

Clerk's Stamp

COURT FILE NUMBER

COURT

COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL CENTRE

WETASKIWIN

PLAINTIFFS

DR. BLAINE ACHEN, DR. GERT GROBLER  
DR. NADR JOMHA and DR. TYLER MAY

DEFENDANT

ALBERTA HEALTH SERVICES

DOCUMENT

**STATEMENT OF CLAIM**

ADDRESS FOR  
SERVICE AND  
CONTACT  
INFORMATION OF  
PARTY FILING THIS  
DOCUMENT

Ackroyd LLP  
Barristers and Solicitors  
1500, 10665 Jasper Avenue  
Edmonton, Alberta T5J 3S9

Justice Centre for Constitutional  
Freedoms  
#253, 7620 Elbow Drive SW  
Calgary, Alberta T2V 1K2

**NOTICE TO DEFENDANT(S)**

You are being sued. You are a defendant.

Go to the end of this document to see what you can do and when you must do it.

**Note: State below only facts and not evidence (Rule 13.6)**

**Statement of facts relied on:**

***Overview***

1. The Defendant, Alberta Health Services ("AHS") is the single health authority for the province of Alberta. AHS delivers medical care on behalf of the Government of Alberta's Ministry of Health and employs or contracts nurses, physicians, and other healthcare personnel.

2. On August 31, 2021, AHS announced that it would require all employees and contracted healthcare providers – including physicians and other frontline healthcare workers – to be fully immunized for Covid-19, by October 31, 2021. AHS issued Policy 1189 - Immunization of Workers for Covid-19 Policy (“the Policy”) with an initial effective date of September 14, 2021.
3. On or about August 31, 2021, AHS announced that it would be implementing the Policy which requires that all AHS, Alberta Precision Laboratories, CareWest, CapitalCare, and Covenant Health employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on their behalf must be fully immunized against Covid-19 by October 31, 2021. On October 22, 2021, AHS announced that the deadline for the Policy would be extended to November 30, 2021 (“AHS Delay 1”). On November 29, 2021, AHS announced that the deadline for the Policy would be extended to December 13, 2021 and allowed rapid antigen testing (“Rapid Testing”) at certain critical AHS sites across the Province (“AHS Delay 2”).
4. The Plaintiff, Dr. Blaine Achen (“Dr. Achen”), is the Chief of Cardiac Anesthesia at the Mazankowski Alberta Heart Institute (“Mazankowski”) and has worked as both a general and cardiac anesthesiologist for 16 years. Dr. Achen has fully recovered from Covid-19. As a result, he acquired robust natural immunity as confirmed unequivocally in a positive antibody test from the Mayo Clinic Lab.
5. Dr. Achen continued to work and provide health care services, including working in close contact with Covid-19 positive patients in the Cardiovascular Intensive Care Unit and Operating Rooms at the Mazankowski without incident to patients and other staff following his recovery. Given his robust natural immunity and based on his personal and professional beliefs, Dr. Achen elected not to take the Covid-19 vaccine. As a result of the Policy, AHS is revoking his hospital privileges and he will no longer be able to work because he solely provides services to his patients through AHS facilities.
6. The Plaintiff, Dr. Gert Grobler (“Dr. Grobler”), is General Practitioner who is part of a clinic in Medicine Hat and attends at four old age homes and the Medicine Hat Hospital where he is supervising attendant for 24 hours for 7 days straight for seven to nine weeks throughout

the year. He has been a medical doctor for 27 years. Dr. Grobler has fully recovered from Covid-19.

7. Dr. Grobler continued to work and provide health care services, including working in the Covid-19 Unit at the Medicine Hat Hospital, without incident to patients and other staff following his recovery. Given his robust natural immunity and based on his personal and professional beliefs, Dr. Grobler has elected not to take the Covid-19 vaccine. As a result of the Policy, his hospital privileges are being removed and he will not be able to access his patients in any AHS facility.
8. The Plaintiff, Dr. Nadr Jomha (“Dr. Jomha”) has been in practice for 23 years and is the only Orthopaedic Surgeon at the University of Alberta Hospital (and one of a few in Edmonton) that performs complex knee ligament reconstruction and he also performs complex foot and ankle repair/reconstruction after trauma. He is the only surgeon in Alberta that has performed talar prosthetic implantation and is the only doctor in Canada developing a bone and cartilage cold-preservation transplant program.
9. Dr. Jomha continued to work and provide health care services, including working in the University of Alberta Hospital, without incident to patients and other staff following his recovery from asymptomatic covid infection. Given his robust natural immunity and based on his personal and professional beliefs, Dr. Jomha has elected not to take the Covid-19 vaccine. As a result of the Policy, his hospital privileges are being removed and he will not be able to access his patients in any AHS facility.
10. The Plaintiff, Dr. Tyler May (“Dr. May”) has been serving the underserved rural community in and around Manning, Alberta since 2012. Dr. May is also the acting Community Medical Director at the Manning Community Health Centre. Dr. May almost exclusively dealt with the Covid-19 outbreak and treatment in and around Manning. Throughout the Covid-19 pandemic, Dr. May worked in the Manning hospital and clinic and he was actively involved with patient cases in the Covid-19 Unit without being infected with Covid-19.
11. Dr. May continued to work and provide health care services, including working in the Manning Community Health Centre, without incident to patients and other staff following his recovery. Given his robust natural immunity and based on his personal and professional

beliefs, Dr. May has elected not to take the Covid-19 Vaccine. As a result of the AHS Delay 2, he is able to attend to patients at his hospital with Rapid Testing, but not his clinic notwithstanding that the two facilities are intimately intertwined.

12. The Plaintiffs oppose vaccination absent informed consent and disclosure of their private health information respecting vaccination status, all of which is mandated by the AHS Policy under threat of disciplinary action, termination or unpaid long-term leave in circumstances where they contracted Covid-19, recovered and continued to work in AHS facilities prior to the Policy being enacted without incident to the safety and wellbeing of staff and patients of AHS facilities.

### ***The Vaccines***

13. Severe acute respiratory syndrome coronavirus 2 (“SARS-CoV-2” or “Covid-19”) is a novel form of the coronavirus, which causes respiratory distress and causes death in a small portion of the general population with the largest proportion of deaths occurring in people over the age of 75 with multiple comorbidities.
14. At all material times, there were four (4) Covid-19 “vaccines” approved by Health Canada for use by Canadians: Moderna Spikevax, Pfizer-BioNTech Comirnaty, AstraZeneca Vaxzevria, and Johnson & Johnson Janssen, collectively henceforth referred to as the “Vaccines”.
15. The Plaintiffs say that the Vaccines are experimental, long-term effects have not yet been sufficiently studied and there are significant risks. Specifically, the Vaccines have not been put to the same the stringent and rigorous scientific approval process by Health Canada that previous vaccines and medications have. The approval process routinely takes years to complete in order to properly assess the benefits and risks from clinical data, including any potential long-term side effects.
16. It is apparent that the Vaccines carry some risk of side effects. These include common temporary reactions such as pain and swelling at the vaccine site, fatigue, headache, muscle pain, fever, and nausea. More rarely, they can cause side effects that result in

hospitalization or death. Various countries around the world have suspended use of some of the Vaccines for all, or portions of their populations.

17. The Vaccines could cause other side effects that remain unknown at this time due to their relatively recent development. Put simply, one cannot be certain about the long-term effects of a vaccine that has not been in existence for the long term and has not been studied over a span of years. For that reason, some of the Vaccines are on trial until 2027.
18. The Plaintiffs further claim that the ingredients in the Vaccines have never been fully disclosed publicly so that the Plaintiffs could know if they have a potentially fatal allergy to any of the ingredients or if they were unsafe.
19. The vaccination program in Canada is being adjusted on the fly as adverse effects manifest, necessitating constant amendments to safety guidelines. This underlines the experimental nature of the Vaccines.
20. The Vaccines do not provide full immunity to Covid-19 or its known variants. They merely provide some “benefits” or “protection” that in certain circumstances at best lessens severity of symptoms or potentially reduces the risk of hospitalization. The “benefits” or “protection” of the Vaccines vary depending on numerous factors that are still being observed and studied, including any underlying health conditions, the individual’s age, and when the Vaccine was administered in relation to any variant of concern.
21. On or about September 1, 2021, the United States of America Centers for Disease Control amended, its published definition of the Vaccine, from “produce immunity” to “provide protection”.
22. It is scientifically proven and widely known that the Vaccines’ efficacy deteriorates or wanes over approximately 4-6 months.
23. Individuals who are considered to be fully vaccinated can still be infected and transmit the virus (“Breakthrough Cases”) to unvaccinated or vaccinated individuals at similar rates to unvaccinated individuals. Further, third doses, or “boosters” are now being contemplated with little thought to their efficacy against mutated variants of Covid-19.

24. Fully vaccinated individuals are regularly admitted to hospitals, including the Intensive Care Unit, or have died from Covid-19. As the efficacy of the Vaccines wanes, Breakthrough Cases, transmission, and death among fully vaccinated individuals are observably increasing.
25. The Vaccines kill people. Government of Alberta statistics indicate that a significant proportion of deaths attributed to Covid-19 occur within 10-14 days of people being vaccinated with their second Vaccine.
26. The Defendant, their officers, agents, servants, and employees (the “Defendants and their Agents”) routinely present misleading statistics, conclusions, or information concerning the vaccines and falsely claim that “vaccines are safe and effective”.
27. The Vaccine Adverse Events Reporting System (“VAERS”) in the USA attributes approximately 20,000 deaths and 1,000,000 adverse events deaths to the Vaccines. The number of deaths in Canada is likely proportional to that number on the basis of population but is not being acknowledged by the Defendants and their Agents, who falsely claim that “vaccines are safe and effective”.
28. Despite high vaccine compliance, the fourth Covid-19 wave exceeded the preceding third wave. In Israel hospitalization for fully vaccinated individuals exceeds hospitalizations for unvaccinated individuals and may even exceed their national vaccination rates on a proportional basis when compared to the unvaccinated.
29. The manufacturers of the Vaccines accept no liability whatsoever for any injuries that arise from individuals being injected with these products.
30. Despite repeated demands to disclose the ingredients of the Vaccines, the Defendants and their Agents have failed either negligently or willfully to discharge their duty of care to obtain copies of these contracts, and to disclose these contracts and the Vaccine ingredients publicly, so that the Plaintiffs can make a fully informed decision about whether to consent to vaccination.

31. Since most of the Vaccine ingredients have not been disclosed, informed consent has not been and cannot be obtained from anyone. Additionally, no one in Alberta is being advised of the risk of death from the Vaccines. Instead, they are being told that the Vaccines are “safe and effective” notwithstanding that the inserts for these products and Health Canada acknowledge risk of death and numerous other side effects including Bells’ palsy, myocarditis, pericarditis, heart attack, stroke, as well as and other severe side effects.
32. The narrative respecting Vaccines that the Defendants and their Agents perpetuate has created a false sense of security. The rhetoric has resulted in a large portion of Albertans incorrectly believing that if they are “fully vaccinated”, they are safe from the virus and cannot become infected or infect others.
33. The vaccinated with “vaccine passports” can attend restaurants, bars, concerts, sport venues, including hockey games, and elsewhere under the mistaken guidance that they are not able to “spread” Covid-19, while they actually can and do spread Covid-19 as efficiently as unvaccinated individuals.

### ***The Policy***

34. Prior to any vaccines being made available to Canadians, medical and health professionals relied upon masking, handwashing, personal protective equipment (“PPE”), and the implementation of screening protocols for symptoms of Covid-19. These measures were deemed appropriate and sufficient risk mitigation procedure in all AHS facilities even during the height of the Covid-19 cases throughout the Winter of 2020 and into 2021.
35. As the Vaccines started to become available to Canadians in early 2021, the Defendants encouraged citizens and staff to be vaccinated, but did not mandate it.
36. The Policy claims that “Immunization against Covid-19 is the most effective means to prevent the spread of Covid-19, to prevent outbreaks in AHS facilities, to preserve workforce capacity to support the healthcare system, and to protect our workers, patients, visitors, and others accessing AHS sites.” Subsequently the Defendant, through its agents, has stated that the Policy is an “immunization policy”, not an “immunity policy” or “health policy”.

37. The Plaintiffs claim that there is no scientific basis upon which the Policy is rooted. Breakthrough cases and the transmission Covid-19 amongst fully vaccinated individuals has been reported, even in AHS facilities.
38. Non-Compliance with the Policy results in Healthcare Providers being placed on a voluntary, unpaid leave of absence for the period required to become fully vaccinated. If they do not voluntarily agree to an involuntary, unpaid leave of absence (“LOA”), the Healthcare Providers are terminated and are subject to disciplinary actions.
39. AHS has not provided any information to support how an unpaid, involuntary LOA or termination of staff will protect staff and patients in AHS facilities.
40. There is no scientific basis upon which the Policy’s statement is rooted. The Defendants have produced no material evidence of SARS-CoV-2 virus in the environment and how the Policy will act to reduce the spread of infection and maintain the safety of the staff and patients.
41. The Policy does not recognize the natural immunity possessed by the Plaintiffs who have already had and recovered from Covid-19. Natural immunity is robust and provides significantly more effective protection than some of the Vaccines currently approved. Thus, the Policy infringes on the personal autonomy and bodily integrity of those with naturally acquired immunity.
42. The Plaintiffs claim that they are the safest individuals in AHS facilities given that naturally acquired immunity confers equal or greater protection than the Vaccines.
43. AHS Delay 1 and AHS Delay 2 demonstrate that the Policy is arbitrary and irrational and demonstrate a lack of urgency and lack of forethought in development of the Policy
44. The Plaintiffs allege that the Policy poses a real and substantial risk for the health and safety of AHS staff who already have naturally acquired immunity and are not otherwise within a group at risk of developing a serious case of Covid-19.

45. Breakthrough cases and the transmission of Covid-19 amongst fully vaccinated individuals are widely reported. The current Vaccines are being administered in Alberta do not prevent transmission of Covid-19. The Vaccines dampen symptoms of Covid-19 and therefore have the potential to increase asymptomatic transmission. With muted symptoms, the risk of transmission may increase from peer to peer amongst healthcare professionals, and between parties and their treating healthcare professionals.
46. Scientific studies show no significant difference in the viral load between vaccinated and unvaccinated individuals who test positive for Covid-19. Scientific studies and medical research also show that natural immunity is more effective than the Covid-19 vaccination and acts as a protective agent against contracting Covid-19 for at least one year or more.
47. AHS Delay 2 amended the Policy to provide Rapid Testing options only in certain areas of Alberta. Rapid Testing provides immediate evidence of the presence of the SARS-CoV-2 virus in the body which is known to help prevent infection and transmission irrespective of where the virus is located in Alberta. The Policy also fails to consider other treatments for Covid-19 as an alternative to the vaccine mandate for workers.
48. Natural immunity and Rapid Testing provide the protection that the Policy claims to achieve.
49. The Policy ostensibly made accommodations available to those who are unable to be immunized due to a medical reason, or for another protected ground under the *Alberta Human Rights Act*, and promised reasonable accommodation, up to the point of undue hardship, in accordance with the AHS Workplace Accommodation Policy.
50. Accommodation of the Exception Review Panel is illusory. None of the Plaintiffs have been granted an exemption.
51. If the Plaintiffs follow their own consciences, their own professional medical judgment, or the advice of their doctor(s), and elect not to take the Vaccine, then they face adverse termination and disciplinary consequences. In short, the Policy is unmistakably coercive and cannot reasonably be considered anything other than an unlawful exercise of authority.

52. The Plaintiffs have recovered from Covid-19, which should form the basis for a legitimate medical exemption. AHS dismissed their claims of superior immunity due to naturally acquired immunity and concerns of risk and adverse effects following vaccination, particularly following recovery from Covid-19. AHS also unilaterally dismissed the exemption requests from Dr. Achen, Dr. Jomha and Dr. May on religious grounds without providing support or rationale for their decision.
53. Legal counsel for AHS dismissed Dr. Achen and Dr. Grobler's concerns and claims as containing many inaccuracies, questionable legal argument, and a plethora of misinformation, and is prepared to take further action against them to enforce the Policy or should they remain non-compliant, their clinical activities will be restricted.
54. The Policy contravenes AHS' own Policy in respect of Informed Consent which requires patients be informed of: (1) Nature of Treatment/Procedure; (2) Risks; (3) Benefits; (4) Alternatives and (5) Consequences before any treatment or procedure is performed.
55. The Policy violates the most basic medical principles codified in the College of Physicians and Surgeons of Alberta ("CPSA") and the Canadian Medical Association ("CMA") Code of Ethics and Professionalism including "informed consent" and "duty to disclose" for any medical treatment or procedure and the maxim - "do no harm".
56. AHS must use the least restrictive means to protect the public interest in interim situations and under unproven or unreliable scientific information, which they have either failed to do or willfully refused to do.
57. In order for the Policy to be justified in the public interest, the Policy must be necessary to achieve the intended health purposes and the effectiveness in meeting the goals must be evidence-based. The Policy must also be proportionate to the purpose and ought to have an expiry date. Terminating or suspending medical professionals during a health crisis must be done only in cases of negligent behavior or willful wrongdoing, which is not the case here. Employees are being faulted and threatened for simply maintaining and expressing their personal and professional beliefs. AHS itself has put a greater burden on the public health system in Alberta and AHS workers themselves.

58. The Policy is not in the public interest. By placing physicians and others on involuntary, unpaid “Leaves of Absence”, AHS removes caring, competent, and qualified professionals from public service in a random and disruptive manner that will irreparably harm public health services in the Province of Alberta.
59. The Plaintiffs have suffered public vilification and extreme ill-will as “unvaccinated” people resulting from the Defendant and their Agents false public statements and promulgation of policies which render the unvaccinated sub-human and deserving of restricted rights in society, stating that the unvaccinated are to blame for the pandemic and hospital overcrowding; that the unvaccinated are spreading Covid-19; and that natural immunity from Covid-19 recovery is inferior to the Vaccines.
60. The Plaintiffs are threatened with involuntary unpaid LOA, termination, and disciplinary actions. They are also being held up to public opprobrium, ridicule, hatred, maltreatment, discrimination, detestation, contempt, enmity, extreme ill will, denigration, abuse, or delegitimization on the basis of their vaccine status. This violates s. 3(1)(2) of the *Alberta Human Rights Act* Code of Conduct and s. 319(2) of the *Criminal Code of Canada*.

### ***The Claim***

61. The Policy is not founded on any legislative authority and is *ultra vires* AHS’ authority.
62. The Policy is irreconcilable with and frustrates the objectives of the Province of Alberta. The Policy is not in line with Alberta’s own Covid-19 Restriction Exemption Program, which allows for Rapid Testing. AHS Delay 2 provides accommodation in the form of Rapid Testing as an alternative to being forcibly injected in certain areas of the Province.
63. Any medical procedure performed on a patient without his or her informed consent amounts to assault, contrary to section 265 of the *Criminal Code of Canada*.
64. To the extent that the Policy seeks to coerce employees to be vaccinated against their will, without informed consent, the Policy amounts to an expressed intention to engage in a conspiracy to commit assault.

65. The Policy fails the test for legitimate workplace policy since it is inconsistently applied and unreasonable.
66. The Policy is contrary to and in breach of the *Occupational Health and Safety Act* and its stated purpose for the “the promotion and maintenance of the highest degree of physical, psychological and social well-being of workers” in Alberta and to ensure that workers in Alberta have “the right to meaningful participation in health and safety activities pertaining to their work and work site, including the ability to express health and safety concerns.”
67. The Policy violates the *Nuremberg Code* (1947), *Geneva Convention* (1949) and the *World Medical Association Declaration of Helsinki* (2013) by placing the Plaintiffs under extreme duress and using coercion to obtain their consent to an experimental medical procedure, without that consent being properly informed and voluntary.
68. The Policy is contrary to and in breach of the Plaintiffs’ right of conscience, right to liberty and to security of the person, and right against discrimination guaranteed under sections 2(a), 7 and 15 of the *Canadian Charter of Rights and Freedoms* (the “*Charter*”) and is therefore void and of no force or effect. There is no more basic right to life, liberty, and security of the person than to have control and physical autonomy over one’s own body, free from arbitrary discrimination.
69. The Policy violates section 1(a) of the *Alberta Bill of Rights*, which recognizes and declares that in Alberta the right to “liberty” and “security of the person” and “the right not to be deprived thereof except by due process of law” and section 2 that no law (including “order, rule or regulation”) shall “be so construed and applied as not to abrogate, abridge or infringe or to authorize the abrogation, abridgement or infringement of any of the rights or freedoms herein recognized and declared.”
70. The Defendants and their Agents have violated section 3(1)(b) of the *Alberta Human Rights Act* (“*AHR Act*”) and section 15 of the *Charter* by repeatedly making false public statements concerning the “unvaccinated” causing the need for lockdowns and other human rights violations of the Government of Alberta; by continually spreading misinformation concerning the transmissibility of Covid-19 by unvaccinated as opposed to vaccinated individuals; and

by falsely claiming that individuals who have recovered from Covid-19 have inferior immunity to persons who were injected with the Vaccines.

71. The Policy further violates the *Charter* and the *AHR Act* because it undermines their bodily integrity and autonomy and conditions their employment on their willingness to take a medically unnecessary vaccine. Forcing the Plaintiffs to take the Vaccine will provide no discernable, let alone compelling, benefit either to the Plaintiffs, AHS staff and patients, or to Alberta as a whole.
72. The Policy infringes on the rights and responsibilities under sections 4, 8 and 9 the *AHR Act* for an inclusive workplace in Alberta and requires attempts reasonable workplace accommodation. In denying the Applicants' exemption request and providing accommodation to the Plaintiffs, the Defendant is infringing on protected grounds protected under the *AHR Act* to promote an environment all Albertans can contribute to and provide equal opportunity to all.
73. The Policy is contrary to and violates Canada's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, which states that there can be no voluntariness if consent is secured by the order of an individual in a position of authority.
74. The Policy is unconstitutional because it is poorly calibrated to protect the public health, yet it imposes disproportionate risk on some of its targets. This renders the Policy an unlawful condition, and arbitrary and overbroad in relation to its purported purpose. Furthermore, the disciplinary action that AHS is using to leverage ostensibly voluntary compliance with its Policy is not proportional to the AHS purported public health aims.
75. The Policy amounts to an attempted assault on the Plaintiffs under common law, as the Policy violates the Plaintiffs' right to bodily autonomy and vitiates medical consent.
76. The Policy breaches the Plaintiffs' express or implied contracts with AHS. No reasonable interpretation of those contracts can create a requirement to be physically assaulted or to obtain a medical treatment below the minimum medical standard of informed consent as a condition of employment. Such an interpretation would render it a contract for an illegal or immoral purpose not enforceable at law.

77. In the alternative, the Policy amounts to constructive dismissal as it fundamentally alters the Plaintiffs' contracts under threat of termination or unpaid suspension.
78. The Policy is unethical and unlawful.
79. The Policy effectively subjects the Plaintiffs to Vaccines, which are unproven, unsafe, and with undetermined long-term side effects.
80. The Policy violates the CPSA's Standards of Practice and the CMA's Code of Ethics and Professionalism on informed consent, duty to disclose and do no harm.
81. With respect to the demand for the Plaintiffs' vaccination status, the Policy breaches the Freedom of Information and Protection of Privacy Act, in that it is devoid of the source of legal authority for the collection of the information or the contact information of an officer or employee at AHS who can answer individuals' questions about the collection of the information.
82. The collection of vaccine status by the Defendant is not confidential. The minute a physician is placed on unpaid leave, their status is immediately apparent.
83. As a result of these breaches, the Plaintiffs have suffered the following damages:
  - a. Infliction of psychological harm as will be proven at trial;
  - b. Damage to their professional reputations as will be proven at trial;
  - c. Lost wages and remuneration in an amount to be proven at trial; and
  - d. Other such damages as will be proven at the trial of this action.
84. The Plaintiffs plead provisions of the *Canadian Charter of Rights and Freedoms*, Part 1 of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (UK), 1982 c11*, the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c F-25, the *Health*

*Professions Act*, RSA 2000, c H-7, the *Health Information Act*, RSA 2000, c H-5, the *Occupational Health and Safety Act*, SA 2020, c O-2.2, the *Alberta Human Rights Act*, RSA 2000, c A-25.5, the *Alberta Bill of Rights*, RSA 2000, c A-14, the *Public Health Act*, RSA 2000, c P-37, its regulations, and amendments, *Nuremberg Code (1947)*, the *Criminal Code of Canada*, RSC 1985, c. C-46 and any further and such legislation as may become relevant during the trial of this action.

85. The Plaintiffs propose that the trial of this action take place at the Wetaskiwin Courthouse.

86. The Plaintiffs state that the trial will take less than twenty-five (25) days.

### ***Remedy Sought***

87. The Plaintiffs seek the following remedies against the Defendant of this action:

- a. An Order abridging the time for service of this Statement of Claim;
- b. And order for interim and permanent injunctive relief:
  - i. Declaring that the Policy is unlawful; and
  - ii. Staying or enjoining the Policy until the matter can be properly adjudicated before this Honourable Court.
- c. A Declaration that the Policy is overbroad and unreasonable;
- d. An interim and permanent Declaration that the Policy violates sections 2(a), 7 and 15 of the *Charter*, and that these infringements are not justified under section 1;
- e. A Declaration that the AHS Exemption Review Panel is not handling the exemption applications consistently and in an appropriate manner subject to procedural fairness;
- f. General damages in an amount to be proven at trial;

- g. Special damages for loss of income in an amount to be proven at trial;
- h. Costs of this action on a solicitor and client full indemnity basis; and
- i. Such further and other relief as this Honourable Court may deem just and appropriate having regard to all the circumstances.

**NOTICE TO THE DEFENDANT(S)**

You only have a short time to do something to defend yourself against this claim:

20 days if you are served in Alberta

1 month if you are served outside Alberta but in Canada

2 months if you are served outside Canada.

You can respond by filing a statement of defence or a demand for notice in the office of the clerk of the Court of Queen's Bench at Wetaskiwin, Alberta, AND serving your statement of defence or a demand for notice on the plaintiff(s') address for service.

**WARNING**

If you do not file and serve a statement of defence or a demand for notice within your time period, you risk losing the lawsuit automatically. If you do not file, or do not serve, or are late in doing either of these things, a court may give a judgment to the plaintiff(s) against you.