open, subject to any applicable restrictions set out in these Orders, and may provide those goods and services set out in Schedule A.

4(2) If a business listed in Schedule A allows members of the public to attend, the operator of the business must implement measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public.

ORDER 5

5(1) A retail business may open but it may only sell essential items and seasonal items to members of the public who are shopping in person at the business.

2(3) Le présent ordre ne s'applique pas aux installations où sont fournis des soins de santé ou des services sociaux ou à toute partie d'une installation qu'une école publique ou privée utilise pour l'enseignement.

2(4) Il demeure entendu que plus de cinq personnes peuvent fréquenter une entreprise ou installation qui a le droit d'ouvrir en vertu des présents ordres si son exploitant a mis en place les mesures applicables de protection de la santé publique qui sont prévues aux présents ordres.

ORDRE N° 3

3(1) L'exploitant d'une entreprise ou d'une installation ne peut permettre son utilisation, notamment au moyen d'une location ou d'une réservation, en vue d'un rassemblement ou d'un événement qui contreviendrait à l'ordre n° 2.

3(2) Il demeure entendu que l'exploitant d'une entreprise ou d'une installation accueillant un rassemblement ou un événement veille à ce qu'il se déroule en conformité avec l'ordre n° 2.

Ouverture et fermeture des entreprises

ORDRE N° 4

4(1) Les entreprises énumérées à l'annexe A peuvent ouvrir, sous réserve des restrictions applicables prévues par les présents ordres, et offrir les biens et services prévus à cette annexe.

4(2) L'exploitant d'une entreprise visée à l'annexe A qui permet au public d'accéder à son entreprise met en place des mesures pour veiller à ce que ceux qui la fréquentent puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

ORDRE N° 5

5(1) Les établissements de commerce de détail peuvent ouvrir, mais ne peuvent vendre que des articles essentiels ou saisonniers à ceux qui effectuent des achats sur place.

5(2) The operator of a retail business must ensure that

(a) non-essential items are removed from areas of the business to which members of the public have access;

(b) members of the public are physically prevented from gaining access to non-essential items at the business; or

(c) signs in the business or stickers on items clearly identify non-essential items that cannot be purchased.

5(3) The operator of a retail business must

(a) limit the number of members of the public at the business to 25% of the usual capacity of the premises or 250 persons, whichever is lower; and

(b) implement measures to ensure that members of the public at the business are reasonably able to maintain a separation of at least two metres from other members of the public.

5(4) A shopping centre or mall may open to enable public access to businesses that are permitted to open under these Orders if the operator of the shopping centre or mall

(a) limits the number of members of the public at the shopping centre or mall to 25% of the usual capacity of the premises; and

(b) implements measures to ensure that members of the public at the shopping centre or mall are reasonably able to maintain a separation of at least two metres from other members of the public.

5(5) Operators of retail businesses and shopping centres and malls must

(a) establish a system to ensure compliance with the applicable capacity limits set out in clause (3)(a) or (4)(a); and

5(2) L'exploitant d'un établissement de commerce de détail veille à ce que les règles qui suivent y soient respectées :

a) les articles non essentiels sont retirés des endroits accessibles au public;

b) des obstacles empêchent le public d'accéder aux articles non essentiels;

c) des affiches ou des autocollants apposés sur les articles identifient clairement les articles non essentiels dont la vente est interdite.

5(3) L'exploitant d'un établissement de commerce de détail :

a) limite l'accès du public à 25 % de la capacité normale des lieux ou à 250 personnes, la valeur la moins élevée étant retenue;

b) met en place des mesures pour veiller à ce que ceux qui fréquentent l'établissement puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

5(4) Les centres commerciaux peuvent ouvrir pour permettre au public d'accéder aux entreprises qui sont autorisées à ouvrir en vertu des présents ordres, mais les exploitants d'un tel centre sont tenus :

a) de limiter l'accès du public à 25 % de la capacité normale des lieux;

b) de mettre en place des mesures pour veiller à ce que ceux qui fréquentent le centre commercial puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

5(5) L'exploitant d'un établissement de commerce de détail ou d'un centre commercial :

a) établit un système pour veiller au respect de la capacité maximale applicable prévue à l'alinéa (3)a) ou (4)a);

(b) on request from a person authorized to enforce these Orders, provide proof that the capacity limits have not been exceeded at the time the request is made.

5(6) Nothing in this Order prevents a retail business from selling seasonal items, essential items and non-essential items online, by telephone or other remote means for delivery or pick-up.

5(7) A food court in a shopping centre or mall must be closed while these Orders are in effect.

5(8) Subsections (1) and (2) do not apply to

(a) retail businesses in northern Manitoba, other than retail businesses in Thompson, Flin Flon, The Pas; and

(b) retail businesses in Sapotaweyak, Berens River, Poplar River, Little Grand Rapids and Pauingassi.

5(9) Subsections (1) and (2) do not apply to a retail business that primarily sells used clothing, footwear or household articles.

ORDER 6

6(1) The operator of a business or facility that is not listed in Schedule A or whose ability to open is not otherwise addressed in these Orders must ensure that the business or facility is closed while these Orders are in effect.

6(2) The operator of a business or facility that is required to be closed under these Orders must ensure that no members of the public enter the business or facility while these Orders are in effect, except as permitted under these Orders. Temporary access to a closed business or facility is authorized for any of the following purposes:

(a) performing work at the business or facility in order to comply with any applicable law;

b) fournit, à toute personne autorisée à faire appliquer les présents ordres qui en fait la demande, une preuve attestant que la capacité maximale n'a pas été dépassée au moment où la demande est présentée.

5(6) Le présent ordre n'a pas pour effet d'empêcher les établissements de commerce de détail de vendre des articles saisonniers, essentiels ou non essentiels à livrer ou à emporter en ligne, par téléphone ou par d'autres moyens à distance.

5(7) Les aires de restauration situées dans un centre commercial demeurent fermées tant que les présents ordres sont en vigueur.

5(8) Les paragraphes (1) et (2) ne s'appliquent pas aux établissements de commerce de détail situés :

a) dans le nord du Manitoba, à l'exception de Thompson, Flin Flon et The Pas;

b) à Sapotaweyak, à Berens River, à Poplar River, à Little Grand Rapids et à Pauingassi.

5(9) Les paragraphes (1) et (2) ne s'appliquent pas aux établissements de commerce de détail qui vendent principalement des vêtements, chaussures et articles ménagers d'occasion.

ORDRE N° 6

6(1) L'exploitant d'une entreprise ou installation qui n'est pas visée à l'annexe A ou dont l'ouverture n'est pas prévue par les présents ordres veille à ce qu'elle demeure fermée tant que les présents ordres sont en vigueur.

6(2) L'exploitant d'une entreprise ou installation devant demeurer fermée en application des présents ordres veille à ce que le public n'y ait pas accès tant que ces ordres sont en vigueur, sauf dans la mesure permise par ces derniers. L'accès temporaire à une entreprise ou installation fermée est toutefois autorisé aux fins suivantes :

a) y exécuter des tâches aux fins de conformité à toute règle de droit applicable;

(b) allowing for inspections, maintenance and repairs to be carried out at the business or facility;

(c) allowing for security services to be provided at the business or facility;

(d) attending the business or facility to deal with critical matters relating to its closure.

6(3) Despite subsection (2), a business or facility that is required to be closed under these Orders may continue to provide goods or services online, by telephone or other remote means. Employees of the business or facility and contractors may attend at the business or facility to facilitate these activities.

6(4) Despite subsection (2), a business or facility that is required to be closed under these Orders may continue to operate in order to provide goods by delivery or pick-up that have been ordered online, by telephone or other remote means. If a business or facility allows members of the public to attend to pick up goods, the operator must implement measures to ensure that members of the public attending are reasonably able to maintain a separation of at least two metres from other members of the public.

Food service

ORDER 7

7(1) All restaurants and other commercial facilities serving food to the public must not serve food to customers for consumption in the premises or on any associated patio or outdoor area.

7(2) The operator of a restaurant or other commercial facility serving food may sell food for delivery or takeout from the premises.

b) y permettre l'exécution de travaux d'inspection, d'entretien ou de réparation;

c) y permettre la prestation de services de sécurité;

d) traiter de questions essentielles liées à sa fermeture.

6(3) Malgré le paragraphe (2), les entreprises et installations devant demeurer fermées en application des présents ordres peuvent continuer à fournir des biens et des services en ligne, par téléphone ou par d'autres moyens à distance et leurs employés et des entrepreneurs peuvent y accéder à cette fin.

6(4) Malgré le paragraphe (2), les entreprises et installations devant demeurer fermées en application des présents ordres peuvent continuer à fournir des biens à livrer ou à emporter qui ont été commandés en ligne, par téléphone ou par d'autres moyens à distance. L'exploitant d'une entreprise ou installation qui permet aux clients d'y accéder pour venir chercher les biens qu'ils ont achetés met en place des mesures pour veiller à ce qu'ils puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

Restauration

ORDRE N° 7

7(1) Les restaurants et autres établissements commerciaux qui servent de la nourriture au public ne peuvent le faire en vue d'une consommation sur les lieux ou dans un espace extérieur connexe, y compris une terrasse.

7(2) L'exploitant d'un restaurant ou d'un autre établissement commercial qui sert de la nourriture peut vendre de la nourriture à livrer ou à emporter depuis ces locaux.

Licensed premises

ORDER 8

8(1) Subject to subsections (2) and (4), all premises that are the subject of a liquor service licence issued under *The Liquor, Gaming and Cannabis Control Act* must be closed while these Orders are in effect.

8(2) Food may be sold for delivery or takeout from licensed premises while these Orders are in effect. Members of the public may enter the licensed premises for the sole purpose of picking up their orders. Liquor must not be served in the licensed premises during this period.

8(3) Beer, wine, cider and coolers may be sold with food that is purchased for delivery or takeout as permitted under section 24.1 of *The Liquor, Gaming and Cannabis Control Act*.

8(4) If licensed premises are located within retail premises or other multi-use premises, this Order does not prevent members of the public from being present in the licensed premises, provided that food and liquor are not served for consumption in the licensed premises.

Transportation

ORDER 9

9 Municipal public transportation services, taxis, limousines and other vehicles for hire may continue to operate if their operators have implemented measures to ensure that all passengers are able to maintain a reasonable separation from other persons in the vehicle.

Locaux visés par une licence

ORDRE N° 8

8(1) Sous réserve des paragraphes (2) et (4), les locaux visés par une licence de service de boissons alcoolisées délivrée en vertu de la *Loi sur la réglementation des alcools, des jeux et du cannabis* demeurent fermés tant que les présents ordres sont en vigueur.

8(2) Il est permis de vendre de la nourriture à livrer ou à emporter depuis des locaux visés par une licence pendant que les présents ordres sont en vigueur, mais le public ne peut y entrer que pour aller y chercher une commande. Il est interdit d'y servir des boissons alcoolisées pendant cette période.

8(3) La vente de bière, de vin, de cidre et de panachés y est permise, mais uniquement si elle coïncide avec l'achat de nourriture à livrer ou à emporter et dans la mesure permise par l'article 24.1 de la *Loi sur la réglementation des alcools, des jeux et du cannabis*.

8(4) Le présent ordre n'a pas pour effet d'empêcher le public d'accéder aux locaux visés par une licence qui sont situés dans un lieu à usage multiple ou dans lequel s'effectue du commerce de détail, pour autant qu'aucune nourriture ni boisson ne soit servie en vue de sa consommation dans les locaux.

Transport

ORDRE N° 9

9 L'exploitation des services municipaux de transport en commun, des taxis, des limousines et d'autres véhicules avec chauffeur demeure permise si l'exploitant a mis en place des mesures pour veiller à ce que les occupants puissent maintenir entre eux une distance raisonnable.

Post-secondary educational institutions

ORDER 10

10(1) Universities, colleges and private vocational institutions and other businesses that provide group training or instruction may open and may provide online and remote instruction. They may also provide in-person instruction if occupancy in all classrooms and other areas of instruction is restricted to 50% of the usual capacity and the total number of students in any classroom or other area of instruction does not exceed 25. Where reasonably possible, measures must be implemented to ensure that there is a two-metre separation between all persons in the classroom or other area of instruction.

10(2) Measures must be implemented to ensure that persons in common indoor areas of a university, college, private vocational institution or other instruction or training facility are reasonably able to maintain a separation of at least two metres from other persons.

Établissements d'enseignement postsecondaire

ORDRE N° 10

10(1) Les universités, les collèges, les établissements d'enseignement professionnel privés et les autres entreprises qui fournissent des formations ou des cours en groupe peuvent ouvrir et offrir de l'enseignement en ligne ou à distance. Ils peuvent également offrir de l'enseignement en personne si l'accès aux salles de classe et aux autres locaux d'enseignement est limité à 50 % de leur capacité normale, sans excéder 25 étudiants ou élèves par salle ou local. Lorsqu'il est raisonnablement possible de le faire, des mesures sont mises en place pour veiller à ce que les personnes dans les salles de classe ou autres locaux d'enseignement maintiennent entre elles une distance d'au moins deux mètres.

10(2) Des mesures sont mises en place pour veiller à ce que les personnes se trouvant dans les parties communes intérieures des universités, des collèges, des établissements d'enseignement professionnel privés et des autres installations où sont fournis des formations et des cours puissent raisonnablement maintenir entre elles une distance d'au moins deux mètres.

Child care

ORDER 11

11 Child care centres and child care homes may open and provide care to children in accordance with *The Community Child Care Standards Act*.

Garde d'enfants

ORDRE N° 11

11 Les garderies, y compris les garderies familiales, peuvent ouvrir et fournir des services de garde d'enfants en conformité avec la *Loi sur la garde d'enfants*.

Sporting and recreational activities

ORDER 12

12(1) Persons may engage in individual or family outdoor sporting and recreational activities such as skating, tobogganing, skiing, snowmobiling and ice fishing, subject to subsections (3) to (5).

Activités sportives et récréatives

ORDRE N° 12

12(1) Sous réserve des paragraphes (3) à (5), il est permis de participer à des activités sportives et récréatives extérieures de nature individuelle ou familiale, telles que le patinage, le toboggan, le ski, la motoneige et la pêche sur la glace.

12(2) Outdoor rinks may open and hockey and ringette players may practise individual skills and engage in casual play on outdoor rinks.

12(3) Persons engaging in outdoor sporting or recreational activities must maintain a separation of at least two metres from each other, unless they reside in the same residence.

12(4) Persons must not engage in outdoor sporting or recreational activities as part of a group of more than five persons, unless all persons in the group reside in the same residence.

12(5) No organized practices, games or outdoor sporting competitions of any kind are permitted while these Orders are in place.

12(6) Dressing rooms, warming shacks and other indoor facilities associated with outdoor sporting or recreational activities must be closed while these Orders are in effect, except as permitted under subsection (7) and (8).

12(7) Indoor premises at a ski facility may open if the operator

(a) implements measures to ensure that members of the public are reasonably able to maintain a separation of at least two metres from other members of the public at the premises; and

(b) ensures that members of the public only enter the indoor premises to store or obtain personal items, pick up or return rental gear or use washrooms.

12(8) Ice fishing shacks may open if all persons using the shack reside in the same residence.

12(2) Les patinoires extérieures peuvent ouvrir et les joueurs de hockey et de ringuette peuvent y pratiquer leurs habiletés ou y jouer informellement.

12(3) Les participants à des activités sportives ou récréatives extérieures maintiennent entre eux une distance d'au moins deux mètres, sauf s'ils habitent dans la même résidence.

12(4) Il est interdit de participer à des activités sportives ou récréatives extérieures au sein d'un groupe de plus de cinq personnes, sauf si elles habitent toutes dans la même résidence.

12(5) Les compétitions sportives extérieures ainsi que les matchs et les pratiques organisés sont interdits tant que les présents ordres sont en vigueur.

12(6) Les vestiaires, abris et autres installations intérieures liées aux activités sportives ou récréatives extérieures demeurent fermés tant que les présents ordres sont en vigueur, sauf dans la mesure permise par les paragraphes (7) et (8).

12(7) Les locaux intérieurs situés dans une installation de ski peuvent ouvrir si l'exploitant de cette installation :

a) met en place des mesures pour veiller à ce que ceux qui s'y trouvent puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres;

b) veille à ce que le public n'y accède que pour y laisser ou y prendre des effets personnels ou de l'équipement de location ou pour aller aux toilettes.

12(8) Les cabanes de pêche sur la glace peuvent ouvrir, mais les occupants d'une même cabane doivent habiter dans la même résidence.

ORDER 13

13(1) Except as permitted under Order 14, all indoor sporting or recreational facilities, including gyms and fitness facilities, must be closed while these Orders are in effect.

13(2) Subsection (1) does not prevent gymnasiums with volleyball or basketball courts in public and private schools from being used for physical education classes and practices during school hours.

ORDER 14

14(1) Professional hockey teams based in Manitoba may operate.

14(2) Players, coaches, managers, administrative officials, training staff and medical personnel employed by or affiliated with a professional hockey team based in Manitoba may attend at the team's arena and training facilities for practices and training, provided that no members of the public, other than members of the media, are permitted to enter those facilities.

14(3) Athletes that have been identified as potential competitors at the summer Olympics or Paralympic Games by a national sports organization that is either funded by Sport Canada or recognized by the Canadian Olympic Committee or the Canadian Paralympic Committee may train at indoor sporting facilities in accordance with subsection (4).

14(4) An athlete referred to in subsection (3) may train at indoor sporting facilities specified by Sport Manitoba if they comply with all requirements and protocols established by Sport Manitoba. The only persons permitted to enter an indoor sporting facility during such training are the athlete and those coaches and support personnel authorized by Sport Manitoba as well as staff required to operate the facility.

ORDRE N° 13

13(1) Sauf dans la mesure permise par l'ordre n° 14, les installations sportives ou récréatives intérieures, notamment les salles de sport et les installations de conditionnement physique, demeurent fermées tant que les présents ordres sont en vigueur.

13(2) Le paragraphe (1) n'a pas pour effet d'empêcher que les gymnases des écoles publiques ou privées qui sont dotés de terrains de volleyball ou de basketball soient utilisés pour les pratiques et les cours d'éducation physique pendant les heures de classe.

ORDRE N° 14

14(1) Les équipes de hockey professionnel basées au Manitoba peuvent poursuivre leur activités.

14(2) Les joueurs, les entraîneurs, les chefs d'équipe et le personnel administratif, médical et d'entraînement employés par une équipe de hockey professionnel basée au Manitoba ou qui travaillent avec une telle équipe peuvent se rendre à l'aréna ou aux installations d'entraînement de l'équipe pour y tenir des séances d'entraînement et de pratique pourvu que le public, à l'exception des journalistes, y soit interdit d'accès.

14(3) Les athlètes ayant été sélectionnés comme compétiteurs potentiels aux Jeux olympiques ou aux Jeux paralympiques d'été par un organisme national de sport qui est financé par Sport Canada ou reconnu par le Comité olympique canadien ou le Comité paralympique canadien peuvent s'entraîner dans des installations sportives intérieures conformément au paragraphe (4).

14(4) Les athlètes visés au paragraphe (3) peuvent s'entraîner dans des installations sportives intérieures désignées par Sport Manitoba s'ils se conforment aux exigences et aux protocoles que ce dernier a établis. Ne peuvent entrer dans les installations sportives intérieures au cours d'un tel entraînement que les athlètes concernés, les entraîneurs et le personnel de soutien autorisés par Sport Manitoba ainsi que le personnel nécessaire à l'exploitation de ces installations.

Community centres

ORDER 15

15 Community centres may open. Only activities that are permitted under these Orders may take place in a community centre while these Orders are in effect. The conduct of specific activities at a community centre is governed by the applicable provisions of these Orders that relate to the activities in question.

Centres communautaires

ORDRE N° 15

15 Les centres communautaires peuvent ouvrir, mais seules les activités permises par les présents ordres peuvent y avoir lieu pendant que ces derniers sont en vigueur et uniquement en conformité avec les ordres applicables.

Places of worship

ORDER 16

16(1) Except as permitted by subsections (3) to (5), churches, mosques, synagogues, temples and other places of worship must be closed to the public while these Orders are in effect.

16(2) Despite subsection (1), religious leaders may conduct religious services at a church, mosque, synagogue, temple or other place of worship so that those services may be made available to the public over the Internet or through other remote means.

16(3) A funeral, wedding, baptism or similar religious ceremony may take place at a church, mosque, synagogue, temple or other place of worship provided that no more than five persons, other than the officiant, attend the ceremony.

16(4) This Order does not prevent a church, mosque, synagogue, temple or other place of worship from conducting an outdoor religious service that complies with the requirements of subsection 2(2).

16(5) This Order does not prevent the premises of a church, mosque, synagogue, temple or other place of worship from being used by a public or private school or for the delivery of health care, child care or social services.

Lieux de culte

ORDRE N° 16

16(1) Sauf dans la mesure permise par les paragraphes (3) à (5), les églises, les mosquées, les synagogues, les temples et les autres lieux de culte demeurent fermés au public tant que les présents ordres sont en vigueur.

16(2) Malgré le paragraphe (1), les chefs religieux peuvent tenir des services religieux dans les églises, les mosquées, les synagogues, les temples et les autres lieux de culte dans le but de rendre ces services accessibles au public par Internet ou d'autres moyens à distance.

16(3) Les funérailles, les mariages, les baptêmes et les autres cérémonies religieuses semblables peuvent avoir lieu dans une église, une mosquée, une synagogue, un temple ou un autre lieu de culte, pour autant qu'au plus cinq personnes y assistent, hormis l'officiant.

16(4) Le présent ordre n'a pas pour effet d'empêcher une église, une mosquée, une synagogue, un temple ou un autre lieu de culte de tenir un service religieux à l'extérieur en conformité avec les exigences prévues au paragraphe 2(2).

16(5) Le présent ordre n'a pas pour effet d'empêcher qu'une église, une mosquée, une synagogue, un temple ou un autre lieu de culte soient utilisés par une école publique ou privée ou qu'ils servent à la fourniture de soins de santé, de services de garde d'enfants ou de services sociaux.

Food banks and hampers

ORDER 17

17 Food banks and other charities or groups that provide or distribute food or hampers to persons in need may operate if measures are implemented to ensure that staff, volunteers and members of the public are reasonably able to maintain a separation of at least two metres from others while at their premises.

Banques alimentaires et dons de paniers

ORDRE N° 17

17 Les banques alimentaires et les autres groupes ou organisations caritatifs qui fournissent ou distribuent de la nourriture ou des paniers d'articles divers aux personnes dans le besoin peuvent exercer leurs activités s'ils mettent en place des mesures dans leurs locaux pour veiller à ce que le personnel, les bénévoles et ceux qui fréquentent ces locaux puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

Use of masks

ORDER 18

18(1) A person who enters or remains in an indoor public place must wear a mask in a manner that covers their mouth, nose and chin without gapping.

18(2) The operator of an indoor public place must ensure that every person who is not wearing a mask while in the indoor public place is given a reminder to do so as soon as practicable.

18(3) Subsections (1) and (2) do not apply in respect of the following:

(a) a child who is under five years of age;

(b) a person with a medical condition that is unrelated to COVID-19, including breathing or cognitive difficulties, or a disability, that prevents them from safely wearing a mask;

(c) a person who is unable to put on or remove a mask without the assistance of another person;

(d) a person who needs to temporarily remove their mask while in the indoor public place for the purpose of

(i) receiving a service that requires the removal of their mask,

(ii) consuming food or drink,

Port du masque

ORDRE N° 18

18(1) Quiconque entre ou se trouve dans un lieu public intérieur est tenu de porter un masque bien ajusté couvrant la bouche, le nez et le menton.

18(2) L'exploitant d'un lieu public intérieur veille à ce que toute personne qui s'y trouve sans porter de masque reçoive dès que possible un rappel lui demandant de mettre un masque.

18(3) Les paragraphes (1) et (2) ne s'appliquent pas aux personnes qui répondent à l'un des critères suivants :

a) elles ont moins de cinq ans;

b) elles ont un problème de santé sans rapport avec la COVID-19, notamment des difficultés respiratoires ou cognitives, ou une incapacité qui ne leur permettent pas de porter un masque en toute sécurité;

c) elles ne peuvent pas mettre un masque ou l'enlever sans l'aide d'une autre personne;

d) elles doivent enlever temporairement leur masque pour l'une des raisons suivantes :

(i) pour recevoir un service qui ne peut être reçu avec un masque,

(ii) pour consommer de la nourriture ou des boissons,

(iii) an emergency or medical purpose, or

(iv) establishing their identity.

18(4) Subsections (1) and (2) do not apply to an employee or agent of the operator of the indoor public place while the employee or agent is

(a) in an area of the indoor public place to which members of the public do not normally have access; or

(b) located behind a non-permeable physical barrier.

18(5) Subsections (1) and (2) do not apply to a person in an indoor public place if

(a) they are seated and

(i) the seating is arranged in accordance with the applicable requirements set out in these Orders, or

(ii) they are separated by at least two metres from other persons who are not sitting with that person, if the arrangement of seating in the place is not specifically addressed in these Orders; and

(b) they wear a mask at all times while moving to or from their seated position within the indoor public place.

18(6) This Order does not apply to a child care centre or a child care home.

APPLICATION

These Orders apply in all areas of Manitoba.

These Orders do not apply to a public or private school.

(iii) pour une urgence ou une raison médicale,

(iv) pour décliner leur identité.

18(4) Les paragraphes (1) et (2) ne s'appliquent pas aux employés ou représentants de l'exploitant du lieu public intérieur lorsque ceux-ci sont :

a) soit dans une zone du lieu qui n'est normalement pas accessible au public;

b) soit derrière une cloison étanche.

18(5) Les paragraphes (1) et (2) ne s'appliquent pas aux personnes qui se trouvent dans un lieu public intérieur dans le cas suivant :

a) elles sont assises et l'une des conditions suivantes est remplie :

(i) les sièges sont disposés conformément aux exigences applicables prévues aux présents ordres,

(ii) lorsque la disposition des sièges n'est pas expressément prévue par les présents ordres, elles sont assises à au moins deux mètres de distance des personnes qui ne sont pas assises avec elles;

b) elles portent un masque en tout temps lorsqu'elles quittent leur siège ou s'y rendent.

18(6) Le présent ordre ne s'applique pas aux garderies ni aux garderies familiales.

APPLICATION

Les présents ordres s'appliquent à l'ensemble de la province.

Les présents ordres ne s'appliquent pas aux écoles publiques ou privées.

SPECIFIC ORDER PREVAILS IN CASE OF CONFLICT
In the case of a conflict between these Orders and another Order made under *The Public Health Act* that applies to a specific community or area, the other Order prevails.

NO RESTRICTION ON CERTAIN SERVICES
Nothing in these Orders prevents, restricts or governs the operations or the delivery of services by any of the following:

(a) the Government of Canada;

(b) the Government of Manitoba;

(c) the Manitoba Legislative Assembly;

(d) the Provincial Court of Manitoba, the Court of Queen's Bench of Manitoba and The Court of Appeal;

(e) a municipality, except in relation to the delivery of transit and recreational services and the operation of recreational and library facilities;

(f) the council of a municipality;

(g) a Crown corporation or other government agency;

(h) any person or publicly funded agency, organization or authority that delivers or supports government operations and services, including health care operations and services;

(i) a health professional.

INTERPRETATION
The following definitions apply in these Orders and in the Schedules.

"**business**" includes a trade, industry, service, profession or occupation, whether operated on a commercial or not-for-profit basis. (« entreprise »)

PRÉSÉANCE D'AUTRES ORDRES ET ORDONNANCES
Les ordres donnés et les ordonnances prises en vertu de la *Loi sur la santé publique* qui s'appliquent à une collectivité ou à une région donnée l'emportent sur les présents ordres.

AUCUNE RESTRICTION À L'ÉGARD DE CERTAINS SERVICES
Les présents ordres n'ont pas pour effet d'empêcher, de restreindre ou de régir les activités des entités ou personnes qui suivent ou la prestation de services par ces entités ou personnes :

a) le gouvernement du Canada;

b) le gouvernement du Manitoba;

c) l'Assemblée législative du Manitoba;

d) la Cour provinciale du Manitoba, la Cour du Banc de la Reine du Manitoba et la Cour d'appel;

e) une municipalité, sauf en ce qui concerne la prestation de services de transport en commun ou de services récréatifs et le fonctionnement d'installations récréatives et de bibliothèques;

f) le conseil d'une municipalité;

g) une corporation de la Couronne ou un organisme gouvernemental;

h) une personne, ou une autorité ou un organisme financés par des fonds publics, qui offre ou soutient des activités ou services gouvernementaux, y compris dans le secteur des soins de santé;

i) un professionnel de la santé.

DÉFINITIONS
Les définitions qui suivent s'appliquent aux présents ordres et aux annexes.

« **article essentiel** » Bien ou produit qui est mentionné à l'annexe B. ("essential items")

"**essential items**" means the goods and products set out in Schedule B. (« article essentiel »)

"**gathering**" means a grouping of persons in general proximity to each other who have assembled for a common purpose or reason, regardless of whether it occurs in public or at a private residence or on other private property, but does not include

(a) a gathering in which all persons are occupants of the same residence; and

(b) a gathering of employees at a business or facility or persons who are working at a worksite. (« rassemblement »)

"**health professional**" means

(a) a person who is licensed or registered to provide health care under an Act of the Legislature;

(b) a person who is a massage therapist and a member, or eligible to be a member, of any of the following:

(i) the Massage Therapy Association of Manitoba Inc.,

(ii) the Natural Health Practitioners of Canada,

(iii) the Remedial Massage Therapists Society of Manitoba Inc.,

(iv) the Canadian Massage and Manual Osteopathic Therapists Association,

(v) the London and Counties Society of Physiologists (Canadian Chapter);

(c) a person who is a member, or who is eligible to be a member, of the Manitoba Athletic Therapists' Association;

(d) a person who is an acupuncturist and a member, or eligible to be a member, of any of the following:

(i) the Manitoba Professional Acupuncture Association,

« **article non essentiel** » Bien ou produit qui n'est pas mentionné à l'annexe B et qui n'est pas un article saisonnier. La présente définition vise notamment les bijoux, les parfums, les appareils électroniques grand public, l'équipement de sport, les livres et les jouets. ("non-essential items")

« **article saisonnier** » Décoration des fêtes, arbre de Noël, couronne décorative, poinsettia, article religieux ou carte de vœux saisonniers et papier-cadeau et tout article connexe. Sont toutefois exclus les jouets, les vêtements et les autres articles normalement offerts en cadeau. ("seasonal items")

« **entreprise** » S'entend notamment d'un métier, d'une industrie, d'un service ou d'une profession, que l'entreprise soit exploitée de manière commerciale ou à but non lucratif. ("business")

« **établissement de commerce de détail** » Entreprise qui vend des biens ou des produits en vue de leur utilisation ou de leur consommation par des acheteurs qui sont des particuliers. La présente définition vise notamment les épiceries, les pharmacies et les quincailleries. ("retail business")

« **lieu public intérieur** » Endroit public fermé au sens de la *Loi sur la réglementation de l'usage du tabac et du cannabis et des produits servant à vapoter* et de ses règlements d'application, y compris les véhicules automobiles servant au transport public de personnes ou de biens, tels que les autobus, les taxis, les limousines et tout autre véhicule avec chauffeur. ("indoor public place")

« **masque** » S'entend notamment des passe-montagnes, des bandanas, des écharpes, des foulards et d'autres articles similaires. ("mask")

« **nord du Manitoba** » La région du Manitoba située au nord du 53e parallèle de latitude. ("northern Manitoba")

« **professionnel de la santé** »

a) Personne autorisée ou inscrite aux fins de la fourniture de soins de santé en vertu d'une loi de la Législature;

(ii) the Chinese Medicine and Acupuncture Association of Canada,

(iii) the Traditional Chinese Medicine and Acupuncture Associationof Manitoba;

(e) a person who practices manual osteopathy and who is a member, or eligible to be a member, of any of the following:

(i) the Manitoba Osteopathic Association,

(ii) the Manitoba Association of Osteopathic Manual Therapists,

(iii) the Canadian Federation of Osteopaths. (« professionnel de la santé »)

"indoor public place" means an enclosed public place within the meaning of *The Smoking and Vapour Products Control Act* and the regulations made under that Act, and includes a motor vehicle used for the public transportation of persons or property such as a bus, taxi, limousine or other vehicle for hire. (« lieu public intérieur »)

"mask" includes a balaclava, bandana, scarf or other similar item. (« masque »)

"non-essential items" means goods and products that are not set out in Schedule B and that are not seasonal items. For certainty, this includes jewellery, perfume, consumer electronics, sporting equipment, books and toys. (« article non essentiel »)

"northern Manitoba" means the area of Manitoba located north of the 53rd parallel of latitude. (« nord du Manitoba »)

"private residence" means the residence of a person, and includes a cottage, vacation home and a hotel or other temporary place of accommodation, and the property on which a residence, cottage or vacation home is located. (« résidence privée »)

b) massothérapeute et membre — ou massothérapeute admissible à devenir membre — d'un des organismes suivants :

(i) la Massage Therapy Association of Manitoba Inc.,

(ii) la Natural Health Practitioners of Canada,

(iii) la Remedial Massage Therapists Society of Manitoba Inc.,

(iv) la Canadian Massage and Manual Osteopathic Therapists Association,

(v) le chapitre canadien de la London and Counties Society of Physiologists;

c) membre — ou personne admissible à le devenir — de la Manitoba Athletic Therapists' Association Inc.

d) acupuncteur et membre — ou acupuncteur admissible à devenir membre — d'un des organismes suivants :

(i) la Manitoba Professional Acupuncture Association,

(ii) l'Association de médecine chinoise et d'acupuncture du Canada,

(iii) la Traditional Chinese Medicine and Acupuncture Association of Manitoba;

e) personne qui pratique l'ostéopathie manuelle et qui est membre — ou admissible à le devenir — d'un des organismes suivants :

(i) la Manitoba Osteopathic Association,

(ii) la Manitoba Association of Osteopathic Manual Therapists,

(iii) la Fédération canadienne des ostéopathes. ("health professional")

"**retail business**" means a business that sells goods or products for use or consumption by individual purchasers, and includes a grocery store, pharmacy and hardware store. (« établissement de commerce de détail »)

"**seasonal items**" means holiday decorations, Christmas trees, wreaths and poinsettias, seasonal religious items and greeting cards as well as gift wrap and associated items, but does not include toys, clothing or other items traditionally exchanged as gifts. (« article saisonnier »)

« **rassemblement** » Groupe de personnes qui se trouvent à proximité les unes des autres et qui se sont réunies pour une raison ou un objectif communs, que ce soit dans un lieu public, dans une résidence privée ou sur une autre propriété privée. La présente définition ne vise toutefois pas :

a) les groupes composés exclusivement de personnes habitant dans la même résidence;

b) les groupes d'employés dans une entreprise ou une installation ou les personnes qui travaillent dans un lieu de travail. ("gathering")

« **résidence privée** » Sont notamment assimilés à une résidence privée les chalets, les résidences de vacances, les hôtels et les autres lieux d'hébergement temporaires, de même que la propriété où se trouve la résidence. ("private residence")

TERMINATION OF PREVIOUS ORDERS

The COVID-19 Prevention Orders made on December 9, 2020 are terminated and replaced with these Orders.

RÉVOCATION DES ORDRES ANTÉRIEURS

Les *Ordres de prévention de la COVID-19* donnés le 9 décembre 2020 sont révoqués et remplacés par les présents ordres.

EFFECTIVE DATE

These Orders are effective as of 12:01 a.m. on December 23, 2020, and remain in effect until 11:59 p.m. on January 8, 2021.

ENTRÉE EN VIGUEUR

Les présents ordres entrent en vigueur le 23 décembre 2020 à 0 h 1 et le demeurent jusqu'au 8 janvier 2021 à 23 h 59.

SCHEDULE A

Businesses Permitted to Open

Supply chains

1. A business

   (a) that provides another business permitted to operate under these Orders with goods or services necessary for the business to operate, including transportation and logistics management relating to those goods or services; or

   (b) that supports or facilitates the two-way movement of goods within integrated North American and global supply chains.

2. A business that supplies or distributes items to retailers and other businesses.

Accommodations

3. A hotel, motel, hunting or fishing lodge or a business that provides rental units or similar living accommodations, including student residences, provided that reasonable measures are taken to ensure that no person is able to access a conference room, pool, hot tub sauna, fitness centre or game room on the premises that is normally accessible to all guests or residents, and that any beverage room associated with a hotel is closed.

ANNEXE A

Entreprises autorisées à ouvrir

Chaînes d'approvisionnement

1. Les entreprises qui, selon le cas :

   a) fournissent à des entreprises dont l'exploitation est permise par les présents ordres les biens ou services nécessaires à leur fonctionnement, y compris le transport et la gestion logistique qui se rapportent à ces biens et services;

   b) appuient ou facilitent la circulation de biens dans les deux sens au sein des chaînes d'approvisionnement intégrées nord-américaines et mondiales.

2. Les entreprises qui approvisionnent les détaillants et les autres entreprises en articles ou qui s'occupent de la distribution de ces articles.

Hébergement

3. Les hôtels, les motels, les pavillons de chasse, les camps de pêche et les entreprises qui fournissent des unités locatives ou d'autres types d'habitation similaires, y compris les résidences d'étudiants, si les exploitants prennent des mesures raisonnables pour que personne ne puisse accéder aux salles de conférence, aux piscines, aux cuves thermales, aux saunas, aux centres de conditionnement physique et aux salles de jeu situés dans leurs locaux et auxquels les clients et les résidents ont normalement accès; dans le cas des hôtels, tout débit de boissons qui y est associé doit également être fermé.

4. A business that operates a seasonal campground or recreational vehicle park, or that offers vacation cabins, yurts or other seasonal residences, provided that reasonable measures are taken to ensure that no person is able to access a pool, hot tub, sauna, fitness centre or game room on the premises that is normally accessible to all guests.

4. Les entreprises qui exploitent un terrain de camping ou de caravaning saisonnier ou qui offrent des chalets, des yourtes ou d'autres résidences saisonnières, si les exploitants prennent des mesures raisonnables pour que personne ne puisse accéder aux piscines, aux cuves thermales, aux saunas, aux centres de conditionnement physique et aux salles de jeu qui sont situés dans leurs locaux et auxquels les clients ont normalement accès.

Institutional, residential, commercial and industrial maintenance

5. A business that provides support and maintenance services, including urgent repair, to maintain the safety, security, sanitation and essential operation of institutional, residential, commercial and industrial properties, and includes

(a) property management services, including residential snow clearing;

(b) services provided by skilled trades, such as plumbers, electricians and HVAC technicians;

(c) custodial or janitorial services and cleaning services;

(d) fire safety and sprinkler systems installation and monitoring; and

(e) similar services provided by other service providers.

Entretien des bâtiments institutionnels, résidentiels, commerciaux et industriels

5. Les entreprises qui fournissent des services d'entretien pour maintenir la sécurité, la salubrité et les fonctions essentielles des biens et bâtiments institutionnels, résidentiels, commerciaux et industriels, y compris les services de réparation urgente et les services suivants :

a) les services de gestion immobilière, y compris le déneigement résidentiel;

b) les services fournis par les métiers spécialisés tels les plombiers, les électriciens et les spécialistes en chauffage, en ventilation et en climatisation;

c) les services de garde, de conciergerie et de nettoyage;

d) les services d'installation et de surveillance des systèmes de sécurité incendie et des systèmes d'extincteurs à eau;

e) les services similaires fournis par d'autres fournisseurs de services.

Telecommunications and information technology

6. A business that provides telecommunications services, Internet services and radio services as well as support facilities necessary for support and service delivery, such as a call centre.

Télécommunications et technologie de l'information

6. Les entreprises qui fournissent des services de télécommunication, d'Internet et de radio, ainsi que les centres de soutien nécessaires à l'appui et à la fourniture de ces services, comme les centres d'appel.

7. A business that provides information technology, including online services, software products and related support services, as well as technical facilities such as data centres and other network facilities.

Communications industries

8. A business that provides information through radio or television broadcasting, telecommunication services or newspaper publications.

Transportation

9. A business that provides transportation services necessary for the activities of daily living, including couriers and food delivery services.

10. A business that provides transportation services to other businesses or individuals by road, rail, air or water, including a business that provides logistical support, distribution services or warehousing and storage, or truck stops.

11. A business that sells, services or repairs motor vehicles, farm equipment, aircraft, watercraft, snowmobiles, all-terrain vehicles or bicycles.

12. A gas station or other business that provides diesel, aviation, propane, heating fuel or other fuel used to power a motor vehicle, aircraft or watercraft.

13. A business that provides towing services or roadside repair assistance.

14. A business that provides goods and services for the operation, maintenance and safety of the road, rail, air and water transportation systems.

7. Les entreprises qui fournissent des services de technologie de l'information, y compris en ce qui a trait aux logiciels, aux services en ligne et aux services de soutien connexes, et celles qui gèrent des infrastructures techniques comme les centres de données et d'autres installations de réseau.

Industries des communications

8. Les entreprises qui fournissent des renseignements par radiodiffusion ou télédiffusion, par la publication de journaux ou au moyen de services de télécommunications.

Transport

9. Les entreprises qui fournissent les services de transport nécessaires aux activités de la vie courante, y compris les services de messagerie et de livraison de nourriture.

10. Les entreprises qui fournissent des services à d'autres entreprises ou à des particuliers par voie routière, ferroviaire, aérienne ou maritime, notamment les entreprises qui fournissent un soutien logistique, des services de distribution ou d'entreposage ou des relais routiers.

11. Les entreprises qui vendent, réparent ou entretiennent des véhicules automobiles, du matériel agricole, des avions, des embarcations, des motoneiges, des véhicules tout-terrain ou des bicyclettes.

12. Les stations-service et autres entreprises qui fournissent du diesel, du propane, du mazout de chauffage ou d'autres carburants pour véhicules automobiles, avions et embarcations.

13. Les entreprises qui fournissent des services de remorquage ou de réparation au bord de la route.

14. Les entreprises qui fournissent des biens et des services servant à l'exploitation, à l'entretien et à la sécurité des systèmes de transport routier, ferroviaire, aérien et maritime.

15. A business that provides maintenance services such as clearing snow and completing necessary repairs to the transportation system.

15. Les entreprises qui fournissent des services d'entretien comme le déneigement et les réparations nécessaires au bon fonctionnement des systèmes de transport.

Manufacturing and production

Fabrication et production

16. A business that manufactures or processes goods or materials, including a component manufacturer or a business that produces inputs used by another manufacturer.

16. Les entreprises qui fabriquent ou transforment des biens ou des matériaux, y compris les fabricants de composants et les entreprises qui fabriquent des intrants pour d'autres fabricants.

Agriculture, food production and animal care

Agriculture, production alimentaire et soin des animaux

17. A business that is engaged in farming, harvesting, processing, manufacturing, producing or distributing food or farm products such as crops, animal products and by-products or beverages.

17. Les entreprises qui cultivent, récoltent, transforment, fabriquent, produisent ou distribuent des aliments ou des produits agricoles comme les plantes cultivées, les produits et sous-produits d'origine animale et les boissons.

18. A business that is engaged in fishing, hunting or aquaculture, including the provision of guiding or outfitting services.

18. Les entreprises d'aquaculture, de chasse ou de pêche, y compris les services de guides et les services de pourvoirie.

19. A business that supports the food supply chain, including assembly yards, livestock auctions, food distribution hubs, feed mills, farm equipment suppliers, feed suppliers, food terminals and warehouses, animal processing plants and grain elevators.

19. Les entreprises qui soutiennent la chaîne d'approvisionnement alimentaire, y compris les parcs de groupage, les marchés de vente aux enchères de bétail, les centres de distribution alimentaire, les provenderies, les fournisseurs de machinerie agricole, les marchés de produits alimentaires, les usines de transformation des animaux et les élévateurs à grains.

20. A business that supplies agricultural producers with necessary products or services, such as seed, fertilizers, herbicides, pesticides, agricultural equipment, custom application of herbicides and pesticides and the repair of agricultural equipment.

20. Les entreprises qui approvisionnent — directement ou indirectement — les producteurs agricoles en produits et services nécessaires, notamment les semences, les engrais, les herbicides, les pesticides, le matériel agricole, l'application sur mesure d'herbicides et de pesticides et la réparation de matériel agricole.

21. A business that supports the safety of food, including animal and plant health and animal well-being.

21. Les entreprises qui assurent la salubrité des aliments, y compris la santé animale ou végétale et le bien-être des animaux.

22. A business that supplies goods or services for the health and well-being of animals, including feed and supplies such as bedding.

23. A business that provides veterinary services or that supplies veterinary or animal control medications and related supplies and testing kits.

24. A business involved in ensuring the safe and effective management of animal waste, including a business responsible for the disposal of dead animals, rendering, nutrient management and biohazardous materials treatment or disposal.

Construction

25. A business engaged in construction work or services in the industrial, commercial, institutional and residential sectors, including demolition services and expanding, renovating, converting or repurposing existing spaces.

26. A business engaged in construction work or services that are required to ensure safe and reliable operations of provincial and municipal infrastructure.

27. A business engaged in construction work or services that supports environmental rehabilitation projects.

Finance

28. A business engaged in the capital markets.

29. A bank, credit union or caisse populaire.

30. A business that is a payday lender or a cheque-cashing service.

31. A business that provides insurance services, including the adjustment of insurance claims.

22. Les entreprises qui offrent des biens ou des services pour la santé et le bien-être des animaux, notamment des aliments et des fournitures comme la litière.

23. Les entreprises qui fournissent des services vétérinaires, des médicaments vétérinaires ou des produits de contrôle animal ainsi que de l'équipement et des trousses de test connexes.

24. Les entreprises qui veillent à la gestion sûre et efficace des déchets animaux, y compris les entreprises d'élimination des animaux morts, d'équarrissage, de gestion des nutriments et de traitement et d'élimination des matières présentant un danger biologique.

Construction

25. Les entreprises chargées de travaux ou de services de construction dans les secteurs industriel, commercial, institutionnel et résidentiel, notamment les travaux de démolition et les travaux d'agrandissement, de rénovation, de conversion ou de réaménagement d'espaces existants.

26. Les entreprises chargées des travaux ou des services de construction nécessaires pour assurer le fonctionnement sûr et fiable des infrastructures provinciales et municipales.

27. Les entreprises chargées de travaux ou de services de construction qui appuient des projets de réhabilitation environnementale.

Finances

28. Les entreprises participant aux marchés financiers.

29. Les banques, les caisses populaires et les credit unions.

30. Les sociétés de prêt sur salaires et les agences d'encaissement de chèques.

31. Les entreprises qui fournissent des services d'assurance, y compris le règlement de sinistres.

32. A business that provides pension services and employee benefits services.

33. A business that provides financial services, including

    (a) payment processing; or

    (b) the payroll division of any employer or an entity whose operation is the administration of payroll.

34. A business that deals in securities or manages financial portfolios.

Natural resources

35. A business engaged in the extraction or processing of natural resources, such as minerals, forest products, oil and gas or aggregates, including a business engaged in the production or sale of biofuels.

36. A business engaged in natural resource exploration and development.

37. A business that provides supplies or materials used in the natural resource sector.

38. A business that supplies or ensures the supply of natural resources, such as petroleum and petroleum by-products or aggregate, to other businesses.

39. A business that supports the health and safety of natural resource extraction or processing operations.

32. Les entreprises qui fournissent des services de pensions et d'avantages sociaux.

33. Les entreprises qui fournissent des services financiers, notamment :

    a) les centres de traitement des paiements;

    b) le service de paie d'un employeur ou les entités qui gèrent un service de paie.

34. Les entreprises qui œuvrent dans le domaine des valeurs mobilières ou qui gèrent des portefeuilles financiers.

Ressources naturelles

35. Les entreprises qui fournissent des services dans le domaine de l'extraction ou de la transformation des ressources naturelles, comme les minéraux, les produits forestiers, le pétrole et le gaz ou les granulats, y compris les entreprises qui produisent ou vendent des biocarburants.

36. Les entreprises d'exploration et d'exploitation de ressources naturelles.

37. Les entreprises qui fournissent des produits ou des matériaux utilisés dans le secteur des ressources naturelles.

38. Les entreprises qui approvisionnent d'autres entreprises en ressources naturelles, notamment le pétrole, les produits dérivés du pétrole et les granulats, ou qui en assurent l'approvisionnement.

39. Les entreprises qui favorisent la santé et la sécurité dans le cadre des opérations d'extraction et de transformation des ressources naturelles.

Environmental services

40. A business that supports environmental management or monitoring services or that provides environmental clean-up and response services or services in respect of industrial sewage or effluent, including environmental consulting firms, septic haulers, portable toilet suppliers, well drillers, pesticide applicators and exterminators.

41. A business that provides laboratory services in respect of water or wastewater.

42. A business engaged in waste collection or recycling, waste and sewage treatment and disposal, the operation of a landfill or hazardous waste disposal.

Utilities and public works

43. A business that operates a utility, including a business that provides goods, materials and services needed for the delivery of utilities, such as potable drinking water, electricity and natural gas.

44. A business engaged in or supporting the operation, maintenance or repair of provincial or municipal infrastructure, such as railways, dams, bridges, highways, erosion control structures and water control works.

Research

45. A business that maintains research facilities and engages in research, including medical research and other research and development activities.

Services environnementaux

40. Les entreprises qui appuient les services de gestion ou de surveillance environnementales ou qui fournissent des services de dépollution et d'intervention environnementales ou des services en ce qui a trait aux eaux usées et aux effluents industriels, notamment les sociétés de conseil en environnement, les transporteurs de fosses septiques, les fournisseurs de toilettes portatives, les foreurs de puits, les applicateurs de pesticides et les exterminateurs.

41. Les entreprises qui fournissent des services de laboratoire en ce qui a trait à l'eau ou aux eaux usées.

42. Les entreprises de collecte et de recyclage des déchets, de traitement et d'élimination des déchets et des eaux usées, d'exploitation de sites d'enfouissement et d'élimination des déchets dangereux.

Services et travaux publics

43. Les entreprises qui exploitent des services publics, notamment celles qui fournissent des biens, des matériaux et des services nécessaires à la prestation de services publics, notamment l'eau potable, l'électricité et le gaz naturel.

44. Les entreprises qui participent à l'exploitation, à l'entretien ou à la réparation des infrastructures provinciales et municipales, notamment les chemins de fer, les barrages, les ponts, les routes, les ouvrages de contrôle de l'érosion et les ouvrages régulateurs des eaux, ou qui appuient ces activités.

Recherche

45. Les entreprises qui exploitent des installations de recherche et mènent des activités de recherche, y compris en ce qui a trait à la recherche médicale et à d'autres activités de recherche-développement.

46. A business that provides goods and services that support research activities.

46. Les entreprises qui fournissent des biens ou des services appuyant des activités de recherche.

Health care, seniors' care and social services

Soins de santé, soins aux personnes âgées et services sociaux

47. A business that provides land medical emergency response services, air medical response services or stretcher transportation services.

47. Les entreprises qui fournissent des services terrestres d'intervention médicale d'urgence, des services aériens d'intervention médicale ou des services de transport pour personnes sur civière.

48. A business that provides home care services.

48. Les entreprises qui fournissent des soins à domicile.

49. A child and family services authority and a child and family services agency.

49. Les régies et les offices de services à l'enfant et à la famille.

50. A business that operates a personal care home, supportive housing or an assisted living facility.

50. Les entreprises qui exploitent des foyers de soins personnels ou des centres de logements avec services de soutien ou avec assistance.

51. A business that provides personal support services in-home or provides residential services for children or for individuals with physical or mental disabilities, including developmental disabilities.

51. Les entreprises qui fournissent à domicile des services de soutien à la personne ou des services pour les enfants ou les personnes ayant une incapacité physique ou mentale, notamment des déficiences développementales.

52. A business that provides or supports the provision of food, shelter, safety or protection or social services and other necessities of life to economically disadvantaged and other vulnerable individuals, including food banks, family violence and abuse shelters, homeless shelters, community housing, supportive housing, services that promote or protect the welfare of children, services to newcomers and custody and detention programs for persons in conflict with the law.

52. Les entreprises qui offrent — directement ou indirectement — de la nourriture, un refuge, de la sécurité ou de la protection ou encore des services sociaux et d'autres nécessités de la vie aux personnes défavorisées sur le plan économique et à d'autres personnes vulnérables, notamment les banques alimentaires, les maisons d'hébergement pour victimes de violence familiale ou de mauvais traitements, les refuges pour sans-abri, les logements communautaires, les logements avec services de soutien, les services qui favorisent ou protègent le bien-être des enfants, les services à l'intention des nouveaux arrivants et les programmes de garde à vue et de détention pour personnes ayant des démêlés avec la justice.

53. A business engaged in the manufacturing, wholesaling or distribution of pharmaceutical goods and medical supplies, such as medications, medical isotopes, vaccines and antivirals, medical devices.

53. Les entreprises qui sont des fabricants, grossistes ou distributeurs de biens pharmaceutiques et de fournitures médicales, y compris de médicaments, d'isotopes médicaux, de vaccins, d'antiviraux et de dispositifs médicaux.

54. A business engaged in providing logistic services or manufacturing or distributing goods or services that support the delivery of health care, including a business that provides laboratory services.

54. Les entreprises qui sont chargées de la fabrication ou de la distribution de biens ou de services qui soutiennent la prestation des soins de santé ou qui fournissent des services de logistique à l'égard de cette prestation, y compris les entreprises qui fournissent des services de laboratoire.

55. A business that provides mental health or addictions supports or services, such as counselling.

55. Les entreprises qui fournissent des services ou du soutien en santé mentale ou en lutte contre les dépendances, y compris le counseling.

56. A business that supplies or services assistive devices, mobility devices or medical devices, and other similar devices or supplies or that alters clothing for persons with disabilities or special health needs.

56. Les entreprises qui fournissent ou réparent des appareils et accessoires fonctionnels, des aides à la mobilité, des dispositifs médicaux ainsi que d'autres fournitures et appareils semblables ou qui modifient des vêtements pour les personnes handicapées ou ayant des besoins de santé spéciaux.

Justice sector

Secteur de la justice

57. A business that provides professional or social services supports in the justice system.

57. Les entreprises qui fournissent des services professionnels ou des services sociaux qui appuient le système de justice.

Professional services

Services professionnels

58. A lawyer, paralegal, accountant, translator, veterinarian, engineer or geoscientist.

58. Les avocats, les parajuristes, les comptables, les traducteurs, les vétérinaires, les ingénieurs et les géoscientifiques.

59. A regulatory body of a profession.

59. Les organismes de réglementation des professions.

Other businesses

Autres entreprises

60. A business that provides rental and leasing services, including renting or leasing automobiles and commercial and light industrial machinery and equipment.

60. Les entreprises qui fournissent des services de location, y compris d'automobile et de machinerie et d'équipement commerciaux et de l'industrie légère.

61. A business that provides mailing, shipping, courier or delivery services, including post office boxes.

62 A business that services or repairs computers and other office products.

63. A business that operates a laundromat or provides dry cleaning or laundry services.

64. A business that provides funeral, mortician, cremation, transfer or burial services, or any related goods and products such as coffins and embalming fluid, provided that no more than five persons, other than the officiant, attend a funeral service at the business.

65. A business that operates a land registration service or that provides real estate services or moving services.

66. A business that provides security services, including private security guards, or provides monitoring or surveillance equipment and services.

67. A business that provides staffing services, including temporary help.

68. A business that provides tax preparation services.

69. A business that provides travel consulting services.

70. A business that is producing a motion picture or television show, if filming had started before November 12, 2020.

71. A business that supports the safe operations of residences and critical businesses.

72. A business that provides arboriculture services.

61. Les entreprises qui fournissent des services postaux, d'expédition, de messagerie ou de livraison, y compris des cases postales.

62. Les entreprises qui effectuent l'entretien ou qui réparent les ordinateurs et le matériel de bureau.

63. Les entreprises qui exploitent des laveries ou qui fournissent des services de nettoyage à sec ou de blanchisserie.

64. Les entreprises qui fournissent des services funéraires, de thanatologie, de crémation, de transfert ou d'inhumation, y compris les biens et produits connexes tels les cercueils et le fluide d'embaumement, pour autant qu'au plus cinq personnes assistent à un service funéraire dans une entreprise, hormis l'officiant.

65. Les entreprises qui exploitent un service d'enregistrement foncier ou qui fournissent des services immobiliers ou des services de déménagement.

66. Les entreprises qui offrent des services ou de l'équipement de surveillance ou encore des services de sécurité, y compris des services de gardiens de sécurité privés.

67. Les entreprises qui offrent des services de dotation, y compris des travailleurs temporaires.

68. Les entreprises qui offrent des services de préparation de déclarations de revenus.

69. Les entreprises qui offrent des services de conseillers en voyages.

70. Les entreprises qui produisent un film ou une émission de télévision, mais uniquement dans le cas d'un tournage ayant commencé avant le 12 novembre 2020.

71. Les entreprises qui soutiennent l'exploitation sécuritaire des entreprises essentielles et des résidences.

72. Les entreprises qui fournissent des services d'arboriculture.

73. A business that provides for the health and well-being of animals, including farms, boarding kennels, stables, animal shelters, zoos, aquariums, research facilities, pet groomers and other service providers.

74 A business that operates a pawnshop.

75. A business that provides tutoring or other individualized educational instruction.

76. A business that provides education or training programs required for a business listed in this Schedule, such as a pilot school or a commercial truck driver training course, or training for persons delivering health care services or providing any pandemic-related services.

77. A business that holds a retail liquor licence, a manufacturer's licence, including a manufacturer's licence with a retail endorsement, or a retail cannabis licence or that is authorized by the Government of Canada to produce cannabis.

73. Les entreprises qui veillent à la santé et au bien-être des animaux, y compris les fermes, les pensions canines, les étables, les refuges pour animaux, les jardins zoologiques, les aquariums, les établissements de recherche, les toiletteurs pour animaux d'agrément et autres fournisseurs de services.

74. Les entreprises qui exploitent un bureau de prêteur sur gages.

75. Les entreprises qui fournissent du tutorat ou d'autres formations personnalisées.

76. Les entreprises qui fournissent soit des programmes de formation ou d'éducation dont ont besoin les entreprises énumérées à la présente annexe, notamment les écoles de pilotes et les cours de formation pour conducteurs de véhicules commerciaux, soit de la formation aux personnes qui donnent des soins de santé ou qui fournissent tout autre service lié à la pandémie.

77. Les entreprises qui sont titulaires d'une licence de vente au détail de boissons alcoolisées, d'une licence de fabricant — assortie ou non d'un avenant de vente au détail — ou d'une licence de vente au détail de cannabis ou qui sont autorisées par le gouvernement du Canada à produire du cannabis.

SCHEDULE B

Essential Items for Retail Sale

1. Food and beverages.
2. Products related to food preparation or storage such as aluminum foil, saran wrap and food containers.
3. Personal care products such as soap and skin care products, hair care products, dental care products, eye care products, cosmetics, deodorant, feminine hygiene products, razors and shaving cream.
4. Health-related products such as prescription drugs, over the counter medication, vitamins and supplements, birth control and first aid products.
5. Mobility or assistive devices, such as wheel chairs, walkers, canes, splints and similar products or supplies.
6. Diapers, wipes, baby bottles and other infant feeding and nursing accessories, infant clothing and sleepers, car seats, cribs, strollers, infant carriers and monitors.
7. Household paper products such as toilet paper and paper towels.
8. Household cleaning products and supplies such as laundry detergent, dish soap, bleach, cleaning agents, mops and brooms.
9. Household safety and protection products such as smoke alarms, carbon monoxide detectors and fire extinguishers.
10. Batteries and light bulbs.
11. Winter jackets, snow pants, underwear, winter headwear, gloves and mitts, socks and winter boots.

ANNEXE B

Articles essentiels pour la vente au détail

1. Les aliments et les boissons.
2. Les produits liés à la préparation ou à l'entreposage des aliments comme le papier d'aluminium, les pellicules plastiques et les contenants.
3. Les produits de soins personnels comme le savon, les produits pour le soin de la peau, des cheveux ou des yeux ou pour les soins dentaires, les produits cosmétiques, les désodorisants, les produits d'hygiène féminine, les rasoirs et la crème à raser.
4. Les produits liés à la santé comme les médicaments sur ordonnance ou sans ordonnance, les vitamines et les suppléments, les produits de planification des naissances et les produits de premiers soins.
5. Les appareils accessoires fonctionnels et les aides à la mobilité comme les fauteuils roulants, les marchettes, les cannes, les attelles et les autres produits ou fournitures semblables.
6. Les couches, les lingettes, les biberons et les autres accessoires servant à l'allaitement et aux soins pour bébés, les vêtements et les grenouillères pour bébés, les sièges d'auto, les lits à barreaux, les poussettes, les porte-bébés et les interphones de surveillance pour bébé.
7. Les produits ménagers en papier comme le papier hygiénique et les essuie-tout.
8. Les produits et les fournitures d'entretien ménager comme le détergent à lessive ou à vaisselle, l'eau de Javel, les produits de nettoyage, les vadrouilles et les balais.
9. Les produits pour la sécurité et la protection du domicile comme les détecteurs de fumée ou de monoxyde de carbone et les extincteurs.
10. Les piles et les ampoules.
11. Les manteaux d'hiver, les pantalons de neige, les sous-vêtements, les couvre-chefs d'hiver, les gants, les mitaines, les chaussettes et les bottes d'hiver.

12. Personal protective equipment, protective clothing for use in the workplace and medical uniforms and scrubs.

13. Tobacco products.

14. Pet food and supplies.

15. Postage stamps and mailing supplies.

16. Cell phones and cell phone accessories.

17. Parts and supplies for all types of motor vehicles and watercraft.

18. Major household appliances.

19. Hunting, fishing and trapping supplies.

20. Tools and hardware.

21. Materials, parts and components for the maintenance, repair or construction of residential or commercial building systems, including plumbing, electrical and lighting, heating, cooling and ventilation systems.

22. Products related to property maintenance such as shovels, snow blowers, sand and road salt.

23. Gift cards and pre-paid credit cards.

24. Newspapers.

25. School supplies such as pencils, pens, crayons, markers, calculators, paper and notebooks, excluding computers and other consumer electronic products.

12. L'équipement de protection individuelle, les vêtements de protection pour une utilisation en milieu de travail et les uniformes et vêtements médicaux.

13. Les produits du tabac.

14. Les aliments et les fournitures pour animaux de compagnie.

15. Les timbres-poste et les fournitures servant aux envois postaux.

16. Les téléphones cellulaires et les accessoires connexes.

17. Les pièces et fournitures pour tout type de véhicule motorisé ou d'embarcation.

18. Les grands appareils électroménagers.

19. Les fournitures de chasse, de pêche et de piégeage.

20. Les outils et la quincaillerie.

21. Les matériaux, les pièces et les composantes servant à l'entretien, à la réparation ou à la construction de systèmes résidentiels ou commerciaux, y compris les systèmes de plomberie, d'électricité, d'éclairage, de chauffage, de climatisation ou de ventilation.

22. Les produits liés à l'entretien des propriétés comme les pelles, les souffleuses, le sable et le sel de voirie.

23. Les cartes-cadeaux et les cartes de crédit prépayées.

24. Les journaux.

25. Les fournitures scolaires comme les crayons, les crayons de cire, les stylos, les stylos-feutres, les calculatrices, le papier et les carnets; sont toutefois exclus les ordinateurs et les autres produits électroniques de consommation.

File No. CI 20-01-29284

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD, ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF ROSS MACKAY
AFFIRMED JANUARY 4, 2021

JUSTICE CENTRE FOR CONSTITUTIONAL FREEDOMS
Allison Kindle Pejovic / Jay Cameron
[redacted]

THE QUEEN'S BENCH
Winnipeg Centre

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Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF ROSS MACKAY

I, Ross Mackay of the City of Winnipeg, in the Province of Manitoba,

MAKE OATH AND SAY AS FOLLOWS:

1. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where same are stated to be based upon information and belief, and those I do verily believe to be true.

2. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where based on information and belief, and those I do verily believe to be true.

3. I am a resident of Winnipeg, Manitoba and have been a Manitoba resident for 60 years. I am currently self-employed.

4. On November 14, 2020, I attended a rally at a park in Steinbach, Manitoba, hosted by a group called Hugs Over Masks. I attended the rally so that I could voice my concerns about the violations of human rights imposed upon Manitobans as a result of the Covid-19 lockdowns. Upon arriving at the park in Steinbach, I saw RCMP allowing traffic to enter. Once in the park I saw a number of RCMP officers. In my experience, the best way to make our voices heard is to speak in the public square. I went to speak up for myself, for people that are locked down in long term care homes, and even people that are unaware of their fundamental human rights in Canada.

5. While at the rally I listened to a number of speakers that held the same beliefs as I did. I kept a distance from people and stood and watched and listened. I had spoken to one of the organizers and I ended up speaking. I said to the crowd we are having a "human experience" by attending and speaking up.

6. I feel that the public health orders imposed by the Respondents as a result of the Covid-19 pandemic are stripping me and all Manitobans of dignity. I am told where I can and cannot go, how many people I can have

visiting my home, and that I am not permitted to gather in public to voice my concerns about government restrictions. I feel that my freedom to gather and express myself with and amongst family and friends has been violated.

7. I attended the rally and spoke. After it was over, I went back to my vehicle. I was suddenly surrounded by public health officials and people wearing jackets that said "Justice". They claimed I violated the emergency Public Health Order. I said that I had not violated such an Order, and that I am in Canada that I have freedoms. I got into my car and participated in a drive through Steinbach along with other people in their cars who had attended the rally. At no time did the RCMP approach or speak to me. Eventually the drive was finished and people went their separate ways.

8. At approximately 5:00 pm on Friday November 20, 2020, five masked people were at my door. One had a ticket with him that he started handing to me accusing me of violating the Public Health Order. The most recent and current Public Health Order at that time was dated November 11, 2020. It purports to restrict outdoor gatherings to no more than five people. A copy of the relevant section of that Order is attached hereto and marked as **Exhibit "A"**.

9. When the public health officials were at my home, I stated I did not violate any health orders and that I know my rights. One of them handed

me the ticket and left. A copy of that ticket is attached hereto and marked as **Exhibit "B"**.

10. I feel that my rights and freedoms were and are violated when I was told I cannot protest my government in a free and democratic society. If I can't peacefully protest I feel that we are not free and certainly not democratic. The Province of Manitoba violates my dignity as a human being when Dr. Brent Roussin tells me what I can and can't buy, where I can go and spend my money, what to wear on my face, and where and how I can worship. These are not the edicts of a free and democratic society.

11. On November 22, 2020, the Province of Manitoba approved Dr. Roussin's Public Health Order which had the same restriction on public gatherings as the November 11, 2020 Order. It also prohibited visitors to private homes, with a narrow list of exceptions. A copy of the relevant section of that Order is attached hereto and marked as **Exhibit "C"**.

12. I am still restricted from gathering publicly in a group of more than five people and from having friends and family at my house. A copy the relevant section of the current December 22, 2020 Public Health Order is attached hereto and marked as **Exhibit "D"**.

13. Like many Manitobans I know, I cope with the cold winter in part by socializing with family and friends. I wanted to visit my friends at their homes as I do every Christmas season and have my daughter home for the Christmas holidays. But Dr. Roussin and Premier Pallister have told Manitobans that we are not allowed to visit family and friends or have any

outside visitors to our homes. This is devastating to me. I feel as though I have no liberty and am on house arrest with these restrictions on in-home gatherings. I am a healthy person in what used to be a free land. I am not a criminal, and these restrictions make me feel like I am being treated like one.

14. I joined this legal action to give a voice to myself and to many people that don't know how to express their frustrations with government overreach. By publicly speaking about the lockdown harms, I feel as though I can protect the rights of Manitobans that are enshrined in the Constitution. I can make a difference in their lives to freely choose how they want to handle this. I would like to see these Public Health Orders struck down, and a system of checks and balances put in place where the people have a voice and are not threatened when they try to exercise it. I do not want any future public health orders to restrict my movements, my ability to protest and to gather privately in my home. The stress these restrictions have caused me is beyond comprehension.

15. I make this affidavit *bona fide*.

SWORN before me in the City of Winnipeg, in the Province of Manitoba, this 4th day of January, 2021

A Commissioner of Oaths in and for the Province of Manitoba
My Commission expires: July 28/21

ROSS MACKAY

This is Exhibit "A" referred to in the affidavit of Ross Mackay affirmed before me this 4th day of January, 2021.

Cheryl Schaft

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

This order is no longer in force.
It was in effect for the period set out in the footer below.

Le présent texte n'est plus en vigueur.
Il était en vigueur pendant la période indiquée en bas de page.

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, D[r] Brent Roussin, médecin hygiéniste en chef, crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

This order is no longer in force.
It was in force from 2020-11-12 to 2020-11-20.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-11-12 au 2020-11-20.

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

November 11, 2020
11 novembre 2020

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

This order is no longer in force.
It was in force from 2020-11-12 to 2020-11-20.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-11-12 au 2020-11-20.

COVID-19 PREVENTION ORDERS

Gatherings

ORDER 1

1(1) Except as otherwise permitted by these Orders, all persons are prohibited from assembling in a gathering of more than five persons at any indoor or outdoor place or premises. For certainty, this provision applies to ceremonies such as weddings and funerals as well as informal gatherings such as dinners and house parties.

1(2) This Order does not apply to a facility where health care or social services are provided.

1(3) In the case of a gathering at a private residence, all persons who reside at that residence are not to be included when calculating the number of persons at the gathering.

1(4) For certainty, more than five persons may attend a business or facility that is allowed to open under these Orders if the operator of the business or facility has implemented the applicable public health protection measures set out in these Orders.

1(5) The restriction on gathering sizes does not apply to employees on the premises of a business or facility that is allowed to open under these Orders.

ORDER 2

2(1) The operator of a business or facility must not rent, reserve or allow the business or facility to be used for a gathering that would contravene Order 1.

2(2) For certainty, if a business or facility is used for a gathering, its operator must ensure that the gathering is conducted in a manner that does not contravene Order 1.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements

ORDRE N° 1

1(1) Sauf disposition contraire des présents ordres, les rassemblements intérieurs ou extérieurs sont limités à cinq personnes, y compris lors de cérémonies comme les mariages et les funérailles ainsi que de rassemblements informels comme les repas et les fêtes à domicile.

1(2) Le présent ordre ne s'applique pas aux installations où sont fournis des soins de santé ou des services sociaux.

1(3) Dans le cas d'un rassemblement dans une résidence privée, il n'est pas tenu compte des personnes habitant dans cette résidence lors du calcul du nombre de personnes qui participent au rassemblement.

1(4) Il demeure entendu que plus de cinq personnes peuvent fréquenter une entreprise ou installation qui a le droit d'ouvrir en vertu des présents ordres si son exploitant a mis en place les mesures de protection de la santé publique applicables prévues aux présents ordres.

1(5) Les employés d'une entreprise ou installation dont les présents ordres permettent l'ouverture peuvent y tenir des rassemblements excédant la taille maximale permise.

ORDRE N° 2

2(1) L'exploitant d'une entreprise ou d'une installation ne peut permettre son utilisation, notamment au moyen d'une location ou d'une réservation, en vue d'un rassemblement qui contreviendrait à l'ordre n° 1.

2(2) Il demeure entendu que l'exploitant d'une entreprise ou d'une installation accueillant un rassemblement veille à ce que ce dernier se déroule en conformité avec l'ordre n° 1.

This order is no longer in force.
It was in force from 2020-11-12 to 2020-11-20.

Le présent texte n'est plus en vigueur.
Il était en vigueur du 2020-11-12 au 2020-11-20.

This is Exhibit "B" referred to in the affidavit of Ross Mackay affirmed before me this 4th day of January, 2021.

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

AB130

TICKET / PROCÈS-VERBAL D'INFRACTION

The Provincial Offences Act / Loi sur les infractions provinciales

22-049810

THE ENFORCEMENT OFFICER WHO HAS COMPLETED THIS TICKET HAS REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT
L'AGENT D'EXÉCUTION QUI A REMPLI LE PRÉSENT PROCÈS-VERBAL D'INFRACTION A DES MOTIFS RAISONNABLES DE CROIRE ET CROIT EFFECTIVEMENT QUE

[redacted]

ON OR ABOUT / LE OU VERS LE: 14 / 1 / 2020 AT / À: 1:30 pm AT OR NEAR / À OU PRÈS DE: STEINBACH MANITOBA

☐ BEING CHARGED AS OWNER NOT DRIVER OF VEHICLE IN ACCORDANCE WITH SECTION 229 OF *THE HIGHWAY TRAFFIC ACT* OR SECTION 122 OF *THE DRIVERS AND VEHICLES ACT*
AYANT ÉTÉ ACCUSÉ(E) À TITRE DE PROPRIÉTAIRE DU VÉHICULE, ET NON À TITRE DE CONDUCTEUR (CONDUCTRICE) EN CONFORMITÉ AVEC L'ARTICLE 229 DU CODE DE LA ROUTE OU AVEC L'ARTICLE 122 DE LA LOI SUR LES CONDUCTEURS ET LES VÉHICULES

DID COMMIT THE FOLLOWING OFFENCE: / A COMMIS L'INFRACTION SUIVANTE :

☐ SPEEDING / *EXCÈS DE VITESSE* — SPEED / *VITESSE* — POSTED SPEED LIMIT / *LIMITE DE VITESSE AFFICHÉE*

☐ DISOBEY A TRAFFIC CONTROL DEVICE, NAMELY / *NE PAS SE CONFORMER À UN DISPOSITIF DE SIGNALISATION À SAVOIR* ☐ red light / *feu rouge* ☐ stop sign / *panneau d'arrêt*

For any other offence write authorized description of offence on lines below / *Pour toute autre infraction, veuillez inscrire la description autorisée de l'infraction ci-dessous*

Fail to comply with a Public Health Emergency Order

CONTRARY TO: / CONTRAIREMENT À : ☐ *The Highway Traffic Act* Code de la route ☐ *The Liquor and Gaming Control Act* Loi sur la réglementation des alcools et des jeux ☐ *The Drivers and Vehicles Act* Loi sur les conducteurs et les véhicules

☐ Other / Autre: PHE Act Section 120

SIGNED AND DATED / *SIGNÉ ET DATÉ LE*: 20 / 1 / 2020

[signature] — ENFORCEMENT OFFICER'S SIGNATURE / *SIGNATURE DE L'AGENT D'EXÉCUTION* — IDENTIFICATION NO. / *NUMÉRO D'IDENTIFICATION* 74

HOW TO RESPOND

OPTION 1: Pay the fine indicated

You may admit the offence by paying the fine indicated by the final response date:

- **IN PERSON:** At a Provincial Court office between 8:30 a.m. to 4:30 p.m. Monday to Friday - except holidays
- **ONLINE:** www.manitoba.ca/finepayment
- **BY MAIL:** Write the ticket number on your cheque or money order payable to the MINISTER OF FINANCE in Canadian funds and send to:

PROVINCIAL OFFENCES COURT
373 BROADWAY, WINNIPEG, MB R3C 4S4

OPTION 2: Admit the offence but seek a reduction in the fine or time to pay

You may go to a Provincial Court office during the response period if you admit the offence but want to appear before a justice to explain why your fine should be reduced or why you need more time to pay.

OPTION 3: Dispute the charge and request a hearing

Disputing the charge means that you do not admit the offence you were charged with. To dispute the charge, you may go to a Provincial Court office during the response period, or go to www.gov.mb.ca/justice/tickets/dispute.html and follow the instructions provided. If a hearing is set, you will be provided with notice of the court date, time and location.

IF YOU DO NOT RESPOND ON OR BEFORE THE FINAL RESPONSE DATE YOU WILL BE DEEMED TO HAVE ADMITTED THE OFFENCE

FOR PROVINCIAL COURT LOCATIONS AND OTHER IMPORTANT INFORMATION SEE REVERSE SIDE

FINE PAYABLE: / *MONTANT DE L'AMENDE À PAYER :*

$ 1,296.00 $

RESPONSE PERIOD / *PÉRIODE DE RÉPONSE*

YOU MUST RESPOND TO THIS TICKET WITHIN THE DATES INDICATED BELOW

VOUS DEVEZ RÉPONDRE AU PRÉSENT PROCÈS-VERBAL D'INFRACTION ENTRE LES DATES INDIQUÉES CI-DESSOUS :

DAY / JOUR: 10 — MONTH / MOIS: 2 — YEAR / ANNÉE: 2020

AND / ET

FINAL RESPONSE DATE: / *DATE DE RÉPONSE FINALE :*

DAY / JOUR: 6 — MONTH / MOIS: 4 — YEAR / ANNÉE: 2020

COMMENT RÉPONDRE

OPTION 1 : Payer l'amende indiquée

Vous pouvez admettre avoir commis l'infraction en payant le montant indiqué au plus tard à la date de réponse finale :

- ***EN PERSONNE :*** *À un greffe de la Cour provinciale de 8 h 30 à 16 h 30, du lundi au vendredi, sauf les jours fériés*
- ***EN LIGNE :*** *www.gov.mb.ca/justice/fines/online.fr.html*
- ***PAR LA POSTE :*** *Veuillez libeller un chèque ou un mandat en dollars canadiens à l'ordre du MINISTRE DES FINANCES, en y indiquant le numéro du procès-verbal d'infraction, et envoyez-le à l'adresse suivante :*

COUR DES INFRACTIONS PROVINCIALES
373, BROADWAY, WINNIPEG (MANITOBA) R3C 4S4

OPTION 2 : Reconnaître avoir commis l'infraction, mais demander une réduction du montant de l'amende ou une prolongation du délai de paiement

Vous pouvez vous présenter à un greffe de la Cour provinciale pendant la période de réponse si vous admettez avoir commis l'infraction, mais que vous souhaitez comparaître devant un juge pour expliquer pourquoi le montant de l'amende devrait être réduit ou pourquoi vous avez besoin de plus de temps pour payer.

OPTION 3 : Contester l'accusation et demander d'être entendu(e)

Contester l'accusation veut dire que vous n'admettez pas avoir commis l'infraction dont vous êtes accusé(e). Pour contester l'accusation, vous pouvez vous présenter à un greffe de la Cour provinciale pendant la période de réponse ou visiter le www.gov.mb.ca/justice/tickets/dispute.fr.html et suivre les directives indiquées. Si une audience est fixée, on vous fournira un avis indiquant la date, l'heure et le lieu de cette audience.

LE DÉFAUT DE RÉPONDRE AU PLUS TARD À LA DATE DE RÉPONSE FINALE ÉQUIVAUT À UN PLAIDOYER DE CULPABILITÉ

LES ADRESSES DES COURS PROVINCIALES AINSI QUE D'AUTRES RENSEIGNEMENTS IMPORTANTS SE TROUVENT AU VERSO

This is Exhibit "C" referred to in the affidavit of Ross Mackay affirmed before me this 4th day of January, 2021.

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

November 21, 2020

Dr. Brent Roussin
Chief Provincial Public Health Officer

Dear Dr. Roussin:

Re: Direction under section 67 of *The Public Health Act*

Pursuant to subsection 67(3) of *The Public Health Act*, this correspondence confirms that I, Cameron Friesen, Minister responsible for the administration of *The Public Health Act*, approve special measures being taken by the Chief Provincial Public Health Officer under clauses (67(2) (a.1), (c) (d) and (d.1) of *The Public Health Act* in response to the COVID-19 pandemic.

Cameron Friesen
Minister responsible for the administration of *The Public Health Act*

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. I, Dr. Brent Roussin, Chief Provincial Public Health Officer, believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

3. The Minister responsible for the administration of *The Public Health Act* (the "Act") has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. que je, D[r] Brent Roussin, médecin hygiéniste en chef, crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

3. que le ministre chargé de l'application de la *Loi sur la santé publique* (« *Loi* ») a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*,

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

Nov 21/20
Date

Chief Provincial Public Health Officer/
Le médecin hygiéniste en chef,

Dr. Brent Roussin/Dr Brent Roussin

COVID-19 PREVENTION ORDERS

No gatherings at private residences

ORDER 1

1(1) Subject to subsections (2) and (3), a person who resides in a private residence must not permit a person who does not normally reside in that residence to enter or remain in the residence.

1(2) Subsection (1) does not prevent a person from entering the private residence of another person for any of the following purposes:

(a) to provide health care, personal care or housekeeping services;

(b) for a visit between a child and a parent or guardian who does not normally reside with that child;

(c) to receive or provide child care;

(d) to provide tutoring or other educational instruction;

(e) to perform construction, renovations, repairs or maintenance;

(f) to deliver items;

(g) to provide real estate or moving services;

(h) to respond to an emergency.

1(3) A person who resides on their own may

(a) have one other person with whom they regularly interact attend at their private residence; and

(b) attend at the private residence of one person with whom they regularly interact.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements interdits dans les résidences privées

ORDRE N° 1

1(1) Sous réserve des paragraphes (2) à (3), il est interdit aux personnes qui habitent dans une résidence privée de permettre à des personnes qui n'y résident pas normalement d'y entrer ou d'y rester.

1(2) Le paragraphe (1) n'a pas pour effet d'empêcher une personne d'entrer dans la résidence privée d'une autre personne aux fins suivantes :

a) fournir des soins de santé, des soins personnels ou des services d'entretien ménager;

b) rendre visite à un enfant dont elle est le parent ou le tuteur n'habitant pas normalement avec lui;

c) obtenir ou fournir des services de garde d'enfants;

d) faire du tutorat ou enseigner;

e) exécuter des travaux de construction, de rénovation, de réparation ou d'entretien;

f) livrer des articles;

g) exécuter des services immobiliers ou des services de déménagement;

h) intervenir en cas d'urgence.

1(3) Une personne qui habite seule peut :

a) recevoir la visite dans sa résidence privée d'une autre personne qu'elle fréquente régulièrement;

b) se rendre à la résidence privée d'une personne qu'elle fréquente régulièrement.

Restrictions on public gatherings

ORDER 2

2(1) Except as otherwise permitted by these Orders, all persons are prohibited from assembling in a gathering of more than five persons at any indoor or outdoor public place or in the common areas of a multi-unit residence.

2(2) This Order does not apply to a facility where health care or social services are provided or any part of a facility that is used by a public or private school for instructional purposes.

2(3) For certainty, more than five persons may attend a business or facility that is allowed to open under these Orders if the operator of the business or facility has implemented the applicable public health protection measures set out in these Orders.

ORDER 3

3(1) The operator of a business or facility must not rent, reserve or allow the business or facility to be used for a gathering that would contravene Order 2.

3(2) For certainty, if a business or facility is used for a gathering, its operator must ensure that the gathering is conducted in a manner that does not contravene Order 2.

Business openings and closures

ORDER 4

4(1) A business listed in Schedule A may open, subject to any applicable restrictions set out in these Orders, and may provide those goods and services set out in Schedule A.

Restrictions à l'égard des rassemblements publics

ORDRE N° 2

2(1) Sauf disposition contraire des présents ordres, les rassemblements dans les lieux publics intérieurs ou extérieurs ou dans les aires communes des immeubles à logements multiples sont limités à cinq personnes.

2(2) Le présent ordre ne s'applique pas aux installations où sont fournis des soins de santé ou des services sociaux ou à toute partie d'une installation qu'une école publique ou privée utilise pour l'enseignement.

2(3) Il demeure entendu que plus de cinq personnes peuvent fréquenter une entreprise ou installation qui a le droit d'ouvrir en vertu des présents ordres si son exploitant a mis en place les mesures applicables de protection de la santé publique qui sont prévues aux présents ordres.

ORDRE N° 3

3(1) L'exploitant d'une entreprise ou d'une installation ne peut permettre son utilisation, notamment au moyen d'une location ou d'une réservation, en vue d'un rassemblement qui contreviendrait à l'ordre n° 2.

3(2) Il demeure entendu que l'exploitant d'une entreprise ou d'une installation accueillant un rassemblement veille à ce que ce dernier se déroule en conformité avec l'ordre n° 2.

Ouverture et fermeture des entreprises

ORDRE N° 4

4(1) Les entreprises énumérées à l'annexe A peuvent ouvrir, sous réserve des restrictions applicables prévues par les présents ordres et offrir les biens et services prévus à cette annexe.

4(2) If a business listed in Schedule A allows members of the public to attend, the operator of the business must implement measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public.

4(2) L'exploitant d'une entreprise visée à l'annexe A qui permet au public d'accéder à son entreprise met en place des mesures pour veiller à ce que ceux qui la fréquentent puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

ORDER 5

5(1) A retail business may open but it may only sell essential items to members of the public who are shopping in person at the business.

5(2) By no later than 12:01 a.m. on November 21, 2020, the operator of a retail business must ensure that

(a) non-essential items are removed from areas of the business to which members of the public have access;

(b) members of the public are physically prevented from gaining access to non-essential items at the business; or

(c) signs in the business or stickers on items clearly identify non-essential items that cannot be purchased.

5(3) The operator of a retail business must

(a) limit the number of members of the public at the business to 25% of the usual capacity of the premises or 250 persons, whichever is lower; and

(b) implement measures to ensure that members of the public at the business are reasonably able to maintain a separation of at least two metres from other members of the public.

5(4) A shopping centre or mall may open to enable public access to businesses that are permitted to open under these Orders if the operator of the shopping centre or mall

(a) limits the number of members of the public at the shopping centre or mall to 25% of the usual capacity of the premises; and

ORDRE N° 5

5(1) Les établissements de commerce de détail peuvent ouvrir, mais ne peuvent vendre que des articles essentiels à ceux qui effectuent des achats sur place.

5(2) Au plus tard le 21 novembre 2020 à 0 h 1, l'exploitant d'un commerce de détail veille à ce que les règles qui suivent y soient respectées :

a) les articles non essentiels sont retirés des endroits accessibles au public;

b) des obstacles empêchent le public d'accéder aux articles non essentiels;

c) des affiches ou des autocollants apposés sur les articles identifient clairement les articles non essentiels dont la vente est interdite.

5(3) L'exploitant d'un commerce de détail :

a) limite l'accès du public à 25 % de la capacité normale des lieux ou à 250 personnes, la valeur la moins élevée étant retenue;

b) met en place des mesures pour veiller à ce que ceux qui se trouvent dans l'établissement puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

5(4) Les centres commerciaux peuvent ouvrir pour permettre au public d'accéder aux entreprises qui sont autorisées à ouvrir en vertu des présents ordres, mais les exploitants d'un tel centre sont tenus :

a) de limiter l'accès du public à 25 % de la capacité normale des lieux;

This is Exhibit "D" referred to in the affidavit of Ross Mackay affirmed before me this 4th day of January, 2021.

A Commissioner for Oaths in and for the Province of Manitoba.

My Commission Expires: July 28, 2021

THE PUBLIC HEALTH ACT
(C.C.S.M. c. P210)

Orders under *The Public Health Act*

LOI SUR LA SANTÉ PUBLIQUE
(c. P210 de la C.P.L.M.)

Ordres donnés en vertu de la *Loi sur la santé publique*

WHEREAS:

1. The pandemic caused by the communicable disease known as COVID-19 is creating public health challenges in Manitoba that will continue to evolve and that require urgent action to protect the health and safety of people across Manitoba.

2. Dr. Brent Roussin, Chief Provincial Public Health Officer has delegated his powers and duties under *The Public Health Act* ("the Act"), except the responsibilities under section 14 and 15 of the Act, to me, Dr. Jasdeep Atwal, effective December 17, 2020.

3. I believe that, as a result of the COVID-19 pandemic,

   (a) a serious and immediate threat to public health exists because of an epidemic or threatened epidemic of a communicable disease; and

   (b) the threat to public health cannot be prevented, reduced or eliminated without taking special measures.

4. The Minister responsible for the administration of the Act has approved special measures being taken under clauses 67(2)(a), (c), (d) and (d.1) of the Act.

ATTENDU :

1. que la pandémie causée par la maladie contagieuse connue sous le nom de COVID-19 présente dans la province des défis pour la santé publique qui continueront d'évoluer et qui nécessitent la prise de mesures urgentes pour protéger la santé et la sécurité de la population de l'ensemble du Manitoba;

2. qu'à compter du 17 décembre 2020, le D[r] Brent Roussin, médecin hygiéniste en chef, me délègue, à moi, D[r] Jasdeep Atwal, les attributions que lui confère la *Loi sur la santé publique* (« *Loi* »), à l'exception de celles que lui confèrent les articles 14 et 15 de cette loi;

3. que je crois que, compte tenu de la pandémie de COVID-19 :

   a) une menace grave et immédiate pour la santé publique existe en raison d'une épidémie de maladie contagieuse, réelle ou appréhendée;

   b) la menace ne peut être prévenue, atténuée ni éliminée sans prendre de mesures spéciales;

4. que le ministre chargé de l'application de la *Loi* a autorisé la prise de mesures spéciales visées aux alinéas 67(2)a), c), d) et d.1) de la *Loi*.

THEREFORE, I am making the attached COVID-19 Prevention Orders, as authorized under the Act.

PAR CONSÉQUENT, j'ordonne la prise des mesures de prévention de la COVID-19 qui suivent, conformément à ce qu'autorise la *Loi*.

December 22, 2020
22 décembre 22, 2020 Dr. Jasdeep Atwal/Dr Jasdeep Atwal

COVID-19 PREVENTION ORDERS

No gatherings at private residences

ORDER 1

1(1) Subject to subsections (2) to (5), a person who resides in a private residence must not permit a person who does not normally reside in that residence to enter or remain in the residence.

1(2) Subsection (1) does not prevent a person from entering the private residence of another person for any of the following purposes:

(a) to provide health care, personal care or housekeeping services;

(b) for a visit between a child and a parent or guardian who does not normally reside with that child;

(c) to receive or provide child care;

(d) to provide tutoring or other educational instruction;

(e) to perform construction, renovations, repairs or maintenance;

(f) to deliver items;

(g) to provide real estate or legal services;

(h) in the case of rented premises, for any purpose for which a landlord may enter those premises under *The Residential Tenancies Act*;

(i) to respond to an emergency;

(j) for the purpose of moving a person into or out of the residence.

1(3) If a person operates a business that is permitted to open under these Orders at their private residence, other persons may attend at the person's residence for purposes related to the operation of that business.

ORDRES DE PRÉVENTION DE LA COVID-19

Rassemblements interdits dans les résidences privées

ORDRE N° 1

1(1) Sous réserve des paragraphes (2) à (5), il est interdit aux personnes qui habitent dans une résidence privée de permettre à des personnes qui n'y résident pas normalement d'y entrer ou d'y rester.

1(2) Le paragraphe (1) n'a pas pour effet d'empêcher une personne d'entrer dans une résidence privée pour une des raisons suivantes :

a) fournir des soins de santé, des soins personnels ou des services d'entretien ménager;

b) rendre visite à un enfant dont elle est parent ou tuteur et avec lequel elle n'habite pas normalement;

c) obtenir ou fournir des services de garde d'enfants;

d) faire du tutorat ou enseigner;

e) exécuter des travaux de construction, de rénovation, de réparation ou d'entretien;

f) livrer des articles;

g) fournir des services immobiliers ou juridiques;

h) entrer dans des locaux loués en tant que locateur pour un des motifs permis par la *Loi sur la location à usage d'habitation*;

i) intervenir en cas d'urgence;

j) effectuer un déménagement pour une personne qui quitte la résidence ou y emménage.

1(3) Quiconque exploite, dans sa résidence privée, une entreprise autorisée à ouvrir en vertu des présents ordres peut permettre à d'autres personnes d'y entrer à des fins liées à l'exploitation de l'entreprise.

1(4) A person who resides on their own may

(a) have one other person with whom they regularly interact attend at their private residence; and

(b) attend at the private residence of one person with whom they regularly interact.

1(5) A person who is obtaining technical training at a university or college and who does not normally reside in the community where the university or college is located may, on a temporary basis, reside at the private residence of another person in the community where the university or college is located while receiving technical training.

Restrictions on public gatherings

ORDER 2

2(1) Except as otherwise permitted by these Orders, all persons are prohibited from assembling in a gathering of more than five persons at any indoor or outdoor public place or in the common areas of a multi-unit residence.

2(2) This Order does not apply to an organized outdoor gathering or event which persons attend in a motor vehicle if

(a) all persons stay in their motor vehicle at all times while at the site of the gathering or event;

(b) persons in a motor vehicle do not interact with any person not in their motor vehicle while at the site of the gathering or event; and

(c) all persons in a motor vehicle reside in the same residence or receive caregiving services from another person in the motor vehicle.

1(4) Il est également permis aux personnes qui habitent seules :

a) d'accueillir dans leur résidence privée une personne avec laquelle elles entretiennent des rapports réguliers;

b) d'entrer dans la résidence privée d'une telle personne.

1(5) La personne qui suit une formation technique dans une université ou un collège situés dans une autre collectivité que celle où elle habite normalement peut, de façon temporaire et seulement pendant la durée de la formation, habiter dans la résidence privée d'une personne habitant dans cette collectivité.

Restrictions à l'égard des rassemblements publics

ORDRE N° 2

2(1) Sauf disposition contraire des présents ordres, les rassemblements dans les lieux publics intérieurs ou extérieurs ou dans les aires communes des immeubles à logements multiples sont limités à cinq personnes.

2(2) Le présent ordre ne s'applique pas aux rassemblements ou événements extérieurs organisés dont les participants sont à bord d'un véhicule automobile, pour autant que les conditions suivantes soient réunies :

a) ils demeurent à bord du véhicule en tout temps tant qu'ils se trouvent sur le site du rassemblement ou de l'événement;

b) les occupants d'un véhicule n'ont aucune interaction avec des personnes hors du véhicule tant qu'ils se trouvent sur le site du rassemblement ou de l'événement;

c) les occupants d'un même véhicule habitent dans la même résidence ou reçoivent des soins d'un autre occupant.

2(3) This Order does not apply to a facility where health care or social services are provided or any part of a facility that is used by a public or private school for instructional purposes.

2(4) For certainty, more than five persons may attend a business or facility that is allowed to open under these Orders if the operator of the business or facility has implemented the applicable public health protection measures set out in these Orders.

ORDER 3

3(1) The operator of a business or facility must not rent, reserve or allow the business or facility to be used for a gathering or event that would contravene Order 2.

3(2) For certainty, if a business or facility is used for a gathering or event, its operator must ensure that the gathering or event is conducted in a manner that does not contravene Order 2.

Business openings and closures

ORDER 4

4(1) A business listed in Schedule A may open, subject to any applicable restrictions set out in these Orders, and may provide those goods and services set out in Schedule A.

4(2) If a business listed in Schedule A allows members of the public to attend, the operator of the business must implement measures to ensure that members of the public attending the business are reasonably able to maintain a separation of at least two metres from other members of the public.

ORDER 5

5(1) A retail business may open but it may only sell essential items and seasonal items to members of the public who are shopping in person at the business.

2(3) Le présent ordre ne s'applique pas aux installations où sont fournis des soins de santé ou des services sociaux ou à toute partie d'une installation qu'une école publique ou privée utilise pour l'enseignement.

2(4) Il demeure entendu que plus de cinq personnes peuvent fréquenter une entreprise ou installation qui a le droit d'ouvrir en vertu des présents ordres si son exploitant a mis en place les mesures applicables de protection de la santé publique qui sont prévues aux présents ordres.

ORDRE N° 3

3(1) L'exploitant d'une entreprise ou d'une installation ne peut permettre son utilisation, notamment au moyen d'une location ou d'une réservation, en vue d'un rassemblement ou d'un événement qui contreviendrait à l'ordre n° 2.

3(2) Il demeure entendu que l'exploitant d'une entreprise ou d'une installation accueillant un rassemblement ou un événement veille à ce qu'il se déroule en conformité avec l'ordre n° 2.

Ouverture et fermeture des entreprises

ORDRE N° 4

4(1) Les entreprises énumérées à l'annexe A peuvent ouvrir, sous réserve des restrictions applicables prévues par les présents ordres, et offrir les biens et services prévus à cette annexe.

4(2) L'exploitant d'une entreprise visée à l'annexe A qui permet au public d'accéder à son entreprise met en place des mesures pour veiller à ce que ceux qui la fréquentent puissent raisonnablement maintenir entre eux une distance d'au moins deux mètres.

ORDRE N° 5

5(1) Les établissements de commerce de détail peuvent ouvrir, mais ne peuvent vendre que des articles essentiels ou saisonniers à ceux qui effectuent des achats sur place.

File No. CI 20-01-29284

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD, ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

FILED JAN 07 2021

Respondents.

AFFIDAVIT OF JAY BHATTACHARYA
SWORN JANUARY 5, 2021

JUSTICE CENTRE FOR CONSTITUTIONAL FREEDOMS
Allison Kindle Pejovic / Jay Cameron
[redacted]

THE QUEEN'S BENCH
Winnipeg Centre

APPLICATION UNDER: *The Constitutional Questions Act*, C.C.S.M., c. 180

AND UNDER: The Court of Queen's Bench Rules, M.R. 553/88

IN THE MATTER OF: *The Public Health Act*, C.C.S.M. c. P210

BETWEEN:

GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, DJ'S FAMILY RESTAURANT, LYLE NEUFELD, HELEN NEUFELD, ROSS MACKAY

Applicants,

– and –

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA and DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA,

Respondents.

AFFIDAVIT OF JAY BHATTACHARYA

I, JAY BHATTACHARYA of the City of Los Altos, in the County of Santa Clara, in the State of California,

MAKE OATH AND SAY AS FOLLOWS:

1. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where same are stated to be based upon information and belief, and those I do verily believe to be true.

2. I am 52 years old and am otherwise competent to submit this Affidavit.

3. I am among infectious disease epidemiologists, public health scientists and medical practitioners worldwide who have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, including government lockdown orders. I co-authored *The Great Barrington Declaration* ("The Declaration") with Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations, and Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modelling of infectious diseases. As of January 4, 2021, the online signature count on the Declaration includes 13,084 medical & public health scientists, 39,545 medical practitioners and 712,345 concerned citizens. A copy of The Declaration is attached hereto and marked as **Exhibit "A"**.

4. I am a Professor of Medicine at Stanford University and have worked in the Stanford University faculty since 2001. I have an MD and a Ph.D. in economics, both earned from Stanford University. I am the director of the Stanford Center for Demography and Economics of Health and Aging. At Stanford, I teach courses on health economics in the Economics Department and on advanced statistical methods in the School of Medicine.

5. My primary research area is health economics, including a focus on epidemiology and infectious disease epidemiology. By 1996 and 2020, I have published 140 articles in peer-reviewed journals, including top-ranked

journals in the economics, statistics, public health, epidemiology, medicine and health policy literatures. I have published numerous papers on the economics and medicine of infectious disease, including on the economics and epidemiology of HIV, H1N1 flu, H5N1 flu, seasonal influenza, antimicrobial resistance and antibiotic use, and COVID-19. I have written a popular textbook, *Health Economics*, used to teach the subject in universities around the world. The textbook includes a chapter on economic epidemiology that surveys the literature of disease modelling, including compartment models such as the Susceptible Infected-Recovered (SIR) models, commonly in use to forecast the COVID-19 epidemic.

6. I have been actively researching the COVID-19 epidemic using my expertise in infectious disease epidemiology and health economics. To date, I have published four papers in peer-reviewed journals related to the epidemic. In addition, I have written two articles that are currently under consideration at peer-reviewed journals, and I have published multiple editorials on economic and epidemiological issues related to the epidemic, including an editorial on optimal public health management of the epidemic.

7. My published papers on COVID-19 include the first published serological study measuring the prevalence if the COVID-19 epidemic. This study, conducted in Los Angeles County ("LA County"), uses evidence from a specific antibody response to SARS-CoV-2 (the virus that causes COVID-19) infection in an adult community-dwelling sample picked to be representative of that county. This piece was published in the *Journal of the American Medical Association,* one of the leading peer-reviewed journals in medicine. I served as the senior author for this article.

8. I have also published a second peer-reviewed paper in the *Journal of Public Health* on racial disparities in knowledge and attitudes regarding the danger posed by COVID-19 infection and the efficacy of personal behaviours like hand washing and social distancing in protecting against infection. I reviewed the literature cited in the paper regarding best practices for personal protection to prevent exposure to SARS-CoV-2.

9. I am a co-author of a peer-reviewed paper titled "Visualizing the Invisible: The Effect of Asymptomatic Transmission on the Outbreak Dynamics of COVID-19," recently published in *Computer Methods in Applied Mechanics and Engineering*. This paper presents the first forecasting model that accounts for data provided by seroprevalence studies such as the LA County study. In particular, the model accounts for the vast population of previously infected people identified by the seroprevalence studies and challenges the notion that contact tracing can be a viable strategy to control the further spread of COVID-19 infection.

10. I am the co-author of a peer-reviewed paper published in the *European Journal of Clinical Investigation* entitled "Assessing Mandatory Stay-at-Home and Business Closure Effects on the Spread of COVID-19". This paper compares the effectiveness of mandatory lockdown orders versus less restrictive policies adopted by eleven European and Asian countries. The main conclusion arising from this analysis is that "While small benefits cannot be excluded, [my co-authors and I] do not find significant benefits on case growth of more restrictive NPIs. Similar reductions in case growth may be achievable with less restrictive interventions."

11. I currently have two unpublished papers on COVID-19 presently undergoing peer review reporting on seroprevalence studies. I am the senior author of the Santa Clara County ("SCC") seroprevalence study. It is the first seroprevalence study where the study team made a scientific paper available (undergoing peer review), and it is still, to my knowledge, the largest community seroprevalence survey in the US. The results from SCC were similar to the results from the LA County seroprevalence study. On April 3rd & 4th, 2020, the seroprevalence of SARS-CoV-2 antibodies in the SCC sample, reweighted to match the zip code to residence, sex, and race distribution of SCC study, though not peer-reviewed, has generated 342 citations (according to Google Scholar accessed on January 4, 2021) to date.

12. I am also the senior author of a study (still undergoing peer review) measuring the seroprevalence of SARS-CoV-2 infection among employees of Major League Baseball on April 14th &15th, 2020. This is the first seroprevalence study of national scope measuring the extent of COVID-19. The main finding from that study is that, as of the date of data collection, the prevalence of current or prior COVID-19 infection in the MLB employee population was 0.7%.

13. In addition to my published work, over the past seven months, I have been invited to serve as a peer reviewer for many scientific journals to review COVID- 19 related submissions by other scientists. These journals include the *British Medical Journal, Health Affairs,* the *Journal of Infectious Disease, and the Annals of Internal Medicine.* For these journals, I have provided scientific advice regarding the publication of articles on topics related to the COVID-19 epidemic.

14. In May 2020, I testified at a virtual roundtable organized by Senator Pat Toomey on the subject of the potential reopening of youth baseball leagues while protecting the safety of participants. At this roundtable, I reviewed the evidence regarding the relatively low mortality and morbidity risk that SARS-CoV-2 infection poses to children and adolescents, and I discussed social distancing and other protocols to make youth baseball safer for coaches, umpires, and other adult participants.

15. In July 2020, I was invited to testify at a House Oversight Briefing to the Economic and Consumer Policy Subcommittee on SARS-CoV-2 vaccine development. My testimony focused on the randomized trials and other studies currently underway to produce a safe and effective vaccine to SARS-CoV-2 infection, and in particular on the confidence that the public can have on the US Food and Drug Administration's (FDA) evaluation of the scientific evidence regarding new vaccines.

16. In September 2020, I participated in an invited live roundtable discussion led by Florida Governor Ron DeSantis on the evidence regarding the safety of reopening Florida and the health harms from continued lockdown. My testimony presented the scientific evidence on the infection fatality rate from COVID-19 infection by age, the collateral damage from lockdowns on physical and psychological health, and on the safety of opening schools for in-person instruction.

17. In December 2020, I was invited to testify at the US Senate Homeland Security and Governmental Affairs Committee regarding the mortality risk posed by COVID-19 infection, the efficacy and harms of lockdowns aimed at reducing the spread of COVID-19 disease, and

incentives of private corporations and the government to invest in research on low-cost treatments for COVID-19 disease.

18. The Applicants' counsel contacted me about providing expert testimony regarding: a cost/benefit analysis of the Manitoba lockdowns, including an explanation of the findings of the Great Barrington Declaration regarding such measures; an analysis of polymerase chain reaction ("PCR") diagnostic tests for COVID-19, including their accuracy/inaccuracy, their use to determine cases of COVID-19, and whether people who test positive from a PCR test are infected/contagious with COVID-19; a breakdown of demographic vulnerability to COVID-19; and how medically risky is it for Manitobans to attend church, gather in groups outdoors, go to restaurants, patron small businesses, peacefully protest, and have friends over vis a vis COVID-19. I agreed to provide an expert report with my professional opinion on these matters.

19. A copy of my curriculum vitae is attached hereto and marked as **Exhibit "B"**.

20. A copy of my expert report as described above is attached hereto and marked as **Exhibit "C"**.

21. I make this affidavit *bona fide*.

SWORN before me in the City of _____, in the County of _____, in the State of California, this 5th day of January, 2021.

_____
A Notary Public in and for the State of California

_____
JAY BHATTACHARYA

Jan. 5, 2021

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 05 day of Jan, 2021 by Jay Bhattacharya

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature _____

HAMED JTRSARAEI
COMM. #2217313
NOTARY PUBLIC CALIFORNIA
SAN MATEO COUNTY
My Comm. Exp. Oct. 8, 2021

AB153

AB154

THIS IS **EXHIBIT "A"** TO THE AFFIDAVIT OF JAY BHATTACHARYA SWORN BEFORE ME AT THE CITY OF _____, IN THE COUNTY OF _____, IN THE STATE OF CALIFORNIA, THE 5TH DAY OF JANUARY, 2021.

A NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Jayanta Bhattacharya
Jan 5, 2021

State of California
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 05 day of [illegible] 20 21 by Jay Bhattacharya
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

HAMED JIRSARAEI
COMM. #2217313
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Exp. Oct. 8, 2021

(Seal)

Signature _____

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk

adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

Co-signers -- Medical and Public Health Scientists and Medical Practitioners

Dr. Alexander Walker, principal at World Health Information Science Consultants, former Chair of Epidemiology, Harvard TH Chan School of Public Health, USA

Dr. Andrius Kavaliunas, epidemiologist and assistant professor at Karolinska Institute, Sweden

Dr. Angus Dalgleish, oncologist, infectious disease expert and professor, St. George's Hospital Medical School, University of London, England

Dr. Anthony J Brookes, professor of genetics, University of Leicester, England

Dr. Annie Janvier, professor of pediatrics and clinical ethics, Université de Montréal and Sainte-Justine University Medical Centre, Canada

Dr. Ariel Munitz, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Dr. Boris Kotchoubey, Institute for Medical Psychology, University of Tübingen, Germany

Dr. Cody Meissner, professor of pediatrics, expert on vaccine development, efficacy, and safety. Tufts University School of Medicine, USA

Dr. David Katz, physician and president, True Health Initiative, and founder of the Yale University Prevention Research Center, USA

Dr. David Livermore, microbiologist, infectious disease epidemiologist and professor, University of East Anglia, England

Dr. Eitan Friedman, professor of medicine, Tel-Aviv University, Israel

Dr. Ellen Townsend, professor of psychology, head of the Self-Harm Research Group, University of Nottingham, England

Dr. Eyal Shahar, physician, epidemiologist and professor (emeritus) of public health, University of Arizona, USA

Dr. Florian Limbourg, physician and hypertension researcher, professor at Hannover Medical School, Germany

Dr. Gabriela Gomes, mathematician studying infectious disease epidemiology, professor, University of Strathclyde, Scotland

Dr. Gerhard Krönke, physician and professor of translational immunology, University of Erlangen-Nuremberg, Germany

Dr. Gesine Weckmann, professor of health education and prevention, Europäische Fachhochschule, Rostock, Germany

Dr. Günter Kampf, associate professor, Institute for Hygiene and Environmental Medicine, Greifswald University, Germany

Dr. Helen Colhoun, professor of medical informatics and epidemiology, and public health physician, University of Edinburgh, Scotland

Dr. Jonas Ludvigsson, pediatrician, epidemiologist and professor at Karolinska Institute and senior physician at Örebro University Hospital, Sweden

Dr. Karol Sikora, physician, oncologist, and professor of medicine at the University of Buckingham, England

Dr. Laura Lazzeroni, professor of psychiatry and behavioral sciences and of biomedical data science, Stanford University Medical School, USA

Dr. Lisa White, professor of modelling and epidemiology, Oxford University, England

Dr. Mario Recker, malaria researcher and associate professor, University of Exeter, England

Dr. Matthew Ratcliffe, professor of philosophy, specializing in philosophy of mental health, University of York, England

Dr. Matthew Strauss, critical care physician and assistant professor of medicine, Queen's University, Canada

Dr. Michael Jackson, research fellow, School of Biological Sciences, University of Canterbury, New Zealand

Dr. Michael Levitt, biophysicist and professor of structural biology, Stanford University, USA. Recipient of the 2013 Nobel Prize in Chemistry.

Dr. Mike Hulme, professor of human geography, University of Cambridge, England

Dr. Motti Gerlic, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Dr. Partha P. Majumder, professor and founder of the National Institute of Biomedical Genomics, Kalyani, India

Dr. Paul McKeigue, physician, disease modeler and professor of epidemiology and public health, University of Edinburgh, Scotland

Dr. Rajiv Bhatia, physician, epidemiologist and public policy expert at the Veterans Administration, USA

Dr. Rodney Sturdivant, infectious disease scientist and associate professor of biostatistics, Baylor University, USA

Dr. Salmaan Keshavjee, professor of Global Health and Social Medicine at Harvard Medical School, USA

Dr. Simon Thornley, epidemiologist and biostatistician, University of Auckland, New Zealand

Dr. Simon Wood, biostatistician and professor, University of Edinburgh, Scotland

Dr. Stephen Bremner,professor of medical statistics, University of Sussex, England

Dr. Sylvia Fogel, autism provider and psychiatrist at Massachusetts General Hospital and instructor at Harvard Medical School, USA

Tom Nicholson, Associate in Research, Duke Center for International Development, Sanford School of Public Policy, Duke University, USA

Dr. Udi Qimron, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Dr. Ulrike Kämmerer, professor and expert in virology, immunology and cell biology, University of Würzburg, Germany

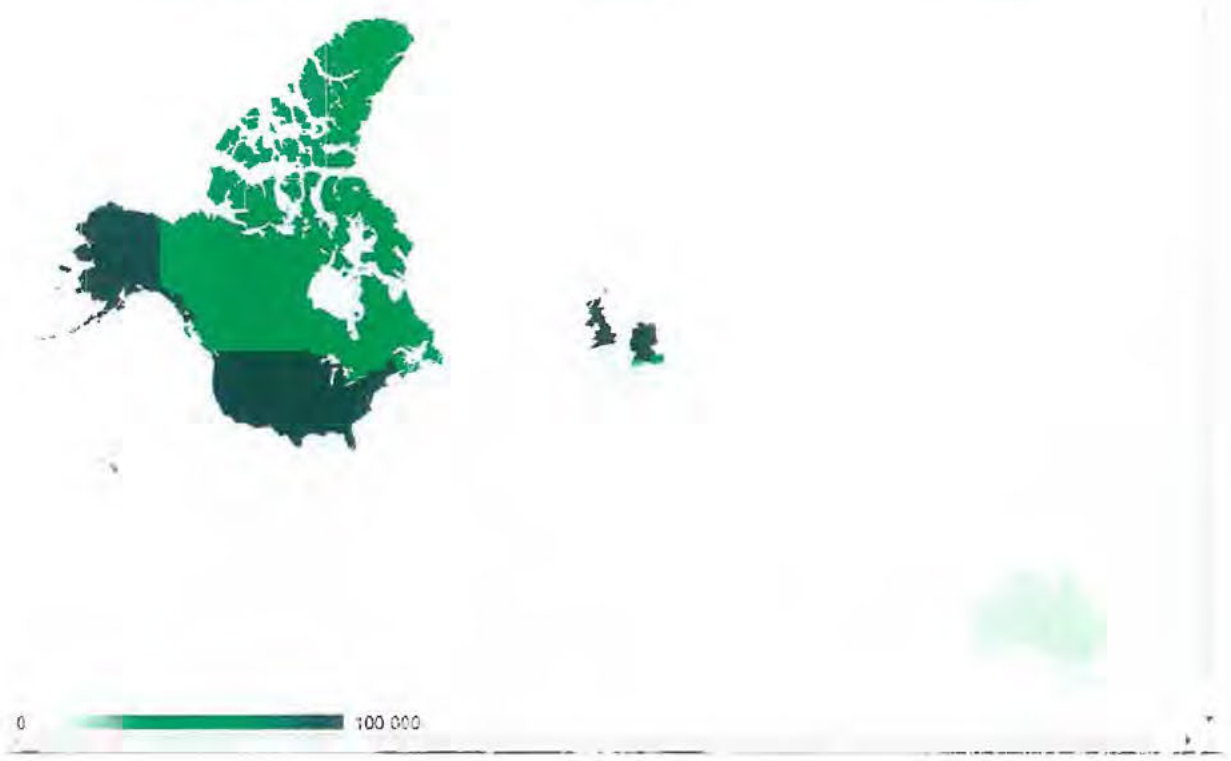
Dr. Uri Gavish, biomedical consultant, Israel

Dr. Yaz Gulnur Muradoglu, professor of finance, director of the Behavioural Finance Working Group, Queen Mary University of London, England

Signatures

We collectively are over 700,000 physicians and public health scientists who have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies and recommend an approach rooted in Informed Consent.

concerned citizens	medical & public health scientists	medical practitioners
712,348	13,084	39,545



AB160

Jayanta Bhattacharya

Jan 5, 2021

THIS IS **EXHIBIT "B"** TO THE AFFIDAVIT OF JAY BHATTACHARYA SWORN BEFORE ME AT THE CITY OF _____, IN THE COUNTY OF _____, IN THE STATE OF CALIFORNIA, THE 5TH DAY OF JANUARY, 2021.

A NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 05 day of Jan, 2021, by Jay Bhattacharya

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature

HAMED JIRSARAEI
COMM. #2217313
NOTARY PUBLIC CALIFORNIA
SAN MATEO COUNTY
My Comm. Exp. Oct. 8, 2021

HAMED JIRSARAEI
COMM. #2217313
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Exp. Oct. 8, 2021

JAY BHATTACHARYA, M.D., Ph.D.

January 2020

Address
Center for Primary Care and Outcomes Research
Stanford University School of Medicine
[redacted]

Phone: [redacted]

Email: [redacted]

RESEARCH INTERESTS

Health economics, health policy, and outcomes research

A. ACADEMIC HISTORY:

Stanford University	A.M., A.B.	1990
Stanford University School of Medicine	M.D.	1997
Stanford University Department of Economics	Ph.D.	2000

B. EMPLOYMENT HISTORY:

2001 – present	Professor (Assistant to Full), Stanford University Department of Medicine, Department of Economics (by courtesy) and Department of Health Research and Policy (by courtesy)
2013 – present	Senior Fellow, Stanford Institute for Economic Policy Research
2014 – present	Senior Fellow Stanford Freeman Spogli Institute
2007 – present	Research Associate, Sphere Institute / Acumen LLC
2002 – present	FRF to Research Associate, National Bureau of Economic Research
2006 – 2008	Research Fellow, Hoover Institution
1998 – 2001	Economist (Associate to Full), RAND Corporation
1998 – 2001	Visiting Assistant Professor, UCLA Department of Economics

C. SCHOLARLY PUBLICATIONS:

PEER-REVIEWED ARTICLES (141 total)

1. Yoshikawa A, Vogt W.B., Hahn J., **Bhattacharya J.**, "Toward the Establishment and Promotion of Health Economics Research in Japan," *Japanese Journal of Health Economics and Policy* 1(1):29-45, (1994).
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17. Liu V, Fielding-Singh V, Iwashyna TJ, **Bhattacharya J**, Escobar G. "Reply to the Timing of Early Antibiotics and Hospital Mortality in Sepsis - Playing Devil's Advocate. *Am J Respir Crit Care Med*. doi: 10.1164/rccm.201704-0774LE. (2017) PMID: 28485627
18. Bendavid E and **Bhattacharya J** "Is the Coronavirus as Deadly as They Say?" Wall Street Journal, March 24, 2020.
19. Bendavid, E., Mulaney, B., Sood, N., Shah, S., Ling, E., Bromley-Dulfano, R., Lai, C., Weissberg, Z., Saavedra, R., Tedrow, J., Tversky, D., Bogan, A., Kupiec, T., Eichner, D., Gupta, R., Ioannidis, J., & **Bhattacharya, J**. (2020). COVID-19 Antibody Seroprevalence in Santa Clara County, California. medRxiv, 2020.04.14.20062463. https://doi.org/10.1101/2020.04.14.20062463
20. **Bhattacharya J** and Packalen M "Lives vs. Lives: The Global Cost of Lockdown" Spectator, May 13, 2020
21. **Bhattacharya J** and Packalen M "Focused COVID-19 Restrictions Will Save Lives in Poor Countries", Financial Post, July 3, 2020.
22. **Bhattacharya J** and Agarwal S. "Lift lockdowns, protect the vulnerable, treat Covid like a health issue and not a disaster" The Print. July 24, 2020
23. **Bhattacharya J** and Kulldorff M. "The Case Against Covid Tests for the Young and Healthy" Wall Street Journal, Sept. 3, 2020
24. **Bhattacharya J.** A Sensible and Compassionate Anti-COVID Strategy. *Imprimis* 49(10). October 2020. https://imprimis.hillsdale.edu/sensible-compassionate-anti-covid-strategy/
25. Kulldorff M, Gupta S, and **Bhattacharya J.** Great Barrington Declaration. Oct. 4, 2020.
26. Kulldorff M, Gupta S, and **Bhattacharya J** "Our COVID-19 plan would minimize mortality and lockdown-induced collateral damage" USA Today, Oct. 22, 2020.
27. **Bhattacharya J** "It's Time for an Alternative to Lockdown" Spectator, Oct. 29, 2020.
28. Kulldorff M, Gupta S, and **Bhattacharya J** "We Should Focus on Protecting the Vulnerable from COVID Infection" Newsweek, Oct. 30, 2020.
29. Kulldorff M and **Bhattacharya J**. "Lockdown Isn't Working" Spectator, Nov. 2, 2020.
30. Kulldorff M, Gupta S, and **Bhattacharya J.** Focused Protection: The Middle Ground between Lockdowns and "Let it Rip". Great Barrington Declaration, Nov. 25, 2020.
31. **Bhattacharya** J and Makridis C "Facts – not fear – will stop the pandemic" The Hill, Dec. 3, 2020.
32. **Bhattacharya J** and Gupta S. "How to End the Lockdowns Next Month" Wall Street Journal, Dec. 17, 2020.

BOOKS AND REPORTS (9 total)

1. Yoshikawa A, **Bhattacharya J**, Vogt WB eds. Health Economics of Japan: Patients, Doctors, and Hospitals Under a Universal Health Insurance System. Tokyo: University of Tokyo Press, (1996).
2. Goldman DP, Hurd M, Shekelle PG, Newberry SJ, Panis CWA, Shang B, **Bhattacharya J**, Joyce GF, Lakdawalla D. Health Status and Medical Treatment of the Future Elderly: Final Report, TR-169-CMS, Santa Monica, CA: RAND (2004).
3. **Bhattacharya J**, Currie J, Haider SJ, Variyam J. Evaluating the Impact of School Nutrition Programs: Final Report. E-FAN-04-008, Washington D.C.: Economic Research Service, USDA (2004).
4. **Bhattacharya J**, Hyde T, Tu P. Health Economics, London: Palgrave-MacMillan, (2013).
5. MaCurdy T, **Bhattacharya J**, Perlroth D, Shafrin J, Au-Yeung A, Bashour H, Chicklis C, Cronen K, Lipton B, Saneinejad S, Shrestha E, Zaidi S. Geographic Variation in Spending, Utilization, and Quality: Medicare and Medicaid Beneficiaries. Acumen Report to the Institute of Medicine Committee Study of Geographic Variation in Health Care Spending and Promotion of High-Value Health Care, Washington, DC: Institute of Medicine (2013)
6. MaCurdy T, **Bhattacharya** J, Shafrin J, Chicklis C, Cronen K, Friley J, Lipton B, Rogers D, Zaidi S. IOM Study of Geographic Variation: Growth Analysis. Acumen Report to the Institute of Medicine Committee Study of Geographic Variation in Health Care Spending and Promotion of High-Value Health Care, Washington, DC: Institute of Medicine (2013)
7. **Bhattacharya J**, Chandra A, Chernew M, Goldman D, Jena A, Lakdawalla D, Malani A, Philipson T. Best of Both Worlds: Uniting Universal Coverage and Personal Choice in Health Care, American Enterprise Institute (AEI) White Paper, Washington DC: AEI Press (2013)
8. **Bhattacharya** J, Vail D, Moore D, Vogt W, Choradia N, Do R, Erickson K, Feinberg L, Isara F, Lin E, Narayanan V, Vaikath M, MaCurdy T. Medicare Current State and Future Trends Environment Scan. Center for Medicare and Medicaid Services (CMS) White Paper (2019)
9. **Bhattacharya J**, Packalen M. On the Futility of Contact Tracing. *Inference* 5(3) September (2020) https://inference-review.com/article/on-the-futility-of-contact-tracing

BOOK CHAPTERS (15 total)

1. **Bhattacharya J**, Garber AM, MaCurdy T. "Cause-Specific Mortality Among Medicare Enrollees," in Inquires in the Economics of Aging, D Wise (ed.), Chicago, IL: University of Chicago Press. (1997).
2. MaCurdy T, Nechyba T, **Bhattacharya J**. "Ch. 2: An Economic Model of the Fiscal Impacts of Immigration," The Immigration Debate: Studies on the Economic, Demographic, and Fiscal Effects of Immigration, J Smith (ed.), National Academy of Sciences Commission on Behavioral and Social Sciences and Education: Washington D.C., (1998).
3. **Bhattacharya J**, Currie J. "Youths and Nutritional Risk: Malnourished or Misnourished?" in Risky Behavior Among Youths, J Gruber (ed.), (2001).
4. Yoshikawa A. and **Bhattacharya J**. "Japanese Health Care" in World Health Systems: Challenges and Perspectives, Bruce Fried and Laura M. Gaydos (eds.), Chicago, IL: Health Administration Press (2002).
5. **Bhattacharya J**, Cutler D, Goldman DP, Hurd MD, Joyce GF, Lakdawalla DN, Panis CWA, and Shang B, "Disability Forecasts and Future Medicare Costs" Frontiers in Health Policy Research, Vol. 6, Alan Garber and David Cutler (eds.) Boston, MA: MIT Press (2003).
6. **Bhattacharya J**, Choudhry K, and Lakdawalla D. (2007) "Chronic Disease and Trends in Severe Disability in Working Age Populations" Proceedings from the Institute of Medicine workshop, 'Disability in America: An Update,' Institute of Medicine: Washington, D.C.
7. **Bhattacharya J**, Garber AM, MaCurdy T. "Trends in Prescription Drug Use by the Disabled Elderly" in Developments in the Economics of Aging, D. Wise (ed), Chicago, IL, University of Chicago Press (2009).
8. **Bhattacharya** J and Richmond P "On Work and Health Among the American Poor" in Pathways to Self-Sufficiency: Getting Ahead in an Era Beyond Welfare Reform John Karl Scholz and Carolyn Heinrich (eds), New York, NY, Russell Sage Foundation (2009).
9. **Bhattacharya J**, Garber A, MaCurdy T "The Narrowing Dispersion of Medicare Expenditures 1997-2005" in Research Findings in the Economics of Aging, D. Wise (ed.), Chicago, IL, University of Chicago Press (2010)
10. **Bhattacharya J**, Bundorf MK, Pace N, and Sood N "Does Health Insurance Make You Fat?" in Economic Aspects of Obesity Michael Grossman and Naci Mocan (eds.), Chicago, IL, University of Chicago Press (2010)
11. **Bhattacharya** J, Garber A, Miller M, and Perlroth D "The Value of Progress against Cancer in the Elderly" Investigations in the Economics of Aging, David Wise (ed), Chicago, IL, University of Chicago Press (2012)
12. Yoshikawa A. and **Bhattacharya J**. "Japanese Health Care" in World Health Systems: Challenges and Perspectives, 2nd edition, Bruce Fried and Laura M. Gaydos (eds.), Chicago, IL: Health Administration Press (2012).
13. Hanson, J., Chandra, A., Moss, E., **Bhattacharya, J.** Wolfe, B., Pollak, S.D.. Brain Development and Poverty: Preliminary Findings. In Biological Consequences of

Socioeconomic Inequalities. B. Wolfe, T. Seeman, and W. Evans (Eds). NY: Sage. (2012)

14. **Bhattacharya J** "The Diffusion of New Medical Technologies: The Case of Drug-Eluting Stents (A Discussion of Chandra, Malenka, and Skinner)" In Explorations in the Economics of Aging, David Wise (ed.), Chicago, IL, University of Chicago Press (2014).
15. MaCurdy T and **Bhattacharya J** "Challenges in Controlling Medicare Spending: Treating Highly Complex Patients" in Insights in the Economics of Aging, David Wise (ed.) Chicago, IL, University of Chicago Press (2015).

ABSTRACTS (3)

1. Su CK and **Bhattacharya J.** Longitudinal Hospitalization Costs and Outcomes in the Treatment of the Medicare Breast Cancer Patient. *International Journal of Radiation Oncology Biology Physics* (1996); 36(S1): 282. [abstract]
2. Nguyen C, Hernandez-Boussard T., Davies S, **Bhattacharya J**, Khosla R, Curtin C. *Cleft Palate Surgery: Variables of Quality and Patient Safety.* Presented at the 69th Annual American Cleft-Palate Craniofacial Association (2012). [abstract]
3. Patel MI, Ramirez D, Agajanian R, Bhattacharya J, Milstein A, Bundorf MK. "The effect of a lay health worker-led symptom assessment intervention for patients on patient-reported outcomes, healthcare use, and total costs." Journal of Clinical Oncology 36(15 Suppl):6502 [abstract]

D. PUBLIC AND PROFESSIONAL SERVICE:

JOURNAL EDITING

Journal of Human Capital, Associate Editor (2015-present)
American Journal of Managed Care, Guest Editor (2016)
Journal of Human Resources, Associate Editor (2011-13)
Forum for Health Economics & Policy, Editorial Board Member (2001-2012)
Economics Bulletin, Associate Editor (2004-2009)

SERVICE ON SCIENTIFIC REVIEW AND ADVISORY COMMITTEES (Selected)

- Standing member of the Health Services Organization and Delivery (HSOD) NIH review panel, 2012-2016
- NIH reviewer (various panels, too numerous to list) 2003-present
- NIH Review Panel Chair: 2018 (P01 review), 2020 (DP1 review).
- Invited Reviewer for the European Research Council, ERC Advanced Grant 2015 RFP
- NIH Stage 2 Challenge Grant Review Panel, July 2009
- Appointed a member of an Institute of Medicine (IOM) panel on the regulation of work hours by resident physicians, 2007-8.
- Standing member of the NIH Social Science and Population Studies Review Panel, Fall 2004-Fall 2008

- Invited Reviewer for National Academy of Sciences report on Food Insecurity and Hunger, November 2005.
- Invited Reviewer for the National Academy of Sciences report on the Nutrition Data Infrastructure, December 2004
- Invited Reviewer for the National Institute on Health (NIH) Health Services Organization and Delivery Review Panel, June 2004, Alexandria, VA.
- Invited Reviewer for the Food Assistance and Nutrition Research Program US Department of Agriculture Economic Research Service Research Proposal Review Panel, June 2004, Stanford, CA.
- Invited Reviewer for the National Institute on Health (NIH) Social Science and Population Studies Review Panel, February 2004, Alexandria, VA.
- Invited Reviewer for the National Institute on Health (NIH) Social Sciences and Population Studies Review Panel, November 2003, Bethesda, MD.
- Invited Reviewer for the National Institute on Health (NIH) Social Science, Nursing, Epidemiology, and Methods (3) Review Panel, June 2003, Bethesda, MD.
- Invited Reviewer for the Food Assistance and Nutrition Research Program US Department of Agriculture Economic Research Service Research Proposal Review Panel, August 2002.
- Research Advisory Panel on Canadian Disability Measurement, Canadian Human Resources Development Applied Research Branch, June 2001 in Ottowa, Canada.
- Invited Reviewer for the National Institute of Occupational Safety and Health R18 Demonstration Project Grants Review panel in July 2000, Washington D.C.
- Research Advisory Panel on Japanese Health Policy Research. May 1997 at the Center for Global Partnership, New York, NY.

TESTIMONY TO GOVERNMENTAL PANELS AND AGENCIES (9)

- US Senate Dec. 2020 hearing of the Subcommittee on Homeland Security and Governmental Affairs. Testimony provided on COVID-19 mortality risk, collateral harms from lockdown policies, and the incentives of private corporations and the government to invest in research on low-cost treatments for COVID-19 disease
- "Roundtable on Safe Reopening of Florida" led by Florida Gov. Ron DeSantis. September 2020.
- "Evaluation of the Safety and Efficacy of COVID-19 Vaccine Candidates" July 2020 hearing of the House Oversight Briefing to the Economic and Consumer Policy Subcommittee.
- Safely Restarting Youth Baseball and Softball Leagues, May 2020 US Senate virtual roundtable, invited testimony
- "Population Aging and Financing Long Term Care in Japan" March 2013 seminar at the Japanese Ministry of Health.
- "Implementing the ACA in California" March 2011 testimony to California Legislature Select Committee on Health Care Costs.
- "Designing an Optimal Data Infrastructure for Nutrition Research" June 2004 testimony to the National Academy of Sciences commission on "Enhancing the Data Infrastructure

in Support of Food and Nutrition Programs, Research, and Decision Making," Washington D.C.

- "Measuring the Effect of Overtime Reform" October 1998 testimony to the California Assembly Select Committee on the Middle Class, Los Angeles, CA.
- "Switching to Weekly Overtime in California." April 1997 testimony to the California Industrial Welfare Commission, Los Angeles, CA.

REFEREE FOR RESEARCH JOURNALS

American Economic Review; American Journal of Health Promotion; American Journal of Managed Care; Education Next; Health Economics Letters; Health Services Research; Health Services and Outcomes Research Methodology; Industrial and Labor Relations Review; Journal of Agricultural Economics; Journal of the American Medical Association; Journal of Health Economics; Journal of Health Policy, Politics, and Law; Journal of Human Resources; Journal of Political Economy; Labour Economics; Medical Care; Medical Decision Making; Review of Economics and Statistics; Scandinavian Journal of Economics; Social Science and Medicine; Forum for Health Economics and Policy; Pediatrics; British Medical Journal

Trainee	Current Position
Peter Groeneveld, MD, MS	Associate Professor of Medicine, University of Pennsylvania
Jessica Haberer, MD, MS	Assistant Professor of Medicine, Harvard Medical School
Melinda Henne, MD, MS	Director of Health Services Research, Bethesda Naval Hospital
Byung-Kwang Yoo, MD, PhD	Associate Professor, Public Health, UC Davis
Hau Liu, MD, MS, MBA	Chief Medical Officer at Shanghai United Family Hospital
Eran Bendavid, MD, MS	Assistant Professor, General Medicine Disciplines, Stanford University
Kaleb Michaud, MS, PhD	Associate Professor of Medicine, Rheumatology and Immunology, University of Nebraska Medical Center
Kanaka Shetty, MD	Natural Scientist, RAND Corporation
Christine Pal Chee, PhD	Associate Director of the Health Economics Resource Center, Palo Alto VA
Matthew Miller, MD	VP Clinical Strategy and Head of Innovation, Landmark Health
Vincent Liu, MD	Research Scientist, Kaiser Permanente Northern California Division of Research
Daniella Perlroth, MD	Chief Data Scientist, Lyra Health
Crystal Smith-Spangler, MD	Internist, Palo Alto Medical Foundation
Barrett Levesque, MD MS	Assistant Professor of Clinical Medicine, UC San Diego Health System
Torrey Simons, MD	Clinical Instructor, Department of Medicine, Stanford University
Nayer Khazeni, MD	Assistant Professor of Medicine (Pulmonary and Critical Care Medicine), Stanford University
Monica Bhargava, MD MS	Assistant Clinical Professor, UCSF School of Medicineilan
Dhruv Kazi, MD	Assistant Professor, UCSF School of Medicine
Zach Kastenberg, MD	Resident, Department of Surgery, Stanford University
Kit Delgado, MD	Assistant Professor, Department of Emergency Medicine and Faculty Fellow, University of Pennsylvania
Suzann Pershing, MD	Chief of Ophtalmology for the VA Palo Alto Health Care System
KT Park, MD	Assistant Professor, Department of Medicine, Stanford University
Jeremy Goldhaber-Fiebert, PhD	Associate Professor, Department of Medicine, Stanford University
Sanjay Basu, MD	Assistant Professor, Department of Medicine, Stanford University
Marcella Alsan, MD, PhD	Assistant Professor, Department of Medicine (CHP/PCOR), Stanford Univ.
David Chan, MD, PhD	Assistant Professor, Department of Medicine (CHP/PCOR), Stanford Univ.
Karen Eggleston, PhD	Senior Fellow, Freeman Spogli Institute, Stanford University
Kevin Erickson, MD	Assistant Professor, Department of Nephrology, Baylor College of Medicine
Ilana Richman, MD	VA Fellow at CHP/PCOR, Stanford University

Alexander Sandhu, MD	VA Fellow at CHP/PCOR, Stanford University
Michael Hurley	Medical Student, Stanford University
Manali Patel, MD	Instructor, Department of Medicine (Oncology), Stanford University
Dan Austin, MD	Resident Physician, Department of Anesthesia, UCSF School of Medicine
Anna Luan, MD	Resident Physician, Department of Medicine, Stanford University
Louse Wang	Medical Student, Stanford University
Christine Nguyen, MD	Resident Physician, Department of Medicine, Harvard Medical School
Josh Mooney, MD	Instructor, Department of Medicine (Pulmonary and Critical Care Medicine), Stanford University
Eugene Lin, MD	Fellow, Department of Medicine (Nephrology), Stanford University
Eric Sun, MD	Assistant Professor, Department of Anesthesia, Stanford University
Sejal Hathi	Medical Student, Stanford University
Ibrahim Hakim	Medical Student, Stanford University
Archana Nair	Medical Student, Stanford University
Trishna Narula	Medical Student, Stanford University
Daniel Vail	Medical Student, Stanford University
Tej Azad	Medical Student, Stanford University
Jessica Yu, MD	Fellow, Department of Medicine (Gastroenterology), Stanford University
Daniel Vail	Medical Student, Stanford University
Alex Sandhu, MD	Fellow, Department of Medicine (Cardiology), Stanford University
Matthew Muffly, MD	Clinical Assistant Professor, Dept. of Anesthesia, Stanford University

Dissertation Committee Memberships

Ron Borzekowski	Ph.D. in Economics	Stanford University	2002
Jason Brown	Ph.D. in Economics	Stanford University	2002
Dana Rapaport	Ph.D. in Economics	Stanford University	2003
Ed Johnson	Ph.D. in Economics	Stanford University	2003
Joanna Campbell	Ph.D. in Economics	Stanford University	2003
Neeraj Sood*	Ph.D. in Public Policy	RAND Graduate School	2003
James Pearce	Ph.D. in Economics	Stanford University	2004
Mikko Packalen	Ph.D. in Economics	Stanford University	2005
Kaleb Michaud*	Ph.D. in Physics	Stanford University	2006
Kyna Fong	Ph.D. in Economics	Stanford University	2007
Natalie Chun	Ph.D. in Economics	Stanford University	2008
Sriniketh Nagavarapu	Ph.D in Economics	Stanford University	2008
Sean Young	Ph.D. in Psychology	Stanford University	2008
Andrew Jaciw	Ph.D. in Education	Stanford University	2010
Chirag Patel	Ph.D. in Bioinformatics	Stanford University	2010
Raphael Godefroy	Ph.D. in Economics	Stanford University	2010
Neal Mahoney	Ph.D. in Economics	Stanford University	2011
Alex Wong	Ph.D. in Economics	Stanford University	2012
Kelvin Tan	Ph.D. in Management Science	Stanford University	2012
Animesh Mukherjee	Masters in Liberal Arts Program	Stanford University	2012
Jeanne Hurley	Masters in Liberal Arts Program	Stanford University	2012
Patricia Foo	Ph.D. in Economics	Stanford University	2013
Michael Dworsky	Ph.D. in Economics	Stanford University	2013
Allison Holliday King	Masters in Liberal Arts Program	Stanford University	2013
Vilsa Curto	Ph.D. in Economics	Stanford University	2015
Rita Hamad	Ph.D. in Epidemiology	Stanford University	2016
Atul Gupta	Ph.D. in Economics	Stanford University	2017
Min Kim	Ph.D. in Economics	Iowa State Univ.	2019

E. GRANTS AND PATENTS

PATENT (2)

1. "Environmental Biomarkers for the Diagnosis and Prognosis for Type 2 Diabetes Mellitus" with Atul Butte and Chirag Patel (2011), US Patent (pending).
2. "Health Cost and Flexible Spending Account Calculator" with Schoenbaum M, Spranca M, and Sood N (2008), U.S. Patent No. 7,426,474.

GRANTS AND SUBCONTRACTS (42)

CURRENT (6)

2019-2020	Funder: Acumen, LLC. Title: Quality Reporting Program Support for the Long-Term Care Hospital, Inpatient Rehabilitation Facility, Skilled Nursing Facility QRPs and Nursing Home Compare Role: PI
2018-2020	Funder: Acumen, LLC. Title: Surveillance Activities of Biologics Role: PI
2018-2020	Funder: France-Stanford Center for Interdisciplinary Studies Title: A Nutritional Account of Global Trade: Determinants and Health Implications Role: PI
2017-2023	Funder: National Institutes of Health Title: The Epidemiology and Economics of Chronic Back Pain Role: Investigator (PI: Sun)
2017-2021	Funder: National Institutes of Health Title: Big Data Analysis of HIV Risk and Epidemiology in Sub-Saharan Africa Role: Investigator (PI: Bendavid)
2016-2020	Funder: Acumen, LLC. Title: MACRA Episode Groups and Resource Use Measures II Role: PI

PREVIOUS (36)

2016-2018	Funder: University of Kentucky Title: Food acquisition and health outcomes among new SNAP recipients since the Great Recession Role: PI
2015-2019	Funder: Alfred P. Sloan Foundation Title: Public versus Private Provision of Health Insurance Role: PI
2015-2019	Funder: Natural Science Foundation

	Title: Health Insurance Competition and Healthcare Costs Role: Investigator (PI: Levin)
2014-2015	Funder: The Centers for Medicare and Medicaid Services Title: Effect of Social Isolation and Loneliness on Healthcare Utilization Role: PI
2014-2015	Funder: AARP Title: The Effect of Social Isolation and Loneliness on Healthcare Utilization and Spending among Medicare Beneficiaries Role: PI
2013-2019	Funder: National Bureau of Economic Research Title: Innovations in an Aging Society Role: PI
2013-2014	Funder: Robert Wood Johnson Foundation Title: Improving Health eating among Children through Changes in Supplemental Nutrition Assistance Program (SNAP) Role: Investigator (PI: Basu)
2011-2016	Funder: National Institutes of Health (R37) Title: Estimating the Potential Medicare Savings from Comparative Effectiveness Research Role: PI Subaward (PI: Garber)
2011-2016	Funder: National Institute of Aging (P01) Title: Improving Health and Health Care for Minority and Aging Populations Role: PI Subcontract (PI: Wise)

2010-2018	Funder: National Institutes of Health Title: Clinic, Family & Community Collaboration to Treat Overweight and Obese Children Role: Investigator (PI: Robinson)
2010-2014	Funder: Agency for Health, Research and Quality (R01) Title: The Effects of Private Health Insurance in Publicly Funded Programs Role: Investigator (PI: Bundorf)
2010-2013	Funder: Agency for Healthcare Research and Quality Title: G-code" Reimbursement and Outcomes in Hemodialysis Role: Investigator (PI: Erickson)
2010-2013	Funder: University of Southern California Title: The California Medicare Research and Policy Center Role: PI
2010-2012	Funder: University of Georgia Title: Natural Experiments and RCT Generalizability: The Woman's Health Initiative Role: PI
2010-2011	Funder: National Bureau of Economic Research Title: Racial Disparities in Health Care and Health Among the Elderly Role: PI
2009-2020	Funder: National Institute of Aging (P30) Title: Center on the Demography and Economics of Health and Aging Role: PI (2011-2020)
2009-2011	Funder: Rand Corporation Title: Natural Experiments and RCT Generalizability: The Woman's Health Initiative Role: PI
2008-2013	Funder: American Heart Association Title: AHA-PRT Outcomes Research Center Role: Investigator (PI: Hlatky)
2007-2009	Funder: National Institute of Aging (R01) Title: The Economics of Obesity Role: PI
2007-2009	Funder: Veterans Administration, Health Services Research and Development Service Title: Quality of Practices for Lung Cancer Diagnosis and Staging Role: Investigator
2007-2008	Funder: Stanford Center for Demography and Economics of Health and Aging Title: The HIV Epidemic in Africa and the Orphaned Elderly

	Role: PI
2007	Funder: University of Southern California Title: The Changes in Health Care Financing and Organization Initiative Role: PI
2006-2010	Funder: National Institute of Aging (K02) Title: Health Insurance Provision for Vulnerable Populations Role: PI
2006-2010	Funder: Columbia University/Yale University Title: Dummy Endogenous Variables in Threshold Crossing Models, with Applications to Health Economics Role: PI
2006-2007	Funder: Stanford Center for Demography and Economics of Health and Aging Title: Obesity, Wages, and Health Insurance Role: PI
2005-2009	Funder: National Institute of Aging (P01 Subproject) Title: Medical Care for the Disabled Elderly Role: Investigator (PI: Garber)
2005-2008	Funder: National Institute of Aging (R01) Title: Whom Does Medicare Benefit? Role: PI Subcontract (PI: Lakdawalla)
2002	Funder: Stanford Center for Demography and Economics of Health and Aging Title: Explaining Changes in Disability Prevalence Among Younger and Older American Populations Role: PI
2001-2003	Funder: Agency for Healthcare Research and Quality (R01) Title: State and Federal Policy and Outcomes for HIV+ Adults Role: PI Subcontract (PI: Goldman)
2001-2002	Funder: National Institute of Aging (R03) Title: The Economics of Viatical Settlements Role: PI
2001-2002	Funder: Robert Woods Johnson Foundation Title: The Effects of Medicare Eligibility on Participation in Social Security Disability Insurance Role: PI Subcontract (PI: Schoenbaum)
2001-2002	Funder: USDA Title: Evaluating the Impact of School Breakfast and Lunch Role: Investigator
2001-2002	Funder: Northwestern/Univ. of Chicago Joint Center on Poverty Title: The Allocation of Nutrition with Poor American Families Role: PI Subcontract (PI: Haider)
2000-2002	Funder: National Institute on Alcohol Abuse & Alcoholism (R03) Title: The Demand for Alcohol Treatment Services Role: PI
2000-2001	Funder: USDA Title: How Should We Measure Hunger?

Role: PI Subcontract (PI: Haider)

F. SCHOLARSHIPS AND HONORS

- Phi Beta Kappa Honor Society, 1988
- Distinction and Departmental Honors in Economics, Stanford University, 1990
- Michael Forman Fellowship in Economics, Stanford University, 1991-1992
- Agency for Health Care Policy and Research Fellowship 1993-1995
- Outstanding Teaching Assistant Award, Stanford University, Economics, 1994
- Center for Economic Policy Research, Olin Dissertation Fellowship, 1997-1998
- Distinguished Award for Exceptional Contributions to Education in Medicine, Stanford University, 2005, 2007, and 2013.
- Dennis Aigner Award for the best applied paper published in the *Journal of Econometrics*, 2013

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THIS IS **EXHIBIT "C"** TO THE AFFIDAVIT OF JAY BHATTACHARYA SWORN BEFORE ME AT THE CITY OF _____, IN THE COUNTY OF _____, IN THE STATE OF CALIFORNIA, THE 5TH DAY OF JANUARY, 2021.

_____

A NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San mateo

Subscribed and sworn to (or affirmed) before me on this 05 day of Jan, 20 21, by Jay Bhattacharya

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature _____

Jayanta Bhattacharya

Jan 5, 2021

HAMED JIRSARAEI
COMM. #2217313
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Exp. Oct. 8, 2021

Expert Report on the COVID-19 Epidemic Response in Manitoba, Canada

Jay Bhattacharya, MD, PhD

January 5, 2021

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A. Does Covid-19 pose a real or imminent serious threat to the health of the population?

The mortality danger from COVID-19 infection varies substantially by age and a few chronic disease indicators.[1] For a majority of the population, including the vast majority of children and young adults, COVID-19 infection poses less of a mortality risk than seasonal influenza. By contrast, for older populations – especially those with severe comorbid chronic conditions – COVID-19 infection poses a high risk of mortality, on the order of a 5% infection fatality rate.

The best evidence on the infection fatality rate from SARS-CoV-12 infection (that is, the fraction of infected people who die due to the infection) comes from seroprevalence studies. The definition of seroprevalence of COVID-19 is the fraction of people within a population who have specific antibodies against SARS-CoV-2 in their bloodstream. Seroprevalence studies provide better evidence on the total number of people who have been infected than do case reports or a positive reverse transcriptase-polymerase chain reaction (RT-PCR) test counts; these both miss infected people who are not identified by the public health authorities or do not volunteer for RT-PCR testing. Because they ignore unreported cases in the denominator, fatality rate estimates based on case reports or positive test counts are substantially biased upwards.

According to a meta-analysis[2] by Dr. John Ioannidis of every seroprevalence study conducted to date of publication with a supporting scientific paper (74 estimates from 61 studies and 51 different localities around the world), the median infection survival rate from COVID-19 infection is 99.77%. For COVID-19 patients under 70, the meta-analysis finds an infection survival rate of 99.95%. A separate meta-analysis[3] by scientists independent of Dr. Ioannidis' group, reaches qualitatively similar conclusions.

A US CDC report[4] found that there were between six and 24 times more SARS-CoV-2 infections than cases reported between March and May 2020. This study is based on serological analysis of blood samples incidentally collected by commercial laboratories in 10 cities nationwide, although the CDC does not provide the infection fatality rate estimate implied by their seroprevalence studies reviewed by Dr. Ioannidis above.

In September 2020, the CDC updated its current best estimate of the infection fatality ratio - the ratio of deaths to the total number of people infected - for various age groups.[5] The CDC

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[1] Public Health England (2020) Disparities in the Risk and Outcomes of COVID-19. August 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

[2] John P.A. Ioannidis , *The Infection Fatality Rate of COVID- 19 Inferred from Seroprevalence Data*, Bulletin of the World Health Organization BLT 20.265892.

[3] Andrew T. Levin, et al., *Assessing the Age Specificity of Infection Fatality Rate for COVID- 19: Meta-Analysis & Public Policy Implications* (Aug. 14,2020)MEDRXIV, http://bit.ly/3gplolV.

[4] Fiona P. Havers, et al., *Seroprevalence of Antibodies to SARS-CoV-2 in 10 Sites in the United States, March 23-May 12, 2020* (Jul. 21, 2020) JAMA INTERN MED., https://bit.ly/3goZUgy.

[5] COVID- 19 Pandemic Planning Scenarios, Centers for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html.

estimates that the infection fatality rate for people ages 0-19 years is 0.003%, meaning infected children have a 99.997% survivability rate. The CDC's best estimate of the infection fatality rate for people ages 20-49 years is 0.02%, meaning that young adults have a 99.98% survivability rate. The CDC's best estimate of the infection fatality rate for people age 50-69 years is 0.5%, meaning this age group has a 99.5% survivability rate. The CDC's best estimate of infection fatality rate for people ages 70+ years is 5.4%, meaning seniors have a 94.6% survivability rate.

A study of the seroprevalence of COVID-19 in Geneva, Switzerland (published in the *Lancet*)[6] provides a detailed age break down of the infection survival rate in a preprint companion paper[7] 99.9984% for patients 5 to 9 years old; 99.99968% for patients 10 to 19 years old; 99.991% for patients 20 to 49 years old; 99.86% for patients 50 to 64 years old; and 94.6% for patients above 65.

I estimated the age-specific infection fatality rates from the Santa Clara County seroprevalence study[8] data (for which I am the senior investigator). The infection survival rate is 100% among people between 0 and 19 years (there were no deaths in Santa Clara in that age range up to that date); 99.987% for people between 20 and 39 years; 99.84% for people between 40 and 69 years; and 98.7% for people above 70 years. In fact, in all of California[9] through August 20, there have been only two deaths at all among COVID-19 patients below age 18. Also, 74.2% of all COVID-19 related deaths occurred in patients 65 and older.

While I am not aware of a serosurvey available for Manitoba, it is clear that the age gradient in COVID-19 mortality found everywhere else applies. The overwhelming majority of deaths from COVID-19 in Manitoba have occurred in ages 65 and older.[10]

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[6] Silvia Stringhini, et al., *Seroprevalence of Anti-SARS-CoV-2 IgG Antibodies in Geneva, Switzerland (SEROCoV-POP): A Population Based Study* (June 11,2020) THE LANCET, https://bit.ly/3187S13.

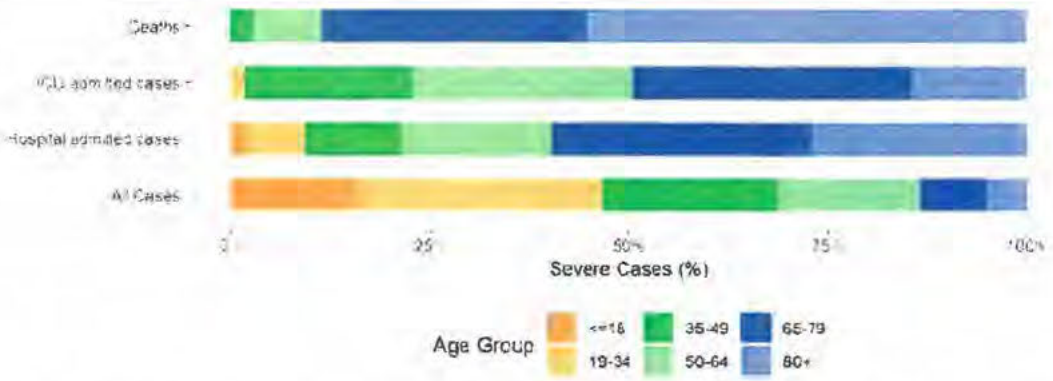
[7] Francisco Perez-Saez, et al. *Serology- Informed Estimates of SARS-COV-2 Infection Fatality Risk in Geneva, Switzerland* (June 15,2020) OSF PREPRINTS, http://osf.io/wdbpe/.

[8] Eran Bendavid, et al., *COVID- 19 Antibody Seroprevalence in Santa Clara County, California* (April 30,2020) MEDRXIV, https://bit.ly/2EuLIFK.

[9] COVID- 19, *Cases and Deaths Associated with COVID-19 by Age Group in California* (Aug. 20,2020) CAL. DEPT. OF PUB. HEALTH, https://bit.ly/31inK9q [accessed Aug. 22,2020].

[10] Provincial Covid-19 Surveillance, Manitoba, Week 45, https://www.gov.mb.ca/health/publichealth/surveillance/covid-19/week_45/index.html

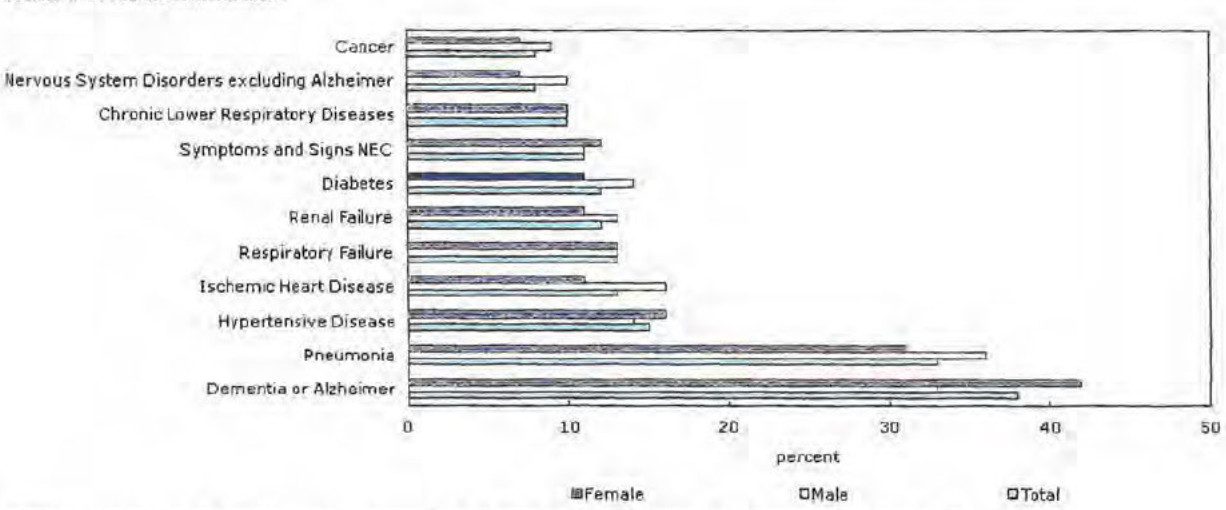
Figure 6. Age Distribution of Severe COVID-19 Cases Compared to All Cases, Manitoba, 2020



In addition to the risk posed by old age, COVID-19 infection poses an elevated mortality risk for people with certain chronic conditions like diabetes. We now have good evidence on the relative risk posed by the incidence of chronic conditions, so we know that among common conditions, age is the single most important risk factor. For instance, a 65-year-old obese individual has about the same COVID-19 mortality risk conditional upon infection as a 70-year-old non-obese individual.

According to data from Statistics Canada[11], "Of the over 9,500 COVID-involved deaths between March and July, the majority (90%) had at least one other cause, condition or complication reported on the certificate."

Chart 1
Common medical conditions or complications (comorbidities) associated with a severe course of COVID-19 resulting in death, by sex



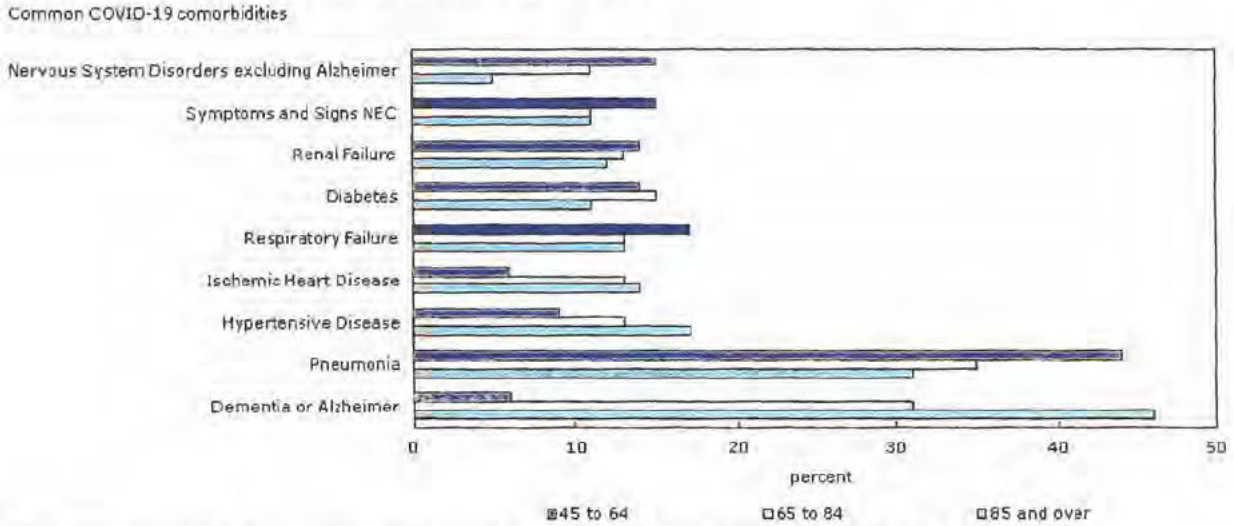
Note: Comorbidities for deaths occurring between March 1, 2020 and July 31, 2020, where COVID-19 was involved.
Source: Canadian Vital Statistics – Death Database (2020).

[11] Kathy O'Brien, et. al., "Covid-19 Death Co-Morbidities in Canada" Statistics Canada, November 16, 2020, https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00087-eng.htm

Further, from the first wave of the pandemic until to the end of May 2020, 80% of the COVID-19 deaths in Canada occurred at long-term care facilities and retirement homes[12]. Dementia or Alzheimer's disease were most often listed as comorbidities among Canadians aged 65 years or older whose deaths involved COVID-19—especially among those aged 85 or older.

According to Statistics Canada,[13] "When a pre-existing condition is suspected of putting a person at higher risk of a severe course of COVID-19 resulting in death, the death is counted as a death due to COVID-19 rather than a death due to the pre-existing condition…It is also possible that the death may have been influenced by COVID-19 but caused by another disease or an unintentional injury event. In these situations, COVID-19 should still be recorded on the medical certificates of cause of death…" Pre-existing conditions can also put people at a higher risk of severe courses of influenza resulting in death, but to my knowledge such deaths are not counted as influenza deaths. Such a discrepancy in counting COVID-19 deaths and influenza deaths makes comparisons between the two respiratory illnesses difficult and results in artificially elevated death statistics due to COVID-19.

Chart 2
Common medical conditions or complications (comorbidities) associated with a severe course of COVID-19 resulting in death, by select age groups



Note: Comorbidities for deaths occurring between March 1, 2020 and July 31, 2020, where COVID-19 was involved.
Source: Canadian Vital Statistics - Death Database (2020).

In summary, Covid-19 does not pose a real or imminent serious threat to the health of the population in general but only to the health of a specific part of the population – the elderly and a limited number of people with certain chronic conditions. Age is the single most important risk factor, with a worldwide 99.95% infection survival rate for people under 70 and 95% infection survival rate for people 70 and over.

Further, COVID-19 case fatality rates have been dropping steadily since the disease emerged.

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[12] *Ibid.*
[13] *Ibid.*

Peer-reviewed studies document these trends.[14] One study in England found that "30-day mortality peaked for people admitted to critical care in early April… There was subsequently a sustained decrease in mortality risk until the end of the study period" in late June. This trend was found for people of all age groups, and survived adjustment for patient characteristics, which strongly suggests an improvement in treatment and patient management as the cause.[15]

Ventilator protocols which were used during the early days of the epidemic were too aggressive, with physicians too quick to place patients on mechanical ventilation. In those early days, nearly 90% of all COVID-19 patients on mechanical ventilation died.[16] New discoveries about the use of histamine blockers in conjunction with ventilators contribute to improved survival of hospitalized COVID-19 patients.[17, 18] Separately, there were particular problems in the care of elderly COVID-19 patients in state run nursing homes in Quebec, as an example, during the early days of the epidemic, where some COVID-19 patients were neglected and died from thirst and hunger.[19] Quebec also did very poorly because the government failed to protect the vulnerable population in the CHSLD by sending COVID infected patients to nursing homes that were unable to isolate them from the rest of the population, greatly increasing patient mortality.[20] Addressing this neglect certainly contributed to improved outcomes in Quebec.

The discovery that a deadly immune over-reaction to SARS-CoV-2 infection in some patients could be modulated by dexamethasone has greatly improved patient outcomes.[21, 22] There has

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[14] Brumfiel G. (2020) Studies Point To Big Drop In COVID-19 Death Rates. NPR. October 20, 2020. https://www.npr.org/sections/health-shots/2020/10/20/925441975/studies-point-to-big-drop-in-covid-19-death-rates

[15] Dennis JM, McGovern AP, Vollmer SJ, Mateen BA. Improving Survival of Critical Care Patients With Coronavirus Disease 2019 in England: A National Cohort Study, March to June 2020. Crit Care Med. 2020 Oct 26. doi: 10.1097/CCM.0000000000004747. Epub ahead of print. PMID: 33105150.

[16] Richardson S, Hirsch JS, Narasimhan M, et al. Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. JAMA. 2020;323(20):2052–2059. doi:10.1001/jama.2020.6775

[17] Hogan Ii RB, Hogan Iii RB, Cannon T, Rappai M, Studdard J, Paul D, Dooley TP. Dual-histamine receptor blockade with cetirizine - famotidine reduces pulmonary symptoms in COVID-19 patients. Pulm Pharmacol Ther. 2020 Aug;63:101942. doi: 10.1016/j.pupt.2020.101942. Epub 2020 Aug 29. PMID: 32871242; PMCID: PMC7455799.

[18] Janowitz T, Gablenz E, Pattinson D, Wang TC, Conigliaro J, Tracey K, Tuveson D. Famotidine use and quantitative symptom tracking for COVID-19 in non-hospitalised patients: a case series. Gut. 2020 Sep;69(9):1592-1597. doi: 10.1136/gutjnl-2020-321852. Epub 2020 Jun 4. PMID: 32499303; PMCID: PMC7299656.

[19] Richer J. (2020) Aînés affamés et déshydratés: «ils ont crevé de faim». Journal de Montreal. April 23, 2020. https://www.journaldemontreal.com/2020/04/23/aines-affames-et-deshydrates

[20] Quebec Ombudsman (2020) COVID-19 in CHSLDs during the first wave of the pandemic. Learning from the crisis and moving to uphold the rights and dignity of CHSLD residents. Dec. 10, 2020. https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports_speciaux/progress-report-chslds-covid-19.pdf

[21] RECOVERY Collaborative Group, Horby P, Lim WS, Emberson JR, Mafham M, Bell JL, Linsell L, Staplin N, Brightling C, Ustianowski A, Elmahi E, Prudon B, Green C, Felton T, Chadwick D, Rege K, Fegan C, Chappell LC, Faust SN, Jaki T, Jeffery K, Montgomery A, Rowan K, Juszczak E, Baillie JK, Haynes R, Landray MJ. Dexamethasone in Hospitalized Patients with Covid-19 - Preliminary Report. N Engl J Med. 2020 Jul 17:NEJMoa2021436. doi: 10.1056/NEJMoa2021436. Epub ahead of print. PMID: 32678530; PMCID: PMC7383595.

also been an improved understanding of the pathophysiological reasons why some patients progress to more severe outcomes from SARS-CoV-2 infection, while others do not.[23] So, the improvements in outcomes for COVID-19 patients derive from multiple sources. In summary, COVID-19 infection is less deadly than it was when it arrived in North America in winter 2020.

B. How common is the spread of the SARS-CoV-2 virus by individuals who are infected, but display no symptoms?

Much of the infrastructure of COVID-19 lockdown policies is premised on the idea that the SARS-CoV-2 virus can spread from infected people who display no symptoms that are typical of COVID-19 infection (that is, asymptomatic individuals) to uninfected individuals. If asymptomatic or pre-symptomatic disease spread is uncommon, lockdown policies could be replaced with much less onerous policies, such as symptom checking in public venues and public health advice for people with symptoms to stay home and avoid public places, with little effect on infection transmission rates.

According to a comprehensive survey of the literature on reported cases through early June 2020, about 20% of COVID-19 cases are asymptomatic.[24] Seroprevalence studies tend to report a larger fraction of infections (often not identified as cases) as asymptomatic.[25] In any case, asymptomatic viral carriers clearly make up a large fraction of COVID-19 cases and infections, so a good understanding of how likely they are to transmit the disease to others should play an important role in the determination of COVID-19 infection control policies.

The scientific evidence now strongly suggests that COVID-19 infected individuals who are asymptomatic are more than an order of magnitude less likely to spread the disease to even close contacts than symptomatic COVID-19 patients. A meta-analysis of 54 studies from around the

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[22] Tomazini BM, Maia IS, Cavalcanti AB, Berwanger O, Rosa RG, Veiga VC, Avezum A, Lopes RD, Bueno FR, Silva MVAO, Baldassare FP, Costa ELV, Moura RAB, Honorato MO, Costa AN, Damiani LP, Lisboa T, Kawano-Dourado L, Zampieri FG, Olivato GB, Righy C, Amendola CP, Roepke RML, Freitas DHM, Forte DN, Freitas FGR, Fernandes CCF, Melro LMG, Junior GFS, Morais DC, Zung S, Machado FR, Azevedo LCP; COALITION COVID-19 Brazil III Investigators. Effect of Dexamethasone on Days Alive and Ventilator-Free in Patients With Moderate or Severe Acute Respiratory Distress Syndrome and COVID-19: The CoDEX Randomized Clinical Trial. JAMA. 2020 Oct 6;324(13):1307-1316. doi: 10.1001/jama.2020.17021. PMID: 32876695; PMCID: PMC7489411.

[23] McCullough, Peter A et al. "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection." The American journal of medicine, S0002-9343(20)30673-2. 7 Aug. 2020, doi:10.1016/j.amjmed.2020.07.003

[24] Buitrago-Garcia D, Egli-Gany D, Counotte MJ, Hossmann S, Imeri H, Ipekci AM, Salanti G, Low N. Occurrence and transmission potential of asymptomatic and presymptomatic SARS-CoV-2 infections: A living systematic review and meta-analysis. PLoS Med. 2020 Sep 22;17(9):e1003346. doi: 10.1371/journal.pmed.1003346. PMID: 32960881; PMCID: PMC7508369.

[25] Bendavid, E., Mulaney, B., Sood, N., Shah, S., Ling, E., Bromley-Dulfano, R., Lai, C., Weissberg, Z., Saavedra, R., Tedrow, J., Tversky, D., Bogan, A., Kupiec, T., Eichner, D., Gupta, R., Ioannidis, J., & Bhattacharya, J. (2020). COVID-19 Antibody Seroprevalence in Santa Clara County, California. medRxiv, 2020.04.14.20062463. https://doi.org/10.1101/2020.04.14.20062463

world found that within households – where none of the safeguards that restaurants are required to apply are typically applied – symptomatic patients passed on the disease to household members in 18% of instances, while asymptomatic patients passed on the disease to household members in 0.7% of instances.[26] A separate, smaller meta-analysis similarly found that asymptomatic patients are much less likely to infect others than symptomatic patients.[27]

A large study of 10 million residents of Wuhan, China, all tested for the presence of the virus, found a total of 300 cases, all asymptomatic. A comprehensive contact tracing effort identified 1,174 close contacts of these patients, none of whom tested positive for the virus.[28] This is consistent with a vanishingly low level of asymptomatic spread of the disease. While theoretical modeling work from earlier in the epidemic (including some of my own published research[29]) predicts some level of asymptomatic disease spread, the empirical evidence at this point later in the epidemic strongly shows very little evidence that this is an important empirical reality.

By contrast with asymptomatic patients, symptomatic patients are very likely to infect others with the virus during extended interactions, especially in the initial period after they develop symptoms. A careful review of 79 studies on the infectivity of COVID-19 patients found the even symptomatic patients are infectious for only the first eight days after symptom onset, with no evidence of live virus detected beyond day 9 of illness.[30]

In summary, asymptomatic individuals are an order of magnitude less likely to infect others than symptomatic individuals, even in intimate settings such as people living in the same household where people are much less likely to follow social distancing and masking practices that they follow outside the household. Spread of the disease in less intimate settings by asymptomatic individuals – including religious services, in-person restaurant visits, gyms, and other public settings – are likely to be even less likely than in the household. The clear implication of this scientific fact is that many intrusive lockdown policies (including church and business capacity limitations and closures) could be replaced with less intrusive symptom checking requirements, with little or no detriment to infection control outcomes.

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[26] (Madewell ZJ, Yang Y, Longini IM, Halloran ME, Dean NE. Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2020;3(12):e2031756. doi:10.1001/jamanetworkopen.2020.31756)

[27] Buitrago-Garcia D, Egli-Gany D, Counotte MJ, Hossmann S, Imeri H, Ipekci AM, Salanti G, Low N. Occurrence and transmission potential of asymptomatic and presymptomatic SARS-CoV-2 infections: A living systematic review and meta-analysis. PLoS Med. 2020 Sep 22;17(9):e1003346. doi: 10.1371/journal.pmed.1003346. PMID: 32960881; PMCID: PMC7508369.

[28] (Cao, S., Gan, Y., Wang, C. et al. Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. *Nat Commun* 11, 5917 (2020). https://doi.org/10.1038/s41467-020-19802-w)

[29] Peirlinck M, Linka K, Costabal FS, Bhattacharya J, Bendavid E, Ioannidis J, Kuhl E (2020), "Visualizing the Invisible: The Effect of Asymptotic Transmission on the Outbreak Dynamics of COVID-19" Computer Methods in Applied Mechanics and Engineering. 372: 1 Dec. 2020, 113410. https://doi.org/10.1016/j.cma.2020.113410.

[30] Cevik M, Tate M, Lloyd O et al. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. The Lancet Microbe. Nov. 19, 2020. DOI:https://doi.org/10.1016/S2666-5247(20)30172-5

C. What are the principles govern good health policy and public health practice?

The principles of good public health[31] and health policy practice predate the epidemic. While the topic is voluminous, there are a few principles that are particularly relevant to COVID-19 policy making, including the following guidelines for decision makers:

- Consider both the costs *and* benefits of alternative policies, choosing policies that appropriately balance the two.
- Appropriately account for uncertainty in the projected costs and benefits of policy options.
- Account for the strength of the scientific evidence.
- Be constrained in policy making by democratic norms and ethical principles.
- Choose policies that treat people in society equitably, and in particular eschew policies that disproportionately favor richer members of society over poorer members.

Sound health policy decision making requires a careful evaluation of both the costs and benefits over both the long and short term. The nature of these costs and benefits considered should be broadly considered, including physical costs (such as enhanced risk of mortality and morbidity from all sources), psychological harms (such as increased rates of depression and suicidality), as well as the economic damage (such as increased joblessness, closed businesses, and reduced income).

The costs and benefits of every potential policy involves some degree of uncertainty, including lockdowns. In the face of uncertainty, public health decision making should be based on the best available evidence regarding the most likely outcomes from the imposition of the policy. Public health decision making should eschew decision making based on worst-case or best-case assumptions about the outcomes that may happen if alternate policies are adopted. It is particularly bad practice to make decisions that assume worst case scenarios regarding the costs of a policy and best-case scenarios regarding the benefits of a policy, or vice versa. So, for instance, it is poor public health practice to assume that lockdowns, if implemented will have a dramatic effect on disease transmission and mortality with no consideration of the harms associated with lockdowns.[32]

In addition to the costs and benefits, public health policy must consider the strength of the scientific evidence regarding the measure in achieving the aims it proposes. Of course, without

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[31] Public Health Leadership Society (2002) Principles of the Ethical Practice of Public Health. American Public Health Association. https://www.apha.org/-/media/files/pdf/membergroups/ethics/ethics_brochure.ashx

[32] In Manitoba, Chief Public Health Officer Dr. Brent Roussin adopted the position in November 2020 that lockdowns would stop the spread of Covid-19 and save lives: "We need to turn these numbers around and we need to turn them around now. . . . [T]hese new restrictions will help halt the spread of this virus, to protect Manitobans, and to ensure that our healthcare system can continue to function..."These next few weeks will be difficult for many. And we know that. But this sacrifice over this time (sic) will save lives." Dr. Brent Roussin, 2020-11-10 Press Conference, Video at 23:10 and 31:16 https://news.gov.mb.ca/news/index.html?item=49737.

solid scientific evidence in favor of a policy – especially one with enormous costs – its imposition by a government on a population would be unethical. The greater the potential harms from the policy on some part of the population, the greater the evidentiary standard required to establish its necessity.

Finally, equity is a key principle of public health. Public health officials must consider whether the harms of a policy like lockdowns fall disproportionately on the poor, on minority populations, or on others who are of low socio-economic status. Similarly, policies that accrue benefits disproportionately to the rich, to majority populations, and to people of high socio-economic status should be redesigned to comport with the requirement for equity in public health decision making.

In summary, sound public health practice adheres to key principles aimed at grounding policy in good science, respecting human rights and democratic norms, appropriately accounting for costs and benefits of policies and uncertainty in outcomes, treating people equitably, as well as other principles not discussed here.

D. Are the lockdowns (including, but not limited to, shelter-in-place orders and forced quarantines, business, cultural, sports and religious service restrictions and closures, restrictions on in-person schooling, restrictions on private gatherings, travel restrictions across provinces, restrictions on children playing together and scholastic sport, and the arbitrary designation of businesses into 'essential' and 'non-essential') necessary to maintain and enhance the health and well-being of the general population?

Since the available epidemiological literature often tends to group many of the items in the list above under the moniker of "lockdown" or "non-pharmaceutical intervention (NPI)" we will consider the evidence regarding the items together based on the criteria for good public health practice we discussed above.

Theoretical Considerations. The theoretical models used to justify lockdowns – compartment or SEIR models – do not predict a decrease in the total number of infected people but shift in the timing of infections.

Compartment models work by envisioning a population exposed to a new pathogen like the SARS-CoV-2 virus. In the simplest versions of these models, everyone in the population is initially susceptible to infection. The epidemic starts with one person being infected and in turn infecting other people in the pool of susceptible people. Many infected people recover from the disease and – because of immunity induced by infection – are no longer susceptible. Over time, the population of susceptible people diminishes to the point where a newly infected person infects one or fewer people, and the epidemic declines.

In models like this, which are in common use to forecast the COVID-19 epidemic, lockdowns play a role of dampening the number of interactions between susceptible people and infected people, slowing the growth of the epidemic. However, unless the number of infections is reduced

to zero – a result clearly not in evidence in the COVID-19 epidemic – the disease continues to spread in the population.

The clear theoretical implication from these models is that lockdowns delay infections into the future, rather than prevent them from occurring altogether.[33] But society-wide lockdowns are not a tool of disease eradication, and in fact have never in history eradicated a disease. This "benefit" – a theoretical delay in the incidence of cases – should be considered against the harms from lockdowns, some of which are described below.

What is the evidence that these theoretical models provide accurate forecasts of the future path of the pandemic? Unfortunately, their track record is poor. According to a comprehensive evaluation of the performance of these models by an international group of statisticians and mathematicians, their poor performance stems from a wide variety of problems, including:[34]

> Poor data input, wrong modeling assumptions, high sensitivity of estimates, lack of incorporation of epidemiological features, poor past evidence on effects of available interventions, lack of transparency, errors, lack of determinacy, looking at only one or a few dimensions of the problem at hand, lack of expertise in crucial disciplines, groupthink and bandwagon effects and selective reporting are some of the causes of these failures.

Given this poor track record in prediction, extreme caution should be exercised by public health decision makers in using compartment models to forecast the future direction of the pandemic and in predicting the effects of policy interventions such as lockdowns on COVID-19 outcomes such as mortality and hospitalization.[35]

Empirical Literature on Lockdown Benefits. In the case of lockdowns and social distancing interventions, there is no existing randomized study – the gold standard study type in clinical therapeutics and public health interventions – that has evaluated the efficacy or costs of these measures. Scientific experts have argued for the necessity and feasibility of such randomized evaluation of restricting schools, universities, and workplaces, banning public gatherings, and the like.[36] If one were to view these lockdowns and activity restrictions as a medical intervention, it would be unethical to implement them in the absence of randomized evidence in support of their efficacy.

In the absence of such evidence, scientists and public health officials tend to rely on studies that are less rigorous than randomized trials in establishing causal links between the intervention and outcomes, including event studies and other observational studies. In the case of the lockdowns, the evidence from these sources is decidedly mixed. Evidence from the draconian lockdown

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[33] Chikina M and Pegden W (2020) A Call to Honesty in Pandemic Modeling. *Medium*. https://medium.com/@wpegden/a-call-to-honesty-in-pandemic-modeling-5c156686a64b

[34] Ioannidis JPA, Cripps S, Tanner MA. Forecasting for COVID-19 has failed. Int J Forecast. 2020 Aug 25. doi: 10.1016/j.ijforecast.2020.08.004. Epub ahead of print. PMID: 32863495; PMCID: PMC7447267.

[35] Chin V, Ioannidis J, Tanner M, Cripps S. (2020) Effects of Non-Pharmaceutical Interventions on COVID-19: A Tale of Three Models. medRxiv. https://www.medrxiv.org/content/10.1101/2020.07.22.20160341v2

[36] Cristea, I. A., Naudet, F., & Ioannidis, J. P. A. (2020). Preserving equipoise and performing randomized trials for COVID-19 social distancing interventions. *Epidemiology and Psychiatric Sciences*. https://doi.org/10.1017/S2045796020000992

order in China – including home and centralized quarantine, severe travel restrictions, cordon sanitaire, mandated centralized symptom reporting, and other interventions inconsistent with democratic norms – suggests that lockdowns can "temporarily" reduce spread of the virus.[37] Evidence from the early days of the epidemic (March and early April 2020) in the US found that states that imposed strict stay-at-home orders had a slower growth in the epidemic that states that did not over that short period of time.[38]

The problem with these event studies is that they cannot be used to forecast the effect of imposing less strict lockdowns (such as restrictions on businesses and gatherings). Focused as they are on quarantine or stay-at-home orders and the draconian policies imposed during the early epidemic in China, they represent a best case for the effectiveness of lockdowns. More importantly, they only measure the effect of lockdown on the speed of disease spread in the short run and should not be used to forecast the effect of lockdown on long run epidemic outcomes, since the theoretical literature strongly cautions against it. Recall that in those models, lockdowns push cases into the future; they do not prevent them altogether.

In fact, there are many possible reasons why the number of cases might change over time outside of lockdowns, and these should be accounted for in any accurate estimation of lockdown effects. Perhaps most importantly, these simple event studies do not account for the environmental, epidemiological, and economic factors that impact disease spread, imputing changes in the track of the epidemic almost entirely to policy interventions. There are many possible reasons why the number of cases might change over time outside of lockdowns, and these should be accounted for in any accurate estimation of lockdown effects. For instance, there is evidence that COVID-19 infection rates are increased during cold weather seasons.[39, 40] It is striking that the recent sharp rise in COVID-19 cases in California corresponds with colder weather, despite the continuing lockdowns. Even authors who favor lockdowns as a policy option in summarizing this evidence agree that seasonality plays an important role in case spread:[41]

> "A convincing argument that weather influences COVID-19 can be formulated in three parts: (1) experimental data suggest SARS-CoV-2 persistence on surfaces or in the air is sensitive to temperature, humidity, and ultraviolet light; (2) other environmentally sensitive respiratory viruses are seasonal, and more

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[37] Pan A, Liu L, Wang C, et al. Association of Public Health Interventions With the Epidemiology of the COVID-19 Outbreak in Wuhan, China. *JAMA*. 2020;323(19):1915–1923. doi:10.1001/jama.2020.6130

[38] Mark N Lurie, Joe Silva, Rachel R Yorlets, Jun Tao, Philip A Chan, Coronavirus Disease 2019 Epidemic Doubling Time in the United States Before and During Stay-at-Home Restrictions, The Journal of Infectious Diseases, Volume 222, Issue 10, 15 November 2020, Pages 1601–1606, https://doi.org/10.1093/infdis/jiaa491; The article also had a correction appended. Mark N Lurie, Joe Silva, Rachel R Yorlets, Jun Tao, Philip A Chan, Corrigendum to: COVID-19 Epidemic Doubling Time in the United States Before and During Stay-at-Home Restrictions, The Journal of Infectious Diseases, Volume 222, Issue 10, 15 November 2020, Page 1758, https://doi.org/10.1093/infdis/jiaa506

[39] Araujo MB and Naimi B (2020) Spread of SARS-CoV-2 Coronavirus Likely Constrained by Climate. medRxiv. https://www.medrxiv.org/content/10.1101/2020.03.12.20034728v3.article-info

[40] Sajadi, Mohammad M. and Habibzadeh, Parham and Vintzileos, Augustin and Shokouhi, Shervin and Miralles-Wilhelm, Fernando and Amoroso, Anthony, Temperature, Humidity and Latitude Analysis to Predict Potential Spread and Seasonality for COVID-19 (March 5, 2020). Available at SSRN: https://ssrn.com/abstract=3550308 or http://dx.doi.org/10.2139/ssrn.3550308

[41] Carson CJ, Gomez ACR, Shweta B, and Ryan SJ (2020) "Misconceptions about Weather and Seasonality Must not Misguide COVID-19 Response" Nature Communications 11: 4312. https://doi.org/10.1038/s41467-020-18150-z

> common in winter; and therefore, (3) climatic effects could be protective over space (hot, dry places might have less transmission) and time (summer might see reduced transmission compared to winter)."

This is not to say that other factors play no role, but rather that seasonality should be accounted for in any analysis of case spread. Studies decomposing lockdown effects should also account for the fact that, even in the absence of policy interventions, people change their behavior to protect themselves from disease risk if they perceive the danger from infection to be high.[42]

The best studies, which account for environmental, epidemiological, and economic factors alongside policy interventions conclude that the mortality from COVID-19 infection in different regions is not primarily driven by policy decisions like lockdowns, but rather by other factors specific to each region.[43] A comprehensive international cross-country study, analyzing data from the first eight months of the pandemic, conclude that:[44]

> Countries that already experienced a stagnation or regression of life expectancy, with high income and non-communicable disease rates, had the highest price to pay. This burden was not alleviated by more stringent public decisions. Inherent factors have predetermined the Covid-19 mortality: understanding them may improve prevention strategies by increasing population resilience through better physical fitness and immunity…The death rate appears not to be linked with the responses of governments.

In other words, countries that had a population predisposed to poor COVID-19 infection outcomes, especially countries that had an older population, tended to have worse outcomes irrespective of whatever lockdown policies they implemented.

E. What are the harms of lockdowns and governmental actions aiming to slow down the propagation of the disease on the health of the population?

While the evidence on the benefits of lockdowns is equivocal, the harms of the lockdowns are manifold and devastating. The effects on the health of populations, in particular, warrants careful attention, since they can be compared directly against the harms from COVID-19 infection. The COVID-19 lockdowns have often featured the cessation of elective and other medical services to keep hospital and health care systems available for COVID-19 patients. Naturally, patients who skip medical services will suffer adverse health consequences as a result. The empirical evidence supporting these ideas includes documentation for plummeting childhood vaccination

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[42] Yoo BK, Kasajima M, Bhattacharya J. (2020) "Public Avoidance and the Epidemiology of novel H1N1 Influenza A." National Bureau of Economic Research Working Paper #15752. DOI 10.3386/w15752. https://www.nber.org/papers/w15752

[43] Atkeson A, Kopecky K, Zha T. (2020) "Four Stylized Facts about COVID-19" National Bureau of Economic Research Working Paper #27719. DOI 10.3386/w27719. https://www.nber.org/papers/w27719

[44] De Larochelambert Q, Marc A, Antero J, Le Bourg E, and Toussaint JF. (2020) Covid-19 Mortality: A Matter of Vulnerability Among Nations Facing Limited Margins of Adaptation. Front. Public Health, 19 November 2020 | https://doi.org/10.3389/fpubh.2020.604339

rates[45], worse cardiovascular disease outcomes (in part because patients delayed necessary cardiac care)[46], less cancer screening[47 48] and deteriorating mental health[49 50 51].

Non-urgent procedures and tests were cancelled in Manitoba on March 24, 2020[52], and wait times for non-urgent MRIs and ultrasounds (such as bone density tests) are nearly triple what they were at the end of 2019.[53] Specifically regarding children's surgeries, authors writing in the Canadian Medical Association Journal reported that, "although nearly 9000 emergency and urgent surgeries were completed in Canadian children's hospitals between mid-March and June, there were an estimated 7600 surgery postponements with an additional estimated 4000 children not wait-listed owing to reduced access to consultation."[54]

In addition to the physical health harms from lockdown, there has been immense psychological harm. The social isolation induced by lockdown has led to a sharp rise in opioid and drug-related overdoses[55 56 57], similar to the "deaths of despair" that occurred in the wake of the 2008 Great Recession.[58] Social isolation of the elderly has contributed to a sharp rise in dementia-related

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[45] CDC (2020) Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. MMWR. 69(19): 591-3. https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm

[46] Ball S, Banerjee A, Berry C, et alMonitoring indirect impact of COVID-19 pandemic on services for cardiovascular diseases in the UKHeart Published Online First: 05 October 2020. doi: 10.1136/heartjnl-2020-317870

[47] Rutter MD, Brookes M, Lee TJ, et alImpact of the COVID-19 pandemic on UK endoscopic activity and cancer detection: a National Endoscopy Database AnalysisGut Published Online First: 20 July 2020. doi: 10.1136/gutjnl-2020-322179

[48] https://www.bbc.com/news/health-53300784, UK scientists warned in July that delayed cancer diagnosis and treatment due to lockdown measures could cause at least 7,000 additional deaths in the UK alone, and as many as 35,000 deaths in a worst-case scenario. If the lockdowns had the same impact in Canada, a population just less than half of the UK, 3,500 to 17,500 deaths could have occurred.

[49] Vizard T, Davis J, White E, Beynon B (2020) Coronavirus and depression in adults, Great Britain: June 2020. Office for National Statistics, UK. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020

[50] United Nations. Policy Brief: COVID-19 and the Need for Action on Mental Health. 13 May 2020. New York, New York: United Nations Sustainable Development Group, https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health

[51] Centre for Addiction and Mental Health, Mental Health in Canada, Covid-19 and Beyond: CAMH Policy Advice, July 2020, http://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf

[52] Kristin Annable, "Wait times for diagnostic tests climb in Manitoba after pandemic prompted spring shutdown", July 30, 2020, https://www.cbc.ca/news/canada/manitoba/wait-tests-manitoba-1.5667409

[53] Diagnostic Services, Bone Density Test wait times (in weeks), updated November 24, 2011, https://www.gov.mb.ca/health/waittime/historical/diagnostic.pdf

[54] Erik D. Skarsgard, Prioritizing specialized children's surgery in Canada during the COVID-19 pandemic, *CMAJ*, October 13, 2020 192 (41) E1212-E1213; DOI: https://doi.org/10.1503/cmaj.201577

[55] Public Health Ontario, Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario During the COVID-19 Pandemic, November 2020, https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en

[56] Vipal Monga, "Opioid Deaths in Canada Were Falling Then Came Coronavirus", *Wall Street Journal*, November 14, 2020 https://www.wsj.com/articles/opioid-deaths-in-canada-were-falling-then-came-coronavirus-11605368112

[57] American Medical Association (2020) Issue Brief: Reports of Increases in Opioid- and Other Drug Related Overdose and Other Concerns During COVID Pandemic. AMA Advocacy Resource Center. Oct. 31, 2020. https://www.ama-assn.org/system/files/2020-11/issue-brief-increases-in-opioid-related-overdose.pdf

[58] Case A and Deaton A (2017) Mortality and Morbidity in the 21st Century. *Brookings Papers on Economic Activity*. March 23, 2017. https://www.brookings.edu/wp-content/uploads/2017/08/casetextsp17bpea.pdf

deaths around the country.[59] For children, the cessation of in-person schooling since the spring has led to "catastrophic" learning losses[60], with severe projected adverse consequences for affected students' life spans.[61] According to a US CDC estimate, one in four young adults seriously considered suicide this past June.[62] Among 25 to 44-year-olds, the US CDC reports a 26% increase in excess all-cause mortality relative to past years, though fewer than 5% of 2020 deaths have been due to COVID-19.[63, 64]

A recent study[65] in *European Psychiatry* analyzed the psychological harms of the lockdowns in Switzerland and attempted to quantify citizens' years of life lost as a result. The authors focused on deaths caused by "suicide, depression, alcohol use disorder, childhood trauma due to domestic violence, changes in marital status, and social isolation." The authors find that the 2.1% of the population who suffered from one of these conditions would suffer nearly 9.8 years of life lost in expectation as a consequence of just a three-month lockdown. They emphasize that that their estimate is likely to be an underestimate because many of the outcomes they analyze will persist even after the lockdown ends. The authors conclude,

> The literature suggests that increased duration of confinement is associated with worse outcomes for psychological health of those confined. While some of the stress-related problems ensuing from confinement may remit, an important portion of this damage may prove to be hard or impossible to reverse and the affected individuals may experience ongoing suffering. Our projection suggests that the Swiss population will incur a substantial increase in mortality as a consequence of confinement-related psychosocial stress, which should be considered in forming public health responses to the pandemic.

While the lockdowns result in direct harms for the health of populations where they are implemented, they also have devastating indirect consequences as a result of a collapse in

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[59] Alzheimer's Impact Movement (2020) The 2020 COVID-19 Pandemic and Dementia: Deaths Above Average. https://www.scribd.com/document/483085777/Dementia-Deaths-Above-Average-State-by-State-Table

[60] Center for Research on Education Outcomes (2020) Estimates of Learning Loss in the 2019-2020 School Year. CREO Stanford University. October 2020. https://credo.stanford.edu/sites/g/files/sbiybj6481/f/short_brief_on_learning_loss_final_v.3.pdf

[61] Christakis DA, Van Cleve W, Zimmerman FJ. Estimation of US Children's Educational Attainment and Years of Life Lost Associated With Primary School Closures During the Coronavirus Disease 2019 Pandemic. JAMA Netw Open. 2020;3(11):e2028786. doi:10.1001/jamanetworkopen.2020.28786

[62] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

[63] Rossen LM, Branum AM, Ahmad FB, Sutton P, Anderson RN. Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity — United States, January 26–October 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1522–1527. DOI: http://dx.doi.org/10.15585/mmwr.mm6942e2

[64] CDC (2020) Provisional COVID-19 Death Counts by Sex, Age, and State. https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku

[65] Dominik A. Moser, Jennifer Glaus, Sophia Frangou and Daniel S. Schechter, "Years of Life Lost Due to the Psychosocial Consequences of Covid-19 Mitigation Strategies Based on Swiss Data" 19 May 2020, *European Psychiatry*, 63(1), e58, 1–7, https://doi.org/10.1192/j.eurpsy.2020.56

worldwide economic outcomes, with a particularly large and negative effect on poor countries.[66] This economic harm translates directly into health harm, as large populations are no longer able to feed themselves due to poverty. The UN estimates that an additional 130 million poor people will be at risk of starvation as a consequence of the economic collapse caused by the lockdowns – predicting a famine of "biblical" proportions.[67] Estimates suggest that an additional 400,000 people will die from inadequate tuberculosis treatment as a consequence of diversion of resources away from TB identification and treatment.[68] Vaccination campaigns in rich and poor countries that address diseases like diphtheria and polio have been suspended due to the lockdowns.[69] According to a recent editorial in the journal *Nature*, COVID-19 is "fuelling a resurgence of AIDS, malaria, and tuberculosis" around the world.[70]

F. Are the harms of the lockdowns equitably distributed?

The harms of lockdowns are unequally distributed. In the US, for instance, economists have found that only 37% of jobs in the US can be performed wholly on-line, and high-paying jobs are overrepresented among that set.[71] By declaring janitors, store clerks, meat packers, postal workers, and other blue-collar workers as "essential" workers in most states, regardless of whether they qualify as high COVID mortality risk, the lockdowns have failed to shield the vulnerable in these occupations. The same is true in Canada as well. Canada has the highest unemployment rate in the G7.[72] The impact of this unemployment has fallen most severely on younger and less well-educated workers.[73]

The economic dislocation from the lockdowns has increased the number of households where young adults who have lost their jobs co-reside with vulnerable older parents,[74] which may

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[66] Bhattacharya J and Packalen M (2020) Focused COVID-19 Restrictions will Save Lives in Poor Countries. Financial Post. July 3, 2020. https://financialpost.com/opinion/focused-covid-19-restrictions-will-save-lives-in-poor-countries

[67] Dowsett C (2020) As famines of 'biblical proportion' loom, Security Council urged to 'act fast'. UN News. April 21, 2020. https://news.un.org/en/story/2020/04/1062272

[68] McKie R (2020) Covid set to cause 400,000 surge in TB deaths as medics diverted. The Guardian. Nov. 8, 2020. https://www.theguardian.com/world/2020/nov/08/covid-set-to-cause-400000-surge-in-tb-deaths-as-medics-diverted

[69] GAVI (2020) At least 80 million children at risk of disease as COVID-19 disrupts vaccination efforts, warn Gavi, WHO and UNICEF. May 22, 2020. https://www.gavi.org/news/media-room/least-80-million-children-risk-disease-covid-19-disrupts-vaccination-efforts

[70] Nature (2020) How to stop COVID-19 fuelling a resurgence of AIDS, malaria and tuberculosis. Nature 584: 169. August 12, 2020. doi: https://doi.org/10.1038/d41586-020-02334-0

[71] Dingel JI and Neiman B (2020) How Many Jobs Can Be Done at Home? National Bureau of Economic Research Working Paper #26948. April 2020

[72] Goldsetein L (2020) We're Number One! Highest Unemployment Rate in the G7. Toronto Sun. Sept. 30, 2020. https://torontosun.com/opinion/columnists/goldstein-were-number-one-highest-unemployment-rate-in-the-g7

[73] Beland LP, Brodeur A, Mikola D, and Wright T. (2020) Here's how the coronavirus is affecting Canada's labour market. The Conversation. May 13, 2020. https://theconversation.com/heres-how-the-coronavirus-is-affecting-canadas-labour-market-137749

[74] Evandrou M, Falkingham J, Qin M, and Vlachantoni A (2020) Changing Living Arrangements, Family Dynamics and Stress During Lockdown: Evidence from Four Birth Cohorts in the UK. University of Southampton Eprint Soton. https://eprints.soton.ac.uk/443865/1/family_dynamics_during_covid_19_final.pdf

increase the risk of COVID-related death.[75] Lockdowns thus fail the test of imposing costs and conferring benefits equitably.[76]

G. What is the magnitude of the risk children pose in disease spread? Is there any rationale for lockdown related restrictions on children?

The overwhelming weight of scientific data suggests that the risk of transmission of the virus from younger people aged 18 and below to older people is small or negligible, and the risk of transmission from people 18 to 25 to older people is small relative to the risk of transmission from people older than 25 to others older than 25.

The most important evidence on childhood spread of the disease comes from a study conducted in Iceland and published in the New England Journal of Medicine.[77] The data for this study comes from Iceland's systematic screening of its population to check for the virus. This is the most important study on this topic because it is the only study that definitively establishes the direction of spread of the virus from contact to contact. The study reports on both a population-representative sample and a sample of people who were tested because of the presence of symptoms consistent with COVID-19 infection. The study team isolated SARS-CoV-2 virus samples from every positive case, sequenced the genome of the virus for every case and tracked the mutation patterns in the virus. This analysis, along with contact tracing data, allowed the study team to identify definitively who passed the virus to whom. There have been hundreds of minor mutations of the virus identified, which typically do not alter the function of the virus much, but which provide a unique fingerprint, of sorts, that makes it possible to tell whether two patients could possibly have passed the virus to one another. From this analysis, the senior author of the study, Dr. Kari Stefansson, concluded[78] that "[E]ven if children do get infected, they are less likely to transmit the disease to others than adults. We have not found a single instance of a child infecting parents. There is amazing diversity in the way in which we react to the virus."

Although the Iceland study is the only definitive study, there are a number of other studies that use contact tracing methods to investigate the role of children in disease spread. The bulk of such studies conclude that children play a small role, consistent with the Iceland data. A French study,[79] conducted by scientists at the L'Institut Pasteur, examined data from late April 2020 on schoolteachers, students, and their parents in Crepy-en-Valois in France. The schools in France

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[75] Fenoll AA & Grossbard S (2020) Intergenerational residence patterns and Covid-19 fatalities in the EU and the US, Economics & Human Biology, 39. https://doi.org/10.1016/j.ehb.2020.100934.

[76] Kulldorff M and Gupta S. (2020) Canada's COVID-19 strategy is an assault on the working class. Toronto Sun. Nov. 29, 2020. https://torontosun.com/opinion/columnists/opinion-canadas-covid-19-strategy-is-an-assault-on-the-working-class

[77] Daniel F. Gudbjartsson, Ph.D., Agnar Helgason, Ph.D., et al., *Spread of SARS-CoV-2 in the Icelandic Population*, The New England Journal of Medicine, https://www.nejm.org/doi/full/10.1056/NEJMoa2006100 (June 11, 2020).

[78] Roger Highfield, *Coronavirus: Hunting Down COVID-10*, Science Museum Group, https://www.sciencemuseumgroup.org.uk/blog/hunting-down-covid-19/ (April 27, 2020).

[79] Arnaud Fontanet, MD, DrPH, Rebecca Grant, et al., *SARS-CoV-2 Infection in Primary Schools in Northern France: A Retrospective Cohort Study in an Area of High Transmission*, Institut Pasteur, https://www.pasteur.fr/fr/file/35404/download (last visited July 9, 2020).

were closed from the end of January on, at first because of a February holiday and then the late February lockdown. The authors found three cases among kids in January using antibody tests but found no evidence of virus spread to other kids or teachers from those early cases. Any spread between the end of January and the end of April (when the authors collected samples) must have occurred during the lockdown. The kids who tested antibody positive at the end of April, because of the circumstances of the lockdown, must have become positive from a source other than their school. The main contacts of the young children were their parents, of whom 61% were positive, which is consistent with parent to child spread. Also consistent is the fact that only 6.9% of parents tested positive in April for the virus among the kids who were antibody negative. The authors' main conclusion[80] from these facts is that parents were the source of infections in school children; children were not the source. This finding mirrors the conclusion from the Icelandic study that the disease spreads less easily from children to adults than it does from adults to adults.

Researchers in Ireland conducted a similar study[81] which analyzed 1,160 children and adults in Ireland who were physically present in a school at some time between March 1st and March 13th where a COVID-19 case was identified. (Schools were closed in Ireland on March 12th). The authors found 3 children (all between 10 and 15 years old) and 3 adults who had COVID-19 infections. Their study followed students and families after the school closures to see if there was any evidence of disease spread from these identified cases. All six patients had confirmed cases of COVID-19 disease but were found to have contracted the virus from contacts outside of the school setting. Despite identifying a total of 722 contacts, the study authors reported finding no instance of an infected child infecting another child. The infected adults, by contrast, had many fewer contacts – 102 – but did pass on the infection to a few adult contacts.

A report[82] by the ministry of health in the Netherlands, based on contact tracing data, finds almost no disease spread by infected patients 20 and under at all, and only limited spread by adults 20-25 to others outside their own age category. The authors of the study concluded: "Data from the Netherlands also confirms the current understanding: that children play a minor role in the spread of the novel coronavirus. The virus is mainly spread between adults and from adult family members to children. The spread of COVID-19 among children or from children to adults is less common."

A German[83] study reports a strikingly similar finding on the likelihood of pediatric disease spread. The German Society for Pediatric Infectious Diseases collected on all children and adolescents admitted to a hospital for COVID-19 treatment between mid-March and early May 2020 – 128 patients in all, admitted to 66 different hospitals. The authors were able to find the

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[80] *COVID-19 In Primary Schools: No Significant Transmission among Children or From Students to Teachers,* Institut Pasteur, https://www.pasteur.fr/en/press-area/press-documents/covid-19-primary-schools-no-significant-transmission-among-children-students-teachers (June 23, 2020).

[81] Laura Heavey, Geraldine Casey, et al., *No Evidence of Secondary Transmission of COVID-19 from Children Attending School in Ireland, 2020,* Eurosurveillance, https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000903#html_fulltext (May 28, 2020).

[82] *Children and COVID-19,* National Institute for Public Health and the Environment, https://www.rivm.nl/en/novel-coronavirus-covid-19/children-and-covid-19 (July 2, 2020).

[83] Armann, J. P., Diffloth, N., Simon, A., Doenhardt, M., Hufnagel, M., Trotter, A., Schneider, D., Hübner, J., & Berner, R. (2020). Hospital Admission in Children and Adolescents With COVID-19. Deutsches Arzteblatt international, 117(21), 373–374. https://doi.org/10.3238/arztebl.2020.0373

source of infection for 38% of these patients, which turned out to be a parent 85% of the time. Though the authors document a limitation of small sample size, they conclude that "In contrast to other epidemic viral respiratory infections, the primary source of infection with SARS-CoV-2 appears not to be other children." The authors reported a single death among these 128 pediatric patients.

One of the largest studies in the world on coronavirus in schools, carried out in 100 institutions in the UK, recently confirmed that "there is very little evidence that the virus is transmitted" in schools.[84] Indeed, the president of the Royal College of Pediatrics and Child Health and a member of the government advisory group Sage confirmed that "there is very little evidence that the virus is transmitted in schools" based on this extensive study.

A study of 23 family disease clusters in Greece, published on Aug. 7th in the *Journal of Medical Virology*, found that in 91% of the clusters, an adult was the first person to be infected. Their contact tracing effort attempted to clarify the direction of disease spread by careful questioning about the relative timing of the development of symptoms. They found no evidence of either child to adult spread, or even of child to child spread. They concluded that "[w]hile children become infected by SARS-CoV-2, they do not appear to transmit infection to others. Furthermore, children more frequently have an asymptomatic or mild course compared to adults."[85]

A study by the Federal Office of Public Health of Switzerland analyzed 793 cases reported by Swiss doctors in late July 2020.[86] The reports included the place where each patient most likely contracted the infection. The most common source of infection was at home, with 27.2% tracing their disease there. School, by contrast, consisted of only 0.3% of the infections; exactly two of the 793 cases could be tracked to a school. There are some limitations though of this study: first, it is a contact tracing study without genetic sequencing verification so the usual caveat applies; and second, the report provides no details about the age of the cases, so it is not possible to separately glean the disease acquisition frequencies for children and adults; and third, only summer schools were in session during this time period. Nevertheless, the results strongly suggest that schools are a minor source of community spread of the infection.

A recent South Korean contact tracing study[87] was cited in the New York Times as providing evidence that "Older Children Spread the Coronavirus Just as Much as Adults." Contrary to the interpretation of the NYT headline, the pattern of evidence reported in the study does not imply that older children spread the coronavirus as much as adults. A follow-on paper on South Korean case study, reanalyzing the same data set, the same patients, and published in the *Archives of*

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[84] Sian Griffiths, *Pupils pose little risk of spreading COVID*, The Sunday Times (Aug. 9, 2020), available at https://www.thetimes.co.uk/article/pupils-pose-no-risk-of-spreading-covid-27q6zfd9l.

[85] Helena C. Maltezou Rengina Vorou Kalliopi Papadima, et al. (2020) "Transmission dynamics of SARS-CoV-2 within families with children in Greece: a study of 23 clusters" Journal of Medical Virology, https://doi.org/10.1002/jmv.26394 (accessed August 12, 2020).

[86] Office fédéral de la santé publique OFSP (2020) "Rectificatif : les lieux de contamination sont les contextes familiaux et non les boîtes de nuit" Aug. 2, 2020. available at https://www.bag.admin.ch/bag/fr/home/das-bag/aktuell/news/news-02-08-2020.html

[87] Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. "Contact tracing during coronavirus disease outbreak, South Korea, 2020," *Emerg Infect Dis.* (Oct. 2020), available at https://doi.org/10.3201/eid2610.201315 (accessed online July 27, 2020).

Disease in Childhood, clarified the direction of transmission of disease by focusing only on cases without "shared exposure" to a positive case.[88] The idea in this reanalysis paper is to exclude from consideration situations where two people who are infected share a third contact who is also infected, since it is possible that third contact infected both the original two people. Using this method, the authors found a single case (out of 107 pediatric index cases and 248 household members who also tested positive) of a child passing on the disease to another household member – another child. They find no instances of a child passing the disease to an adult.

This reanalysis of the South Korean paper is instructive, and the lesson should be clear. Correlation studies and anecdotes that do not distinguish the direction of spread of disease provide no information whatsoever about the safety (or lack thereof) of school reopening. In every single instance, when a more careful analysis that identifies the direction of spread (such as this South Korean study) is conducted, the analysis finds that children pose a negligible risk of spreading the disease to adults, both at school and at home.

There are other contact tracing-based studies that have attempted to reach conclusions about the role of children in spreading the epidemic that suffer from the same problem as the original South Korean study referenced above. For instance, a pre-print study from the Italian province of Trento[89] reported on 2,812 cases who reported 6,690 contacts. Though there were only 14 children among these cases, the authors nevertheless conclude that they transmitted the disease at a high rate, infecting 11 of their 49 contacts, nearly all within the same household. This represents only a small fraction of cases and contacts the authors analyzed, so numerically it is incorrect to conclude that children played a key role in the spread of the epidemic. Furthermore, unlike the Icelandic study, the Italian study cannot distinguish a child infecting a contact from the contact infecting the child. To my knowledge, nearly every contact-tracing based study of the role of children in the epidemic – with the Icelandic study and reanalysis of the South Korean study cited above as notable exceptions – suffers from this same problem.

A recent report, published in the *Journal of Pediatrics* and entitled "Pediatric SARS-CoV-2: Clinical Presentation, Infectivity, and Immune Responses", measured the concentration of the SARS-CoV-2 virus in the nasopharynx of children who showed symptoms consistent with COVID-19 infection.[90] The report found that the viral load in pediatric patients with symptoms (typically mild symptoms) was higher than adult hospitalized patients with severe COVID-19 disease. This is consistent with reports from earlier in the epidemic, which found similarly high viral loads in children.[91] Many news media reports of the *Journal of Pediatrics* study extrapolated beyond the results of the study, with alarming headlines saying that children are

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[88] Kim J, Choe YJ, Lee J, et al., *Role of children in household transmission of COVID-19*, ARCHIVES OF DISEASE IN CHILDHOOD (August 7, 2020), available at doi: 10.1136/archdischild-2020-319910

[89] Pirous Fateh-Moghadam, Laura Battisti, Silvia Molinaro, Steno Fontanari, Gabriele Dallago, Nancy Binkin, Mariagrazia Zuccali (2020) "Contact tracing during Phase I of the COVID-19 pandemic in the Province of Trento, Italy: key findings and recommendations" medRxiv preprint, DOI: https://doi.org/10.1101/2020.07.16.20127357. (accessed online Aug. 6, 2020)

[90] Lael Yonker et al. (2020) "Pediatric SARS-CoV-2: Clinical Presentation, Infectivity, and Immune Responses." *The Journal of Pediatrics* DOI: 10.1016/j.jpeds.2020.08.037 https://www.jpeds.com/article/S0022-3476(20)31023-4/fulltext

[91] Terry C Jones et al. (2020) "An Analysis of SARS-CoV-2 Viral Load by Patient Age" medRxiv. doi:https://doi.org/10.1101/2020.06.08.20125484. https://www.medrxiv.org/content/10.1101/2020.06.08.20125484v1

"silent spreaders" of SARS-CoV-2.[92]

These media reports are misleading because the presence of virus in the nasopharynx is not synonymous with the transmissibility of the virus. The PCR test which checks for the presence of the virus registers false positive results in the presence of non-viable, non-infectious, viral particles.[93,94,95] So even a high viral load is not evidence of infectivity.[96] The *Journal of Pediatrics* study itself appropriately lists the fact that their study does not assess the transmissibility of the virus as a limitation of the study. The only way to check for infectivity is to conduct a careful study of actual transmission of the virus, of the sort reported in the Icelandic contact tracing/viral mutation analysis referenced earlier.[97]

Another approach to this topic involves analyzing the effect of actual school closures on the spread of the epidemic within a country. If children play a role as a key vector of the epidemic, then one would expect that countries that closed schools would see a significant effect of this policy on disease spread. In fact, the opposite is the case. Studies from around the world that have examined school closures (including Japan[98], New South Wales[99], and Sweden/Finland[100]) find little or no effect of school closure on disease spread. The studies encompass closures of both elementary schools and high schools. A study[101] analyzing the Swedish experience concluded that there was there was no additional risk to elderly people cohabiting with school age children up to age 16, despite the fact that Swedish schools were kept open throughout the epidemic. A systematic review of this evidence[102] concluded that even though it may be possible for children to be infected with the virus and even transmit it, "[o]pening up schools and

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[92] Science Daily (2020) "Researchers show children are silent spreaders of virus that causes COVID-19" Press release, August 20, 2020. https://www.sciencedaily.com/releases/2020/08/200820102442.htm

[93] Kucirka LM, Lauer SA, Laeyendecker O, et al. (2020) Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction–Based SARS-CoV-2 Tests by Time Since Exposure. *Annals of Internal Medicine.* https://doi.org/10.7326/M20-1495

[94] Lan L, Xu D, Ye G, et al. (2020) Positive RT-PCR Test Results in Patients Recovered From COVID-19. JAMA. 2020;323(15):1502–1503. doi:10.1001/jama.2020.2783

[95] Cohen AN, Kessel B (2020) False positives in reverse transcription PCR testing for SARS-CoV-2. medRxiv 2020.04.26.20080911; doi: https://doi.org/10.1101/2020.04.26.20080911. Accessed 7/22/2020.

[96] Gavin Joynt and William Wu (2020) "Understanding COVID-19: what does viral RNA load really mean?" Lancet Infectious Diseases 20(6): P635-6. DOI:https://doi.org/10.1016/S1473-3099(20)30237-1 https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30237-1/fulltext

[97] Daniel F. Gudbjartsson, Ph.D., Agnar Helgason, Ph.D., et al., Spread of SARS-CoV-2 in the Icelandic Population, The New England Journal of Medicine, https://www.nejm.org/doi/full/10.1056/NEJMoa2006100 (June 11, 2020).

[98] Kentaro Iwata, Asako Doi, and Chisato Miyakoshi (2020) "Was school closure effective in mitigating coronavirus disease 2019 (COVID-19)? Time series analysis using Bayesian inference" *International Journal of Infectious Diseases*. DOI: https://doi.org/10.1016/j.ijid.2020.07.052 (accessed online Aug. 6, 2020).

[99] Kristine Macartney, Helen Quinn, Alexis Pillsbury, et al. (2020) "Transmission of SARS-CoV-2 in Australian Educational Settings: A Prospective Cohort Study" *The Lancet Child & Adolescent Health*. DOI: https://doi.org/10.1016/S2352-4642(20)30251-0 (accessed online Aug. 6, 2020)

[100] Public Health Agency of Sweden (2020) "COVID-19 in Schoolchildren: A Comparison between Finland and Sweden" https://www.folkhalsomyndigheten.se/contentassets/c1b78bffbfde4a7899eb0d8ffdb57b09/covid-19-school-aged-children.pdf (accessed online Aug. 6, 2020)

[101] Brandén, Maria; Aradhya, Siddartha; Kolk, Martin; Härkönen, Juho; Drefahl, Sven; Malmberg, Bo; et al. (2020): Residential Context and COVID-19 Mortality among the Elderly in Stockholm: A population-based, observational study. Stockholm Research Reports in Demography. Preprint. https://doi.org/10.17045/sthlmuni.12612947.v1 (accessed online Aug. 6, 2020)

[102] Jonas Ludvigsson (2020) "Children are Unlikely to be the Main Drivers of the COVID-19 Pandemic – A Systematic Review" *Acta Paediatrica*, DOI: 10.1111/apa.15371 (accessed online Aug. 6, 2020).

kindergartens is unlikely to impact COVID-19 mortality rates in older people."

One purported counterexample to this evidence that has received widespread attention involves the reopening of school in Israel in the early summer.[103] While the Israeli opening of schools is cited as a counter-example to the many other studies showing the negligible risk of transmitting COVID-19 by children, the Israeli reports suggest it was a unique circumstance, with children crowded into a small closed space and few precautions taken against disease spread. The New York Times story cited above provides an illustrative anecdote of symptomatic teachers passing the virus to their students. And the primary source of disease spread at the Gymnasia Rehavia high school was a single symptomatic teacher infecting colleagues and students. Contemporary reports, which emphasize the success of Israel in controlling the epidemic, suggest that Israelis reduced adherence to other mitigation measures as well. The cases that arose in Israeli schools are more likely a reflection of pre-existing community spread of the virus than a cause.

Thus, with no careful study to back it, and several lines of evidence that complicate any causal inference, the role of school opening in the resurgence of COVID-19 cases in Israel is not established. If there is a lesson to be learned, it is that schools can be opened safely for in-person learning if reasonable precautions – specific to the circumstances of each school – are taken. In the Israeli case, as with much of the anecdotal evidence cited, no viral sequencing analysis was conducted to verify the direction of disease spread. A report in *Science* emphasizes that no causal connection should be inferred from the correlation between Israeli school openings and the rise in cases there: "In Israel, infections among children increased steadily after schools opened. That paralleled a rise in cases nationwide, but it's not clear whether the country's rising caseload contributed to the increase within schools or vice versa."

A large study of 1,900 children attending an urban summer schools in Barcelona, Spain over a five-week period found only 39 new index cases (30 pediatric).[104] The setting was chosen because the investigators viewed it as a model for what to expect from school openings in the fall. These kids had 253 contacts in total, of whom, only 12 developed an infection – a secondary attack rate of 4.7%. The low secondary attack rate was similar for children of all ages attending the programs, ranging up to 17 years-old. The investigators attributed the success in controlling the spread of the disease to frequent hand washing by the children and to organizing the children into "bubbles" so that the kids interacted with the same group of children all day long.

A recent and comprehensive official report by Public Health England of the role of English schools, which were reopened on June 1, 2020 despite high community case numbers, in spreading the pandemic.[105] The author of this report found that cases and outbreaks were "uncommon across all educational settings" and that "[s]taff members had an increased risk of

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[103] Isabel Kershner and Pan Belluck (2020) "When COVID Subsided, Israel Reopened Its Schools. It Didn't Go Well." New York Times. Aug. 4, 2020. https://www.nytimes.com/2020/08/04/world/middleeast/coronavirus-israel-schools-reopen.html (Accessed online Aug. 6, 2020)

[104] Oriel Guell (2020) *Major coronavirus study in Spanish summer camps shows low transmission among children.* El Pais. (Aug. 26, 2020) available at https://english.elpais.com/society/2020-08-26/major-coronavirus-study-in-spanish-summer-camps-shows-low-transmission-among-children.html

[105] Sharif Ismail et al. (2020) "SARS-CoV-2 infection and transmission in educational settings: cross-sectional analysis of clusters and outbreaks in England" Public Health England, Aug. 12, 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911267/School_Outbreaks_Analysis.pdf

SARS-CoV-2 infections compared to students in any educational setting, and the majority of cases linked to outbreaks were in staff." In response to this study, UK education minister Gavin Williamson said "The latest research, which is expected to be published later this year – one of the largest studies on the coronavirus in schools in the world – makes it clear there is little evidence that the virus is transmitted at school."[106]

The overwhelming bulk of scientific studies that have examined the topic – including the best studies, which take pains to distinguish correlation from causation – find that children play a limited role in spreading COVID-19 infection to adults and that children themselves face minimal risk of poor outcomes if they should become infected.

In summary, Canadian responses to the epidemic have included many limitations on the activities of children, including but not limited to closures of schools, limitations to in class teaching, restrictions on Bible camps and Bible studies, suspension or limitations of sports and activities, and limitations to contacts with friends. Given the evidence cited here, these policies are inconsistent with the principle that public health decisions must be grounded in good scientific evidence.

H. Do Restrictions on the Activities of Young Adults Play an Important Role in Disease Spread? Do Young adults face particular harms from the lockdown restrictions?

Unlike children, young adults who are infected – especially early in infection – spread disease as efficiently older adults. However, they are harmed by infection much less than older adults. Young adults face a very low mortality risk from COVID-19 infection – an infection survival rate of 99.98% for people aged 20-49, according the US CDC.[107]

By contrast, young adults face enormous harm from lockdowns. Indicators of psychological harm have also increased sharply in prevalence in this group. According to a US CDC survey, one in four young adults aged 18 to 24 seriously considered suicide.[108] Similarly, a Canadian Mental Health Association survey found that nearly 1 in 5 (19%) young adults in that age group had suicidal thoughts.[109] The survey also found that 60% of young adults aged 18 to 24 surveyed said that their mental health had seriously deteriorated since March 2020. Other harms include lost educational opportunities with colleges and universities shutting down or providing only online classes and catastrophically high unemployment and economic dislocation.[110] Ironically,

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[106] Peter Walker (2020) "Little Evidence COVID Spreads in Schools, says Gavin Williamson" *The Guardian*, Aug. 10, 2020. https://www.theguardian.com/world/2020/aug/10/little-evidence-covid-spreads-in-schools-says-gavin-williamson

[107] COVID- 19 Pandemic Planning Scenarios, Centers for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html.

[108] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

[109] Mental Health Impacts of Covid-19, Wave 2: Canadian Mental Health Association & University of British Columbia Survey, December 3, 2020

[110] Sharp A. (2020) Youth unemployment rate spikes amid pandemic. Canada's National Observer. May 8, 2020. https://www.nationalobserver.com/2020/05/08/news/youth-unemployment-rate-spikes-amid-pandemic

the lockdowns themselves have thus increased the risk of COVID-19 faced by older populations by increasing the number of households where young adults who have lost their jobs co-reside with vulnerable older parents[111], which increases the risk of COVID-related death.[112]

For young adults then, the harms from lockdowns are substantially greater than the harms from COVID. Viewed as a medical treatment, lockdowns imposed on younger populations violates the ethical principle that medical actions should do no harm to the patient. Unlike, chemotherapy for cancer, which induces a short-term harm to a patient in exchanges for a potential longer-term benefit, lockdowns cause long lasting harm to young adults with little to no long-lasting benefit.

I. Can religious services be held safely? Are there particular benefits that derive from communal singing?

Religious activity is essential to a meaningful life for many Canadians, and the free exercise of religion is guaranteed by the Canadian Constitution. Because assembly for religious practice is so important to so many, rather than recommending that religious assembly be canceled during the pandemic, the World Health Organization has provided guidance for religious assembly in the context of COVID-19.[113] The US CDC provides similar guidance and is instructive in the North American context.

The CDC guidance for communities of faith starts by recognizing the particular importance that religious communities should be permitted to gather for worship.[114] The CDC document cites the US First Amendment right to the free exercise of religion and reminds state and local authorities to account for this right in decision making about permitting religious communities to meet. Similar guarantees are present in the Canadian Constitution, as these involve fundamental human rights.

The recommendations in the CDC guidance include: (1) communication with local public health authorities regarding in person service plans; (2) protection for staff who are at higher risk for severe illness, including older staff members and those with underlying medical conditions; (3) encouragement of the congregation and staff to engage in hygienic hand washing practices; (4) encourage the congregation and staff to wear masks when social distancing is difficult, (5) promote six-foot social distancing during worship and reduce physical contact (shaking hands, hugging); (6) disinfection and cleaning of the worship space before and after each service; (7) minimize sharing of worship materials and shared food; (8) encourage staff and congregants with

[111] Evandrou M, Falkingham J, Qin M, and Vlachantoni A (2020) Changing Living Arrangements, Family Dynamics and Stress During Lockdown: Evidence from Four Birth Cohorts in the UK. University of Southampton Eprint Soton. https://eprints.soton.ac.uk/443865/1/family_dynamics_during_covid_19_final.pdf

[112] Fenoll AA & Grossbard S (2020) Intergenerational residence patterns and Covid-19 fatalities in the EU and the US, Economics & Human Biology, 39. https://doi.org/10.1016/j.ehb.2020.100934.

[113] World Health Organization (2020) Practical Considerations and Recommendations for Religious Leaders and Faith-Based Communities in the Context of COVID-19. https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19

[114] US Centers for Disease Control (2020) Considerations for Communities of Faith. https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html

symptoms consistent with COVID-19 infection or at high mortality risk given infection (e.g. elderly congregants and those with relevant comorbid conditions) to stay home; and (9) post signs and messages to communicate information about practices that can lead to disease spread. The CDC document is pointedly silent on singing during worship and does not make any explicit recommendations regarding communal singing. These guidelines require social distancing, which can reduce the likelihood of disease spread, but do not require a limitation to a fixed number of people in a service regardless of the size of the church, which has no scientific justification.

By following these guidelines, churches, mosques, synagogues, and other religious assemblies can safely hold indoor worship services, with minimal effect on the spread of COVID-19 disease.

The overwhelming evidence that church attendance provides psychological benefits for attendees should be considered against the cost of a marginal increase in disease spread (a harm that can be mitigated by following safety protocols). A comprehensive meta-analysis of the literature found evidence of improved mental health from religiosity (typically defined to encompass church attendance).[115] This is consistent with the broader literature on the psychological benefits of membership in voluntary associations as way to alleviate psychological distress.[116] The evidence suggesting psychological benefits of church attendance (including reductions in rates of depression) are particularly strong for adolescents.[117] Church attendance reduces stress and allostatic load (a term indicating stress endured over a long period of time),[118] which can cause both psychological and physical harms, including higher incidence of chronic disease and higher mortality.[119] There is also evidence in the medical literature regarding the particular psychological benefits provided by communal singing in the process of worship.[120] Communal singing provides a sense of belonging and connectedness that is crucially important in the life of many believers, with measurable effects on mental health.[121,122,123]

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[115] Hackney, C. H., & Sanders, G. S. (2003). Religiosity and Mental Health: A Meta-Analysis of Recent Studies. Journal for the Scientific Study of Religion, 42(1), 43–55. https://doi.org/10.1111/1468-5906.t01-1-00160

[116] Rietschlin, J. (1998). Voluntary Association Membership and Psychological Distress. Journal of Health and Social Behavior, 39(4), 348–355. https://doi.org/10.2307/2676343

[117] Demir, M., & Urberg, K. A. (2004). Church attendance and well-being among adolescents. Journal of Beliefs and Values, 25(1), 63–68. https://doi.org/10.1080/1361767042000198951

[118] Bruce, M. A., Martins, D., Duru, K., Beech, B. M., Sims, M., Harawa, N., Vargas, R., Kermah, D., Nicholas, S. B., Brown, A., & Norris, K. C. (2017). Church attendance, allostatic load and mortality in middle aged adults. PLOS ONE, 12(5), e0177618. https://doi.org/10.1371/journal.pone.0177618

[119] Juster, R. P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. In Neuroscience and Biobehavioral Reviews (Vol. 35, Issue 1, pp. 2–16). Pergamon. https://doi.org/10.1016/j.neubiorev.2009.10.002

[120] Shakespeare T & Whieldon A (2017) Sing Your Heart Out: community singing as part of mental health recovery. *Medical Humanities*, 44(3) http://dx.doi.org/10.1136/medhum-2017-011195

[121] Clift S , Hancox G , Morrison I , et al . Choral singing and psychological wellbeing: quantitative and qualitative findings from English choirs in a cross-national survey. *J Applied Arts & Health* 2010;1:19–34.doi:10.1386/jaah.1.1.19/1

[122] Clift S , Morrison I . Group singing fosters mental health and wellbeing: findings from the East Kent 'singing for health' network project. *Mental Health and Social Inclusion* 2011;15:88–97.doi:10.1108/20428301111140930

[123] Livesey L , Morrison I , Clift S , et al . Benefits of choral singing for social and mental wellbeing: qualitative findings from a cross-national survey of choir members. *J Public Ment Health* 2012;11:10–26.doi:10.1108/17465721211207275

Of course, the spiritual benefits of in-person religious observance are personal to every member of the religious communities and should not be discounted even if they are not discretely measurable in terms of health benefits. For many believers, faith provides purpose in life.

J. Can restaurants and bars be opened safely to customers? Are there particular benefits that derive from eating in community?

Manitoba is the home to a vibrant restaurant and food service industry, including countless eateries, bars, and cafes. It is an important industry that provides entrepreneurial and employment opportunities that benefit the people of Manitoba in many ways, including providing psychologically important opportunities to eat together with friends and family. These facilities remain closed throughout Manitoba. These closure orders are not scientifically justified.

If restaurants, bars, etc. adhere to basic safety protocols promulgated by public health agencies throughout Canada (the protocols in summer/fall 2020 in Alberta are a typical example[124]), they can operate with in-person service safely. The recommendations include the following (among other items not listed here): (1) discourage patrons from congregating together while waiting for seating; (2) limit party size at tables and require a 2 metre distance between each dining party; (3) provide for physical barriers between tables when 2 metre distance is impossible; (4) use contactless payments and avoid cash payments where possible; (5) clean menus between uses or use paper menus; (6) avoid singing, or provide physical distancing between singers and patrons; (7) all employees must wear acceptable face covering at all times; (8) frequent sanitizing of surfaces, (9) encourage symptom checking of potential patrons and do not serve patrons who have symptoms consistent with COVID-19 disease.

In New York City, where a similar set of recommendations was in place for restaurants and bars, restaurants which were permitted to operate for in-person dining (until a new closure order[125] was put in place effective Dec. 14, 2020), a detailed contact tracing report found that restaurants and bars in New York City only account for 1.4% of the COVID spread. In that study, private gatherings at home account for 74% of the COVID spread.[126]

This finding should not be surprising. The evidence on the sharply lower frequency of disease spread by asymptomatic individuals (see Section B above) means that the vast majority of people visiting a restaurant pose no risk whatsoever for spreading the disease to fellow restaurant patrons, even if they happen to carry the virus. The main set of people who pose a risk of disease spread are symptomatic patients during the first eight days of infection. Requiring a

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[124] Alberta Public Health (2020) COVID-19 Information: Guidance for restaurants, cafes, pubs, and bars. September 2020.

[125] Klein C. (2020) New York City Indoor Dining Will Shut Down Again. *Intelligencer*. Dec. 11, 2020. https://nymag.com/intelligencer/2020/12/new-york-city-indoor-dining-to-shut-down-again-over-covid-19.html

[126] Adams E and Warerkar T (2020) Restaurants and Bars Account for 1.4 Percent of COVID-19 Spread in New York. Dec. 11, 2020. https://ny.eater.com/2020/12/11/22169841/restaurants-and-bars-coronavirus-spread-data-new-york

symptom check at the restaurant door is a much less onerous imposition than banning in-person dining altogether and will have about the same impact on disease spread.

Against these data regarding the negligible risks of COVID-19 transmission in indoor dining (in a restaurant following guidelines) should be considered the substantial evidence that social eating provides significant and tangible psychological and physiological benefits for diners that are lost through the imposition of such scientifically and epidemiologically unjustified blanket and untargeted bans. Those who eat socially more often feel happier and are more satisfied with life, are more trusting of others, are more engaged with their local communities, and have more friends they can depend on for support; path analysis suggests that the causal connection runs from eating together to bondedness rather than the other way around.[127] And a comprehensive survey of 17,612 men and 19,581 women over the age of 65 found that eating alone has been linked to a higher incidence of depression among adults, particularly those who live alone.[128] Eliminating the possibility of indoor dining, no matter the precautions taken, reduces or eliminates these important benefits.

K. Can gyms, martial arts studios, and other venues offering opportunities for physical activities open with minimal risk of disease spread? Are there particular benefits to health that derive from access to such facilities?

Gyms, martial arts studios, dance studios, and other venues offering opportunities physical activities are important to many Canadians as a way of staying physically fit and healthy. Despite the importance of these venues to public health, in much of Canada, Manitoba included, the lockdown orders have ordered them to stay closed for extended periods during the past months. These orders are unjustified.

To my knowledge the public health authorities in Manitoba have provided no studies – based on contact tracing or other data – to document that gyms and other such venues pose a risk of disease spread. There is one report of a "super-spreader" event that occurred in a gym in Ontario in October.[129] In that case, there was a spinning class, with stationary bicycles with wheels that in theory could aerosolize the virus. If that is true, the right remedy is to limit indoor spin classes or require physical barriers between bicycles, not to shutter gyms and fitness venues altogether. The CBC story reporting on this event cited one infectious disease expert who admitted that gyms are not high-risk environments:

> Dr. Ilan Schwartz, an infectious disease expert with the University of Alberta, said spin classes may pose more risk than other group settings because of the bikes themselves. In theory, the rapidly spinning wheels could aerosolize droplets

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[127] (Dunbar, *Breaking Bread: the Functions of Social Eating, Adaptive Human Behavior and Physiology* (*available at* https://link.springer.com/article/10.1007/s40750-017-0061-4)).

[128] Tani, et al, *Eating alone and depression in older men and women by cohabitation status: the JAGES longitudinal survey, Age Ageing* 44(6) 1019-1026 (2015) (*available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4621239/).

[129] Zuber MC. (2020) Heavier breathing, spewing droplets, poor ventilation add to gyms' superspreading risk. CBC. October 15, 2020. https://www.cbc.ca/news/health/gyms-superspreading-events-covid-19-1.5763297

by flinging them farther distances.

"I haven't seen any studies of this, but theoretically it makes sense," he said.

"I think going to the gym isn't necessarily high-risk, unless individuals are close together and there's poor ventilation. But there might be specific circumstances that could make it higher-risk, where something with fast, moving parts [or] a rapidly moving fan can generate aerosols as well."

Compared with this sort of anecdotal evidence, there are more systematic data from other localities that suggest that physical fitness centers play a limited role in disease spread.[130] In a study published in *Nature* analyzing the association between mobility of populations, super-spreader events and disease risk, the authors conclude that restricting occupancy in public venues is the best approach to limiting the risk of disease spread, while lockdowns aimed at general mobility restrictions work less well.[131] They find that fitness centers do not pose a very high risk of disease spread relative to other public venues.

Second, guidelines disseminated by public health agencies around Canada provide discrete steps that fitness centers can take to reduce the risk of spread of the disease at these centers.[132] These steps include physical distancing requirements, physical barriers, ventilation requirements, symptom checking, cleaning requirements, and face masks when physical distancing is impossible. Given the findings in the scientific literature, these requirements – if implemented appropriately – are sufficient to limit the probability of disease spread at fitness centers.

Third, closing fitness centers reduces the ability of the population to engage in activities that maintain physical fitness, and thus increase the risk of poor outcomes if a COVID-19 infection were to occur. For example, obesity is a risk factor for mortality from COVID-19 infection. Regular exercise is essential for patients with type 2 diabetes[133] or cardiovascular disease[134] to maintain their health. Exercise also provides people with anxiety, depression, and stress-related disorders with an important avenue to address these problems.[135, 136] The negligible benefits of

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[130] UK Office for National Statistics (2020) Which occupations have the highest potential exposure to the coronavirus (COVID-19)? May 11, 2020. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialexposuretothecoronaviruscovid19/2020-05-11

[131] Chang S, Pierson E, Koh PW, Gerardin J, Redbird B, Grusky D, Leskovec J. Mobility network models of COVID-19 explain inequities and inform reopening. Nature. 2020 Nov 10. doi: 10.1038/s41586-020-2923-3. Epub ahead of print. PMID: 33171481.

[132] Government of Canada (2020) Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada. October 15, 2020. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html#_Community_gathering_spaces

[133] Kirwan JP, Sacks J, Nieuwoudt S. The essential role of exercise in the management of type 2 diabetes. Cleve Clin J Med. 2017 Jul;84(7 Suppl 1):S15-S21. doi: 10.3949/ccjm.84.s1.03. PMID: 28708479; PMCID: PMC5846677.

[134] Nystoriak MA and Bhatnagar A (2020) Cardiovascular Effects and Benefits of Exercise. Front. Cardiovasc. Med., 28 September 2018 | https://doi.org/10.3389/fcvm.2018.00135

[135] Craft, Lynette L., and Frank M. Perna. "The Benefits of Exercise for the Clinically Depressed." Primary care companion to the Journal of clinical psychiatry vol. 6,3 (2004): 104-111. doi:10.4088/pcc.v06n0301

closing fitness centers in terms of slowing disease spread should be balanced against the health benefits of these centers for people who frequent them.

In summary, if fitness centers take standard precautions as recommended by Canadian public health agencies (symptom checking, good ventilation, physical barriers, etc.) the risk of COVID-19 disease spread from their operation is small. The most comprehensive studies confirm that fitness centers play a small role in disease spread. And finally, there are considerable harms to health – both physical and psychological health – from reducing the availability of venues for physical fitness for the population.

L. Do other measures exist that would achieve the goal of the government to protect the population from Covid-19, but that would have less or no impairments on the freedoms and liberties of the population? If yes, what are they?

Yes. The Great Barrington Declaration, of which I am a primary coauthor, describes an alternate policy of focused protection. This policy would lead to less COVID-related death and less non-COVID related deaths than the current government policy. The co-authors of the Declaration include Prof. Martin Kulldorff of Harvard University and Prof. Sunetra Gupta of Oxford University. Over 12,000 epidemiologists and public health professionals, and 35,000 medical professionals have co-signed the declaration. The text of the Great Barrington Declaration is copied immediately below.[137]

> "As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.
>
> Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.
>
> Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.
>
> Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the

[136] Stubbs B, Vancampfort D, Rosenbaum S, Firth J, Cosco T, Veronese N, Salum GA, Schuch FB. An examination of the anxiolytic effects of exercise for people with anxiety and stress-related disorders: A meta-analysis. Psychiatry Res. 2017 Mar;249:102-108. doi: 10.1016/j.psychres.2016.12.020. Epub 2017 Jan 6. PMID: 28088704.
[137] Bhattacharya J, Gupta S, Kulldorff M (2020) Great Barrington Declaration. https://gbdeclaration.org

young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity."

The Great Barrington Declaration provides concrete suggestions for a strategy of focused protection. This includes a (non-comprehensive) suite of policies aimed at protecting people who are particularly vulnerable (e.g. the elderly) to mortality from COVID-19 infection. These policies differ depending on the particular living situation of vulnerable people. The current policies have failed to protect the vulnerable, as is evidenced by the large fraction of the COVID-19 deaths among the elderly in Canada. There have been many unnecessary deaths, and especially among the urban working class and poor.[138] Concrete examples of these failures include:

[138] Kulldorff M and Gupta S (2020) Canada's COVID-19 strategy is an assault on the working class. Toronto Sun. Nov. 29, 2020. https://torontosun.com/opinion/columnists/opinion-canadas-covid-19-strategy-is-an-assault-on-the-working-class

- Requiring older "essential" workers and members of the working class that cannot afford not to work to be put in work situations where they may be exposed to the virus.
- Failure to protect nursing home residents from exposure to the virus from staff members, visitors, and other residents.[139]
- No provision for elderly people living in multi-generational homes to be shielded should a family member be exposed to the virus.

Focused protection of the vulnerable provides a better alternative to lockdown to protect the vulnerable. Below, in Section N, I outline ideas for focused protection.

In summary, the Great Barrington Declaration offers a policy alternative to lockdowns that reduces COVID-19 related mortality among the vulnerable via overwhelming resources devoted to focused protection where they live. For the non-vulnerable, the lifting of lockdowns provides an enormous benefit for physical and psychological health – including mortality risk – that offsets the harm from potential COVID-19 infection.

M. Is there immunity obtained after being infected and cured from Covid-19?

The scientific evidence is overwhelming that there is lasting immunity after SARS-CoV-2 infection among people who recover from the infection.

First, SARS-CoV-2 is a coronavirus and humans have been exposed to coronaviruses for millenia. Immunologists reviewing this evidence of immunity after coronavirus infection argue that we should use this knowledge to set prior expectations about human immune response to SARS-CoV-2 infection, and these priors suggest a robust and long-lasting immune response. In the *Journal of Immunology*, immunologist Nicole Baumgarth and her colleagues write:[140]

> "[W]e argue that the normal cadence by which we discuss science with our colleagues failed to properly convey likelihoods of the immune response to SARS-CoV-2 to the public and the media. As a result, biologically implausible outcomes were given equal weight as the principles set by decades of viral immunology. Unsurprisingly, questionable results and alarmist news media articles have filled the void. We suggest an emphasis on setting expectations based on prior findings while avoiding the overused approach of assuming nothing. After reviewing Ab-mediated immunity after coronavirus and other acute viral infections, we posit that, with few exceptions, the development of protective humoral immunity of more than a year is the norm. Immunity to SARS-CoV-2

[139] Kwiatkowski M, Nadolny TL, Priest J, Stucka M (2020) 'A National Disgrace': 40,600 deaths tied to US Nursing Homes. USA Today. June 1, 2020. https://www.usatoday.com/story/news/investigations/2020/06/01/coronavirus-nursing-home-deaths-top-40-600/5273075002/

[140] Baumgarth N, Nikolich-Zugich J, Lee FEH, Bhattacharya D. (2020) Antibody Responses to SARS-CoV-2: Let's Stick to Known Knowns.

is likely to follow the same pattern."

The direct evidence in favor of a robust and long-lasting immune response is also overwhelming. In a paper published in the journal *Immunity*, immunologist Deepta Bhattacharya (no relation) and his colleagues show that recovered COVID-19 patients show "durable antibody production for at least 5-7 months after infection."[141] Several other studies, published in prominent immunology journals, confirm this report and show that the vast majority of people who are infected produce specific antibodies in response to the infection, which confer immunity or substantial protection against reinfection.[142, 143]

Over time, as is the normal course of an infection, the specific antibodies to SARS-CoV-2 infection fade. The immune memory persists in dormant or resting cells, called memory cells, who do not actively secrete antibodies, but nevertheless continue to provide lasting protection against SARS-CoV-2 infection. This is entirely consistent with a typical immune response to a challenge by a virus like SARS-CoV-2. Viral infections are most often addressed through CD8 T cells, which do not produce antibodies, but rather directly eliminate virus-infected cells to shortcut viral replication. Indeed, SARS-CoV-2 specific CD4 and CD8 T cells have been detected in convalescent patients.[144]

This T-cell mediated immunity is also long lasting. A preprint study released last month documents this fact, and the title of the piece summarizes its result: "Robust SARS-CoV-2 specific T-cell Immunity is Maintained at Six Months Following Primary Infection."[145] Another pre-print released last month identifies long-lasting protection after SARS-CoV-2 infection from memory B-cells, which can produce specific antibodies in response to reinfection by the virus.[146]

Finally, it is apparently the case that many individuals who have not been infected by SARS-CoV-2 possess T-cells that recognize it and can neutralize cells infected by the virus. The hypothesized mechanism involves infection by other coronaviruses, which share some molecular structural properties with SARS-CoV-2. A separate study published in Nature found both CD4 and CD8 T cells which provide recognize (and hence attack) regions of the SARS-CoV-2 virus in both convalescent patients and patients who had previously been infected with other coronaviruses including SARS-CoV-1, seventeen years after infection.[147] Summarizing this evidence, Francis Collins (Director of the National Institutes of Health) writes:

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[141] Ripperger TJ et al. (2020) Orthogonal SARS-CoV-2 Serological Assays Enable Surveillance of Low-Prevalence Communities and Reveal Durable Humoral Immunity. *Immunity* 53, 925–933. Nov. 17, 2020. https://doi.org/10.1016/j.immuni.2020.10.004

[142] Ni, Ling, et al. (2020) "Detection of SARS-CoV-2-specific humoral and cellular immunity in COVID-19 convalescent individuals." *Immunity*. https://doi.org/10.1016/j.immuni.2020.04.023

[143] Moderbacher CR et al. "Antigen-specific adaptive immunity to SARS-CoV-2 in acute COVID-19 and associations with age and disease severity." Cell 183.4 (2020): 996-1012. DOI:https://doi.org/10.1016/j.cell.2020.09.038

[144] *Ibid.*

[145] Zuo J et al. (2020) Robust SARS-CoV-2-specific T-cell immunity is maintained at 6 months following primary infection. medRxiv. doi: https://doi.org/10.1101/2020.11.01.362319

[146] Dan JM et al. (2020) Immunological memory to SARS-CoV-2 assessed for greater than six months after infection. medRxiv. doi: https://doi.org/10.1101/2020.11.15.383323

[147] Le Bert, N., Tan, A.T., Kunasegaran, K. et al. (2020) SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls. Nature 584, 457–462. https://doi.org/10.1038/s41586-020-2550-z

> Much of the study on the immune response to SARS-CoV-2, the novel coronavirus that causes COVID-19, has focused on the production of antibodies. But, in fact, immune cells known as memory T cells also play an important role in the ability of our immune systems to protect us against many viral infections, including—it now appears—COVID-19...This might potentially explain why some people seem to fend off the virus and may be less susceptible to becoming severely ill with COVID-19.

All these conclusions are well reflected in the fact that that despite millions of people infected worldwide to date after 10 months living with the virus, we have seen only a handful of patients who re-tested positive after being discharged, all of whom showed no evidence of being contagious and all presented milder symptoms. Scientific evidence strongly suggests that recovery from SARS-Cov-2 infection will provide lasting protection against reinfection, either complete immunity or protection that makes a severe reinfection extremely unlikely.

N. What is herd immunity? What is the most effective way to reduce harm until endemic equilibrium?

Herd immunity – also known as endemic equilibrium – occurs when enough people have immunity so that most infected people cannot find new uninfected people to infect, leading to the end of the epidemic/pandemic. This means that the epidemic/pandemic will end before everyone is infected, although it will continue in endemic form with low rates of infections. Herd immunity is a scientifically proven phenomenon. Sooner or later, herd immunity will be reached either through natural infection or through a combination of vaccinations and natural infection.

To protect the vulnerable elderly living in nursing homes and other care settings, a focused protection strategy would include frequent testing of nursing home staff members who are not already immune, testing of visitors, and less staff rotation so that residents only interact with a limited number of staff people. Rapid antigen tests could be used to avoid the problem of a delay between sample collection and the development of test results and to reduce the possibility of functional false positive results in PCR testing (see Section O below). COVID-19 infected individuals should not be sent to nursing homes, and all new residents should be tested. Sequestering of care home residents who have COVID-19 is also important.

To protect older people living at home, during high transmission times, older people should be offered home delivery of groceries and other essentials. When seeing friends and relatives, it is best to do it outdoors. Testing should be available for relatives and friends who want to visit. Free N95 masks should be provided for when they cannot avoid potential exposure.

Focused protection requires protecting protect older people still in the work force. People in their 60s are at somewhat high risk, and many are still in the workforce. Those that can work from home should be allowed to do so. For example, teachers in their 60s could teach online courses, or help fellow teachers with grading exams, essays and homework. Those that cannot work from home should be funded to take a 3 to 6-month sabbatical. In addition, workplace disability laws

should require employers to provide reasonable accommodations to protect high COVID-19 risk workers without losing their jobs.

Focused protection requires protecting elderly people living in multigenerational homes. University closures and the economic displacement caused by lockdowns has led millions of young adults to live with older parents, increasing regular close interactions across generations. We know that older people living with working-age adults have higher COVID-19 risk than older people living with other older people. There is no further excess risk if also living with children though. This is the toughest challenge, and family specific solutions must be found. If the working-age household members can work from home, they can isolate together. If that is not possible, the older family member might temporarily be able to live with an older friend or sibling, with whom they can self-isolate together during the height of community transmission. As a last resort, empty hotel rooms could be used for temporary housing.

Focused protection also requires protecting younger people with chronic conditions like diabetes, severe asthma, or obesity that place them at higher mortality risk should they become infected. The focused protection plan for these individuals is the same as that for the elderly and will vary depending upon their living circumstance.

The deployment of a safe and effective SARS-CoV-2 vaccine – if people who are most vulnerable are prioritized for inoculation -- offers an opportunity for near perfect focused protection. For this population, the harms from COVID-19 infection are far greater than the possible harms from vaccination.

Effective focused protection reduces the number of people who will need hospitalization for COVID-19 infection, since hospitalization risk, like mortality risk, rises sharply with patient age.[148] Thus, if effective focused protection is implemented, the probability of overcrowded hospital systems is greatly reduced.[149]

Lockdowns actually extend the time that the vulnerable are at risk of infection. By delaying infections into the future, lockdowns delay the establishment of herd immunity in a population. Focused protection of the vulnerable is possible but without an effective vaccination campaign, requires vigilance which cannot be maintained forever.

In summary, replacing a lockdown policy with a policy of focused protection of the vulnerable would greatly reduce the lockdown harms for less vulnerable populations, while protecting the vulnerable from COVID-19 risk. The concrete suggestions outlined here are not comprehensive, and with the advent of a safe and effective vaccine in December 2020, there should be no controversy over whether this policy is possible. It is a failure of public health officials in Manitoba that they have not engaged in developing strategies like those listed here. Reducing the risk of harm to the vulnerable and non-vulnerable alike from infectious (COVID-19 related) and non-infectious (lockdown related) causes should be the goal of public health policy. An aim that focuses solely on slowing disease spread – lockdown – ultimately increases both COVID-19

[148] US Centers for Disease Control (2020) COVID-19 Hospitalization and Death by Age. Aug. 18, 2020. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html
[149] Chikina M, Pegden W. Modeling strict age-targeted mitigation strategies for COVID-19. PLoS One. 2020 Jul 24;15(7):e0236237. doi: 10.1371/journal.pone.0236237. PMID: 32706809; PMCID: PMC7380601.

related and lockdown harms relative to a policy of focused protection.

O. What are RT-PCR tests? What is a Cycle Threshold and What is the Likelihood of Infection with Covid-19 with a CT over 30? How Does a Positive PCR Result Correlate to Manitoba's Definition of a "Case" of Covid-19?

The RT-PCR test for the SARS-CoV-2 virus is at the heart of the testing system adopted by Canada. The RT-PCR tests, as used in most laboratories in Manitoba, likely registers a positive test result even for non-infectious viral fragments. The RT-PCR test amplifies the virus – if present – by a process of repeatedly doubling the concentration of viral genetic material. If the viral load is small, many doublings are required before it is possible to detect the virus.

The problem arises from the fact that the implementation of the RT-PCR test for COVID-19 requires that clinical laboratories decide in advance how many doublings of the genetic material they will require before deciding that a sample is negative for the presence of the virus. This threshold, known as the "cycle time" of the test, determines both the rate at which a positive test result will be returned when the original sample does not include viral concentrations in sufficient amount to be infectious (hereafter, the functional false positive rate), and the rate at which a negative test result will be returned when the original sample does include viral concentrations in sufficient amount to be infectious (hereafter, the functional false negative rate).

A higher cycle time threshold – requiring more doublings before declaring a negative test result – increases the functional false positive rate of the RT-PCR test because even if a non-infectious viral load is present in the sample obtained from the patient, a large number of permitted doublings could amplify whatever is present such that test result is positive. In such a case, this positive test result would not mean that the individual was infectious or contagious.

The RT-PCR test is commonly known in the literature as the gold standard to check for the presence of the SARS-CoV-2 virus. This is true, but beside the point. The important question is not whether RT-PCR is a "gold standard" test for viral presence, but rather whether it is a gold standard test for determining whether a patient is infectious, which it is not. Rather, the gold standard test for infectivity involves checking whether a sample taken from the nasopharynx of a patient can infect, in vitro, a cell culture. Infectious samples are known as "culture positive", while non-infectious samples are known as "culture negative". From an epidemiological point of view, infectivity measurement is more important than a measurement of whether the virus is present, since it is possible for a patient to have non-viable viral fragments present, a positive PCR test, and yet not be infectious.

The relevant question then, is whether the RT-PCR test is sufficiently accurate to use as a tool to decide whether to sharply curtail the normal activities of over a million people living in Manitoba, imposing untold harm on them related to the lockdown, and the unfortunate answer is no.

A systematic review of the literature on cycle time thresholds for the SARS-CoV-2 RT-PCR tests (encompassing 25 different published studies on the topic) concludes that "The evidence is increasingly pointing to the probability of culturing live virus being related to the amount of viral RNA in the specimen and therefore, inversely related to the cycle threshold. Thus, detection of

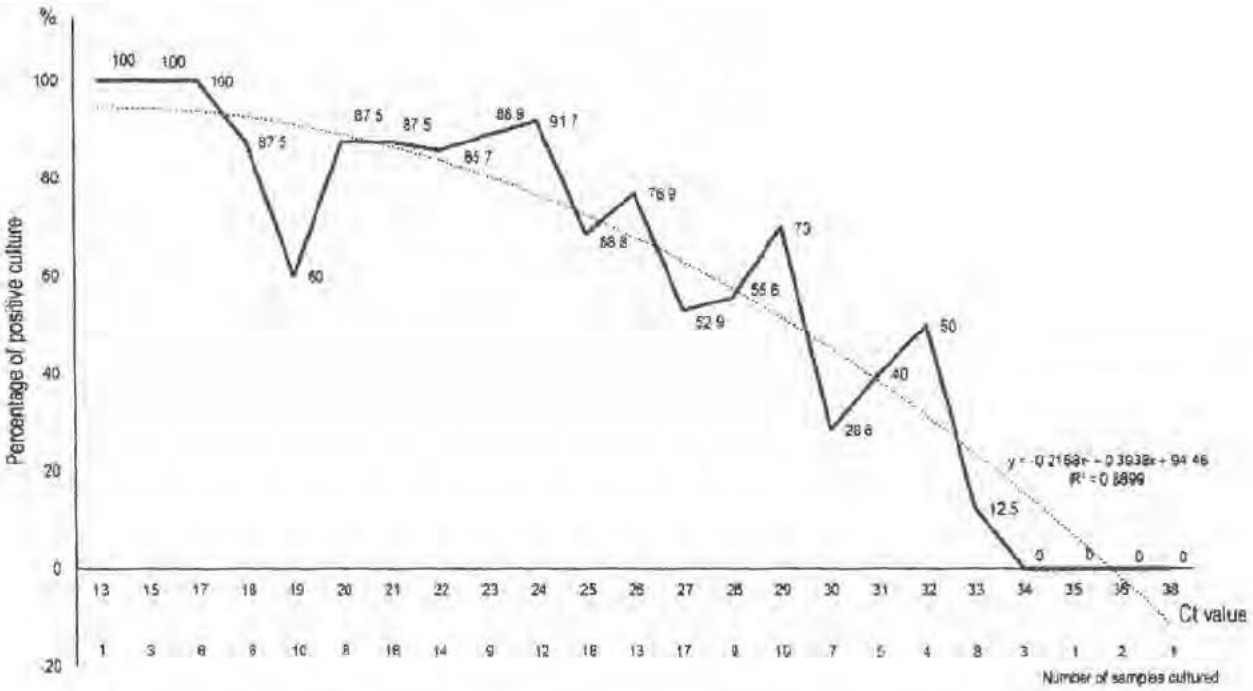
viral RNA per se cannot be used to infer infectiousness."[150] In other words, the scientific evidence now shows that the RT-PCR test for the presence of the SARS-CoV-2 virus will often generate a positive result even when an individual is not infectious (that is, does not pose a danger of infecting other people). The difficulty is that the RT-PCR test permits too many doubling cycles of viral particles before declaring a negative test. The functional false positive rate increases with the number of cycles (known as a Ct value) required to produce a positive result. The review recommends requiring clinical evidence of infection alongside a PCR result with a low cycle time count before designating a patient as a COVID-19 case.

Similar results were observed in a study[151] published in the *European Journal of Clinical Microbiology & Infectious Diseases*. The study aimed to determine when it would be safe to discharge COVID-19 patients in Marseille, France. The authors observed a significant relationship between Ct value and culture positivity rate (see Fig. 1). Samples with Ct values of 13–17 all led to positive culture. Culture positivity rate then decreased progressively according to Ct values to reach 12% at 33 Ct. No culture was obtained from samples with Ct $\geq$ 34.

[150] Jefferson T, Spencer EA, Brassey J, Heneghan C. Viral cultures for COVID-19 infectious potential assessment - a systematic review. *Clin Infect Dis*. 2020 Dec 3:ciaa1764. doi: 10.1093/cid/ciaa1764. Epub ahead of print. PMID: 33270107.

[151] La Scola, B., Le Bideau, M., Andreani, J. *et al.* Viral RNA load as determined by cell culture as a management tool for discharge of SARS-CoV-2 patients from infectious disease wards. *Eur J Clin Microbiol Infect Dis* **39,** 1059–1061 (2020). https://doi.org/10.1007/s10096-020-03913-9

Fig. 1



Percentage of positive viral culture of SARS-CoV-2 PCR-positive nasopharyngeal samples from Covid-19 patients, according to Ct value (plain line). The dashed curve indicates the polynomial regression curve

The study concluded that patients with Ct values equal or above 34 did not excrete infectious viral particles.

Further, according to a careful study published in *Eurosurveillance* (a top journal in the field of epidemiology), if 27 cycles are needed for a positive test, the false positive rate is 34%; if 32 cycles are needed for a positive test, the false positive rate is 72%, and if 37 cycles are needed for a positive test, the false positive rate is 92%.[152] If more than 40 cycles are needed for a positive test, the functional false positive rate is nearly 100%.

Twenty-two top international scientists came to a similar conclusion in respect of false positive test results and cycle thresholds. On November 27, 2020, they submitted a retraction request letter[153] to the *Eurosurveillance* editorial board, requesting that the paper published by *Eurosurveillance* on January 23, 2020, entitled, "Detection of 2019 novel coronavirus (2019-

[152] Singanayagam A, Patel M, Charlett A, Lopez Bernal J, Saliba V, Ellis J, et al. Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020. Eurosurveillance. 2020;25(32):2001483. 2020

[153] Retraction request letter to Eurosurveillance editorial board re: Cormen-Drosten Paper, Dr. Pieter Borger et al., November 26, 2020, https://cormandrostenreview.com/retraction-request-letter-to-eurosurveillance-editorial-board/

nCoV) by real-time RT-PCR"[154] (the "Corman-Drosten paper") be retracted due to its severe flaws. (It was this paper that led to the worldwide usage of PCR tests to diagnose COVID-19.) In addition to their letter, these scientists submitted a Review report[155] of the Corman-Drosten paper outlining 10 fatal flaws in the paper. One of the flaws they listed was with the recommended cycle time value:

> In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture; if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97%.

Even the World Health Organization recently published an Information Notice[156] warning users of PCR tests that it had "received user feedback on an elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR reagents on open systems."

This error in the test is a major problem for Manitoba, since the public health authority tracks "cases" per capita and percent positivity of test results to measure the spread of the disease in the population.[157] Both of these measures depend on the accuracy of the RT-PCR tests to determine whether an individual is infected with the virus.[158] The text of Manitoba's COVID-19 Surveillance Case Definition as of December 16, 2020 is reproduced below:[159]

> **Surveillance Case Definition**
>
> Cases include both confirmed and probable cases. Surveillance case definitions are provided for the purpose of standardizing case classification and reporting. They are based on evidence, public health response goals, and are subject to change as new

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[154] Victor M. Corman, Olfert Landt, Marco Kaiser, Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR, Eurosurveillance. 2020 Jan 23; 25(3): 2000045 doi: 10.2807/1560-7917.ES.2020.25.3.2000045; this paper's approval and publication in Eurosurveillance in January 2020 led many world nations to utilize the PCR test to diagnose COVID-19

[155] Pieter Borger et al. External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results., November 27, 2020, https://cormandrostenreview.com/report/

[156] WHO Information Notice for IVD Users, December 14, 2020, https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users?fbclid=IwAR0Si8UnfvZc8iOppsSPO2kuzXJ-rMYMJvuHCtF4OfHODLchDsyUr7z2XXY

[157] Covid-19 Surveillance Report 2020 Technical Notes, webarchive December 16, 2020 https://www.gov.mb.ca/health/publichealth/surveillance/covid-19/resources/Notes.html

[158] Interim Guidance Public Health Measures, *Managing Novel Coronavirus (Covid-19) Cases and Contacts In Community*, December 16, 2020, https://manitoba.ca/asset_library/en/coronavirus/interim_guidance

[159] Covid-19 Surveillance Report 2020 Technical Notes, webarchive December 16, 2020 https://www.gov.mb.ca/health/publichealth/surveillance/covid-19/resources/Notes.html; See also: COVID-19 Epidemiology and Surveillance Definitions: Manitoba Health, Seniors and Active Living Version: June 10, 2020, https://www.gov.mb.ca/health/publichealth/surveillance/docs/es_definitions.pdf; See also: Interim national case definition: Coronavirus disease (COVID-19)Last Updated: April 2, 2020, https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#nat

a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available),

- NAATs must be validated for detection of the virus that causes COVID-19.
- An indeterminate result on a real-time PCR assay is defined as a late amplification signal in a real-time PCR reaction at a predetermined high cycle threshold value. This may be due to low viral target quantity in the clinical specimen approaching the limit of detection of the assay or may represent nonspecific reactivity (false signal) in the specimen. When clinically relevant, indeterminate samples should be investigated further in the laboratory (e.g. by testing for an alternate gene target using a validated real-time PCR or nucleic acid sequencing that is equally or more sensitive than the initial assay or method used) or by collection and testing of another sample from the patient with initial indeterminate result.

- A (un-tested) person with:
  - Fever (over 38 degrees Celsius), **AND/OR**
  - Cough (new or exacerbated chronic); **AND**
  - Close contact with a confirmed case of COVID-19, **OR**
  - Lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, correctional facility)

Confirmed case – A person with a laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g. real-time PCR or nucleic acid sequencing).

Since nucleic acid sequencing is uncommon, Manitoba diagnoses a confirmed case of COVID-19 with a positive result on a PCR test without the requirement for a clinical diagnosis by a qualified medical practitioner. It is problematic as without a clinical diagnosis of symptoms related to COVID-19, a positive PCR test alone is too unreliable to conclude that an individual is infectious with COVID-19, especially if that test is run at a high cycle threshold.

Another problem is that Manitoba counts "Probable cases" as "cases" for its official case surveillance, and a probable case can include an "un-tested person" who was in close contact with a confirmed case of COVID-19[160]. As previously stated, the method for confirming a case of COVID-19 using PCR tests is highly unreliable, so that un-tested person may be counted as a COVID-19 case in error.

The PCR test's inaccuracies imply that the criteria for reopening do not reflect the risk of community spread of the virus because a "high case count" or positivity rate may be due instead to functional false positive outcomes (that is, people who test positive for the virus at a high cycle threshold, but who are not infectious). Given this scientific evidence, it is certain that lockdowns are being imposed – along with their attendant costs– even when the risk of community spread of COVID-19 does not warrant it.

In summary, the scientific literature establishes the importance of cycle time thresholds in interpreting RT-PCR SARS-CoV-2 results to establish the infectivity of the samples;[161] A reliance on a test that is run up to 40 cycles, (or any number of cycles higher than 30) — is certain to produce a very large proportion of false positive outcomes. Lockdowns that are imposed on the basis of "case" counts derived from PCR tests will be only marginally related to the threat posed by the spread of the SARS-CoV-2 virus.

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[160] This is also an issue with classification of deaths in Canada – "Statistics Canada and provincial and territorial vital statistics agencies use two codes to identify COVID-19 reported as a cause of death: U071 for COVID-19 specified as confirmed by a positive test result and U072 for COVID-19 described as "possible," "probable," or "pending a (positive) test result". The total number of deaths due to COVID-19 is determined by adding counts in these two categories. The former also includes those deaths where the certificate makes no specification as "positive", "possible," "probable," or "pending". In Canada, the majority of COVID-19 deaths were classified as U071 (86%)." See: Kathy O'Brien, et. al., "Covid-19 Death Co-Morbidities in Canada" Statistics Canada, November 16, 2020, https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00087-eng.htm

[161] Rita Jaafar, Sarah Aherfi, Nathalie Wurtz, Clio Grimaldier, Thuan Van Hoang, Philippe Colson, Didier Raoult, Bernard La Scola, "Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates", Clinical Infectious Diseases, ciaa1491, https://doi.org/10.1093/cid/ciaa1491