

Grim Realities of Life in Canada

by

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Abstract

An exposition of facts from lived experiences concerning the systemic forms of repression inflicted upon non-residents, minority groups, non-christians, differently abled persons, and peoples of color in Canada.

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Table of Acronyms

Accessibility for Ontarians with Disabilities Act (Canadian)	AODA
American Psychology Association	APA
Artificial Intelligence	AI
Attention Deficit Disorder, and Attention Deficit and Hyperactivity Disorder	ADD-ADHD
Canadian dollars	CAD
Canadian Federation of Nurses Unions	CFNU
Canadian Mental Health Association - Kitchener Branch	CMHA
Canadian Security Intelligence Service	CSIS
Center for Computer Aided Design (University of Iowa, Iowa, USA)	CCAD
Cognitive Behavioral Therapy	CBT
Cognitive Systems Laboratory (University of Iowa, Iowa, USA)	CSL
Deoxyribonucleic acid	DNA
Dialectical Behavioral Therapy	DBT
Diagnostic and Statistical Manual for Mental Disorders - Version 5	DSM, DSM-5
Early Warning and Combat Systems	EWACS
Emergency Room	ER
Eye Movement Desensitization and Reprocessing	EMDR
Government Communications Headquarters (UK)	GCHQ
Grand River Hospital and Clinics (Kitchener-Waterloo, Ontario, Canada)	GRHC
Health Insurance Portability and Accountability Act, USA	HIPAA
Health Information Protection Act (Canadian)	HIPA
Immigrations, Refugees and Citizenship Canada	IRCC
International Criminal Court	ICC
Kitchener-Waterloo Region	KW-Region
Lakeshore Health Corporation (Oshawa, Ontario, Canada)	LHC

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic/Agender and allies	LGBTQIA+
Local Health Integration Network	LHIN
Masters of Business, Entrepreneurship, and Technology	MBET
North Atlantic Treaty Organization	NATO
Ontario Provincial Police	OPP
Ontario Health Insurance Plan	OHIP
Permanent Residence (Canadian)	PR
Personal Health Information Protection Act (Canadian)	PHIPA
Psychiatric Intensive Care Unit (LHC, Oshawa, Ontario, Canada)	PICU
Research and Development	R&D
Special Air Service (British Armed Forces)	SAS
Temporary Resident Permit (Canadian)	TRP
United States of America	US, USA
United Kingdom	UK
United Nations	UN
US dollars	USD
US Federal Aviation Administration	US-FAA
US Transportation Security Administration	US-TSA
Waterloo Regional Police Services	WRPS
Work Permit (Canadian)	WP
World Health Organization	WHO

Editorial Note

This body of work contains a number of snare quotes indicated by the use of double tick marks ("something scintillating"). This choice was made for differentiating them from ordinary quoted text via the use of double inverted commas ("something illuminating").

Please consider not printing this document or any portions of it to save the ecology!

1. Summary

This document provides a list of grievances pertaining to damages suffered by me at the hands of various private organizations, as well as provincial and federal agencies of Canadian origin while I was living in Ontario, Canada from September, 2015 to February, 2021.

In presenting these articles and arguments the respective authorities and parties are hereby put on notice for bearing the costs of remedies, restorations, penalties and punitive damages due to the consequences and repercussions arising from their abject betrayal of trust as well as the various and several untoward, prejudiced, injurious, illegitimate, insidious, and murderous actions committed by authorized agents from such agencies.

A consolidated estimate of damages owed to the surviving victims and their families, apart from myself, can be created by reviewing the issues presented herein.

At the same time, an estimate of the damage that Canada can suffer for permitting or escalating this *irregular conflict* should also be factored into the course of action chosen by competent and responsible authorities.

1.1. Purpose of this document and expected outcome

All locally accessible legal resources within Ontario towards remediation were exhausted, as explained in *Sections 2* of this document. Therefore, the expected outcome is likely to come about exclusively from one of the only remaining options, that is:

1. An amicable and satisfactory settlement is arrived upon in a timely manner, through a mutually agreed and legally binding, international arbitration or judiciary process that prevents the second option from being carried out.
2. Reprisals, retributions, and retaliations are set into motion to counteract the coordinated, bigoted and murderous acts of cyberwarfare committed by various agencies of Canadian origin.

The only alternative to an international legally binding settlement, is to allow the conflict to be resolved through the use of force on an industrial and military scale.

It is likely that various private organizations, the Government of Canada and its constituent parts will not admit to their faults, liabilities and culpabilities in propagating clandestine modes of committing homicide and genocide against religious minorities, immigrants, First Nations peoples, and refugees in Canada. Such denials are also likely to be presented by the defendants in cases of coordinated illegitimate actions committed via medical institutions, secret services, and policing agencies against my family, contacts, and myself.

Additionally, in this situation, it would be entirely disengenuous to say that, "all of us bleed the same color and therefore we must forgive our antagonizers even if they have attempted to murder us using conniving methods of cyberwarfare, illegitimate detention, economic disenfranchisement, deprivation of reproductive rights, and political suppression."

And that is because only a select group of us have been repeatedly made to bleed over the past centuries in the name of homogenizing the cultural makeup of North America and Europe, greatly more so than others.

Denying and delaying justice for any of the listed matters presented herein is a participatory action within the overall, decades long mechanisms of government sanctioned stealthy abductions and murders of ethnic minorities and peoples of color, as well as in the medically induced incapacitation and incarceration of ``Canada's misfits.''

So it is about time that such heinous, state sponsored culpable actions were made to cease permanently, even if it were to require industrial and military retaliations.

— End of Section 1 —

2. Avenues exhausted

The following subsections provide the rationale for seeking justice and remedy via international mechanisms that supersede the localized jurisdictions and practices of provincial as well as federal courts in Canada, the US and the UK.

2.1. Legal systems within Canada

The main reason for me to contact a lawyer — Mr. Marwan Osseiran, in September, 2020 while residing in Ontario was to seek justice via legal measures regarding war crimes and genocides committed by U.S. led soldiers during the recent Afghanistan and Iraq wars. I had material evidence that during these wars American, Canadian and British soldiers, research and development (R&D) organizations, as well as their intelligence and secret service agencies, collectively, took part in indiscriminate mass murder of thousands of civilians using *industrial scale automated warfare*.

In retaining Mr. Osseiran I had expected that he would transmit my testimonial report, about such crimes against humanity using the format of an affidavit, to the International Criminal Court (ICC) at the Hague in Netherlands.

A number of related and incidental issues were a part of a chain of events concerning my possession of evidence detailing the methodologies used by U.S. led organizations in committing mass murders of civilians in Afghanistan and Iraq. This chain of events started around December, 2017 and is explained in following sections. It eventually caused the loss of consortium with my wife, and with other social as well as professional relationships.

The chain of events also delineates the most significant causal factors that led to me suffering due to injuries from biochemical and psychological harm inflicted upon me via coordinated, persistent assaults. These injuries and damages resulted from the coordinated actions of private organizations as well as provincial and federal agencies involved in — immigrations, social services, healthcare, justice, intelligence, defense, and policing within Ontario, Canada.

Mr. Osseiran was eager to take up these main and incidental legal issues I had put before him. However, it became evident to me after a year of retaining and working with him that he wasn't sufficiently qualified and competent in matters involving cyberwarfare and cyber-crimes. This was in contradiction to what he had led me to believe about his competencies prior to hiring him. It became apparent to me that he was still educating himself with the basic laws and legal frameworks of cyberwarfare and cyber-crimes at my expense. In this manner Mr Osseiran squandered my retainer fees and efforts while ultimately holding the invaluable evidence placed in his trust as hostage for further payments of legal fees.

The physical evidence mailed to him included a laptop which was to be sent to the ICC as a part of my testimonial report. We had gone over the verbiage of the affidavit thrice over a period of 10 months. When he shrugged his responsibilities saying that he had some misgivings about mailing an electronic device to a heavily protected facility I asked him to instead send the package to the Indian Embassy in Ottawa, Canada with a cover letter explaining my plight. I tasked him to do this because I had to travel to India to visit my ailing mother, and it was the only prudent option, that is, to seek the aid of my country's embassy.

Twice, Mr. Osseiran and I went over the entire verbiage of the cover letter that was to be included with the package addressed for — The Personal Assistant to the Ambassador of the Indian High Commission in Ottawa. We discussed this new requirement over a period of eight weeks. When he wanted to review the entire material a third time, it dawned upon me that he was dragging his feet and was unnecessarily delaying my work while charging me increasing fees for each discussion of how to handover the package to an authority.

After realizing that Mr. Osseiran's work was not upto the standards he had led me to expect, I brought up the issue of not paying him further and thoroughly explained to him that from my perspective, the previous amounts paid to him as retainer fees were squandered by him, and were owed to me in the form of proper legal services.

I also presented my feelings that the delay caused by him in matters concerning war crimes for the sake of his pecuniary greed was irrecoverable and inexcusable.

Particularly offensive and enervating were his statements indicating that "there was no deadline" for submitting any materials to the ICC for ongoing genocides via drone warfare. His lackadaisical attitude, lack of experience, poor judgment, and carelessness in matters of paramount importance and gravity concerning mass murders, mass tortures, and mass rapes evidenced and reflected the pathetic state of legal practices in Ontario, Canada.

I had to petition the Law Society of Ontario (LSO) to intervene when my final discussion with Mr. Osseiran in expressing these opinions and feelings was fruitless, and because he decided to invoke "solicitor's right to lien" for holding critical pieces of physical evidence about genocides as collateral, "for payments owed to him by me."

So, I must ask, under which sort of ethical and moral codes of conduct does one obtain the right to deny justice to millions of deceased civilian victims, as well as tens of millions of survivors suffering from loss and displacement, all in the name of milking someone like me for some more cash?

It has now been 15 months (upto end of September, 2022) of additional delay from when I first contacted the LSO regarding this issue. The review process of LSO wrote to me in a letter dated 9th

March, 2022 that it found no missteps, liabilities, errors, or misdeeds on part of Mr. Osseiran and his conduct. A final stage of review by the LSO is still pending.

The LSO also reneged its responsibility in answering the question of ethical and professional misconduct where a member of the Bar in Ontario decided to degrade the value of millions of lives of victims in ongoing genocides by finding a paltry excuse to derail due process of justice. Such delays and losses have thoroughly hampered and impaired my ability to seek justice on behalf of myself and the surviving refugees of Canada's war crimes, as well as for any of the issues discussed herein, via legal suits filed in provincial or federal courts in Canada.

It is plainly and bluntly evident that the culture of protectionism offered to cronies of the LSO in such matters, is sufficient grounds to reject the veracity and legitimacy of Canadian legal systems. The punishment for such obstructions and violations is to thoroughly incinerate all patents, articles of organization, and decrees that allowed for the formation, creation and operation of such organizations or entities like the LSO. Before this punishment is enacted and enforced, the LSO has one, final, and last chance, to prove its worthiness and legitimacy in light of the debt it owes to humanity and the fire that is about to expunge it from this world.

2.2. College of Physicians and Surgeons of Ontario (CPSO)

Prior to the ordeal with a lawyer from Ontario who managed to completely thwart my efforts in raising a voice as a whistleblower about war crimes, and crimes against humanity committed by U.S. led militaries, I had to fend myself from a number of assaults on my computer networks by hackers, and much worse ones upon my personhood by Canadian doctors. Both of these attacks were state-sponsored with aims of silencing me by demolishing my life and good reputation.

On 17th June, 2020 I was compelled to say the word, "satisfactory" to close the CPSO *Case file number: 1112765*, even though its outcomes weren't to my satisfaction and because I felt exhausted at the time.

Originally, on 12th June, 2020 I had raised a concern with the CPSO leading to the mentioned casefile being opened, about how a psychiatrist — Dr. Alexandra Paventi Douglas, in Canadian Mental Health Association (CMHA) had tried to forcefully revoke my rights to medical consent on illegitimate grounds.

The specific context regarding the incident in June, 2020 involving Dr. Douglas and my conflict with CMHA is as follows:

Collaborating members of CMHA had caused me to become institutionalised on 15th May, 2020 using the fabricated allegations of me being, "a violent psychopath with delusions of grandeur who identifies with mercenaries and has contacts with militia."

This was a blatant attempt to demonize me, and paint me as a deranged terrorist or a vigilante who was an immediate threat to the community. I had worked with R&D groups while I was a researcher at the University of Iowa for counter-terrorism operations, drone control systems, and communication engineering. All of my other work has been related to cognitive science, neurology, semiotics, and mobile communication software design.

By no means were any of the individuals within R&D groups from universities and private companies I have had affiliations with ever been vigilantes, terrorists, or militias of any kind. This is why, I do believe that the multitudinous range of illegitimate statements made by social worker Scott Grant, which were approved or seconded by Dr. Douglas, as well as by other members with supervisory roles in CMHA, were racially and politically biased against me being a male-muslim-asian, with a different cultural and behavioral outlook, along with a set of personal preferences that were different from the ones expected by a local psychiatrist and a social worker.

I deeply resent the libelous statements made by CMHA members against me, and for being labeled as a person with any sort of leanings towards, or connections with, any type of mercenaries or militia. This is because such a derogatory, disgraceful, and wretched act of character assassination is tantamount to labeling me as a terrorist by using spiked official, legal, and medical documents, as well as fabricated police records. Additionally, these indelible records have already been made available to every medical facility and policing agency. Such maliciously fabricated or spiked records about my health, personality, financial status, social status and legal standing have already been propagated throughout health integration networks and other file management databases. Such a fiendish act via the apparatus of government backed agencies was by design and genocidal intentions, which has also negatively impacted numerous marginalized individuals and communities in Canada for decades.

There are absolutely no means available, not only to me, but to any residents of Ontario and other provinces of Canada, to rectify or correct such intentionally propagated slander and libel injected into medical, immigration, financial and police records. These types of records are somehow far more unrectifiable than any other kind of government controlled records about citizens, refugees, residents and visitors.

There aren't even any kinds of penalties or fines that can be, or have been levied upon such people who thoroughly poisoned the life and medical history of persons like me with their sinister toxicity and insidiousness.

Here are a few additional pieces of necessary information for providing the appropriate context involving the topic of medical health.

In May, 2020 Dr. Douglas had used the assistance of a social worker named Scott Grant to fabricate medical notes, and to lie on an *Application for Form 2* under Ontario's healthcare statutes. This led to me being arrested and illegitimately forced into detention for two weeks, within a medical facility — the Grand River Hospitals and Clinics (GRHC), under the guise of medical treatment for psychosis.

At this medical facility physical tests indicated that I was in good, healthy condition. But then I was coerced into taking psychotropic drugs, by Dr. Abraham Popoola, based on his impressions from the falsified data injected into my medical records.

The drugs I was forced to take in GHRC had potentially lethal contraindications with respect to my actual medical history that were completely overlooked, or drastically downplayed by the prescribing doctors. The types of contraindication and subsequent complications caused by the medications are explained in *Appendix I and II*.

Such harmful drugs were forced upon me under tortuous conditions, against my will, while Dr. Popoola disregarded my strong concerns and forthright objections. These deliberate acts of medically induced injuries then caused me to suffer neuro-endocrine damage, and reproductive harm.

So, after filing a complaint with the CPSO on 12th June, 2020, the case manager notified Dr. Popoola as well as Dr. Douglas to obtain their responses. Subsequently, the CPSO was not able to give me a satisfactory result as they sided with the doctors, and said that the doctors had followed their training and protocols. It can be argued that the CPSO's standards for medical practices in psychiatry and psychology need to be deprecated, as explained in *Sections 13, 17 and Appendix VI*.

To address the issue of the social worker being prejudiced I was required to separately take up another discussion with the College of Social Work, which seemed futile.

Working with the bureaucracy in CPSO proved to be frustrating, that is why I had to ask that the case file numbered 1112765 be closed because CPSO's investigative procedures were inadequate, and could not have met my standards for adequate satisfaction.

2.3. The toll taken in receiving and sorting through my medical records

On 12th June, 2020 I had also requested CMHA for a copy of my medical records, to be released to me. This date was recorded in their notes but in the cover sheet of the released records the date is instead noted by their chief information manager as 17th June, 2020.

When I received a copy of my medical records on 18th July, 2020 more than 30 days after the date I had originally applied for it, I noticed a number of discrepancies in the given package of my medical data:

1. Firstly, the entire set of medical records from CHMA consisting of 273 pages was shuffled and deliberately made difficult to read with its contents made incogent. I had to spend months putting them back into the order of the page numbers printed on the sheets by the machine and software used for printing the set.

The records released to me from CMHA had misaligned hole punches with respect to the folder's clips that were redone after the stack of paper was removed, had at least 86 more pages that were not relevant to my medical data added to it, and then reshuffled before trying to fit them through the original hole punches. Those additional papers had a new sequence of page numbering from a different printer.

The final stack of paper also had handwritten page numbering from 1 to 273 on them, which did not match the printer's page numbering. All these features of the overall package proved how it was deliberately shuffled to disrupt its coherence and cogency.

2. Secondly, this was the only time I was able to learn the complete reasons for my arrest and illegitimate detention because at the time of my arrest on the night of 15th May, 2020, I was only told by the police and later by the doctors at GRHC in the Emergency Room (ER) that a social worker by the name of Scott Grant had applied for a "Form 2," which was approved by a Justice of The Peace. Why had Scott applied for a *Form 2* was never explained to me in a proper and comprehensible manner when I was being arrested and while I was in the ER.
 - a. My medical records eventually showed me the types of lies and distortions that were used in having me arrested, and how a Justice of The Peace — Justice Zeigler had conveniently signed off on misleading information put forth by social worker Scott, which practically branded me as an unhindged terrorist and a delusional violent maniac.
 - b. This knowledge became available to me only months after I was arrested and heavily drugged with psychotropics against my will, which was done under the guise of "therapy and treatment."
 - c. The lasting ill effects from the psychotropic and neuroleptic drugs, and the tortuous confinement within a medical facility, made it even more difficult for me to go through the shuffled medical records provided by CMHA during the months following my release from GRHC.

- d. It has taken me close to a year to sort through and read my medical history while still enduring the toxic, debilitating and potentially lethal side-effects of the psychotropic and neuroleptic drugs — that were forcibly administered to me via coercive means and genocidal intentions of punitive medicine.
- 3. Various digital records of the notes concerning my mental health that were written by Dr. Douglas and Scott Grant at CMHA, had been retroactively altered, on a particular date after I had brought up the issue of their malfeasance with the CPSO.
 - a. These records were deliberately edited retroactively to conform to the narrative of the lies introduced within the *Application for a Form 2*.
 - b. Even the *Application for a Form 2* was "corrected" on 8th July, 2019 to indicate that there weren't any plates or such things thrown by me at my wife in anger.
 - i. How can retroactively editing main justifications for an already enforced writ ever be allowed by any legal framework?! This is evidence of brazen fraudulence plaguing the core of legal institutes in Ontario, Canada.
 - ii. This issue of fraudulent and retroactively edited documents, involving offices of the Justice of The Peace in KW-Region, isn't some kind of a minor dispute about record keeping. This is a fundamental injustice, legal malpractice, and misapplication of legal statutes!
 - iii. The constitutionality of the concept of "Justice of The Peace" is also suspect and arguably illegitimate because such a member of the judiciary who has never passed any Bar examination and who does not possess any professional licensing is unconscionably allowed to sign writs as well as hold authority over the lives of vulnerable individuals.
 - c. The costs for obtaining a subpoena through a court order for the use of digital forensic analysis needed to uncover truths within CMHA's modified database entries — for the dates including and after 1st, February 2020 — has now become prohibitive for a single individual like me.
 - d. Additionally, even as I bring up these issues, my plight can be dismissed as persecutory delusions of a mentally ill, egocentric litigious person, to further discredit me and to wrongly delegitimize my objections, while denying or causing delay in the process of due justice.

4. Medical records released from CMHA note that on 12th June, 2020 — Scott Grant informed the WRPS to dispatch police against me, and additionally created a heightened system-wide alert against my profile on 17th June, 2020 using completely ginned up and exaggerated reasons for me threatening physical violence towards him.
 - a. It is evident that Scott was trying too hard to have me arrested or pushed out of the way, in order to prevent me from gaining access to my medical data.
 - b. And I didn't even go to CMHA's office building in Kitchener for a request to have my medical records released to me. I merely gave them a phone call and left a message! So in what way could I have threatened anybody with such a telephonic request? It is evident that members of CMHA were already suffering from the pangs of a guilty mind due to awareness of having knowingly committed fraud and harm against me, or against persons like myself.
5. More details about the treacherous and concealed methodologies of suppression that have been normalized across judiciary, policing, healthcare, and social service agencies in a systematic manner, and that have continued to be used against persons like myself, are provided in *Sections 11, 12, 13, and 14*.

It is undeniably and factually true that a range of debilitating and murderous assaults were perpetrated by official authorities and agencies against my life, relationships, economic wellness, personhood, intellectual and religious freedoms, civil liberties and basic human rights. The very authorities, groups and individuals in charge of preventing such crimes from happening committed them, instead of protecting the public from such tortuous harm and murderous injuries.

As such, the fundamental need to rectify and remedy their illegitimate coordinated actions provides the legal basis of a just cause leading to the only remaining option. That is, the option of seeking justice through rightful international mechanisms that mitigate the shortcomings within the localized jurisprudence and jurisdictions of provincial as well as federal courtrooms of Canadian legal systems.

However, there are currently no possibilities for me, my loved ones, and other contacts to be made whole, and to receive satisfaction, without the systemic faults ingrained within Canada's — legal and justice departments; policing and secret service agencies; healthcare, education and financial service providers; as well as accreditation, policy making, and regulatory bodies — being suitably rectified via the legal force of international mechanisms.

Furthermore, due to the bigotted, systematized, treacherous, genocidal and insidious nature of the umpteen crimes perpetrated by coordinating public service units in Canada, any and all excuses that

can be used by Canadian, American, or British government officials as well as by any private entities for stalling or denying inquiries into such matters, are to be rejected.

Possible excuses for denying justice or for causing delay could be, for example: citing technical errors, incredulousness, hopelessness, lost causes, or statutes of limitation. Such excuses are part of the systemic regime and methodology of perpetuating racially prejudiced and politically motivated crimes against ethnic minorities and peoples of color, for decades, which cannot be allowed to stand in any diplomatic negotiations, or in any international court of legitimate and equitable law. Accepting any such excuses would continue to allow such coordinated and organized criminals, who have wielded their government bodies and privately owned companies to willingly murder and harm tens of millions of individuals over decades — to get away with systematized crimes of genocide.

Hereby, the sections along with appendices of this document explain a series of issues tied to the chain of events that have led to this overall situation, which necessitates that equitable justice in such matters be obtained through — internationally applicable and re-enforceable — policies, procedures, and instruments.

— End of Section 2 —

3. University of Waterloo's devalued MBET degree

The main reason for my visit to Canada, on a student visa in September, 2015 was to attend the University of Waterloo's graduate studies program called the Masters of Business, Entrepreneurship, and Technology (MBET). The course was successfully completed in August, 2016. Following this I applied for and obtained an open work visa and a Temporary Resident Permit that was valid for three years.

In early-2018 I found out that the MBET program had been derecognized by the Ontario Ministry of Education as a proper graduate study program that could be used as a basis for obtaining a three year post-graduate work permit. As such I am grieved that my hard earned degree was significantly degraded in value and was delegitimized by Ontario's government.

All of the costs incurred during MBET and subsequent hardships arising from the degree certificate being derecognised are damages owed by the responsible parties to me and other members of MBET. In this particular matter, the responsible parties are:

1. University of Waterloo: For not creating and maintaining an adequate standard of coursework and graduate study program that could be recognized as such by the Canadian government.
2. The Ontario Ministry of Education: For it carelessly derecognized a program that had lasted for more than fifteen years at one of its premier institutes, without appropriate consideration for consequences of its actions on all of the previous and future cohorts of the MBET programme. Some of the more severe consequences of devaluing and degrading the MBET degree by the education ministry are explained as follows:
 - a. All legitimate graduate level study programs from Canadian universities allow students to become eligible for a three year post-graduate work visa upon successful completion of the program, except for MBET, which was relegated to the eligibility of a post-graduate work visa valid only for a single year.
 - b. One of the severely negative consequences of this issue impacting MBET graduates needing a work visa arises when potential employers try to verify the degree's existence as a full fledged masters program during a candidate's background checks. The companies performing background checks note that:
 - i. The degree does not even exist because of a confusion between MBE and MBET acronyms used in accreditation databases to designate the program, or
 - ii. The MBET degree is practically a one year certificate course that the provincial government does not acknowledge as a bonafide graduate degree worthy of a

- proper post-graduate work visa. A proper post-graduate work visa would have been valid free of any hassles to the potential employer as well as the employee for three years, instead of only a single year.
- c. This issue also prompts potential employers to pass on hiring an employee who may have to leave after a year due to a lack of a valid work permit, or due to the risk of the company needing to bear the burden of legal costs and other hassles in assisting an extension of the single year work permit.
 - d. The above mentioned points highlight a systemic fault that makes the University of Waterloo alumnus appear shady and dubious during background checks resulting in damage to reputation and loss of economic opportunities.
 - e. These faults also result in damages to the person's health from the undue stress of not having a proper post-graduate work visa with sufficient duration of time to support the well qualified person's ability to settle in Canada.

The University of Waterloo's — Conrad School of Business and Entrepreneurship, is likely to stay silent on this matter, or present a rebuttal against the claims by using the copout of:

"It's a feature, not a bug!"

They will most likely argue that the ability to avail a one year long masters program that does not count towards a proper post-graduate work visa valid for three years, is somehow ``preferred`` by most students applying for the MBET program. However, one can observe that only Canadian residents and citizens who attend the program remain unaffected by this issue.

If this intrinsic issue with the MBET program's design wasn't a fault and was indeed a feature worthy of providing a genuine advantage to students then shouldn't it be saliently advertised as such, within all marketing materials as well as the university's prospectus of study programs. But, the fact that the graduates of the program will be thrust into a gray area concerning visa requirements, work permits, and labour rights with subsequent immigration hurdles, isn't mentioned anywhere in the advertisements that attract international students to the MBET degree program.

Thus, the choice of policies and design of the MBET program has put international students through undue hardships. And therefore, the University of Waterloo continues to harmfully discriminate against foreign students who are disproportionately and negatively impacted by the faults within the Conrad School's flagship program.

Moreover, is it merely a coincidence that students from the Middle-East are more often than not, given a one year post-graduate work visa by Canadian federal authorities when such students apply

for a work permit using MBET degree, and other international students who graduate with the same degree, sometimes, get a three year post-graduate work visa by doing nothing different in their application for a visa and work permit.

How is it that the Government of Canada, the Ontario Ministry of Education, and the University of Waterloo managed to install and maintain such a booby-trap?

Such a trap is a nested and hidden barrier on the path to achieving regularized work, permanent residency, and citizenship. And it robs only the particular category of students needing a postgraduate work visa in Canada from availing socio-economic opportunities, who are unjustly and unfairly discriminated against.

This severely discriminatory and systemic issue arising from University of Waterloo's inadequate educational standards, faulty policies, and the grossly inconsiderate behaviour of the Ontario Ministry of Education, needs to be taken up as a class action lawsuit against the responsible parties.

— End of Section 3 —

4. University of Waterloo's harmful accounting and labor practices

In mid-2018 while employed as a "Casual Research Assistant" under Prof. Shavin Malhotra of University of Waterloo, I came to realize that my salary was being paid for many months from a made up account at the University of Waterloo that disbursed wages at the rate of \$20 CAD per hour, instead of the agreed upon employment terms of \$25 CAD per hour.

Did this issue arise from a clerical mistake or error? Not likely because the computerised accounting system only pays out wages based on standardized, predetermined rates.

Creating the new, improper payment account would have required a number of deliberate managerial actions and manual inputs into University of Waterloo's enterprise resource management system for payrolls.

Why would the University of Waterloo, which certainly wasn't short of funds, stoop to lowly acts of petty white-collar crimes and thefts? That is the most important question in this issue.

Committing such a petty crime of robbing a few hundred dollars per month from someone wouldn't make much of a difference to the university's balance sheets, as it already earns dividends from tens of millions of dollars of investments through various trusts and foundations. The petty nature of such a misdeed could only be carried out by a prevailing culture of habitual complacency or unscrupulousness.

From my perspective, their prevalent philosophy and attitude of, "fake-it-till-you-make-it" along with a typical "bait-and-switch" tactic were a significant cultural and causal factor in producing injurious outcomes from their actions of accounting mismanagement, during my employment with them in 2018.

As such, my disgust and dismay concerning this issue has been against the project management and accounting ``wizardry`` used within University of Waterloo departments that deprives its employees of — basic human dignity, appropriate compensation and benefits, and regularized employment. This is especially a severe problem that impacts the work, livelihood and lives of researchers and research assistants at the University of Waterloo.

My reaction to this type of a betrayal of trust was to formally resign from work assignments and to hand over all given research materials to Prof. Malhotra. I was forced to quit employment so that I could at least preserve my morals and dignity from having to work under unconscionable and illegitimate employment conditions. This caused me to suffer the subsequent financial, social, and emotional stresses of unemployment.

The responsible parties for this issue would need to include the managers of Conrad School of Business in particular, and the University of Waterloo in general, who carried out such injurious practices.

How many more people might have been negatively impacted by such practices, in how many departments of the university and since which dates, needs to be formally investigated to the fullest extent possible.

— End of Section 4 —

5. IRCC's online application and fee payment systems with faulty and inaccessible design

This section expresses a set of grievances about the way Immigration, Refugees and Citizenship Canada (IRCC) mishandled my Permanent Residence (PR) application.

I had applied for a PR under Spousal Sponsorship Class with a conjoined Work Permit (WP) on *17th September, 2019*. In doing so, I applied well in advance of my Temporary Resident Permit (TRP) expiry date of *14th November, 2019* with the appropriate fees. This was done as per the best efforts of — my wife, myself, and two staff members at the KW Multicultural Center in Kitchener. All these individuals diligently verified the completeness of the application package and its attached fees prescribed by the online fee calculator and submission form.

However, my WP application's submission date, as recorded by IRCC databases, became *10th December, 2019* instead of *17th September, 2019* due to:

1. IRCC website's inaccessible design, and mistakes within their online fee calculator and submission form
2. The responsible processing office's decision to reject my WP application by saying that the application package was submitted with "incorrect fees."

By thrusting this new and faulty submission date of *10th December, 2019* and by not preserving the original submission date of *17th September, 2019*, the IRCC caused me to suffer from:

- being deprived of access to dignified employment due to a year long delay in receiving a WP
- being deprived of access to healthcare through Ontario Health Insurance Plan (OHIP)
- undue emotional harm and financial distress
- significant wastage of money and effort in trying to get legal assistance in this matter
- deliberate political abuse at the hands of IRCC and Canadian government

The computer programming, accessibility and systems design issues within IRCC's online fee calculator and submission form during 2018 impacted many persons like myself. I can confirm that I was in touch with at least one more applicant who suffered in this identical manner. During that time period, no applicant could have submitted their application without first going through IRCC's fee calculator.

As such, IRCC forced their faulty systems onto persons like me, and then pretended that no harm was done.

IRCC rules might have required me to maintain a "Temporary Visitor" status *after 14th November, 2019* by applying for a new Temporary Visitor visa. However, no aspect of the PR application guidelines at that time indicated that such a thing was required if I were applying for a viable immigrations status change well in advance of my TRP expiration date.

Understandably, once the time period allocated on a temporary visitor visa or permit ends, the status of the person as a temporary visitor to Canada ends.

However, the status of the person as a human being with individual and collective human rights should not end under any circumstances!

If IRCC regarded me as an illegal person who had illegitimately overstayed in Canada then it should have promptly furnished me with a formal order stating as such and enforced it. However, IRCC did not do that as it could not have done anything of that sort through any legitimate means. The IRCC instead sidestepped its responsibilities towards applicants while pushing me and persons like me into immigration limbo.

Being stuck in immigration limbo for nearly a year caused me severe undue hardships and violated my human rights to — dignified labour and accessible healthcare.

All such injurious problems were strictly caused due to the faults on part of IRCC officers and systems with poor, inaccessible designs. No other persons or entities are to be held responsible, culpable or liable for various damages and injuries caused to me and persons like myself from this type of mismanagement, especially not any members of the KW Multicultural Center. This is because they too could not have avoided the faulty online fee calculator and improperly designed IRCC web portal when verifying my immigration application package, while helping me submit the PR application in September, 2019.

The issue of IRCC's poor form needs to be taken up as a class action lawsuit because of the large number of applicants injured by inaccessible design of IRCC systems.

5.1. Arguments concerning immigration application procedures and systems

1. IRCC's lack of salient, clear and accessible directives to applicants regarding "change in immigration status" from temporary to permanent resident can involve a politically dicey period called *implied status*.

- a. A forthright, clear and accessible definition of *implied status* pertaining to immigration applications was never provided in immigration regulations, acts, specified application forms, guidelines, or policy directives by federal agencies and IRCC.
 - b. Maintaining and propagating this type of a statutory snag or loophole allowed, and continues to allow the IRCC to create undue stress and hardship for applicants, which is a form of political suppression and abuse.
 - c. The concept of *implied status* is so inaccessible that it was found to be mentioned only once in some recondite part of *canada.ca* website's Q&A section by an expert legal scholar in Legal Aid Ontario (LAO), after weeks of her doing research into this subject on my behalf.
 - d. If a seasoned lawyer who regularly deals with immigration issues and applications took weeks to find even a single mention of the concept of implied status, how is any other person to ever know it and comprehend its impacts on their immigration application?
2. Should people trust and rely upon federal websites and portals maintained by the Canadian government?

IRCC may posit that an applicant should have the magical foresight, clairvoyance, and intuition to assume suspicion and doubt in their website's functionality due to hurdles, poor design, technical dysfunctions and/or errors of omission. If people did have such clairvoyance about dysfunctional government service providers and outlets, it would lead them to abandon "good faith" while interacting with IRCC and similar federal agencies of Canada in every medium of interaction.

So, the IRCC may instead want to provide a salient and prominent warning on their website's landing page, about the lack of accuracy, authenticity, accessibility and reliability of information provided therein. This way, the IRCC could explicitly deny and disclaim responsibility for diminishing any applicant's faith and trust in their website's technical functionalities, and in the veracity of information presented via *canada.ca* webpages.

As such, this issue also concerns the special degree of injuriousness posed by IRCC systems to persons with accessibility needs and for persons with disabilities.

3. So would the staff and managers in the IRCC like to disclaim their responsibilities for implementing accessible websites and webpages pertaining to their services?

The systems developers, staff, and managers of IRCC haven't provided such a disclaimer on their website, most probably because they clearly understand how and why it is their sole and exclusive responsibility to maintain the accuracy, authenticity, accessibility, usability, and reliability of the information provided through their websites.

4. Does the Canadian government adhere to precepts of accessibility, right of information, transparency, public accountability, and equitable socio-economic prosperity of persons within Canadian territories?

If it does, then it ought to encourage people to apply for government services via self-reliance and self-determination, using appropriately designed websites for remote services, and through properly maintained offices for in-person services.

5. Shouldn't people be encouraged to use such tax-funded facilities without requiring ``a scholarly lawyer's supervision,`` while interacting with the government for day-to-day business?

This serious matter needs to be redressed immediately because:

- a. Implicitly or explicitly pushing visitors, migrants and refugees towards the use of immigration lawyers, or representatives, who can use their magical power of backchannel communication with IRCC offices to aid the applicant, only creates a culture of mistrust while destroying the precepts of public accountability and transparency.
- b. Often, immigration lawyers correctly advise their clients that immigration policies change too quickly without the change being reflected on *canada.ca* website and on guidelines for application forms. This causes immigration offices to robotically reject applications that would have been accurate as per older rules and norms, when processing officers try to validate applications based on new rules that only they have come to know.
- c. Changing immigration policies and contents of application forms without proper notice through publicly accessible channels directly causes people to harbour an assumption of government based malfeasance and misconduct during all subsequent interactions with government offices and systems.

By not admitting their fault publicly and by not taking responsibility to make satisfactory changes and remedies to rectify such issues, IRCC and the Canadian Federal Government have continued to bluntly and unrepentantly erode the trust and faith reposed in them by visitors, migrants, refugees, and the international community.

— End of Section 5 —

— Please turn to the next page —

6. Canadian agents engaged in close quarters spying

This section describes an incident where I felt that an unscrupulous method of spying was used against me, my family, and contacts through an agent of Canadian provincial or federal services, who appeared to have been tasked to intercept me at a private gathering in a friend's house.

On the evening of 4th February, 2020, my wife and I were invited for dinner by a friend — Mustafa AlMidani, who is a Saudi national, at his residence in Kitchener. There we met an individual named Ibrahim Hussein and his wife.

During polite evening conversations the tone of Ibrahim suddenly turned more interrogative about my private relationships and activities. I offered Ibrahim the opportunity to ask me twenty questions about my background that I would only answer with a "yes" or a "no."

He accepted this offer and said that he knew how to handle somebody like me. He continued to probe me about my place of birth, reason for being in Canada, having a marriage certificate, etc. These types of questions are obviously not brought up by any person meeting someone for the first time in a casual setting as guests at a dinner party.

At the end of those twenty questions I asked Ibrahim if he was satisfied with the knowledge he had thus obtained about me. He didn't seem sufficiently satisfied and wanted to know more about my future employment plans. During the conversation that followed I told him that months of waiting for a decision on my PR application without employment had caused me and my family a great deal of undue hardship. To which he said,

"We can put you through a 12 step process or a much longer 23 step process if we suspect you."

This is how I came to believe that I was being spied on by an agent of a provincial or federal office. How would an ordinary person know about the precise number of steps involved in the vetting process of a PR application? I believe that Ibrahim could have acted on the threat he made about creating hurdles against the completion of my PR application — out of insensitivity or whim.

I wasn't able to confirm if Ibrahim, as an undercover operative or recruit of a Canadian agency working on intelligence gathering, was tasked to obtain information about the families present at that private event. However, the indications of things being as such were strong.

Due to this incident, I felt that the type of betrayal and methodical invasion of privacy negatively impacted my wellness, not only because of how it impacted the relationship between my wife and I, but because of how such forms of interrogation have continued to be systemically practiced against

muslim families by government agencies in Canada, as a direct violation of human rights of citizens, residents, non-residents, immigrants, and refugees.

This incident decreased my trust in the Canadian government and its federal immigration authorities, particularly in the trust towards their sincerity to abide by *The Human Rights Charter*. For me this incident proved sufficient evidence of coercive procedures applied by government forces because of the type of interrogation I faced on that day. It felt like being ambushed through an act of betrayal and deception to exploit my trust in Canadian society, and to pry into the personal affairs of my family and into that of my friends.

Such a sly and crooked act, committed in bad faith, would have been a violation of the privacy and sanctity of a trusted friend's home and my cultural norms. And, I firmly believe that such an undercover agent could not have been deployed without prior permission, premeditated designs, and meticulous training through a state sponsored agency.

In essence, I felt that this incident was also an assault on my honour as well as a betrayal of the trust I had reposed in the forthrightness and legitimacy of Canadian immigration procedures and federal authorities.

Regarding the information presented in this particular section, I fully understand the weakness of my current position and claims. I also recognize that even if, in this incident, I was genuinely being spied on by a Canadian agent within private closed quarters, the Canadian government is unlikely to solemnly confess to obtaining information about me or other migrants, refugees, non-citizen persons and private entities through such invasive and harmful methods.

The Canadian government could also try to avoid admitting to any liabilities and culpabilities in causing psychological and social harm to a person such as myself via their coordinated, surreptitious, and tortuous means of thoroughly violating the sanctity of — personal and harmonious spaces.

In their defence, officers of the Canadian, British, and American governments as well as their intelligence units may even resort to a provision in some ``Secrecy Act`` of their country, or provide justifications about the necessity of such clandestine practices in pursuit of their ``duties`` when pressed on such issues.

Unfortunately, I do not have a straightforward means of being vindicated in this particular matter. However, due to the gravity of the overall situation expressed in this document, it is required that I pursue justice regarding this matter by having all data collected via covert and overt methods by various Canadian agencies, their inter-government partners and their private contractors as well as

sub-contractors — pertaining to me and all of my known contacts — be submitted to me through proper and confidential channels of the Indian Embassy in Ottawa, in a collated and legible format.

The above-mentioned *immediate requirement* is to be carried under the legal obligations of the Canadian government to provide all such data and a full compliance report as per the statutory Right of Information Act for its citizens and residents.

This *immediate requirement* is also to be fulfilled cordially and properly, under the legal maxim of *habeas corpus* to show cause and justification, for me being wrongfully detained in a medical facility during the month of Ramadan in May, 2020.

Regarding said detention in a medical facility, I firmly hold that it was politically motivated and was illegitimate as it was done using false pretexts, by fudging medical as well as police reports, under planned and coordinated collaboration among civic office bearers towards willful harm, and through manipulations of my wife that led to her becoming fearful of me and developing an anxiety disorder.

One of the main persons who deliberately manipulated my wife via suggestions and loaded questions was a social worker named Debrajjoy Brookes.

The continuing negative and harmful effects of incidents described in *Section 5 and 6* impacted the subsequent chain of events leading to the illegitimate detention via a pernicious knock-on effect.

The seriousness of the eventual type of detention was due to the way it was used by public service officers to deprive me of my civil liberties, basic freedoms of thought and expression, of mobility, and in particular — the right to practice religious customs.

Furthermore, I was forcibly subject to torment, and physical abuse via murderous bodily harm, at a state-regulated medical facility under the guise of "psychiatric treatment."

The purpose of my narrative in this section is to clearly delineate my stance and position on topics concerning — privacy and human rights violations committed through secretive means and illegitimate political motives of state-sponsored programs.

The dastardly nature of such violations was compounded due to the deeply ingrained xenophobic, and islamophobic beliefs and attitudes held by the offending state-sponsored agents and agencies.

By no means will I compromise, relent, or yield on this matter without receiving duly owed justice to my satisfaction in the overall situation expressed in this document.

— End of Section 6 —

7. Misappropriation of public resources to fund unnecessary policing in Ontario

This is an issue of cunningly attempting to transfer the building at 200 Frederick St., Kitchener to secret services and policing units for conversion into a police headquarters, without appropriate public consultation and standard procedures of town planning. Advancing the militarization of police to oppress people instead of investing the very same resources into public education, healthcare and cultural support is a form of gross misappropriation of public funds and assets.

In fall-2019 I happened to notice the secretive construction work being carried out at 200 Frederick St., Kitchener while traveling past the location. When I requested details about the location's site plan and activities through an application for a "Right of Information" via the Kitchener City Hall, I discovered that no permits were issued for doing teardowns, excavations or new renovations to the exterior of the building.

Investigating further into the matter using public records revealed that the building was being prepared to be converted into a new regional police headquarters without construction permits and public consultation authorizing the transfer and conversion of public goods.

One may assume incompetence rather than malice to suggest that the city council was simply unaware, or that it accidentally did not file the appropriate set of permits.

So one can assume that work for modifying the building's exterior was done without having a public consultation or vote among council members because it was insignificant, or because somebody just forgot to record those discussions in the council meeting minutes. All of these kinds of assumptions would be akin to saying that people can be careless and absent minded enough to accidentally walk through a solid closed door without opening it.

At times, when officials do get caught embezzling or committing foul play it is often a last ditch effort to avoid greater penalties by feigning incompetence, and by coming up with other paltry excuses or cover ups. However, in this case the level of incompetence among city managers and engineers would need to be so high that it would be as disgraceful as embezzlement if not worse.

Evidently, the Province of Ontario, Region of Waterloo, and Kitchener City had cunningly diverted the building, its land, and more than \$64 million CAD to increase police presence in Kitchener-Waterloo Region (KW-Region). This wasn't a small or insignificant transfer of public goods, and it was done in conjunction to enacting austerity measures and cutting public funding to: Kids Ability, Homeless Youth Shelters, Women's Shelters, Refugee Welfare programs, and programs for Protection of Rape Victims.

These officials plainly decided to act in bad faith against Ontarians as demonstrated by their preemptive, covert methods of increasing police presence to pressure disenfranchised residents. City officials willingly did so by depriving around 230,000 new immigrants and refugees of their rightful access to quality healthcare and affordable housing.

These hundreds of thousands of newcomers shoved into underserviced parts of Kitchener, were greedily harvested from all over the world during the years 2016 to 2019, only to be thrust into poverty and stressful situations by having their access to public amenities stripped away through willful guile and deceit. These new immigrants and refugees, majority of whom were from Middle-East Asia and Africa, supposedly needed policing instead of housing, healthcare and cultural support. This is how modern-day slavery and human traffic has come to persist throughout the western world.

The systemic form of misappropriation of public assets in KW-Region, would undoubtedly, only extend and exacerbate the existing culture of xenophobia, suppression, cruelty and inhumane activities carried out in North America by official agencies against visible minorities, ethnically diverse communities, First Nations, new commers, and refugees.

The covert nature of increasing funds, land utilization, office space, equipment, and personnel for "enhanced" police services was a clear indication of an illegitimate attempt towards militarization of the region's police that could have only resulted in harsher policing tactics against crowded migrants. The stealthy approach to do so also indicates an awareness of guilt, on part of the various private contractors, lobbies and officials for misappropriating public funds and, thus, wanting to hide such a disgraceful act of robbery from public view and accountability.

These types of misappropriation have continued to be carried out by unscrupulous officials in Kitchener-Waterloo Region, who renege their fiduciary duties while cunningly preparing to arm the police, in advance, and in anticipation of public outcry and dissension. Our daily struggles and plights have only been compounded by such theft of public goods and services, due to systemic malfeasance within local government structures!

Thus, immigrants and minorities like myself were deliberately and sneakily robbed of social and economic resources. In this manner, over the years, we have been repeatedly thrust into an unhealthy environment towards dull, dirty and dangerous jobs without proper compensation and without suitable options for healthcare and housing.

This section as well as the overall documentation provides clear evidence of how citizens, residents and visitors have been systematically oppressed using covert, prejudiced, premeditated and

coordinated actions among authorities and government officials and staff of Kitchener City, Waterloo Region, and the Province of Ontario as well as those of the Canadian Federal Government.

So, the responsible parties that need to be held accountable are the officials of the city, the region, as well as provincial and federal agencies who were involved in, or gave way to such corrupt, shady, and underhanded dealings. Their lack of appropriate oversight of public needs and surreptitious actions resulted in the decay of public trust and degradation of public equity and environments, while enriching private contractors who were illegitimately tasked to do work on the sites and buildings like the one at 200 Frederick St., Kitchener, Ontario.

— End of Section 7 —

8. Cyberwarfare tools used against me and my company

This section details some of the most offensive, sneaky and dastardly abuses of power and authority I had to endure at the hands of intelligence and policing services, that have been active within KW-Region of Ontario, Canada. At the very onset, I can offer the following option to the Government of Canada towards a settlement of the particular issues expressed in this section:

If the heads of Waterloo Regional Police Services (WRPS), Ontario Provincial Police (OPP) and the multiple wings of Canadian secret services collectively issue a sworn statement that, "neither of such agencies or their contractors conducted any type of coercive, invasive, tortuous, or threatening activities against — me, my private living spaces or my relationships; and that not a single one of them, at any point in time, engaged in any type of surveillance activities via any direct or indirect methods involving my: home, digital devices, financial records, health records, whereabouts, communications within any media or modality, contacts and/or relationships" then I can let go of the particular issues presented in this particular section.

Of course those agencies won't be able to provide such a sworn statement or pledge so let me continue to explain how their wretched actions caused harm to my livelihood, sense of belonging, my family and business relationships, and to my overall health and well being.

1. First set of incidents:

Throughout October 2019, the camera's flash on my phone would automatically turn on in flashlight mode and stay on, whenever a police cruiser would go by my home and blare its siren for a brief moment, just as it passed by my apartment building on 310 Queen Street South, Kitchener. This would happen three to four times a week, late at night, between 10 pm and 3 am. This was precisely consistent, each time, with the police siren blaring for a moment right outside my bedroom's window, which faced Queen Street on the first floor of the building.

Such belligerent and repeated violations of my peace were deliberate scare tactics aimed at startling and frightening me while using tortuous methods designed to cause sleep deprivation, fear and agitation. These kinds of subtle, psychological tools that conveniently leave no trace of being deployed by — the police and their supervisors — were used for causing terror, for antagonising innocent civilians, for depriving people of their quiet enjoyment of an unspoiled home and neighbourhood environment, and for deeply disrupting a targeted person's mental peace and wellness.

It was evident to me that an individual police officer, or a group of local police officers on patrol

were able to use their vehicle's equipment to communicate with my phone via the push-notification-module of the emergency-services-system-library of Android-OS. This method of communication is controllable by first responders. However, its usage requires a legal warrant or an actual emergency situation like a natural disaster or an abduction associated with an amber alert. This is how an emergency communication channel strictly reserved for search and rescue operations was abused for harming vulnerable individuals in a targeted manner.

The more heinous issue was that the same tactic was being used against homeless youngsters who had taken refuge in the youth shelter called One Roof next to my apartment building. Based on my interactions with a number of youths from the shelter, I can say with certainty, that the police had abused and harassed those disenfranchised homeless individuals, to scare and drive them away from One Roof on Queen Street, Kitchener, Ontario.

Two months after these continued harassment drove people away from the shelter, it was opportunistically demolished by Vive Development company to give way to a new apartment complex. This was a strong indication that a local business group with its contractors had employed *dirty police officers* to clear the location's legitimate users, before taking over the land.

It can be observed that the very label of, "at risk individual," ascribed by social or policing services to individuals already suffering from misfortune, was being ruthlessly used as an identifier for targeting vulnerable people by officers from those public services charged with the duty of care for protecting and supporting them.

This is the day-to-day reality of corruption in Kitchener, Ontario, Canada where the police are wielded by business dons to drive away minorities, refugees, meek and huddled homeless people, as well as persons of color — for the sake of personal gains and profiteering through the abuse of publicly vested authority.

In this tragic case, how will the youth that were terrorised and chased away using overt and covert methods of harassment ever be recognized and compensated?

2. Second set of incidents:

Also in October 2019, the indicator for my phone's GPS location services would turn on for a few seconds, each time I would turn on my phone's WiFi. This was confirmed by my wife and I, on numerous occasions throughout October 2019. If I turned on the phone's WiFi outside my home this issue would not happen. At home, I removed the SIM card and tried toggling the

WiFi, and the phone would still automatically turn on the location for a few seconds.

This was a sufficient indication and a cause for concern that a digital hacking tool had been used against my phone to collect data on my location and whereabouts. This type of a sophisticated cybercrime is very difficult to conduct on a Samsung Android phone as it requires a method to circumvent the phone's manual user inputs as well as other fail safe settings in the phone that prevent the leakage of its GPS location.

I knew that such geo-tracking methods could be perpetrated using cyberwarfare tools available to secret services of The Five Eyes intelligence group because of my professional R&D work in the area of computer networks and digital security. Hence, a feeling of deep dismay due to severe violations against my privacy began around this time in 2019.

Being tracked by groups that could exert such brute force via cyberwarfare tactics and malicious digital tools against persons like myself, greatly upset me. It also hampered my work and harmed my well being. This act of betrayal of my trust showed a complete lack of good faith by various authorities, because of the way they injuriously surveilled my home, personal and private affairs, movements, and communications for reasons, which were never told to me or brought to my attention through a formal and straightforward written notice.

3. The third incident:

In the second week of November 2019, the day after I happened to mention during a peer-support group meeting that I was in possession of various evidence about the involvement of U.S. led soldiers in war crimes committed in Afghanistan and Iraq, my personal computers were hacked. And the particular folder containing the evidence was tampered with. The folder included names and affiliations of individuals from American, British and Canadian origins. It showcased the details of their method of committing mass murder of civilians in Afghanistan and Iraq from 2003 to 2010.

Also, according to news media outlets, those automated killings of civilians via aerial drones as well as incidents of rapes and torture of Afghan civilians, by US led troops and their contractors, particularly by Australian ones, had continued throughout the period of 2010s and into 2020s.

The place where I had attended the peer-support group meeting was a private location where, "trust was of paramount importance." I believe that such an attack that completely violated my trust and privacy could have only been carried out via the help of trained intelligence units with local authority and jurisdiction. These units demonstrated their stance and position of animosity

and hostility against me by defiling my personal security, and by aggressing against my life using covert and coordinated means of hostile attacks using cyberwarfare tools.

As such, the instigating intelligence or secret service units that desecrated the sanctity of the only remaining physical and online safe spaces available to me, opened themselves as well as the policing and private companies aiding them, to justified retaliations.

One may argue that in this particular case I am expressing a selective bias towards ascribing malice to American, Canadian or British intelligence and secret service units by connecting two possibly unrelated events — the first event, where I happened to mention the digital location of a copy of sensitive material in my possession at a private venue and the second event, where I discovered on the next day that only that individual set of digital folders containing the sensitive information were hacked into by an assailant.

Couldn't it be that a generic hacker, not connected to any of the Five Eyes intelligence group or other secret services was lurking in my computer networks, who then chanced upon a folder that seemed lucrative enough to steal?

This is unlikely because there was another folder location in the same computer network that contained other pieces of information connected to the hacked folders, which remained untouched. And I do believe this was because I did not mention anything about the second set of folders outloud during the peer-support meeting.

A generic hacker sifting through all files in my computers looking for things that contained anything about Afghanistan, drones or war crimes would have found and taken those additional files as well.

4. So what can be done about such a peculiar set of incidents that is now rather difficult to verify or investigate?

I suppose, nobody and no one can possibly do anything sensible in tracing the attackers and punishing them.

Perchance, if those assailants were using cyberwarfare tools and computer servers provided by Battelle Inc. and Fire Eye, and those tools happened to get rerouted against those insidious attackers during their subsequent phase of attacks and incursions, then, supposedly, some measure of justice was served in creating a better sense of balance with respect to this particular incident.

All of these incidents deprived me of health and mental peace, and forced me to divert my resources towards rebuilding my computer networks as well as painstakingly resetting my phone's firmware. The incidents explained in this section also caused me to lose the opportunity to work on my private company, to follow up on pitches for venture capital to potential investors, and to service ongoing business operations.

These losses were severe as I was hindered and diverted from being able to follow up with potential investors and investment groups for building the startup, and from maintaining existing business relationships.

The hacking incidents also violated and breached the privacy of my clients' data that was securely protected within my company's computer network and online account. It also jeopardized the intellectual property vested in my company and diminished the equity of the company's employees while also breaching the privacy of their private and protected data.

These assaults upon my peace, private properties, relationships and health caused a further loss of earnings and income over the subsequent years. The more disheartening and disappointing loss was in not being able to utilize the company's main intellectual property to perform services for elderly care and for persons with different forms of dementias or memory challenges. Such opportunity costs have been considerably high.

The issues highlighted in this section of the overall chain of events are indicative of a systemic fault within the region's policing and judiciary services that unnecessarily targets, molests, and harasses persons it unfairly characterizes as being ``suspicious, vagrant, derelict, or `at risk` of becoming a burden or a threat to society.'' Worse, their wrongdoings are perpetrating using menacing and terrorizing tools, techniques, strategies, and tactics of cyberwarfare.

— End of Section 8 —

9. Repeated home invasions threatened my family's physical security, safety and peace

The issues explained thus far may cause a reader to perceive that the overall situation concerns a chain of events that caused loss of earnings and monies due to malfeasance of several institutions, suffering of personal injury at the hands of policing and healthcare related services, and a distinct number of endemic human rights violations against communities of ethnic minorities, and people of color.

The above form of an assessment would be correct and almost complete.

However, the main issue in case of these violations and home invasions stems from the involvement of regional policing and secret services that caused me to lose my home, my marriage, and a child that my wife and I were planning to have in the coming years.

I have struggled to write about this issue and express my grief for more than a year. Even now I find it too difficult to get myself to write about the loss of a child who didn't even have the opportunity to be born.

On four separate occasions a policing or secret service agency unlawfully entered my home when it was empty by lockpicking through the front door, or by replacing the lock, or by having the building's superintendent open my apartment's door using a key.

1. The first incident was in the last week of September 2019. On one of the days in that week, I came home with my wife from an errand to discover my ear plug placed on my pillow, in my bedroom, with the insignia Delta Kappa Kappa stamped on it.

The actual design of the insignia was of this shape:

「**KK**」

I have now come to learn that such a set of letters can also be read as Nabla Kappa Kappa. I had shown this peculiar thing to my wife immediately after finding it on my pillow while the other ear plug was in its proper location where I regularly kept the pair on a shelf next to my bed. We then tried to find how the symbols could have been imprinted on the ear plug but were unable to find any possible means of deep blue ink being transferred onto the plain, orange ear plug. The letters also had small squared indentations on the corners.

This type of an insignia indicated that an intelligence or a military unit was bluntly signaling that

they could get to me and my wife, even in our private bedroom, without anyone being able to do anything about such stealthy home invasions.

It can be said that I am merely stating a conjecture in believing that such a marking could have only been made using a stamping tool — similar to ones used with ink pads. One can say that assuming such markings were an insignia of an intelligence or a military unit requires some additional knowledge, so as to not leap to a conclusion.

However, this was, and still is the only logical explanation available to me regarding this incident, though I am unable to share additional knowledge for safety reasons.

On the day we discovered this untoward incident, I could see that my wife understood how someone had violated our home and our privacy by entering into our bedroom, and going through our things. She became nervous and eventually developed an anxiety disorder. But on that day she chose to convince herself that any other possible explanation would be more fitting to explain the inkpad based stamp on the ear plug, and subsequently decided that I was showing signs of paranoia for concluding that such an incident was a targeted attack on our lives and private living-spaces by a covert threat actor.

Out of disgust and fear, I discarded the ear plug. But worse, I couldn't mention to my wife that in the weeks prior to this incident, I had spoken to a social worker — Coleen Pacey, in the Canadian Mental Health Association (CMHA) about having evidence of war crimes of US led troops in Afghanistan and Iraq, which could independently corroborate some of the documents leaked by Edward Snowden in 2014.

I couldn't even explain to my wife that I had such evidence that implicated persons and agencies of Canadian, American, and British origins. This was out of credible fear that she would also be targeted in suppressive threats and actions against me, if she were to come to know of such details. I did not want her to become party to any knowledge about those war crimes, and to then become a casualty from other attacks directed at her to eliminate the possibility of such information being reported to the public by anyone.

This incident is not a matter of what I came to believe, perceive, or how I came to interpret an incident that can sound trifling or inconsequential to someone reading this document. It's a matter of recognizing the strategies, methods, and tactics of such military units as well as the ones used by their contracted combatants and intelligence gathering structures — due to my research work for US led troops concerning the deployment of manned and unmanned entities, at the battle theater level of warfare in Afghanistan, during the period 2007 to 2010.

It has never been feasible for such bad actors to pin me down as an unregistered agent of a foreign state, or a member of a rogue group, in order to arrest and suppress me because of the lack of my affiliation with secret agencies and groups. Nor have I committed any type of criminal infractions within any jurisdictions of the world, so they did not have an easy way of putting me away with an arrest warrant, in the manner other whistleblowers had been targeted. It was apparent that they had instead opted to terrorise me using stealthy, psychological and cyberwarfare tactics.

Such threat actors managed to perpetrate their pernicious actions on Canadian soil by finding ways to spoil my life and to discredit me as a witness of war crimes, using tactics that could ``fly under the radar.''

2. The next incident was in early November 2019. It involved someone illegally entering my apartment and uprooting a plant in my vase, which caused the plant to die.

My wife and I had returned home to find the plant was loosely put back into the earthen pot and was drooping over from being uprooted. I looked for other things that had been disturbed in our home during this incident and discovered that a listening device had been inserted under one of the cabinets in my kitchen which had a flat, circular, disk antenna. I ripped away the disk antenna and discarded it but kept the empty earthen vase.

I then firmly tied the earthen vessel to the handrail of my balcony facing Queen Street to display to them that they had succeeded in hurting me. I still haven't been able to explain to my wife why I insisted on keeping the empty pot on that ledge.

The plant had important sentimental value for it conveyed the sacredness and purity of nature (Rabb). They defiled and thoroughly desecrated the sanctity of my home and all that was meaningful to me. What they left was the empty earthen pot.

The Austro-Hungarian neo-nazis embedded within the region's police and secret services may not come forward to admit to such violations, and may continue to evade justice.

3. Their next and third stealthy invasion of my home and properties was conducted on the 12th of February 2020. This is when they entered my home while my wife and I had stepped out for grocery shopping. They did so without forcing through or prying open the main door, to steal a used condom from my trash.

This incident is one of the most painful ones for me to remember and write about because every February I am reminded about how my wife and I were planning to have a child, who can now be considered to have died because of these invasions.

The only persons who would commit such a deplorable act, in my opinion, would be agents looking to match my stolen seimen with a database of entries about DNA evidence found in cases of crimes like murders or sexual assaults, or to deliberately and maliciously plant my seimen as evidence in a similar police case to frame me so that I could be arrested for imprisonment or sequestered at a black-ops site.

At present, I can say that these malicious agents operating within Canada were extremely persistent and coordinated in carrying out their underhanded attacks, and that they were extremely cowardly and treacherous. For when has anyone met a sly and crooked agent who also wasn't a dishonorably treacherous coward?

It was their strange persistent attacks, and the sophistication within their coordinated efforts across agencies that imperiled my family to the maximum level of threats to life, privacy, livelihood, and material property.

4. Lastly, on a day around the end of March 2020, I noticed from my kitchen window that a police cruiser was parked in the service alley blocking the rear entrance to the building. On the preceding day, a similar police SUV was parked in the building's visitor parking lot. And when I exited the building via the parking lot entrance to walk to the local pharmacy around 2 pm, the parked police vehicle immediately started as I walked past it, and then slowly tailed right behind me for almost the entire length of David Street, as I walked towards the pharmacy. The vehicle then suddenly revved up and sped away as I neared the corner of David and Joseph Street.

This was a typical intimidation tactic and the police were willingly trying to disturb my peace. So on that day I became more alert when I saw a police vehicle blocking the rear entrance of my apartment building for hours.

When I went to my bedroom from the kitchen, I noticed that the air conditioner vent on the bedroom's ceiling wasn't making the white noise I had set it to make, months prior to this incident. The vent was instead fully closed. I hadn't closed it. My wife hadn't done so either because she couldn't reach the ceiling vent by any means. She also told me that she hadn't closed it. And because the vent wasn't making the white noise from air blowing through its finely adjusted slats, I had to wake up due to noises in the service alley, between 5:30 and 6:00

am on that day.

That is when I went to the kitchen and noticed the police vehicle next to the building's rear entrance for the first time from the kitchen window. I then returned to my bedroom and tried to go back to sleep. I then woke up around 7:30 am. When I went to the kitchen window, I saw the same police car still parked at the building's rear entrance.

The way the ceiling vent was closed shut, led me to believe that a person had illegally entered my apartment the previous afternoon when the house was empty.

Concerning this incident, I cannot conceive of any other possibility, other than the police or other secret services looking for narcotics, firearms or other such things in the vent — similar to someone previously searching inside a potted plant vase — during an illegal search without a warrant.

So, that morning around 8 am, I decided to call — the local police — and inform them that I suspected someone had broken into my home. The officer on the phone told me that a constable would be dispatched to my apartment to collect information but would most likely come by later in the day towards the evening.

I then stepped out of the house, and exited the building through the main entrance to go for a walk. When I returned home twenty or thirty minutes later, my wife told me that The Head of Investigations for Break-ins with another constable had visited our apartment, just a minute or two after I had left the apartment. She was surprised by them coming to our home so quickly because she was expecting the police to visit later in the evening. However, I wasn't particularly surprised because I knew that police officers were sitting in their vehicle, right outside the building in the service alley, for the duration of the entire morning.

The officers who visited my home told my wife that they could not find signs of a break-in, found nothing reported to be stolen, and that my reasons for suspecting a break-in due to a tampered vent seemed spurious. Later, the dispatch officer phoned me to let me know that constables had already visited my house and had talked to my wife to find no signs of illegal or forced entry. The dispatch officer told me that I might have been imagining things and hung up. My wife heard this conversation as it was on the speakerphone and became more convinced that I was being paranoid because she said that even the police officer on the phone thought that I was imagining things. This is also the issue and time period she referred to whenever

she talked about being anxious or worried about me having psychosis, because she thought that I was "impulsively buying comic books, writing many emails, and 'calling the police'."

There was in fact another incident during those days in which a biochemical attack was sprayed onto us when we were in the Kitchener Public Library. We simultaneously noted the distinct and sudden effects of something causing an intense taste of turmeric.

The incident at the Kitchener Public Library made me realize that she already was, and could very well become a much more unfortunate victim as a bystander, in attacks directed towards me at our apartment, in our friend's house, and even in public venues.

In the days following this final incident I decided to bring up the conversation of a divorce with my wife because I thought that separation and divorce would give her some protection from becoming a casualty in attacks against me that were mounting in stealth and severity. However, she said that I wasn't being my usual self for talking about divorce, and repeatedly asserted that she felt I was only wanting to separate due to "drug induced psychosis."

So she then had me interviewed by our family doctor — Dr. Hasan on 16th March, 2020 by ambushing me. My wife told me that she needed me to accompany her to Benton Medical Clinic for her appointment on that day, and then suddenly forced the doctor's assessment onto me in the clinic.

My wife was present for the discussion after the examination via my consent to hear the doctor's opinion. Dr. Hasan explained to my wife and me that I was healthy, that I did not present any symptoms of psychosis, and that I was consistently sane from his perspective for having seen me multiple times during the months prior to this date, for other checkups.

But eventually a week later she reported me to CMHA as being aberrant for spending a meager amount of \$90 on comic books, when trying to come up with a symptom of "impulsivity" in an email she sent to a social worker in CMHA. In our conversations since then, my wife told me on a number of occasions that during February and March 2020 she felt my "impulsive" purchase of a few comic books was a sign of "drug induced psychosis" from my new ADD-ADHD medication. In hindsight I can understand why my wife would have rather had me consigned to her as an invalid than to have separated from me and suffered through the sorrow of seeing her marriage dissolve. But we have had to separate nonetheless because of the strife caused by home invasions and pernicious attacks of state-sponsored agencies, and because I know that I would rather pursue justice against war crimes and genocides than to have my honour and life thrashed in such ways to keep me immobilized and silent.

Our marriage couldn't withstand the stress of our home being trespassed by sly police, and the strain on our lives from being probed by secret service agents. The torsions from these overall chain of events led to the loss of my marriage and business partner.

The repeated incidents of home invasions, and quarrels with my wife about them being genuine or imaginary, eventually led to a more problematic and harmful range of injuries that my family suffered at the hands of members from various divisions and departments of policing, justice, healthcare, and social services within KW-Region, during the subsequent months of May through July of 2020.

In all of this, I can estimate that the authorities and officers involved can conveniently assert that they were doing their mandated job in cases involving a person such as myself, who was reported to have had, "mental, social, and employment challenges."

The authorities can conveniently wash their hands off all the heinous and dirty deeds they committed against me by claiming that I was, "at risk of injuring self or hurting others due to psychosis."

Particularly in the case of the fourth incident of home invasion, the police can provide a cover story about how they were present at my apartment building that entire morning — for reasons and purposes related to some other incident at the building.

Much more enervating is the issue of how healthcare professionals like Dr. Douglas in CMHA and Dr. Popoola in GRHC illegitimately and unfairly used my concerns against me as ``diagnostic evidence`` of me having persecutory delusions or a persecution complex.

The policing and secret services that were operating within KW-Region, Ontario, Canada thoroughly proved to me that they can adopt every dirty, cunning and conniving tactic to harm persons like me, and get away with it. They proved that — by no means — could my wife, myself, any future family member, or social contacts, ever be safe in any private quarters, unless we remained quiet and stymied. Our home was made permanently unsafe for any prospects of a family life.

In essence, they murdered our children by preventing any from ever being born, destroyed my reputation, sullied my honor, and completely wrecked our home. The damage and wound their coordinated attacks inflicted on us has indeed left some *deep scars*.

Their sinister actions will not be forgiven without proper restitution and recompense, and will never be forgotten!

This is why they owe me a *blood debt!* They are personally culpable as individuals, and also culpable as individual units of law enforcement cadres. This blood debt owed to me will only compound, the longer a resolution for this situation is obstructed, hindered, denied, delayed, or prolonged without delivering due justice and satisfaction.

During all of these incidents from fall 2019 to spring 2020, I maintained my restraint, and kept my infuriation with invading agencies from causing me to act in any adversarial ways. Anger does not come from nothingness. It has its valid reasons as it is a natural and sensible response against fiendishness. So, it was impossible that my dissatisfaction and disappointment with such agents was going to become ``quelled`` through even more sly and crooked methods of trapping or gas lighting me via social workers and clinicians.

Hence, I still reserve the right to express my dissatisfaction concerning these matters through the means, location, and time of my choosing — by virtue of having been forced into a state of nature and a state of war by such incorrigible actions of state-sponsored loathsome fiends and threat actors.

Having already lost my marriage and my wife as my best friend, my home surreptitiously torn apart by state authorities, my dignity and honor devastatingly harmed with continuing threats to my life, and the possibility of ever raising a child in a safe place thoroughly destroyed by wretched state-sponsored fiends, here is a placid statement and promise I can provide to the Canadian military, parliament, paramilitary, as well as each of their policing and secret service units with absolute clarity of conscience, and with all the will and strength of conviction I can muster:

After forcibly pushing me onto a path of war through egregious home invasions that crossed every line, and breached all civic boundaries while defiling everything I held to be invaluable and sacred, should the Government of Canada choose to continue down this path instead of halting and pursuing peace through an internationally binding amicable legal settlement, I will certainly and dutifully, escort their unscrupulous attack and defense units to the final destination of this path.

As an earnest guide to those who knowingly and wilfully opt to tread this path, I can assure you with genuine care that the penultimate location arrived at, near the end of this path, is a place where neither light nor darkness can exist.

The ultimate destination, beyond that place, is of complete emptiness from which nothing can be resurrected — it is the void that even death does not dare to enter.

— End of Section 9 —

10. Attempted murder by Canadian agents in a public venue

I was stealthily and maliciously tranquilized by a person at an art gallery who jabbed me with a needle on the radial vein on my left wrist as he brushed past me. This incident took place around noon on the 11th of October, 2019 while I was exiting the District Art Gallery next to Sahar's Kitchen restaurant at 183 King Street East.

The person who brushed against me appeared to be an indigenous person who was wearing a baseball cap with a single, small bird feather at its back — emblematic of the Seneca Tribe. I noticed a slight scratch on my left wrist, which had a puncture wound that had turned dark blue-black.

There were only three persons in total within the Art Gallery — Tom the curator, myself, and a person who had entered the gallery after me. This was the same individual who had later brushed against me while exiting the building.

I then went into Sahar's Kitchen restaurant next to the gallery where I met my wife for lunch. I had become slightly drowsy and noticed a paramedic come into the restaurant, from the staff door at the back of the restaurant, instead of the main door. The paramedic sat on a chair next to the cash counter for close to half an hour, reading a newspaper, while glancing at me on occasions. Soon after, the restaurant owner came to my wife and I, with his infant child in his arms, and indicated to me that he was fearful of persons who came in through the staff door. He seemed to want us to leave quickly. My wife and I left and walked to our apartment.

At my home I blacked out for the rest of the afternoon and woke up the next day.

It was apparent to me that I was targeted and deliberately injected with a substance which was meant to harm me, potentially lethally. And someone dressed as a paramedic was ready to whisk me away under the pretense of a medical emergency. But I instead managed to survive and walked home.

To get details of this issue it would be useful to obtain any security camera footage of the location from that day during the hours around noon. However, an investigation might come up empty because of the time elapsed. Investigators would probably say something like, ``sorry, the case is a wash.'' Worse, even without an investigation this issue can be dismissed as incredulous.

However, with God as my witness, by no means is this issue contrived, trivial, or irrelevant to my ordeals in Canada!

The responsible party, from my perspective, is a trained operative well versed in trapping and hunting techniques involving concealed poisonous needles or darts. This operative was deployed

along with a paramedic, or someone who could at least dress as one and who could barge into a restaurant from the rear entrance to frighten the restaurant owner, making the proprietor afraid for the safety of his life and for that of his infant child.

Of course, such operatives do field work only when tasked to do so by their bureau or agency — a bureau or agency that had ongoing operations within Kitchener, Ontario, Canada during that time period. And most probably is still conducting such dastardly operations.

So ultimately, it is the officers of the agencies who authorized the operation, the city's mayor, the province's premier, and the head of state who are individually and collectively responsible for letting their agents perpetuate such heinous and clandestine actions that threaten the privacy, safety, security and peace of Canada's citizens, residents and visitors.

Regarding the issues presented in this document, can the Prime Minister of Canada, Justine Trudeau, truly plead ignorance of such violations that were being systematically carried out using government structures under his incumbency?

— End of Section 10 —

11. Coordinated methods used for subjugation and suppression

This section describes how I was subjected to harm due to malpractices and malfeasances of CMHA and GRHC that were carried out in coordination with WRPS to illegitimately detain and abuse me in a medical facility.

From *Sections 6, 7, 8, and 9* it is notable that WRPS had motivations and opportunities to coordinate with CMHA to ``take me off the streets and online forums`` so that I could be suppressed and pushed towards a potentially lethal medically induced injury, or otherwise made comatose, or permanently incapacitated. *The terrorizing actions of WRPS and of other clandestine agents* were aimed at making my wife and I psychologically traumatized, unsettled, stifled, and subdued.

"The new ADHD medication" did not cause me to hallucinate any of the previously mentioned incidents nor did it cause me to behave aberrantly or experience any psychotic delusions. However my wife insisted that I was experiencing drug induced psychosis each time I brought up the topic of separation and divorce with her. And she did not believe me when I explained the nature and methodology of surveillance being conducted against us because she did not have any background knowledge or experience in counter-terrorism.

To my wife, as an ordinary person, the idea that I was being ``aberrant or delusional`` was a more believable explanation than our house being put under surveillance. She called my outpatient psychiatry doctor's nurse and said that I was behaving differently, and that she was ``worried`` about me, even though she has never known what psychosis is, or isn't.

Prior to her calling the nurse — Valerie Papotto, I had phoned this nurse's office on a particular day to mention that the new medication had increased my sensitivity to light and sounds in the sense that I was more aware of smaller changes in my environment. I had also mentioned during the phone call that my financial situation was such that I needed to transfer money from overseas to convert it into local Canadian dollars, which could take weeks. So at the time I needed financial aid for not having any local currency. This is why a number of purchase cards for the medication were provided by Dr. Nasri's office. I can say under oath that I did not abuse those prescribed medications and strictly adhered to the given prescription.

I can also attest that I've never used, misused or abused anabolic steroids. I have never been addicted to methamphetamine, cocaine, ketamine, LSD, speed, tobacco, kath, betle leaf, or any opioid based drugs. Nor have I used any of those substances recreationally at any point in my life. The only exception to recreational use was cannabis, and to substance abuse was alcohol. The alcohol misuse and abuse lasted for a period of two years, starting from November, 2007 to December, 2009. That is when I decided to completely abstain from alcohol and drugs. I've

maintained abstinence from alcohol and narcotic substances and have been perfectly sober and clean, of all forms of substance misuse and abuse, since December 2009.

I most certainly am not an alcoholic or a drug addict. I do not have any gambling, sex, or shopping addictions. Though I can be absent minded and tend to day-dream about topics concerning society, economic, mathematics and physics, I do not indulge in ``flights of fancy`` or suddenly dive into ``chasms of despair.``

I do not have ticks, superstitions, obsessions, or compulsions of any kind. And I especially have never had, nor do I have any compulsions or habituations involving: numerals, colors, symbols, shoplifting, lying, thieving, torturing animals, or committing arson.

Nor do I owe any money, favors, or debts to any ex-employers, contractors, sub-contractors, creditors, lenders, lawyers, hospitals, or collection agencies.

11.1. Interaction with First Steps Program of CMHA

When a person by the name of Scott Grant from the CMHA called me during the last week of March 2020 to say that the "First Steps Program" was for persons who may or may not be experiencing psychosis, I agreed to let him interview me. I agreed to this because my wife was pressuring me to talk to Scott, and because I felt that an additional viewpoint from a professional could be presented to her — a viewpoint other than that of my family doctor Dr. Hasan from Benton Medical Clinic, and psychiatrist Dr. Nasri from GRHC.

My wife had not believed in the statements from Dr. Hasan on 16th March, 2020 when he explained to her that I was healthy and was not going through an episode of insanity, mental breakdown or any type of psychosis. Nor did she trust or believe in written statements from Dr. Nasri's reports that I presented no signs of delusions, paranoia, hallucinations or psychosis.

When I had agreed to talk to Scott I did not know that I was being snared into the First Steps Program. I was made to believe by Scott during the first telephonic conversation I had with him, and also during our first in-person interview that the information being collected through such interviews was only to evaluate if I actually qualified for the program provided by CMHA.

While being interviewed for the First Steps Program, I felt confident that I could demonstrate my credibility and sanity to put my wife at ease. However the subsequent interactions with Scott and later with Dr. Douglas only led to an exploitation of my good will and openness, and to invasions of my entire family's privacy.

It later came to my attention that a decision to label me as a psychotic person was being implemented by the team and administrators of the First Steps program, without any of them adhering to a genuine duty of care towards my wellness.

The eventual damage to my reputation, character and credibility that I suffered for being painted as a person with psychosis, still weighs heavily against me and my ability to testify in matters concerning crimes against humanity. This is one of the most severe and hurtful consequences of being discredited as a whistleblower and having my good character sullied by wretched designs of Canadian state-sponsored agents.

Worst of all, these kinds of bad actors have repeatedly escaped justice systems and evaded prosecution, for decades, because they have continued to be employed for conducting overt and covert acts of subversion, violence, and character assassination of ``loudbouched, dramatic dissidents,`` while receiving protection and compensation from provincial and federal echelons of authority figures who ought to prosecute them in earnest, instead of protecting and incubating them.

11.2. Severe invasions of my privacy and personal data by members of CMHA

During spring 2020, Scott Grant interviewed me a number of times over the phone on a weekly or bi-weekly basis via scheduled appointments. However, towards April 2020 his questions became increasingly invasive and absurd.

On one particular day Scott abruptly telephoned me to ask if I often wore scarves, and if any particular scarf's colors had any special significance or meaning for me. I told him that I did not have any affinity for scarves and if I ever did wear one it would have been due to the weather. I told him that I owned no such scarf with any type of patterns or colors that held any special significance or meaning for me. He then immediately hung up. This was an entirely absurd question and I still cannot fathom how it could have had any relevance to my mental health or well being.

A few days later he phoned me, and this time he wanted to know if I had telepathic abilities or other superpowers. I told him that I did not have any superpowers and if I possibly had telepathic communication skills we wouldn't need to talk on the phone. To this he said, "fair enough, but people with psychosis usually claim to have powers like telepathy." From this conversation I gathered that Scott had already decided on labeling me as a person with psychosis but without any fitting evidence, so he was just fishing for an excuse to use anything I could say as a symptom of me suffering from delusions or psychopathology.

Then, on another instance in April, 2020 he phoned me suddenly, right after I had posted a message on Twitter.

During the phone call, Scott asked me if I was planning to go on a driving spree or was enraged and wanted to do something with a car out of rage. I was at home during this call, and I told him that I did not own a car nor was I planning to drive anywhere during that day or even during that entire year. So then he hung up.

However, his strange enquiry made me curious about his sudden call and line of questioning because the tweet I had posted just before his phone call, mentioned how a poster of a character called "RACER X" from the cartoon *Speed Racer*, could be misread as "RAGER X."

The particular tweet can be found at this web-address —

<https://twitter.com/psyedOut/status/1253427949547601920>

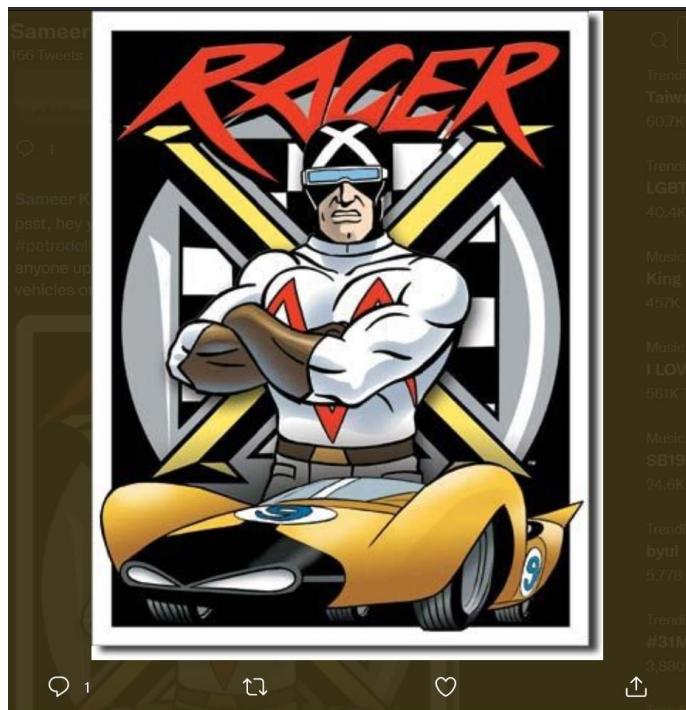


Figure XD - My Twitter Account was suspended for a while and it may be blocked again by CSIS and American cyberwarfare units. Here is a screenshot of the particular tweeted image.

Of course, I had not sent that tweet to Scott Grant. And why would he have alerts set up for what I posted on Twitter without being an actual follower of my social media account?

Those unwanted and pointless phone calls repeatedly disrupted my work and daily life during those months. However, Scott managed to gain my confidence by endearing upto me as a sympathetic ear. He then took undue advantage of my confidence by manipulating me into including him in the CC list of the personal and private emails to my friends and family via suggestions to do so. He even replied to an email as a CC, which also went out to my other contacts who were addressed on the email. This was a severe and deliberate abuse of my confidence and invasion of my rights to privacy. It was not a simplistic "miscommunication or accident" on part of Scott and his training that can be excused or overlooked.

For these and many more ensuing reasons, Scott Grant's supervisors and trainers in the CMHA, and additionally the College of Social Work in Ontario as well as the accreditation boards that certify the CMHA are to be held accountable for such blatant violations.

I can estimate that in this particular instance, and in all other matters related to the lack of accountability of public service officers, the responsible organizations and their lead figures can downplay such violations as "exaggerations, or embellishments" to shift attention away from their knowledge and admission of guilt concerning such violations that can be traced through formal enquiry and hard evidences.

An investigation into this matter would plainly reveal edited notes filed by agents like Scott Grant and Dr. Douglas after they had willfully inflicted harm to my character, dignity, honor, personal property, and basic human rights to privacy and security. The pitiful, after the fact, "apologetic notes" introduced by them into their case management logbooks or database of activities, does not lessen the harm already generated by their culpable actions. Nor should those meager apology notes allow them to escape censure and rebuke for the violations and offenses they have committed against me, and quite possibly, against many more individuals like myself during the years of their employment with public service agencies.

Scott's forced intrusions into my private life and personal communications with others, that his employers might term as "investigative," did not respect the professional and social boundaries that he was supposed to maintain as a state-sponsored social worker who was neither my family member nor a friend. It is also obvious that Scott wouldn't have had the gall to interfere in my personal life in the manner that he did, if he truly believed that I was the kind of threat he was framing me to look like.

Is it conceivable that Scott could have dared to come up with such a *frame-up* all by himself without his superiors creating an environment and culture within CMHA for him to do so?

Following those exploitative behaviors, by the first week of May in 2020, Scott was calling me too often on the phone without scheduled appointments so I started ignoring his calls because they were intrusive and disruptive. On one particular day in the second or third week of May, Scott called me nine times within an hour like some kind of a stalker, but I had left my cell phone at home while on an errand. On that day he left a voice message on my phone asking me to meet him at the CMHA office in Kitchener because he wanted to discuss something.

When I went to the CMHA Kitchener office in the third week of May, I was asked to wait outside because of new Covid-19 related rules. While I waited, Scott took too long to receive me, more than

twenty minutes, so I told the receptionist using the intercom that I would visit again the next day because I was late to another appointment.

On the next day when I went to the CMHA office the same thing happened again, and after waiting for fifteen minutes or so at the door, I left. It wasn't apparent to me why Scott was so eager to meet with me in-person during a Covid lockdown period because he never explained the purpose of wanting to do so.

However, it had become clearly evident to me by then that Canadian state-sponsored bad actors were deliberately interfering with my family and personal life. And it appeared to me that Scott was also one such disruptive bad actor who was interfering with my daily routines, as well as my creative and professional endeavors by diverting my time, attention, resources, and energies. It eventually turned out that Scott Grant was a much worse bad actor with prejudiced ill will, and was an obedient underling of his supervisors who directed him to conduct nefarious activities against community members like myself.

11.3. Illegitimate police arrest, wrongful detention and medical malpractices

On the afternoon of 13th May, 2020 I noticed a graffiti on a wall outside my apartment which had a symbol I had used as a meta-tag signature in a few online posts, along with the message:

"[tag-sign] to be arrested as charged"

The graffiti was black text on a cyan background. So I speculated that someone had found out my tag-sign, that I could be attracted to cyan or turquoise color, and they were also aware of my daily walking routine to know where to place the graffiti on the wall.

As a side note:

Some cultures have a linguistic affinity to distinguish shades of a color and have nuanced words to describe them in daily use. Other cultures have a simplified linguistic set to merge broader shades and tones of colors.

The ones from Central Asia and the Mediterranean region typically do have a variety of meanings, and metaphors ascribed to shades of blue such as azure, cyan, teal, turquoise, lilac, purple, indigo, and violet.

So I can now guess that the person(s) who warned me about a warrant issued for my arrest were: technological savvy enough to find my digital tag that was interwoven in various artwork I had posted online; had insider knowledge sufficiently advanced enough in time about what the WRPS, social services, and justice system were coordinating against me; and knew intimate details about my daily routine as well as visual acuity.

Who they were is unknown to me. They could have been either indigenous, aboriginal or First Nations activists who were keeping tabs on WRPS and CMHA to protect themselves from the kinds of treacherous ordeals they have had to historically face for centuries. They might have wanted to help me because I had posted my artwork online on social media that protested against genocides, colonialism, and slavery in Canada.

This is an educated guess I've based on topics I learned at local art exhibitions, including the observation that native people in Canada also ascribe various meanings to colors of aurora borealis — fluorescent light blue, cyan, magenta, *truest of true* lilac, and turquoise.

Also, a number of cyberpunk and cyber-eclectic youths in Kitchener-Waterloo make use of graffiti and other street art as an artistic expression. So it could have been one of them, with the fact that the color of the message was in black on cyan being a mere coincidence.

Or it could have even been someone from the WRPS itself.

Or perhaps somebody locally based within Kitchener, from the British SAS forces or the Canadian secret services like CSIS with some experience working in the Central Indus-valley-region of Asia, who wanted to warn me in advance about what a group in WRPS and CMHA were trying to pull off.

Why would they want to help or warn me in such a peculiar manner? I wouldn't know or even be able to guess a precise answer to that question. Kitchener is a small city and it gets smaller the longer you live in it. People who have witnessed the sordid underbelly of such cities tend to globally unite in solidarity, by gravitating towards, and in support of each other, in order to ward off antagonists. And to reclaim that which is rightfully owed to us.

As such, it can be noted that not all secretive groups or individuals with mysterious methods of communication are bad actors.

Only some groups and individuals with mandated authority tend to abuse the statutory powers conditionally given to them by a *democratic public*, and not invested upon them in perpetuity by some mortal king or queen or a royal highness.

So on the morning of 14th May, 2020 I went to the gym in usual sports attire as per my routine, and returned home in the afternoon even though I had been warned by someone that I was going to be arrested. Where was I going to run if the police were already after me with some kind of a warrant?

I then made a go-bag ready for myself and was waiting at home to get arrested by the police even though I didn't know the charges that could have been levied against me. Eventually I got bored while waiting for the police and thought the graffiti message was misinterpreted by me. I ate dinner

and was about to go to bed after watching a movie on my projector. But then I heard loud knocks on my door.

So, according to my estimate, the WRPS were five to six hours late in arresting me on that day. They showed up around 9:30 pm or 10 in the night, I was expecting them at 4.

Officers Negrazis and Finch came to my apartment to apprehend me on the night of 14th May, 2020. Though they weren't brash or violent, they did not read me my rights nor did they explain to me why I was being arrested. All they said was that "a form one" had been issued as signed by a Justice of The Peace and I was to be taken under custody. I didn't know what a form one was but, they did assert that if I did not comply immediately they would have to use force. So I did not resist arrest because I did not want to be turned into yet another George Floyd. I was handcuffed behind my back and taken into custody in their vehicle. But, after being apprehended I was surprised when I was taken to the GRHC emergency service instead of the police station.

In the Emergency Room (ER) triage, while in my shorts with my wrists still handcuffed behind my back, I waited for an hour or more without anyone explaining to me why I was taken to the ER in GRHC. Later, my handcuffs were removed and a female nurse came by to ask me questions about my general health and my background. Then I was taken to a more private area of the ER where a male nurse (or doctor or social worker), who spoke English very poorly, asked me a series of loaded questions but, no matter what I said, he either kept misunderstanding me or kept deliberately twisting my words.

Most of the questions he asked already had an answer embedded within them. The questions were mostly like, "so you threatened to kill yourself and your wife, didn't you?" This man was either a nurse, a doctor, or a social worker in the ER triage. His notes weren't made available in the medical records released to me. He was wearing a full set of personal protective equipment, his face was covered with a face shield and a mask which obscured his face. I can only hope that there is still a set of audio-video recordings of all these events from the moment I stepped into GRHC that can be obtained somehow to uncover the deeds of persons such as this particularly obscure man.

When that man left, a doctor came into the room who wasn't wearing heavy protective gear. I've come to find out from the medical records released to me by GRHC that this person was named Dr. David Leveck who interviewed me around 2200 hrs that night. This person spoke English more clearly. He asked me if I understood that I was brought into the ER because a *Form 2* was applied for by a social worker — Scott Grant.

So I asked the doctor what a "Form 2" was because I did not know what it was. He told me that it meant I was considered to be a danger to myself or others, and that I could be legally held under observation for 72 hours. To which I explained that I did not feel suicidal nor was I being a danger to

myself or others, and that I did not need to be held under custody, because I did not have any intentions of harming anyone in any way.

The doctor then said that he felt it would be "a disservice" to me if he did not keep me under observation for the remainder of the night. This made me believe that I could be let out of custody in the morning to return home. So I complied and the doctor went away.

I was then taken into a hall by a hospital staff that felt like a series of jail cells arranged in a U-shaped corridor, with other hospital wardens sitting behind glass panels in the middle of the hall. There I was put in a cell that had a bed and a surveillance camera. A staff member then coaxed me into taking medications saying that they were my usual night time medicines. But the names, contents, and purpose of those pills were not explained to me.

Eventually in July-August, 2020 I came to learn from my medical records that on 15th May, 2020 the particular cocktail of drugs sneakily given to me contained highly injurious doses of haloperidol (Haldol) and olanzapine (Zyprexa). These were especially harmful to me due to their adverse drug-gene interaction which is explained via *Exhibit - D in Appendix I*.

In this instance, the other concerning problem was that I was given a set of drugs that were significantly different from my outpatient prescription, without my informed consent!

During the morning of 16th May, 2020 I was left sedated and obtunded in the substitute penitentiary cell, due to the injurious drugs that were cunningly administered without my proper consent. The lack of mobility and disorientation caused by heavy doses of haloperidol and olanzapine was then taken as an excuse to hold me for two more days. I was also told by an ER staff that as it was the weekend, a psychiatry doctor could not be made available to me for consultation and that I would need to wait till the coming Monday (Please see *Appendix II*).

It was painful and highly stressful for me to not know during those days if my elderly mother recovering from cancer treatment was doing alright. I wasn't allowed to communicate with the outside world, wasn't able to find out how my wife was doing till she called the hospital much later, and the confined holding cell did not even have a window.

Being forced into such conditions of confinement with absence of sunlight for days was a disorienting and stress inducing form of psychological torment, along with biochemical physical abuse leading to torture.

Additionally, by having me illegitimately detained in a hospital with covid patients within the same hall, I was unnecessarily put into harm's way, while being given wrong medical advice and treatments.

These were the kinds of underhanded steps taken by local policing and medical services along with the use of a private company called Health-IM, to coercively and tortuously detain me in a state-regulated medical facility. They did these kinds of wretched things wilfully and forcibly, by first cunningly arresting me at my home, and then placing me under custody using false pretenses.

Being handcuffed, arrested and dragged out of my house was psychologically repressive and damaging.

Next, within the hospital that was used as a substitute jail, medical practitioners administered high doses of harmful narcotic and psychoactive drugs to cause symptoms of disorientation, exhaustion, drowsiness, and a dazed outlook.

The drug induced symptoms were then used as a medical excuse to detain me for more than a night under the Mental Health Act of Ontario, Canada by illegitimately noting in my medical charts that I appeared to be ``mentally ill and suicidal.''

The wrongful medications given to me in GRHC ER from 15th to 17th May, 2020 without my informed consent caused damage to my endocrine, neurological, and reproductive system, resulting in sustained injuries, and bodily harm.

Much worse acts were then committed by GRHC members following these forms of abuse.

11.4. Acts of entrapment within a state-regulated medical facility, under duress and influence of psychotropics

While I was being held in confinement within the psychiatry ER, I was told by one of the ER staff to answer a telephone that was at the end of the U-shaped corridor.

When I did as told, a male voice on the phone said that he was my brother. I said to the person on the phone that he could not have been my brother and asked him who he was. He gave me an Arabic sounding name. I told the person on the phone that I did not have a brother by that name and did not know if I was the correct person he was looking for. He then asked for me, by my name, and again said that he was my brother. Then I hung up the phone because I realized that this setup was a mode of entrapment.

I still believe that in this instance, I was being framed so that a government agency could build an illegitimate case against me, of having an association with the person on the phone who presented a false identity. This was a cunning, dishonorable and underhanded way to illegitimately and unlawfully establish that I recognized or was associated with a person having that particular name, profile, affiliations, background, or nature.

Under the influence of narcotic drugs that were forced onto me, to make me disoriented and susceptible to suggestions, I was made to talk to a person with some Arabic sounding name, on a closed-circuit hospital telephone line, who claimed to be my brother!

How would my biological brother, or any other figurative brother, even come to know that I was being detained in a hospital? How would this so-called brother manage to ask for a Sameer Ahmed, particularly in the GRHC, and then somehow get forwarded to the emergency room's phone number? Was this an accident, was there another Sameer Ahmed in GRHC that someone was trying to connect with on that particular day?

Also, only people reading a script on the phone, produced using government database records, would be uninformed and intelligent enough to address me as, "Sameer Ahmed."

I did not hallucinate this convoluted ordeal involving a phone conversation with a stranger, the incoming phone call records of the psychiatry ER pertaining to me as well that day's audio-video surveillance of the hall can verify this. And sworn statements from the staff on duty during my time there would also confirm that I had received a phone call from someone other than my wife.

It is possible that a recording of the call may have been kept by the hospital. If these things can be obtained by means of a subpoena then the contents of the phone conversation can be confirmed. In this regard, I will absolutely not accept the excuse of, ``a case of mistaken identity`` as a reason for such a conniving violation committed by underhanded state-sponsored agencies!

— End of Section 11 —

12. Miscarriage of justice via misleading data visualization

The special case of misleading data visualization produced via Health-IM software during my illegitimate detention is explained in this subsection.

Within my health records I found a copy of the *Application for a Form 2*, as filled in by Scott Grant with malicious lies about me "having delusions of grandeur for believing myself to be twice exceptional" and "identifying with mercenaries while having contacts with 'militias'."

There was also a sheet of paper filled in by WRPS officers using the software called interRAI BMHS from Health-IM within the health records released to me from GRHC. As such, it is factually evident that the interRAI BMHS Health-IM software, as an inter-agency communication tool, was used for coordination among state-sponsored threat actors, and was used for reinforcing the deliberate lies introduced by Scott Grant in the *Application for a Form 2*.

I must emphasize here that in the days leading to my arrest I did not have "pressured speech or racing thoughts," nor did I have any type of "abnormal thought process," and I certainly did not have "a plan for self-injury, or a scheme to end own life." These things were categorical lies and fabrications that were illegitimately denoted in the interRAI BMHS records on the 15th of May, 2020 as indicators of a mental health crisis. Also, the notes and cursory checkboxes ticked by WRPS officers to justify their actions needed more details and better context that were unfairly omitted from the interRAI BMHS records.

Accompanying such willful and brazen lies was the graph shown in Exhibit - A.

— Please turn to the next page —

Waterloo Regional Police Service

Transmitted: 2020-05-15 20:42 EDT

MENTAL HEALTH REFERRAL

PROTECTED B

REFERRAL SUMMARY

Name SAMEER KHAN	Date of Birth 1985-06-30	Gender Male	Last Seen by Police 2020-05-15 20:42 EDT	Phone Number (226) 606-3590
Aliases SAM	Age 34	Homeless No	Total Times Seen 2	Home Address 310 QUEEN STREET SOUTH 201 KITCHENER ONTARIO CANADA

POLICE CONTACT HISTORY

*Note: History displays max of 10 most recent BMHS observations

BMHS Risk Scales

Police BMHS Records
in last 30 Days: 1
in last 12 Months: 0

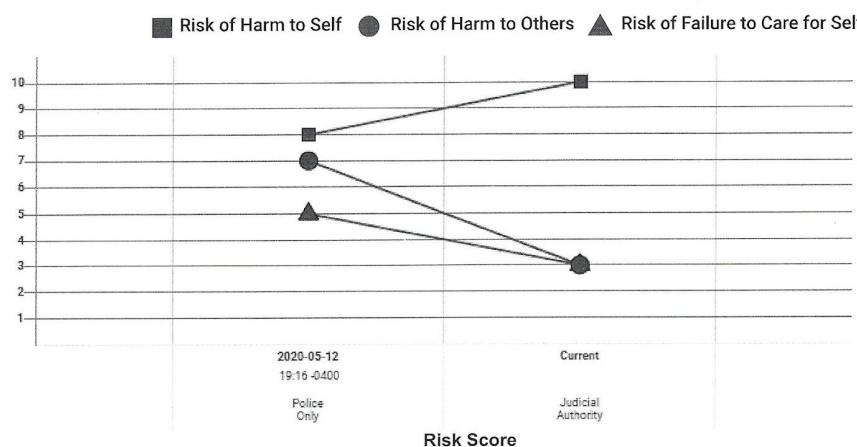


Exhibit A — Police contact history and BMHS Risk Scales

In Exhibit - A, the graph indicates that on 12th May, 2020 the police decided that I was at "high risk of harm to self" and came up with a made up score of 8/10 on a Likert Scale. They also decided that I was at a moderate to high risk of: "harm to others" and "failure to care for self." These factors were respectively given an arbitrary score of 7/10 and 5/10. Next, Exhibit - A indicates that by the 15th of May, 2020 the police and a judicial authority magically decided that both the risks of me harming others and an inability to care for myself, had gone down to 3/10, but the risk of harming myself had skyrocketed to **10/10**.

As a side note, and a valid concern of international significance:

If the value of 10 on the y-axis of such a graph represents death, as in suicide or homicide, what would be the value for mass murder or genocide? Ten to the power of ten? And then what about serial mass murders and serial genocides? Ten to the power ten, whole to the power of ten?

Why do I bring up the topic of genocides and mass murders?

It is for introducing the important context regarding the history and role of Canadian government, military, civic institutions, private companies, and individuals in a series of

genocides, mass murders, mass rapes, torutures and abductions conducted within: the Americas, Australia, Pacific Islands, Carribian Islands, Africa, South and Southeast Asia, and the whole of the Middle-East.

That particular history of our existence on earth spans centuries of inhumane atrocities committed by persons of American, British, Canadian and European origin! This is a key factor in the overall situation described in this document, because of my role as a matrial witness to the industrial scale methods used by entities of Canadian, British, and American origin for carrying out a series of mass murders of civilians in Afghanistan and Iraq, and destruction of their properties, during the 2000s.

Coming back to the main topic of this subsection: On what basis were legal decisions about my mental, physical, and social state of existence made during Fall-2019 and Spring-2020 by persons using interRAI BMHS? How many coordinating groups of actors and organizations were involved in those decisions?

If any of the fictitious indicators noted through interRAI BMHS were true, how was I able to perform activities of daily living and self-care like maintaining routines of hygiene, eating, and sleeping during those weeks and prior months?

Or, How was I able to perform executive functions during that week like taking care of errands, shopping for groceries, dressing according to the weather or occasion, and even working out at a gym?

Throughout the weeks and days leading up to the incident of my illegal arrest, how was I able to perform social functions of living without being a danger to anyone on the bus, on the streets, in the bank, the park, the grocery stores, the gym, the mosque, the restaurants, or the barbershop?

So what possibly gave the police an impression that I was at grave risk, and was practically guaranteed, of harming myself on 14th or 15th May, 2020? I did not interact with any police personnel on the day of my arrest until the hour they came to my apartment door.

Moreover, did the police officers arrest me from the roof of my building while I was intending to jump? No! They dragged me out of my home in the night, when I was drinking tea after dinner, and was adjusting the brightness of my home theater's projector, in my living room.

How did the police or any other responders come up with such fabricated numbers on the graph shown in Exhibit - A?

Additionally, in this graphing tool of interRAI HealthIM software, which must have been used against a variety of persons over the years by numerous police departments in Ontario and

other jurisdictions, categorical variables like — risk of harm to self, to others, and inability to care for self — are misleadingly used as ordinal variables. This is a fundamental math-error, and is an illegitimate use of statistical inference!

The graph shown in Exhibit - A has been cunningly used in a legal context within numerous cases throughout Ontario with a pretense of objectivity, even though it is completely wrong, fallacious, and fabricated. The use and creation of data management and communication tools with such gross errors is neither a mistake, a misunderstanding, nor an accidental miscommunication of any kind!

Much more misleading is the scaling factor of the graph shown in Exhibit - A.

As described in Figure - 1, we can see that a diagram similar to Exhibit - A can be produced with any number of segments and arbitrary segment-spacing along horizontal and vertical axes.

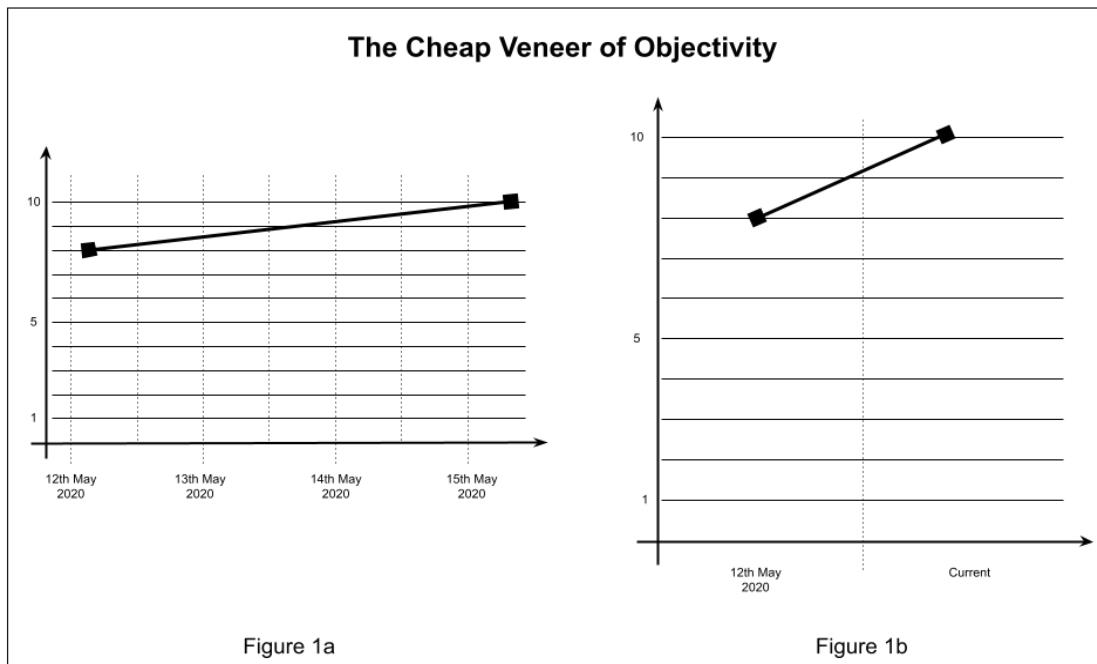


Figure 1 — Type and nature of misleading data visualization used by WRPS

This form of deception with improper visual inference tools is a common hack, used among graduate students and professionals of poor tutelage.

The following description explains the method of using misleading data-visualization for false arrests. These pieces of evidence are factual, irrefutable, and thoroughly undeniable!

As illustrated in Figure - 1a we can see how a particular type of scaling can be used to indicate an insignificant relative change in a condition over time using a line with a gradual, small slope. And

Figure - 1b is purposefully scaled to misleadingly indicate a relatively significant change over time in the same condition, using a line with a rapidly increasing, steep slope.

Such diagrams are not proper mathematical graphs and can be drawn to any scale without an appropriate frame of reference for values or labels represented on either axis.

Use of such graphs as shown in Exhibit - A, to mislead legal decision makers is not a mistake, it is an intentional form of rampant cheating that the justice department has allowed and permitted to be used against dissidents and ``undesirable people`` of Canada.

The justice departments in Ontario have been allowing such tactics to be used, particularly against muslims in Canada, for a long time.

Also, the process for vetting vendors, procuring software tools, acquiring data processing supplies, and purchasing other information technologies is a deliberative, institutionalized process. So, did all of the esteemed and well educated persons or groups involved in deliberating on how and why to procure and then use a software like interRAI BMHS, just happened to miss the fact that it incorporates facetious diagrams to paint members of the community as "a danger to self and others?"

These fraudulent pieces of justification were provided to Justice Zeigler to inform his or her decision towards approving the *Application for Form 2*, who conveniently authorized its use by WRPS, GRHC, and by the Local Healthcare Integration Network (LHIN). A deliberate and coordinated set of lies, deceptive use of data visualization, and illogical statistical reasoning on part of the regional justice department, WRPS, CMHA and other intermediaries, were fabricated for creating the resemblance of due diligence and objectivity.

For decades, such fabrications have been used by law enforcement, secret service, healthcare and social service agencies in Canada — for justifying normalized hate and bigotry against those who are unfairly labeled as a "nuisance," but cannot otherwise be made to look like a criminal which would require more rigorous proofs available for public scrutiny.

These forms of coordinated attacks by state-sponsored agents are orchestrated stealthily in order to put differently abled or ethnically diverse persons through harsh and punitive ``sentencing,`` using records that can be kept secret or modified privately, without any public auditors or civic members noticing such conniving actions.

This form of duplicitousness and treachery against ordinary residents, visitors and citizens is the basic template of the cunning, sly, and insidious tactics used by state-sponsored bad actors — to

harm and disenfranchise millions of community members — with malicious genocidal intent and conniving designs.

12.1. The issues concerning Ontario's Justices of Peace

Here, it is imperative to ask — why was Justice Ziegler not more conscientious and critical of documents presented to him or her when it comes to cases involving mental health especially, in matters regarding non-citizens and international community members?

Also, was Justice Zeigler as a Justice of The Peace at the time — an educated jurist, or a proper magistrate, or a duly trained and regularized judge who had ascended the Bar to be able to legitimately pass legal judgements on such matters?

This particular chain of events in which officers of regional and provincial public service systems failed to uphold their basic duties of due diligence and care, subsequently caused a series of intentional harm and injuries to my good reputation, life, livelihood and relationships. They also knowingly caused lasting, permanent damages to my body, family, reproductive rights, future earnings, and cunningly caused grievous injuries to my honor, religious rights and dignity.

Are the previously mentioned officers of law enforcement, of justice and peace, the social workers, several medical staff, and the private companies that provided coordination tools to such agents personally responsible and liable in these types of cases? They ought to be.

Would a number of them be responsible for criminal liabilities for willingly ostracizing and targeting a person who they deliberately thrust into harm's way? They most certainly should be brought to justice via a thorough investigation by a competent, autonomous authority in this regard, shouldn't they?

However, those individuals, groups and companies must not be scapegoated even though they are worthy of censure and condemnation. The overall culture of suppression and subversiveness embedded within Canadian public services that gave rise to, and magnified their individual and collective misconducts and faults needs to be redressed concurrently. For, this case isn't merely about a contamination introduced by a few officers and private companies during a one-off instance, it is a foundational and systemic corruption within the practices and designs of Ontario's public service sector that needs to be rectified immediately.

Such basic and fundamental flaws, arising from decades of normalized prejudice and bigotry within public sector services, have large-scale societal ramifications because they have already been systemically baked into the organizational structures that coordinate with the judiciary to regularly impact millions of lives throughout Ontario, on a daily basis. These kinds of ``tiny`` faults remain

hidden just below thresholds of careful inspection of systems' owners, auditors, managers, and users.

It then becomes only a matter of repeated daily use and widespread adoption of such faulty systems that generate — compounding mistakes and wrongdoings as well as normalized coordinated violations against marginalized people. It is indeed undeniable that the individuals and groups culpable in this regard are seasoned and state-sponsored policy makers, adjudicators, executives, managers, officers, frontline-workers and accreditation bodies.

However in such cases, the responsible parties typically remain immune and indemnified because of the subtle, compartmentalized, and hidden nature of such *endemic treacheries*.

12.2. Concluding remarks for Section 12

In this section we have come to witness details about how I had to endure various and several kinds of bigotted, unabashed and wretched acts committed by coordinated groups of individuals and agencies in the name of "mental health treatment." Specifically, the graphic shown in Exhibit - A, was a systematic form of misinformation used by WRPS for justifying my arrest, with deliberate intentions to permanently destroy my good reputation and thrust me towards potentially lethal harm at the hands of state-sponsored bad actors.

The types of communications, discussions, analyses, and tools used by various groups of bad actors illustrated the motives and means of their coordinated efforts against people like me.

Such hostile and deleterious efforts were evidently due to their motives for removing "an undesirable person" from the local community. Their list of undesirables has historically included people of color, migrants, newcomers, gypsies, tramps, vagabonds, groups that identify with native or indigenous heritage, ethnic minorities, and particularly Muslims. Unfortunately, I learned all this through firsthand knowledge and experiences while residing in Kitchener-Waterloo Region of Ontario, Canada.

From an overall social perspective, we can see ample evidence of prevalent literature on related issues wherein, the misuse and abuse of official powers, policies, tools, and human resources have also been directed against poor and homeless individuals, people with physical deformities or mental health challenges, and LGBTQIA+ communities.

In particular, women and feminine individuals in each of these segments of society face the maximum brunt of misogyny and the worst extremes of culturally inflicted tragedies through no fault of their own. Characteristics and features of womanhood and femininity are unjustly labeled by misogynists as a source of ominous misfortune, and as the very embodiment of failures due to infirmity or mental weakness. Such a libelous crime against women, persons identifying as female,

and womanhood is not even recognized as tort, human rights abuse, or a hate crime in a concrete manner in most jurisdictions of the world including Canada, the US, and the UK.

These kinds of issues have continued to be openly documented by scholars and researchers in humanities and sciences alike, through journal papers, media outlets and news agencies for decades. However, worthwhile solutions to such systemic and endemic societal problems have yet to be implemented, at least, in Ontario, Canada. Arguably, the historical reason for inaction towards solving such problems and for permitting such systemic faults to remain prevalent, has been the systemic nature of the overall large-scale problem. This type of an overall systemic problem is too often misunderstood, ignored, denied, or simply dismissed by officials and executives who have not had to face the harmful consequences of the problem due to their privileges.

For how long can the obtuse strategies of mockery, denial, and obfuscation — put in place by authorities to propagate systems of oppression and subjugation — remain effective, even in the face of the tsunami of evidence plainly demonstrated via arts, sciences, and the daily struggles of ordinary people?

Are the details brought forth in this document by a systems engineer who happens to be a specialist in cybernetics and work domain analysis, insufficient to make any official come out of their rut of ignorance?

Essentially, any act of remedy towards ``appeasing or placating`` persons like me who have continued to suffer immensely, will remain futile as long as the foundational faults within Canadian public services remain in effect, and are wrongfully perpetuated without being suitably rectified immediately.

As such, within the overarching chain of events — during the period inclusive of the dates 17th January, 2019 to 18th February, 2021 — the parties responsible for varying levels and types of fraudulence, discrimination, and professional misconduct, especially in forcing me to suffer through unnecessary punitive medicine and illegitimate detention are:

each of the individuals, groups, teams and private companies (or corporations), as well as state-owned, state-regulated, state-assisted and/or state-run entities, organizations, and agencies that contributed to harms, injuries, or damages via

- acts of supervision, planning, management, communication, subordination, solicitation, coercion, manipulation, tampering with or destruction of recorded materials, forgery, hindrance, antagonistic behaviors, impropriety, distortion of facts, misrepresentation, falsification, concealment, dishonesty, guile, deception, misdirection, misinformation, fraud, subterfuge, provocation, disruption, abrogation, circumvention, delay, prejudice,

perjury, abuse, misuse, incompetence, indifference, indolence, negligence, misconduct, malpractice, and/or malfeasance;

- or by providing inputs and/or assistance to decision makers who authorized and/or facilitated my illegitimate detention,
 - by any means of observations concerning my behavior or activities,
 - and/or through any form of interactions with me, my known contacts, or with my legally protected and confidential data.

— End of Section 12 —

13. Punitive medical practices aimed at crushing the soul, causing bodily harm, debilitation and death

This section provides proofs and details about the methods used by medical professionals to dehumanize and attempt to debilitate, as well as potentially kill me, using discriminatory punitive medicine.

Particular members of GRHC could have had motivations to harm me due to a feedback letter I had sent to their board members and staff on 29th August, 2019. A patient relationship manager — Andrea Brissette, had confirmed that she had received and forwarded my letter to requested staff and board members mentioned in the feedback letter.

After I sent that letter to "feedback@grhosp.on.ca" the particular email address was removed from GRHC's website. Also the names and contact information of their board members and leadership group such as Ron Gagnon (CEO), Young Lee (VP Operations) and Tina Mah (VP R&D) were deliberately removed from their website so that no individuals could contact them with any kind of feedback via email or phone ever again.

13.1. Religious persecution, human rights violations, and medical malpractices

On the 17th of May, 2020 I was transferred to the inpatient psychiatric ward in GRHC from the more constraining environment of the substitute jail cells of the ER hall. I was provided a bed within a room that housed four other individuals along with a common bathroom. This room at least had sunlight from windows in the room, and access to a cafeteria with a courtyard was also available. The entire ward had 10 or 12 rooms with different layouts.

The ward also had one patient who was exclusively handled with a full set of medical protective equipment. This patient appeared to have been infected with Covid-19 and wasn't allowed outside her room but the room's door would be opened to administer things to the patient. Coincidentally, this patient's room was right next to the common seating area that had a TV as well as the nurses' station where all persons from the ward had to stand together before receiving lunch and evening snacks. Essentially, the ward was exposed to a higher likelihood of being infected with Covid-19. The inpatient hospital environment as a whole did not have sufficient precautions for preventing the spread of Covid in the form of a hospital acquired infection, among those who were kept there like inmates.

The first doctor who came to see me in the inpatient psychiatry ward was Dr. A. Bunker. She told me, "if you stay cool you can be let out in a week." This was the first thing and the only thing she said, and then she simply left the room. I did not expect to be detained even longer given that I had not done anything wrong within the previous days or within the substitute jail of the ER, to

necessitate further detention in a dangerous environment with Covid patients. And none of the doctors bothered to show me what a *Form 2* was supposed to be, nor did they properly explain the basis for holding me against my freewill.

To simply say that a person can be held ``on the basis of a Form 2,`` doesn't explain how and why the particular form was applied, nor does it explain the rights the person has under such circumstances.

Later in the day before lunch, a nurse gave me a piece of paper signed by Dr. Andrea Bunker. Only page 2 of the form was provided and the first page is also missing within the copy of medical records released to me from GRHC. This type of deception and healthcare data-handling violation cannot be excused! The only page of *Form 2* that was given to me is shown in Exhibit - B.

It is possible that the first page of the form was already prepared and marked by Scott Grant or some other individual days prior to Dr. Bunker ever seeing me in her capacity as a medical professional, and without her writing a medical reason for my detention on the first page of the form. It can also be surmised that such unethical and illegal practices have been normalized and enacted in collusion with the involvement of senior members of healthcare, policing and social services.

— Please turn to the next page —

Part B (continued)

- d) given your history of mental disorder and current mental or physical condition, you are likely to
- cause serious bodily harm to yourself,
 - cause serious bodily harm to another person,
 - suffer substantial mental or physical deterioration, or
 - suffer serious physical impairment;
- e) you have been found incapable, within the meaning of the *Health Care Consent Act, 1996* of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and
- f) you are not suitable for admission or continuation as an informal or voluntary patient.
- If you wish to challenge your detention, you have the right to a hearing before the Board. You may apply for a hearing by completing Form 16 (attached).

Part C must be completed if applicable

- You are subject to a _____ Certificate of Continuation.
(e.g. first, second, etc.)
- You have the right to apply to the Board for one or more orders under section 41.1 of the Act when a first Certificate of Continuation is completed and on the completion of a subsequent Certificate of Continuation if the application is submitted 12 months after the most recent application to the Board. The Board must be satisfied that there has been a material change in circumstances in order for an application to be heard by the Board at an earlier date.

You may apply for a hearing for an order under section 41.1 by completing Form 51 along with either Form 16 or Form 17 (attached).

17/05/2020
(date) _____

(Signature of attending physician)
Dr. A. Bunker
(print name of attending physician)

Grand River Hospital, Kitchener
(print name of psychiatric facility)

After you receive this notice, a person called a "rights adviser" will meet with you to inform you as to your rights and help you in applying for a hearing if that is what you wish to do. You have the right to retain and instruct a lawyer without delay.

For further information or assistance with anything mentioned in this notice, please contact

Rights Advisor _____ (519) 749-4338
(print name of appropriate staff member(s)) (telephone no.)

Grand River Hospital, Kitchener
(print name of psychiatric facility)

Note: The attending physician who completes a Certificate of Involuntary Admission, a Certificate of Renewal or a Certificate of Continuation shall promptly notify a rights adviser.

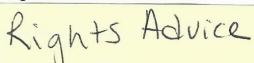
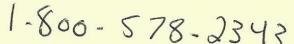
17/05/2020
(date and time rights adviser notified) _____


1605-41E (2016/02) _____
Page 2 of 2

Exhibit B - The only page of Form 2 provided in GRHC

Upon reading this page of the *Form 2* on 17th May, 2020 I finally came to learn that I could have had a right to appeal or contest my illegitimate detention. This information was never presented to me earlier nor was it displayed in a prominent and salient manner within any part of the areas accessible to patients.

There also needs to be an important consideration made in regards to such legal writs or documents, which are euphemistically named as an application form, for people needing French or other linguistic translation of the writ. Such legal documents also need to be designed and presented in accordance with existing *Statutes of Accessibility for Ontarians with Disabilities Act (AODA)*.

Please also see:

<https://www.aoda.ca/adults-with-disabilities-in-hospital-for-covid-19-have-worse-outcomes/>

After reading the verbiage in the given sheet of paper, I asked to be allowed to call the number indicated for the rights advisor. I was told by the nurse to wait until I could be assigned a doctor. Later during the day after lunch, a nurse provided me with a handwritten sticky-note with a different number for a rights advisor which is shown in Exhibit - B.

Eventually on that day I was allowed to speak with a doctor in a private room who happened to be Dr. Abraham Popoola. He asked me about my wife, my work, educational background, and if I felt emotionally stressed about anything. I told him that I had been perturbed by break-ins into my home, which had put a strain on my marriage. He asked me what I was doing on the day I was brought to the hospital. I told him that I went to the gym, returned home in the afternoon and was at home the rest of the evening.

He asked me how I was dressed on that day and I said that I was wearing shorts and an inner vest like a t-shirt. He asked me if I didn't think that was a bizarre outfit. I told him that it wasn't at all bizarre for someone to go for a workout at a gym in clothing suitable for the gym during daytime. It was the middle of May and the weather that morning was fine.

Dr. Popoola then went on to give me advice about marriage and business management. But all of that seemed irrelevant and pointless given that I still did not have a proper answer for why I was being held against my will. So I asked the doctor why I wasn't being allowed to return to my apartment. To which he said that I appeared to be unfit to go home and was to be kept under observation.

This wasn't a satisfactory answer but I did not have a way to appeal against his biased medical opinion and judgment. He told me that he would change my prescription to *risperidone* so that my health could improve. I couldn't refuse this ill advice as the doctor strongly and forcefully insisted that I start on this medication. I was feeling weak from being kept in confinement and from the harmful effects of being practically roofied — via a surreptitiously administered cocktail of haloperidol (Haldol) and other psychotropics during the first day of my detention in the ER. So, I wasn't able to refuse the new prescription of risperidone.

I also have a number of objections to what Dr. Popoola has written in his notes on the day he wrongfully prescribed risperidone, which I am able to notice and recollect, even though only the notes from Dr. Popoola have their dates blotted out in the personal medical records released to me from GRHC.

On 17th May, 2020 through a number of coercive means, my freewill was subdued in the manner explained in the above paragraphs, and I was forced to take risperidone. I was then given the new set of prescribed drugs by a nurse within the inpatient ward of GRHC. I took the coercively prescribed risperidone for two days, and then suddenly developed severe needle-prick-like pain in both of my feet and legs. The causal factors of such an adverse reaction from the given drugs are examined in *Appendix I*.

The sudden and sporadic sharp pains in my lower limbs would last for only a moment but they were considerably jarring and painful. I reported these new symptoms to the nurses on each day I was in the inpatient ward but all they said was that it would go away.

My concerns and needs as a care recipient were thus downplayed or completely ignored.

I then asked to see a pharmacologist on the third or fourth day of being kept in the inpatient ward. The pharmacologist printed out the consumer fact-sheet for risperidone, which explained its use, main effects and side-effects. It explained that the needle-prick-like pain could have been an indication of thrombosis. I had these symptoms of ill side-effects prior to reading the consumer fact-sheet so they were definitely not psychosomatic. Luckily, having knowledge about deep-vein thrombosis from my work in aviation ergonomics in early 2000s, I realized that by forcing me to take this drug, I could have been permanently incapacitated or murdered by induced seizures, stroke, or a cardiac arrest because of internal blood clots getting stuck in arterioles or venoles, while I was detained within a state-sponsored prison-like facility. In such an eventuality, even an autopsy would have likely ruled out foul-play and indicated that my death was due to "medical distress" or "natural causes."

So from that day onward I stopped taking the risperidone pill. I had to pretend to take it in front of the nurse and then later spit it out in the washroom without swallowing it.

However, the long term damage to my neuro-endocrine and reproductive systems had already been done from the first three days of taking risperidone, and from already being given haloperidol and olanzapine. Against my protests and refusals to take risperidone, Dr. Popoola had increased the dosage and pressured me into taking it during the first three days by saying that he suspected I was developing paranoia, due to my suspicion of break-ins into my home, and because of my doubt in the suitability of medicines being given to me.

It is peculiar how paranoid trained professionals and clinicians in Ontario are about who in the community is developing paranoia.

At that point, I realized that — anything — I could say to a practitioner would be twisted against me, to paint me as a delusional or psychotic person. Even my legitimate concerns of experiencing

strongly negative side-effects, indicative of possible thrombosis or neuralgia from the medications, were being contorted as ``diagnostic evidence of paranoia.''

This is why after reading the consumer fact-sheet of the drug being forced onto me, I had no other choice but to pretend to adhere to the devious prescriptions. I believe that in doing so, I managed to save my life although I continued to suffer sudden and severe pains of a pricking nature in my feet and legs for months.

For more than a year those sporadic pains continued and eventually became less frequent. Sometimes they suddenly occur even at present. This is why I am still reminded and grieved by how I felt fearful of getting accosted while I was detained in GRHC, or being told that I was merely experiencing haptic or somatic ``hallucinations,`` for speaking up about these sporadic pains in my lower limbs. Every aspect of that environment's power dynamics were designed to induce fear in the detainees for speaking up about any ill treatment, as it could then be used to further discredit the person for being delusional in order to detain the person longer, or used as an excuse for worse treatments with heavier doses of antipsychotics, or even used for unfairly characterizing the person as being aggressive and having ``personality disorder.'' For these reasons, out of credible and tangible fear for my safety and well being, I had to silently endure the harm being done to me, and also to others that I witnessed, while being confined in GRHC.

On the next day I tried to reach the rights advisor and asked him to file the forms needed to contest my case. This rights advisor was different from the first person I had spoken to on the phone called Heather, and he agreed to start filling in the paper work. But, Dr. Popoola then told me that if I did not appeal the rights advisor for a hearing in front of a medical tribunal, he would let me go in a day or two before the upcoming weekend. So I asked the rights advisor to wait on filing out and submitting the forms. However, on the next day after this conversation, Dr. Popoola told me that he wanted to keep me longer for another week "for observation," because the "Form 2" allowed him to do so. It turns out the *Form 2* had expired. I was being held under an illegitimate *Form 3* against my will by not being told about it!

I then asked Dr. Popoola which aspect of my apparent demeanor, behavior or thought process made him question my sanity to want to keep me in the hospital for longer.

He told me that he felt I had a fifty percent chance of being mentally ill given the data in my medical records, even though he didn't see any apparent behavioral symptoms or reasons. This is how Dr. Popoola plainly admitted to me that he did not have sufficient grounds to detain me at GRHC if it weren't for the spiked medical records. As such, I told him that it was unjust and unfair of him to then keep me detained, especially if it meant that I would have to be in the hospital during the last week of Ramadan and Eid. To which he said that he felt I should concentrate on making sure that I could

return to my wife by staying in the hospital. So I told him that I knew what my priorities were: God, then my parents, and only after them, my immediate family such as my wife.

So Dr. Popoola asked me why I prioritized my mother above my wife, and said that he felt that my belief about prioritizing my mother was simply wrong. He strongly suggested that my wife was my future and my mother, having grown old, was only a part of my past so I ought to concentrate on my future, and prioritize the wishes of my spouse. This is why I had to ask him how many spouses or romantic partners could a person have within a lifetime. He answered that a person could have one or more partners in a lifetime depending on their circumstances. I then asked him, "How many biological mothers could a person ever have?" He said one, and then sat silently.

He seemed to have realized the uniqueness of a biological parent compared to a spouse and why that logically proves the importance of a parent. Moreover, what right did he have to override my freewill to form my life choices? What gave him the right to dictate how my care and consideration for a family member ought to be directed? Did the GRHC give him such a right? The CPSO? The Mental Health Act of Ontario? The Ministry of Long Term Care and Health? Canadian culture and society? The Canadian federal government? The parliament of England? How did he even dare to suggest abandoning love for a mother or for God?

Dr. Popoola had even managed to hold a nearly hour long philosophical conversation with a supposed — mentally ill person. And yet, he told me that he felt it would be better if I prioritized my wife if I wanted to leave sooner rather than later. So I said to him that I would need to speak to the medical tribunal and have my case reviewed.

He then told me point blank, "I can leave you just before seven days on the sixth day, and you will not get a hearing because it takes seven days to form the tribunal."

Dr. Popoola knew — perfectly well in advance — how to game the local healthcare system, its policies, and professional codes of conduct. He even told me that if I somehow managed to get a hearing from a tribunal, he would succeed in proving his case because he had experience in doing so numerous times. This is why, without a doubt in my mind due to our conversations, I believe he knew that I did not need to be detained for any legitimate or necessary medical reasons. And, he was confident to succeed in using his position and powers to paint me as a psychotic person because he had previously done so to others. This was the day when he also decided to fish for medical reasons by having a brain CT-scan ordered, which revealed that my cranium and brain functions were sound.

If there had been a genuine and legitimate concern about a structural or physiological brain damage issue, wouldn't the members of GRHC be required to look for it at the earliest point of me being taken to the hospital? Evidently, the procedures and methods of "medical treatments and scans,"

under forced detention after already harming the patient with malpractices, were solely conducted to suppress and subjugate a person like me via cultural policing. All of these malpractices were wickedly designed to make the captive person conform to bygone Edwardian and Victorian era beliefs about social order and expected behavior, prevalent in Canada.

I felt completely broken and crushed after that conversation with Dr. Popoola because it felt like every cadre of public services in Kitchener except for the fire department, had willfully and knowingly harmed me, out of a disgustingly prejudiced desire to alter my sense of self, Islamic faith, personal belief system, Asian cultural outlook, and my personal priorities.

My basic human rights were abused violently using every conniving trick available to those coordinated groups of individuals who inflicted targeted harm upon me, just because of — who I was, how I appeared to be culturally different, how my personal and religious beliefs were not to their Anglo-Saxon liking and expectations, and because I was not a self-deprecating ``humble'' person like other people in Kitchener. It is evident that they were of the opinion that I had to be forcibly brought down a peg or two, to relieve me of my ``diseased and over-inflated sense of self,'' by use of policing actions and painful corporal punishments.

These groups eviscerated my spirit and humanity by dehumanizing, degrading and humiliating me in such cruel ways, and by inflicting several forms of permanent harm and damage, particularly to my decency, relationships, livelihood and health using thoroughly normalized, as well as systematized, illegitimate motives and means.

I spent days after that conversation with Dr. Popoola trying to hold myself together, under overburdening duress and frustration. For days I asked for an imam to be made available to me for spiritual counseling. I was simply told by the GRHC administrators in the nursing station that this was not going to be feasible and could not be arranged because — the hospital had never been and wasn't required to provide a muslim spiritual counselor. A priest was then sent to conveniently impress upon me the merits of adopting Christianity.

This is how I was violently forced towards religious conversion to Christian worldviews via abject hypocrisy and unlawful, medically induced, politically motivated punitive actions, while:

- being deprived of my dignity, civil liberties, key provisions that supported my health, basic necessities of earnest living, and my rights to observe religious customs
- under the tortuous conditions of illegitimate confinement in a substitute prison
- while being surrounded by the horrors of other tormented and tortured vulnerable people who would scream and shout continuously, for days on end, to be let out of their solitary confinement room

- and while having been coercively forced to take heavy doses of lethally harmful, narcotic, depressant, and suppressive drugs to make me prone to culturally subversive suggestions.
- The coercively administered drugs were absolutely unnecessary, and were even contraindicated with respect to my health records!

On the Friday before Eid, I begged Dr. Popoola to let me go, and to be allowed to be free to practice my religious supplications in accordance with my customary and cultural needs. He refused and said that he did not understand what muslims or followers of Islam were supposed to do during this day, and said that he felt it couldn't have been as important or necessary as him making sure that he saved my health. So I asked him if he was sure that he did not have a hero or a savior-complex? I asked him if he was sure that he was doing the right thing, in my best interest? He stayed silent and did not answer. I still wonder, what exactly did he think I needed to be rescued or "saved from?" From Islam?

Additionally, instead of trying to override my personal priorities using coercive means, or arguing with me about my faith for nearly an hour, why did he not pay attention to his other patient throughout that week? Given that Dr. Popoola was the only doctor assigned to a young female patient and myself, according to the chart posted at the nurses' station, which other doctor was supposed to provide that patient with medical attention?

Instead of spending more than half an hour philosophizing with me, on each day he came to the ward, why didn't he bother to even give her fifteen or ten minutes of his time, repeatedly ignoring her for days, for an entire week? Why didn't he bother to even see the other patient who kept crying loudly and weeping for days in the cafeteria, begging the nurses on each day to have him visit her even once?

The only thing the nurses would do, was to cajole her, with an extra raspberry jam sandwich to get her to become quiet for a while. A pathetic sandwich is not supposed to be a substitute for proper medical counseling!

After staying silent for my question about having a savior-complex, Dr. Popoola told me that he wanted to see what I would do if I was kept in the hospital during Eid, and that if I behaved "normal" according to his expectations, I would be let go after the weekend, only after Eid al-Fitr.

In this regard, I believe that Dr. Popoola wasn't exercising "abundance of caution," or some such pretentious whitecollar excuse to stealthily propagate subjugation of those who are already confined and incarcerated. Dr. Popoola was abundantly adamant on denying me my basic human rights, and

religious freedoms in particular. He did so bluntly while neglecting his duty of care and Hippocratic oath towards me and the other patients assigned to him.

I wasn't able to do anything about this issue on that day because I was enervated and dispirited from all the hideousness of GRHC's psychiatric care units.

On the morning of Sunday, 24th May 2020, a nurse was kind enough to let me use a private room for *namaz* (prayer).

All I could do was to pray for all those who were suffering and were made to suffer by wrongdoers. On behalf of all these persons including their tormentors, I could only ask for the solemn forgiveness for all, concerning that which any being could have done knowingly or unknowingly, I only asked and continue to ask of Allah Subhanahu wa ta'ala, to provide peace and sustained mercy to all those who are beloved to the light of Allah ar-Rehmān, ar-Raheem, al-Gaffūr wal-Kareem.

13.1.1. As such, here is the immediate requirement to start with

The Ambassador to the Canadian High Commission in India is to first and foremost, convince me via formal communication channels that:

1. The federal Government of Canada fully, and unambiguously, comprehends the gravity of this situation.
2. And that it has formally noted the issues brought forth in this entire body of literature
 - a. through a press release in the Canada Gazette, and
 - b. as a statutory report made available to all current and successive civil servants as well as council members of Canada's federal legislative entities.
 - c. Said report is to then remain accessible to those groups of individuals in its original form, until such date as any of those entities shall remain in existence.

Next, the Government of Canada is to provide a formal letter of apology while accepting full responsibility and liability without limitations and equivocations, on behalf of:

its military, paramilitary, secret and public service units, as well as any and all participatory individuals and private entities affiliated to those offending service units in connection with the umpteen accidents, mistakes, and violations they have committed, or have continued to commit, as expressed in this documentation.

After that, I might be inclined to discuss remedies, responses, and reparations owed to suffering parties in accordance with these requirements as a consolidated effort wherein — all of my family

members, contacts, and myself are the primary concerned parties with a multitude of grievances as expressed in this body of literature.

The framework to address and remedy the issues explained within several parts of this document can then be discussed and agreed upon, depending on the initial set of necessary disclosures, procedures, promises, and obligatory remedies that are securely pledged and granted — via the aid of a legally authorized and appointed representative of the Canadian Federal Government as a point of contact for discussing these issues and grievances at large.

The Government of Canada may want to carry out its due diligence before taking on any responsibilities, or performing any duties or actions concerning these necessary requirements.

So, I urge the Canadian government's duty bound officials to take the squarely-measured span of time they may need to perform required activities of research and investigations, in lieu of such due diligence, especially if it helps in protecting international relationships and public interests.

For, there must not be anything that could prevent or hinder the Canadian Government from following through with these initial requirements, right? And to do so at the earliest point in time without hesitancy and evasions? Will the Canadian Government use the most proficient and faithful means applicable towards safely and securely providing satisfactory remedies and worthwhile justice, in favor of grieving persons like myself?

If any of these initial requirements sound like a "non-starter," then the Canadian Government can simply choose the default option of using prayers and wishes to make all of this magically subside on its own, and disappear into the unending roster of its racially biased violations against peoples of — practically all walks and creeds.

Canada and its institutions have remained defiant and unrepentant concerning their historic crimes of genocide against indigenous and First Nations peoples, as well as ongoing systematized crimes and abuses against ethnic minorities and newcomers, due to prejudices, religious intolerance, and racial profiling for genocidal purposes.

13.2. Persistent coordinated attacks upon my personhood and right to self-determination

After being released around 1 pm on 29th May, 2020 from the egregiously illegitimate detention at GRHC, I was assigned to Dr. Alexandra Paventi Douglas — without my proper consent to have a new doctor for outpatient medical treatment.

In the first and second weeks of June, 2020 I was made to attend consultations with Dr. Douglas and Scott Grant. During one of these consultations, when I asked for an explanation about the pharmacological pathway and method of action of the drug — Seroquel, that was being forcibly

prescribed by Dr. Douglas, she stonewalled me by saying that the drug was necessary and was recommended by medical literature for treating mental health challenges. Her answer was not at all satisfactory or even remotely connected to the question about pharmacology.

Then, without a care about my rights for a second opinion or consultation with a pharmacist I was bluntly threatened by Dr. Douglas, "to be put on a form by removing my right to informed medical consent" for disagreeing with a doctor about the prescribed medication. Following this threat, Dr. Douglas said that she had the right to force me to comply, due to the authority vested in her by the Mental Health Act, irrespective of what I could say or do.

Next, I asked her if she was certain that the symptoms of inattention and distractiveness that I had, could have been due to a different set of underlying mechanisms, such as lifelong sleep apnea instead of acute psychosis. To which she said that it was her medical opinion that I was incapable of making medical decisions for myself and that I was incapable of having insights about my own health for being, "out of touch with reality." Dr. Douglas simply deflected my question, and outright belittled my personhood and individuality while ignoring her duty of care towards a patient that she had somehow co-opted from Dr. Nasri.

During that consultation, I had also asked Dr. Douglas if she could use a Venn diagram of the symptoms she claimed to observe in me, in order to compare them to similar symptoms presented by various separate, psychiatric vs non-psychiatric ailments.

She didn't seem to understand what a Venn diagram was. So I asked her to draw a circle on a sheet of paper and write the labels of symptoms she claimed I was presenting, and then draw another adjacent circle that overlapped those labels to represent a separate category of known non-psychiatric ailments that could also be underlying causes of those symptoms.

Dr. Douglas did not understand this request about using a Venn diagram at all, and now that I get to read her notes in my medical records I see that she mistook my request for a scientific explanation about my condition in diagrammatic form as, "yet another symptom of thought disorder, delusion and mental dysfunction."

So I must ask the board that certified this doctor, how does one manage to pass graduate schooling or even highschool in Canada without ever learning about Venn diagrams?

I must apologize if my tone over here sounds harsh or contemptuous. But this is mostly because reading Dr. Douglas's notes caused me to get retraumatised from recognizing that the database entries with records of this particular incident's notes in my medical history were edited by Dr. Douglas, quite possibly with the help of Scott Grant, after the CPSO had informed the doctor of my complaint against her.

The reason given for the edits was that only minor corrections for punctuation marks were made. However the notes from this day were uncharacteristically long and there were corrections made to notes from other days as well. To me, these edits and their timing seem rather dubious and more likely a method of collusion between Dr. Douglas, Scott Grant and GRHC on their false narrative, by making the edited medical notes appear more congruent with the falsified statements written up in the *Application for the Form 2*.

The only way to get the original data from the CMHA databases would be to conduct a thorough digital forensics examination of these details, which may have been overwritten or digitally washed out by now.

At some point during our conversations, Dr. Douglas had also brought up the following topics during our in-person meeting. I believe it was her deliberate attempt to forcibly suggest, gas light, and impress upon me that I was out of touch with day-to-day reality of life in an urban setting, and was thereby experiencing delusional thought patterns or some kind of psychosis:

1. My views about food supply chain in Kitchener
2. The topic of Canadian currency and its purchasing parity against other currencies

The above topics and how they relate to my work and volunteering efforts are simple. Here I can provide context on how my views on the first topic was informed via research conducted by a University of Waterloo student named Venessa Ong in February-March 2020, on food insecurity and food distribution problems that existed in KW-Region even with a food overproduction glut in Ontario. I had researched this topic to learn more about, and volunteer at the Kitchener Working Center's Market Garden.

My views on the second topic were informed by econometric data from sources like Bloomberg, Reuters, industry reports, and pricing and trade almanacs for collectables that I had been researching for months.

Such knowledge and insights helped me stay educated about industrial supply-chain issues and the stock market, for my personal and professional interests as a freelance, business intelligence writer. I was interested in speculative and derivative markets to be able to write articles on these kinds of topics for public interest.

This is why I have strong objections to practically every other sentence written by Dr. Douglas in my medical records as her professionally made psychological or psychiatric evaluation of my state of being, from our various interactions. More specifically, all the notes concerning interviews with me

from May and June, 2019 were edited on 18th, June 2020 right after my complaint to CPSO about misconducts in CMHA and GRHC.

In addition to these objections, I was misquoted in the CMHA clinical records from 21st April, 26th May, and 27th May, 2020. And I solemnly swear and affirm that I did not make any "physical threats" against Scott Grant at any point in time.

It even turned out that Scott Grant and Dr. Douglas had a police officer waiting inside CMHA who was called only for me, "as a precaution," and was sent away once the meeting on 12th June, 2020 was concluded. I still cannot fathom why these people were so afraid or suspicious of me, and what exactly they thought I would do during a conversation, that needed a police officer to wait on us. The CMHA's First Steps team's poor form, uncalled for suspicion, bad faith and mean spirited interactions, constant attempts at demonizing me due to their "fears," along with their extreme readiness to once again wield the police against me were pathetic, hurtful, and utterly woeful. I can only imagine that they were fearful of some kind of a physically violent retribution they thought I would take against them, on that day, due to their guilty state of mind for having tried to push me towards permanent immobilization using guile and deceit.

I therefore reject all the notes taken by Scott Grant during the months February, March, April, May and June of 2020 because most of them are simply made up, incorrect, or vastly different from my recollection of the conversations.

On 4th June, 2020 I revoked consent for any information pertaining to my health being shared by CMHA with my wife at that time, and they acknowledged recording this change. But after that, they continued to discuss my health information with my wife and tried to illegitimately frighten and coopt her into becoming a "Secondary Decision Maker" who would be able to sign off on coercive tactics of the CMHA, thereby creating unfair provisions for ``legally`` shielding members of the CMHA from their misdeeds.

Furthermore, the notes within my file retrieved from CMHA pertaining to the dates: 16th, 17th, 23rd, 24th, 25th and 30th June, 2020 as well as the notes pertaining to the activities of Kendra McGinn on 10th and 13th July, 2020 clearly indicate that members of CMHA were:

1. frantically editing their records,
2. rehearsing their cover stories,
3. sharing the latest version of such narratives with their collaborating agencies,
4. and plotting ways to snare me through a Community Treatment Order.

It is thus evident that on realizing that myself, CPSO auditors, or other investigators could have the ability to identify various misdeeds committed by CMHA members via their unscrupulously edited notes in my medical records — member of CMHA sought to yet again have me arrested and institutionalized, by calling on their contacts in the justice department, WRPS and GRHC.

All these expositions are the provable pieces of hard evidence of collusion, among various and several members of public service units, through their formal and official channels of communications. This exposition naturally raises the question about their additional informal methods of orchestrating such nefarious plans and activities for targeting marginalized groups or vulnerable individuals in the community, due to their preconceived biases or discriminatory prejudices.

It also grieves me to note that members of CMHA's Kitchener branch even tried to justify their actions, and to basically shift the blame for their misdeeds onto my wife, by indicating in my medical records that an "alarming" email she sent them, prior to me being illegally detained, was a ``true and valid`` source for justifying their motives and actions. They also tried to shift the blame for their uncalled for actions by indicating that my wife was concerned with an assessment about my behaviors since all the way back in 2018, and that she had been texting persons like Debrajoy Brookes for seeking help regarding, "husband's psychotic delusions and aggressive behaviors."

Such discussions about ``needing to protect my wife from domestic violence and harm`` were also discussed in CMHA with a Dr. Rieck.

All of this is entirely enervating because my wife was roped in by the First Steps intake workers. My wife was also, at that time, suffering from anxiety disorder due to the untoward chain of events we had endured. Those events have been detailed in previous sections.

Particularly, around January, 2020 my wife wasn't willing to believe anything I said about n-CoV from privileged information I had about it, nor was she willing to rely on my training in industrial hygiene, when I acted based on motives of self-preservation against an incoming pandemic as increasing number of news reports had started to circulate online about global n-CoV cases and deaths during the period of November, 2019 to April, 2020.

By February, 2020 I was anticipating Canada to soon go into lockdowns like South Korea, China, Italy, and Singapore based on business analysis reports I was working on at that time, regarding global supply-chain logistics. This is when my wife also prevented and strongly hindered me from closing my personal and our startup's bank accounts that had their private details compromised by the various cyberattacks on my computers. This had led to some arguments that coincided with the third incident of a stealthy home invasion, as discussed in *Section 11.2*.

I was able to finally close my bank accounts on 16th February, 2020 in anticipation of bank closures and the possible abuse of my compromised banking details. The banks completely blocked in-person access to branches for subsequent months, from the last week of February, 2020. Canada implemented its first set of Covid-19 lockdowns and restrictions on 8th March, 2020. The World Health Organization (WHO) declared Covid-19 as a global pandemic on 11th March, 2020.

So by no means can I, and nor should anybody else, accept the fraudulently edited remarks and notes that were unethically injected by Dr. Douglas and Scott Grant into my medical records. By no means can any such rebuttal from them, CMHA, GRHC, WRPS, or their legal representatives, be accepted in any form that would label any of their clearly evident, flagrant actions as — mere communication mistakes, misinterpretations, misfortune, or some ``minor`` slip ups while they were trying to do their best ``to protect my wife from domestic violence or abuse,`` and were thereby, somehow, in the right. All of those members of CMHA, GRHC and WRPS were entirely in the wrong!

All of those professionally trained people had an opportunity to come clean, on their own accord, but they did not. They instead double down on their violations and offenses. And they still haven't admitted to and apologized for their guilty actions.

Such members of state-sponsored agencies were not only in the wrong, they were sufficiently aware that their culpable actions against numerous persons like me could very well lead to felony charges against them for willingly inflicting murders injuries and harms to numerous persons via collusion and discriminatory intentions.

The available evidence, particularly of Exhibit - A in *Section 12*, strongly indicates that I wasn't the first nor the last person snared and cunningly thrust towards death by such groups of people.

More specifically, my grievances and dissatisfaction with CMHA, GRHC, Ontario's healthcare system as well as each of their accreditation authorities are due to this particular medical care team's:

- Abuses of my basic human rights, and of my professional and personal freedoms
- Lack of basic education in pharmacology and biochemistry for the accurate medical treatment of physiological challenges
- Careless or deliberate over-prescriptions of highly risky and hazardous pharmacological interventions without proper diagnostic tests or scientific reasons
- Belligerent and obtuse responses to behavioral factors related to cultural diversity of the patient

- Abuse of authority and power to degrade a vulnerable individual's dignity and healthcare needs
- Outright insensitivity towards a patient's fundamental concerns while thoroughly denying the patient any role or right to participation in the treatment process
- Using their seat of power to gas light the patient
- Ingloriously covering up their lack of knowledge, poor judgment, and condemnation worthy actions, to then, unscrupulously edit and overwrite the evidences exposing their crimes, specifically in a way that also poisons my entire medical history
- Violating US HIPAA, Canadian PHIPA and Health Canada's privacy norms, rules and regulations of professional conduct by:
 - tampering with a patient's medical records on numerous counts
 - committing intentional fraud, harm and obstruction of justice.

How have these kinds of malpractices and fraudulence among Ontario's healthcare providers, particularly within CMHA and GRHC continued to go unchecked for so long? I was only able to discover some parts to the answer of this question, when I started to review my medical records in August, 2020.

— End of Section 13 —

— Please turn to the next page —

14. Knowledge gained only upon delayed release of my medical records

It can be argued that all other persons who have been suppressed and abused in systematic ways wouldn't be able to retrieve, or even comprehend, their medical records due to sustained trauma and induced cognitive debilitations.

When I tried to obtain my private and confidential medical data, the first hurdle was the delay and cost in receiving it from separate medical institutions, which took more than a month. The second hurdle deliberately introduced by workers in CMHA was because the records were provided as a massive data dump, with its pages shuffled out of order, to make them incoherent.

The evidence of this form of tampering was within:

1. the page numbers automatically printed out by the machine used by CMHA, which were in serial order,
2. along with a reverse chronology of dates of title headings of different sections of the package on the database's cover sheet automatically printed out by the machine used by CMHA,
3. compared to the handwritten page numbers on each sheet of that package by a CMHA member,
4. all of which indicated the pages were deliberately shuffled after being printed out.

Furthermore, six sets of copies of the edited notes from the conversations I had with Dr. Douglas on 1st May, 4th June, and 12th June, 2019 were spliced in various parts of the stack, to somehow emphasize it. To fluff the heap even more, and to make it unwieldy, 86 sheets of paper were added to my released records from CMHA, that aren't even from my personal medical data. They are printouts of educational material on various psychology topics with multiple copies of "anger management" dispersed throughout the heap.

To someone trying to give CMHA the benefit of the doubt whether their actions against me were due to incompetence or intentional malice, the above issues may seem trivial or even inconsequential. However, the disorderliness of the records released to me from CMHA is noticeably intentional and non-accidental because it also has a different set of two pairs of neatly punched holes on two thirds of the papers, and three pairs of messy holes punched on one third of the sheets of papers. It is evident that the set of papers with misaligned third pair of holes were redone, to make the extra unnecessary fluff fit into the provided binder with its paper pins, and to thus make the entire package of my medical records become unwieldy. This was a deliberate method to mislead me away from vital information.

For these reasons, it is distinctly evident to me that certain members of CMHA who handled my data were aware of their coordinated guilty actions, and did everything in their power to make it harder or impossible for their misdeeds to be brought to light.

The way CMHA manually disorganized my released medical data also demonstrates their ill will, and repeated acts of malfeasance, which were a severe hindrance for me to be able to make use of the released medical records. It has taken me months of waking hours to sort through and reorganize it while trying to recover from the injuries and harms they purposefully directed at and inflicted upon me.

So am I angry with such conniving and treacherous people who wilfully poisoned my medical records and my private family life? No. I'm livid.

14.1. Issues within the released personal health records

The type of treachery conducted by CMHA wasn't conducted by GRHC, LHC, and Carizon when they provided me with printed copies of my medical records.

Although a number of issues exist with the medical notes from LHC. It is missing only the pages of the following dates with regards to the set of *Medication Administration Record* that LHC notes medical data via *Form ID: MARX0010 REV 08JAN2018*

1. 26th and 27th January, 2019. These were the first two days of the incident when I was administered harmful doses of "old-school" neuroleptics via intravenous methods against my volition, and then tightly strapped onto a bed with a five point harness in the psychiatry intensive care unit (PICU) of LHC.
2. 31st January, and 1st May, 2019. These were the days right after I was transferred from PICU to the inpatient ward in LHC on 30th January, 2019 when my prescribed medications were changed.

Similarly, within the medical records released from GRHC:

1. Many of the sheets provided as medical records had their dates in a scrambled order but all of the sheets were in serial order of a printer's page numbering.
2. Only a specific range of sheets from 14th and 15th May, 2020 about the prescribing doctors and the medications given to me on those dates wasn't printed out and provided within the records released from GRHC.

3. I did not know that I was being held on a *Form 3* in GRHC after the *Form 2* had expired. This change wasn't mentioned or explained to me. I was never informed of being detained in GRHC under a new set of restrictions as per a *Form 3*.
 - a. My guess is that this is just one more count of violation against Canadian HIPAA and PHIPA rules and guidelines for appropriate treatment of people held under medical captivity and confinement.
4. Notes by ER triage nurse Stephanie Cosstick on 14th May, 2020 appear to be accurate and match my recollection. She was the first person to interview me in GRHC ER before the man with a full set of personal protective equipment and broken English spoke to me (who was either a nurse, a social worker, or a doctor). That was then followed by an interview with Dr. Leveck.
 - a. I am not sure if I was asked about, and that I said that I had "Add, Adjustment Disorder, Attention deficit disorder, Depression, and PTSD".
 - b. I am south-asian not middle-eastern, this is another medical error due to presumed stereotyping that has crept into my medical records. I wasn't asked about my ethnicity or citizenship.
5. I completely reject the notes taken by Dr. Leveck on 14th May, 2020 for it drastically misrepresents anything I could have said or uttered while being interviewed by him, or by the other man who had interviewed me in the ER triage after nurse Stephanie Cosstick.
 - a. More specifically, I object to the way the concept of "euthymic mood" was used by Dr. Leveck in his medical notes, against my obvious healthy behavior, demeanor, and outlook.
 - i. There is no objective way to distinguish the concept of euthymic outlook from healthy outlook.
 - ii. "Euthymia" is a biased and divisive concept from 18th and 19th century psychiatry, specifically invented to pathologize even the normal and healthy appearances and behaviors of a person, to forcibly and illegitimately ascribe various labels of mental disorders to the person's moral character, values, and health.
6. Notes by physician Eileen Heo on 15th May, 2020 are accurate and she was the only one who spoke to me like a doctor with appropriate bedside manners when I was

detained in a holding cell within the U-shaped hall. It turns out that place was called the EAU in Grand River Hospital.

- a. But I reject the idea that "*pshychsis* and threatening self with knife" could have ever been mine, or any other patient's "Chief Complaint."
 - b. The Assessment/Plan section of the note indicates "1. Suicidal behavior" which I do not agree with. Was the physician intending to say that on the day, and at the moment of her examining me, she observed me exhibiting "suicidal behavior?"
7. The notes by Dr. Mohammad Ellyas Omar on 17th May, 2020 indicates "1. Suicidal behavior" as a part of the Assessment/Plan and somethings about a nasal spray for rhinitis.
- a. Do doctors often simply copy a thing written by someone else in a previous note without verifying its accuracy and veracity?
 - b. Was this supposed to indicate that I was demonstrating suicidal behavior on 17th May, 2020 when this doctor evaluated my status and condition?
 - c. A nasal spray couldn't have been the treatment plan for the supposed suicidal behavior, right?
 - d. Is there a silver lining to this? Maybe the steroidal nasal spray helped me stay asymptomatic of Covid-19, and prevented me from dying due to a hospital acquired infectious disease. Maybe.
8. The note by pharmacy student Martina Vucina on 29th May, 2020 reminds me that she was unhelpful on both occasions when I had explained to her that I had three specific concerns with risperidone, and that one of those concerns was particularly bothersome and severe.
9. The discharge summary was signed off by registered nurse Renata Tavares on 29th May, 2020.
- a. After giving me the discharge papers and my belongings I was let out unaccompanied through the first door of the inpatient psychiatry ward, but then no persons bothered to open the second door. There wasn't anyone who could be called upon from the corridor between the two locked doors. So I just stood

there for fifteen minutes or so until the physio therapist from the other ward saw and recognized me, to let me out of the second door.

- b. The discharge summary indicated that the hospital had decided to hand me off to the First Steps Program in CMHA without my consent.
- c. And I never took risperidone after being discharged, I hadn't been ingesting the given risperidone pill from the second day of experiencing bad side effects from it (third day of taking risperidone), while I was being illegally detained within the GRHC inpatient ward.
 - i. So how did I get well enough to be discharged? I wasn't ill in the first place, but I did suffer neuroendocrine damage from surreptitiously administered haloperidol, olanzapine, and risperidone.

It is clearly evident from *Sections 13 and 14* that methodical and coordinated set of systems exist for suppressing persons like me using every biochemical and psychosocial means available to the group of individuals in GRHC who collaborated with members of CMHA, offices of the Justice of The Peace, and the WRPS.

A number of filed reports and notes in my medical records indicate the use of abductive reasoning by the note takers wherein, upon making use of preconceived misconceptions and stereotype views of a person like me, the group of physicians, social workers, police and justice department officers sought to shoehorn made up reasons and concocted evidences to normalize and justify their prejudiced judgements and botched actions. Their concocted reasons for detaining me and for administering unnecessary and hazardous medical procedures had the mere resemblance of objectivity, devoid of genuine legitimacy.

Such murderous and genocidal wrongdoings would not have been possible without willful cooperation of seemingly disconnected and separated bad actors, who have been permitted by their organizations, accreditation boards, colleges, and ministries to act in such illegitimate ways and to ``bend the rules`` with maximum leeway, anonymity, and indemnity.

Considering all these things, there is absolutely no excuse that I'll accept for why LHC and GRHC excluded data from within my medical records, only and specifically pertaining to the days of their most harmful acts against me within their facilities.

The wide range of types, and high number of counts of violations and offenses, committed by such professional practitioners, against the norms of The Human Rights Charter and the rules of

Canadian Personal Health Information Protection and Access Act (PHIPA), is staggering and downright disturbing.

— End of Section 14.1 —

— Please turn to the next page —

14.2. Being framed as a dangerously violent, psychopathic terrorist

The medical records from CMHA revealed how a range of fabricated inputs were cunningly and maliciously provided to policing and healthcare agencies to "establish a path to violence" concerning my behavior and outlook.

The doctors and staff at CHMA fabricated the lie that I was someone with, "symptoms of psychosis; delusions of grandeur with beliefs of being twice exceptional; identified with mercenaries, and had contact with militias!"

The sentence about "identifies with mercenaries and has contact with militia" in the *Application for Form 2* written up by Scott Grant that alludes to me being ``a terrorist, a mercenary bandit, or a militia member`` is a particularly malevolent and hurtful part of how my medical data was intentionally spiked, in order to have me arrested, immobilized, detained, and consigned to an institution.

Perhaps sufficiently many people in North America and Europe understand why calling or labeling a black person a "nigger" is problematic and egregious. But it is apparent that not as many people clearly understand why calling or labeling a muslim person a "terrorist" produces rancor and strife.

My protests about this issue of xenophobia and bigotry among law enforcement, social workers, and healthcare providers, even at this stage, can be dismissed as a ``false narrative.'' One can posit that, ``it is only my word against their word.'' And to cast further doubt on this document, any hired expert on psychology or cognition might speak volumes on how, ``the human mind remembers things the way it wants to and fills in the gaps it can't accurately remember. Especially a traumatized mind cannot be relied upon.''

Those hired experts would undoubtedly profess such ``facts`` about the human mind without ever being able to explain what constitutes a mind or where a mind resides.

My account of events can be doubted and portrayed as ``persecutory delusions with thought disorder based fallacies,`` to diminish my genuine concerns, and to further dehumanize me. For appeasing and pacifying their own anxieties and cognitive dissonances, Canadian authorities can hire their biased experts to pathologize this entire document as being ``a mere act of grandstanding that is too ornate, fixated, and obsessive due to false beliefs, and unfounded paranoia.''

The most likely motive of such arguments would be to shroud their misdeeds and wrongful acts from any investigations by assaulting my character, mental acuity, or correctness of my recollection. Such actions borne out of partiality and protectionism could thereby delay or deny any award of damages and remedies for the multitude of injuries and harm that have already been inflicted upon my —

physical health and wellness, marriage, family life, prospects of having children, work related economic opportunities and activities, physical safety, privacy, personhood, religious belief system, cultural identity, and upon my honour and dignity.

So, one might need to verify my recollection of the events I faced within LHC and GRHC using the audio-video surveillance data from those institutions, and also perhaps by taking a gander through *Appendix IV*.

Given that the issue of abusing public services and medical facilities for political means and genocidal motives, is of a systemic nature, the harm done to various communities through such abuses in Canada also stands uncorrected by shameless officials who willfully continue to propagate injurious forms of religious discrimination, and racism. Doesn't this sound like grounds for a class-action lawsuit against such reprehensible institutions, managers and public officials?

Also, given that judicial systems in Canada have been made inaccessible to people like me by design, through which court can such issues be resolved? The court of public opinion? That would be highly improbable because knowledge about such cases of medical malpractice, especially concerning Residential Schools and genocides committed in Canada aginst First Nations peoples, have existed in the public domain, and within the conscience of most Canadians, for more than a century without any significant or appropriate resolutions. This type of moral decay, apathy and betrayal are the main reasons why Canadian courts have been ineffective and unhelpful in such matters.

— End of Section 14.2 —

14.3. Being framed for having delusions of grandiosity and for domestic violence

The notes written about me having "a belief of being twice exceptional," was a devious lie introduced into Scott Grant's application to the Justice of The Peace, which led to a *Form 2* being enforced. I had spoken to Scott Grant during a particular telephonic conversation that "Twice Exceptional" was the title of a book I had come by, during the week of our conversation in March or April of 2020.

I can hereby attest that this was the book by Beth Arky titled, "Twice-Exceptional Kids: Both Gifted and Challenged."

During the phone interview when Scott asked me the name of the author, I told him that I would need to search online for the author's name but he could do so likewise.

Scott then asked me what the book was about. So I told him that it described individuals who were exceptionally good (97th percentile or above) in some areas of schooling but, simultaneously, exceptionally poor (35th percentile or below) in other areas of learning, skills and education. In direct connection to this statement, he then asked me about the areas in life I felt particularly challenged or exceptionally disabled. I replied that I was fairly poor in physical fitness and socializing with big groups of people.

Immediately following that, he asked me about areas that I felt exceptionally strong in, so I told him about my academic abilities in basic mathematics and physics which have been pertinent to my work, travel and life choices.

The above two questions related directly to the theme of the book I had mentioned.

I then told him that the areas of my exceptional weakness canceled or averaged out the areas of exceptional strengths. To which he sympathized and agreed that it can be a daily struggle or challenge to cope with disabilities, and that I needed to focus on my strengths to overcome those challenges. These details, as I can recollect them, have not been fabricated, skewed or stretched in any form to make them fit with my views of the telephonic conversations I had with Scott.

This is why I can say with certainty that Scott thoroughly understood, without any ambiguity, that I was talking about a book and definitely not about, ``being exceptionally exceptional,`` or about possessing some type of ``supernatural ability,`` nor did I suggest to him at any point in time that I was somehow ``special`` in some way or at something.

And yet, Scott deliberately mischaracterized and misrepresented contents from our conversation on a legal document to portray me as a person with delusions of grandeur.

There were other contrived sentences in the *Application for Form 2* that said that "plates were thrown at my wife and were smashed against a wall." This was an attempt to paint me as an aggressive and violent person with anger management issues who was a danger to myself or others, particularly a danger to my wife. This brazen and vicious lie poisoned my medical records and despoiled my family life while leading to irreparable bodily harm and injuries in a medical facility. Scott later retracted this statement on 8th July, 2020 and "made a correction" to a legal form that had already been applied under false pretexts. The falsified *Form 2* was then changed to a *Form 3* by members of GRHC without provable justifications to extend my forced and illegitimate detention within GRHC. The newer cover ups regarding the reasons for applying these forms were also sent to the offices of the Justice of The Peace on 13th July, 2020 to make everything look neat and tidy, after I requested a release of my records.

Even Dr. Popoola's decisions towards detaining me beyond the date of Eid al-Fitr were influenced by such egregious lies introduced into my medical history by social workers and doctors of CMHA. But by then the damage to my life and wellbeing had already been done because my wife was already coaxed and coached by several social workers into believing that I was somehow a serious danger to her, even though, I was fully in control of my faculties and physical behavior during the weeks and months leading up to my illegal detention.

Furthermore, how such a completely imaginary sentence about plates being thrown around was injected into the *Application for Form 2*, by Scott Grant, is truly astonishing. This gives credibility to my belief that audio surveillance of my home led to a ``misjudgement`` on part of Canadian surveillance officers working with CMHA, and such a wretched misjudgement from audio data signals was due to their surveillance protocols and data handling procedures.

In this regard, the police, secret services and the social workers could provide a cover story claiming that they never conducted any type of covert surveillance of my apartment.

And suppose, if they were to say or even suggest that they only gathered such knowledge from the neighbors who ``heard`` glassware being broken, it would then be yet another wretched perjury on their part, for there is a stairwell between my apartment and the adjacent one that prevents sound from reaching the neighbors.

— End of Section 14.3 —

14.4. Concluding remarks for Section 14

For emphasis, I must reiterate here that there are additional issues of severe privacy violations and ethical misconduct that I had to suffer because, between April and May 2020, Scott manipulated me into including him in my private emails to other persons, and thus abused my trust to illegitimately obtain confidential and secret information related to my personal contacts, intellectual property, as well as professional and volunteering work.

The following series of opportunistic methods were used in committing blatant misdeeds and gross violations that weren't minor mistakes, misunderstandings or slip ups.

1. Spiked medical records with willful fabrications and fraudulent statements
2. Illegitimate police records with fabricated statistical and demographic data
3. Invalid justifications provided to a make-shift judicial authority for detaining persons in a substitute jail within a medical facility
4. Exploiting loopholes within the judicial system that circumvent the need to provide strong evidence to a magistrate or a judge for a proper arrest warrant
5. Use of coordination and communication tools for orchestrating a malicious plan
6. Use of shared databases and software with misleading subjective data falsely represented as being objective and veridical
7. Normalized official policies among public institutions that deprive visible minorities of religious and cultural support, especially ones that are non-christian
8. Duress via the tools, policies, architectural design and layout of the detention facility
9. Threats to further deprive persons of their rights and privileges for speaking up while being subject to molestations and harm in the name of ``medical treatment``
10. Coerced or forced administration of drugs that paradoxically cause the psychiatric or behavioral symptoms they are meant to treat
11. Causing sexual and reproductive harm via heavy or sustained doses of toxic drugs
12. Forced administration of contraindicated drugs with the specific likelihood of causing seizures, stroke, blood pressure increase, cardiac arrest, or other long term complications due to thrombosis

The above means and methods were primarily aimed at causing fear, mental anguish, and torment. More specifically, points 10, 11 and 12 are torture techniques that leave little or no evidence of bodily injuries while causing degenerative visceral harm via subtle biochemical techniques and procedures.

It is evident that a number of consecutive, systematically implemented, and sickeningly twisted means and methods were used for violating my confidence, to cause overwhelming physical and emotional pain, and to push me towards a long-term disability with a distinct and significant possibility of fatality. It should be noted that many of these violations were strictly due to systemic and foundational faults, illegalities, discrimination, and due to organizational behaviors lacking basic respect towards human beings who are differently abled and neurologically diverse, and also due to outright hostilities towards those who come from different cultural backgrounds, belief systems, and faith groups.

However, the worst of these offenses have been particularly due to a deeply entrenched, ``normative behavior`` of preserving bad actors within key fiduciary establishments of KW- Region's healthcare, social services, justice, intelligence, and policing networks.

The regional, provincial, and federal authorities responsible for duty of fairness in policy making have permitted and even encouraged these foundational faults via their willful directives against people of color, and at other times through ordinary negligence. Such problems have also come to persist in Southern Ontario through the improper discharge of duty of supervision by governing authorities of various departments, groups, teams, personnel, staff, and practitioners employed in the public sector.

These were the main sources of my frustration, dismay, contention and continuing anguish resulting in ongoing debilitations. However, the issues described in this section aren't just about the wrongful acts perpetrated solely against me. The issues described here are also about the various and several injurious deeds committed by teams of professional care-givers against handicapped or vulnerable care-recipients, with continuing harmful and distressful effects thrust upon them out of cruelty and/or prejudice.

These were the kinds of activities I can solemnly swear to have witnessed on multiple occasions, within a number of such state-regulated and state-sponsored programs and facilities.

So do I actually intend for an officer of an appeals court in Canada, UK or the US to go through any part of this document, for me to then participate in their courtroom's pageantry, shenanigans, and charades for award of some kind of pittance?

No, this is not a matter for any appeals courtroom. Additionally, I will no longer pay any credence or homage to the court systems in Canada, the US, and the UK that are shamelessly tied to such

brazenly detrimental and deceitful public sector units! Such offices and their officers have continued to play foul with impunity while remaining deeply rooted within age-old xenophobia, islamophobia and bigotry!

The court systems of Commonwealth Countries like Canada are within themselves at egregious fault, and are in severe contempt of the foundational concepts of fairness, justice, honesty, and human dignity. Such courts and their jurists have allowed, and even encouraged, insidious crimes and betrayals perpetrated via licensed and authorized agents of public sector agencies, or to have tragic conflicts to ``play out naturally,`` for more than a century without any meaningful and sustainable rectifications.

The most important thing to note here is that these reprehensible issues and chain of events are inseparably linked to an international scale, irregular conflict of hostilities and menacing acts of cyberwarfare against targeted individuals and communities by state-sponsored threat actors of Canadian, British and American origins.

Therefore, this overall situation needs to be settled through an autonomous body with authority to enforce decisions and actions — independently of localized provincial and federal courtrooms, and insurance companies, operating in Canada, the UK and the US.

Such a requirement also exists because Canadian courts, officers and institutionalized traditions already played a culpable role, especially in the way a Justice of The Peace, was allowed to conveniently sign off on templates of fabricated data, that for a long standing period of time have only been faked to look objective, in practically every case involving Mental Health Act, throughout Ontario.

It should also be noted here that a Justice of The Peace in Ontario is neither a magistrate nor a bonafide courtroom judge with membership of the Bar in a Canadian province.

Do any of the above paragraphs sound pejorative? Pejorative would be an understatement against the egregious and unconscionable systemic malpractices and the incorrigible legal tradition of allowing non-bonafide judges who can be duped using bad graphs, to sign off on legal writs issued against vulnerable community members!

This problem of targeted and planned actions for committing racially and politically biased crimes, with further cover ups and hindrances coordinated amongst its perpetrators, who have civic authority and power, is enormously widespread, and deeply intertwined with Canada's foundational public sector units.

Therefore, the approach and sophistication needed to uproot such criminals and their crimes requires unwavering and unbridled resources that are to be provided to a well formed autonomous

body independent of provincial and federal governments, and which can be held internationally accountable beyond reproach. The autonomous entity is to then follow suit with the requirements stated in *Appendix VI*.

— End of Section 14 —

— Please turn to the next page —

15. The only feasible options that were available within the given circumstances

This section covers my strong objections to being labeled as someone who was in a state of delirium, delusion, or such disillusionment that my sense of reality had become warped or had slipped away. I also strongly object to the mischaracterizations of my means to securing my neighborhood, home, computer networks, contacts, family life, private properties, artwork, and professional choices as behavioral aberrations or abnormalities.

Such ill informed labels and mischaracterizations were the main inputs used for deploying legal instruments, covert surveillance tools, modes of entrapment, and eventual policing actions for putting me into a substitute jail-like environment.

I had adopted the only remaining socio-economic and technical means available to me, during stressful circumstances stemming from causal factors explained in *Sections 1 to 14*, while braving through a pandemic, and while defending my family, life, honour and good reputation against criminally minded state-sponsored "red teams." These factors provided a limited range of feasible options for livelihood, self-protection, and survival.

Therefore, I'd like to present the background reasons involving my publicly available artwork. Scott Grant and Dr. Douglas brought to my attention on multiple occasions that my artwork was objectionable. It appeared to me that they were concerned about me being an online troll or a miscreant due to their frequent surveillance of my online articles on Github or messages on Twitter.

This made me believe that their initial intrusive and obtrusive actions towards my family were politically motivated. Their nature of work and actions were also concomitant with other hacking and military grade malware tools that were directed at my family and home's computer networks. If only they knew about *the honey pots* in my files and computers they might have succeeded in remaining stealthy and evaded detection!

Later, while reading my medical records I discovered that Dr. Douglas wrote about me using the word, "munificence" during an interview or a conversation for some reason. I do not recall using that word at any event or during any conversation.

However, I did write an article in April 2020, which used the concept of munificence in the context of a shortage of international aid given by industrialized countries to other countries. The main theme of that article was about counteracting the military doctrine of "Mutually Assured Destruction" with mutual diplomatic, economic and cultural support among various nations as a *gesture of good will* towards "Mutually Assured Compassion."

I did not send this article to Scott or Dr. Douglas.

One can view its contents available at this web-address if they would like to do so:
<https://github.com/serene-solidarity/m-a-c>

Indeed, it is not feasible to get to the above web-address without being directly made aware of it in the first place, or eagerly digging for it using online stalking tools.

All I can say about this incident is that Dr. Douglas managed to distort my usage of that word in an article that was never sent nor discussed with her, into an edited version of her medical notes, to try and make me seem delusional prior to and during the month of May 2020, so that the eventual *Application for a Form 2* would appear more credible.

I can also imagine that any persons reading the initial set of requirements towards dialogue and amicable negotiations might have already balked from reading any further, saying things like, "the writer of these texts is most certainly suffering from delusions of grandeur, is merely high on weird substances, is simply inane, or is just maniacally insane."

However, an experienced enough scholar from the defense, legislative or legal sectors of society reading this documentation might rightly observe that, even non-state actors can challenge the authority of state-run institutions on grounds of frugality. Keeping this observation in mind, we may ask ourselves:

"Has it been frugal or prudent for any of Canada's provincial and federal ministries, departments or institutions to indulge in negligence and decades of wilful belligerence rooted in bigotry, that has exacerbated the plight of refugees, immigrants, ethnic minorities, and indigenous groups of people?"

It isn't imprudent, and certainly not grandiose of me or anyone else, to be aware and responsive to such basic questions concerning the realities of living in Canada or in any other part of the world.

Would it even take the experiences of a ten year old, to notice basic truths within the juxtaposition of a few strips of plastic money, as illustrated in Exhibit - C?



Exhibit C - Canada's venerated exploits and emblems of colonialism

But, perhaps, the ten year olds in Canada wouldn't then go around making dozens of those unique, "defaced" strips of plastic, to then use them on a daily basis as non-fungible-tokens in local shops and mercantile establishments. Or would they?

Maybe they would instead support their friends and family by cheering-on, or even joining in, a peaceful rally out on the streets with posters and placards, because they have the youth and energy to do so. However, I'm more mindful of where I spend my energies, and I'm too old to walk around under the midday sun, to hold placards up against sticks and stones alongside other honky tonk women, mad dogs, and Englishmen.

So it has been easier for me to make my stand against violence and repression, and give voice to the silently oppressed by using whatever meager resources, GIFs, and gifts I have.

It wasn't at all surprising for me to then be put down for sharing my peaceful form of protest via my creative outputs, or to be tortured, denigrated, maligned, and to even be put through incarceration with near fatal punitive injuries thrust upon me by authority figures working for state-sponsored institutions. That too, by Canadian civil authorities who typically portray themselves as humanitarian legalists with sensitivity, empathy, and compassion towards the struggles of people like Uyghurs,

Rohingyas, Syrians, Iranians, Ethopians, Nigerians, Armenians, or Ukranians — from their ivory towers perched upon ``high moral grounds.''

Do officials in the US, UK and Canada have any legitimate right to dole out moral and ethical criticism concerning human rights violations in other regions of the world? And to then place sanctions upon other countries, while stealthily committing the very same atrocities on their own soil and in practically every war torn region of the world!

These are important and serious questions especially due to the political abuse of psychiatry and other medical practices aimed at continued repression of First Nations peoples, dissidents, ethnic minorities, people of color, newcomers, and even non-resident foreign nationals who visit Canada.

As such, are the undercover state-sponsored bad actors as well as their handlers in higher seats of authority within the Americas and in western Europe, playing fair within the same reality and society that the rest of us are currently living in?

Or are they in a state of delirium, confusion and delusion where their sense of local and global ground truths has become irreparably warped, and has slipped away completely?

However, not all parliamentarians, or persons in seats of power have been corrupted in this manner because of greed, duplicity, and hypocrisy. It is just that those who speak up about such issues tend to get castigated in public, humiliated, sidelined from better paid or influential positions within their organizations, defamed, and then simply thrown to the curb for not being ``a team player,'' or for not being ``down to earth.''

This is why, as long as one can get internet connectivity at the curb-side, one can still do as much as individually possible to press a few keystrokes, or pluck a few guitar strings, or beat a few drums, like any other person busking at a street corner, to then send out a few notes, rhymes and rhythms that inspire and *mobilize* ordinary people who are treated as a nobody.

So does one need to have sovereignty, grand accolades, or positions of high influence and power in order to mail a few letters or forward a few pamphlets?

Or does one need to possess genius level intelligence and acumen along with maverick leadership skills, to merely put out a few podcasts and songs? Just think about it, what does one need to have, in order to churn out a bunch of "what-if scenarios" from the comfort of their armchair? Most probably just the armchair, yes?

Within all such avenues of life, one does not need to be a ``jedi'' grandmaster, or a grand vizier, or a grand anything for that matter, to march along with the days of an ordinary life.

One just needs to be free, free as in neither a surf nor a slave.

But perhaps, as a word to the wiser and to those more optimistically cautious among us, shouldn't one be more soft spoken and appealing in their outlook as opposed to seemingly jagged, arrogant, or abrasive? Yes, that helps people who care about things like a pension, or those who want to ape someone they aren't. However, I am not one of those people seeking glory, riches or fame. And that is why, I have no reasons to apologize for how I happen to be comfortable in my own skin, especially not to those who cunningly cast people like me into harm's way, and certainly not to those who knowingly sullied our reputation or imperiled our lives by misusing or abusing their authority.

More importantly, did my "arrogance" ever injur you in such ways to cause your child to be murdered or killed due to a home invasion? Did my "harsh tone" cause your honor to be completely tarnished by indelibly spiking your medical and social security records? Or did your life's work get despoiled through malicious state-sponsored cyber attacks, just because my tweets and blog articles appeared "too egotistical, cryptic, and politically charged?"

Or, genuinely, did my multi-cultural mannerisms cause harmful effects to your bodily functions and reproductive system, with further sadistic and demeaning threats ghoulishly cast upon you to be lobotomised, so that you could then be stashed away in an asylum, where you wouldn't even be able to beg for relief through euthanasia?

Much more importantly, life within the poverty stricken doldrums of Kitchener-Waterloo Region in Covid-era, turned out to be an eye-opener for me.

It helped me apologize to those friends and family who had to put up with my antics, or had become worried due to my distressful situation that gave them many sleepless nights for many months or possibly years.

It also made me more acutely aware about my own nature and responsibility in all of this, about how the situation surrounding these chain of events hasn't subsided yet, because of my inability to get-along-to-go-along with treasonous and traitorous people, as well as my inability to go-along-to-get-along with unscrupulous and cowardly people.

Mindfully putting aside the niceties and facades that are typically used for maintaining social appearances just for being able to fit-in, or for being able to purchase the latest vapour-ware from an upstart company, miraculously saves a great deal of bandwidth and energy. These savings can then naturally be invested in a cause that one would care to live for, rather than to die for.

So which cause might motivate me to fight off military goons, and cunning wetworks-teams hiding in the closets of Canadian hospitals and clinics?

Well, even though all the people I have ever come in contact with weren't members of any type of militia, mercenary outfits, or vigilante groups — a number of them were sadly too eager and willing to commit genocides and mass murder, via designs of autonomous machines used in automated warfare.

The gist of the other large volume of documentation detailing the names, affiliations, and modus operandi of those individuals and groups, which is currently doing the rounds among offices of prosecutors for international crimes, is basically this:

A group of individuals, companies, secret service agencies, military officers and contractors willfully and deliberately contributed to removing safeguards within the control systems of drones that were meant to prevent deaths of civilians and friendly soldiers during the recent Afghanistan and Iraq wars.

They subsequently programmed the drones to automatically select, and fire at targets indiscriminately, each time operating within manually designated geographical zones that spanned areas upwards of 40 kilometers in diameter.

So now, imagine if some other military were to do the very same thing against your country, how much of your nation do you suppose would survive if such indiscriminate and automated missile strikes or bombardments were carried out incessantly, on a daily basis for months, and then on a weekly basis for years, with no end in sight?

One does not need to have Orwellian inklings, or an "overactive imagination," to understand what is in store for humanity as issues like pandemics and global refugee crises boil over because too many groups of people with government based authorities vested upon them — to mitigate such issues — were simply too oblivious, ill informed, or completely unprepared.

Worse, a sufficiently large group of government officials directly contributed to causing those refugee crises by actively promoting and propagating the rhetoric of "globalized just retaliation against Islamists and Islamic terrorists," using falacious presentations given to parliaments and the public, of their respective countries. They continued to do this while driving their countries into ever increasing public debt, and by personally profiteering from companies like Halliburton, Lockheed Martin (Skunk Works), Raytheon, BAE Systems, FLIR, and Northrop Grumman.

In particular, they conducted their clandestine affairs of embezzling public funds by siphoning tax-payer monies as bailouts and tax-breaks given to a few large corporations whose significant shareholdings they had already captured, prior to public announcements about those government bailout programs.

And then with the use of shell companies in off-shore tax-havens they were able to cover their "down-side," as well as hide their dodgy, windfall earnings.

But that is no secret! That is just the reality of how the world economy and logistic supply lines work in the age of unaccounted for, and unaccountable, "quantitative-easing."

However, the aliases some of those individuals used in operating those off-shore shell corporations and bank accounts were clandestine, until they weren't on 18th April, 2020.

Please view this data trove for the names and aliases of various and several public company CEOs, and CFOs - <https://github.com/lightning-chasers/earnings-calls>

Much more significantly, one does not need to have gut wrenching experiences from having to watch Battle Damage Assessment videos — showing young women and children being turned into mist from automated missile strikes or drone-guided attacks launched from herculean aerial gunships — to understand the horrors that recent wars have brought upon every nation on this earth.

So have I been sufficiently aware of the nature and degree of challenges in living for a cause that can lessen the burden of perhaps just a few of those displaced survivors? Not at every moment. Often I have almost halted completely out of pain from injuries, or from dismay in recognizing the situation all of us are currently encumbered with.

But, how deluded and deranged do you suppose one would have to be, in choosing to live for such a cause to protect the innocent, as opposed to shying away from it, or in choosing to wilfully turn a blind eye to it?

For how long can one keep hiding from, or turning a blind eye to such atrocities against humanity?

Which remaining *qibla* can one turn towards, in peace as well as in struggle, when every livable space on this earth has already been surrounded by these types of horrific issues closing in from each direction?

— End of Section 15 —

16. Coming full circle

This section explains the links and interaction effects between events that contributed to the overall situation which started September 2015 onwards. It provides the necessary details and shows a possibility to close the loop of the chain, and to help define the boundary of this difficult situation, for the purposes of a discussion towards resolving it.

First half of this chain of events is illustrated in Figure 2 as a list, with concurrent events displayed in adjacent columns. The second half is illustrated in Figure 3.

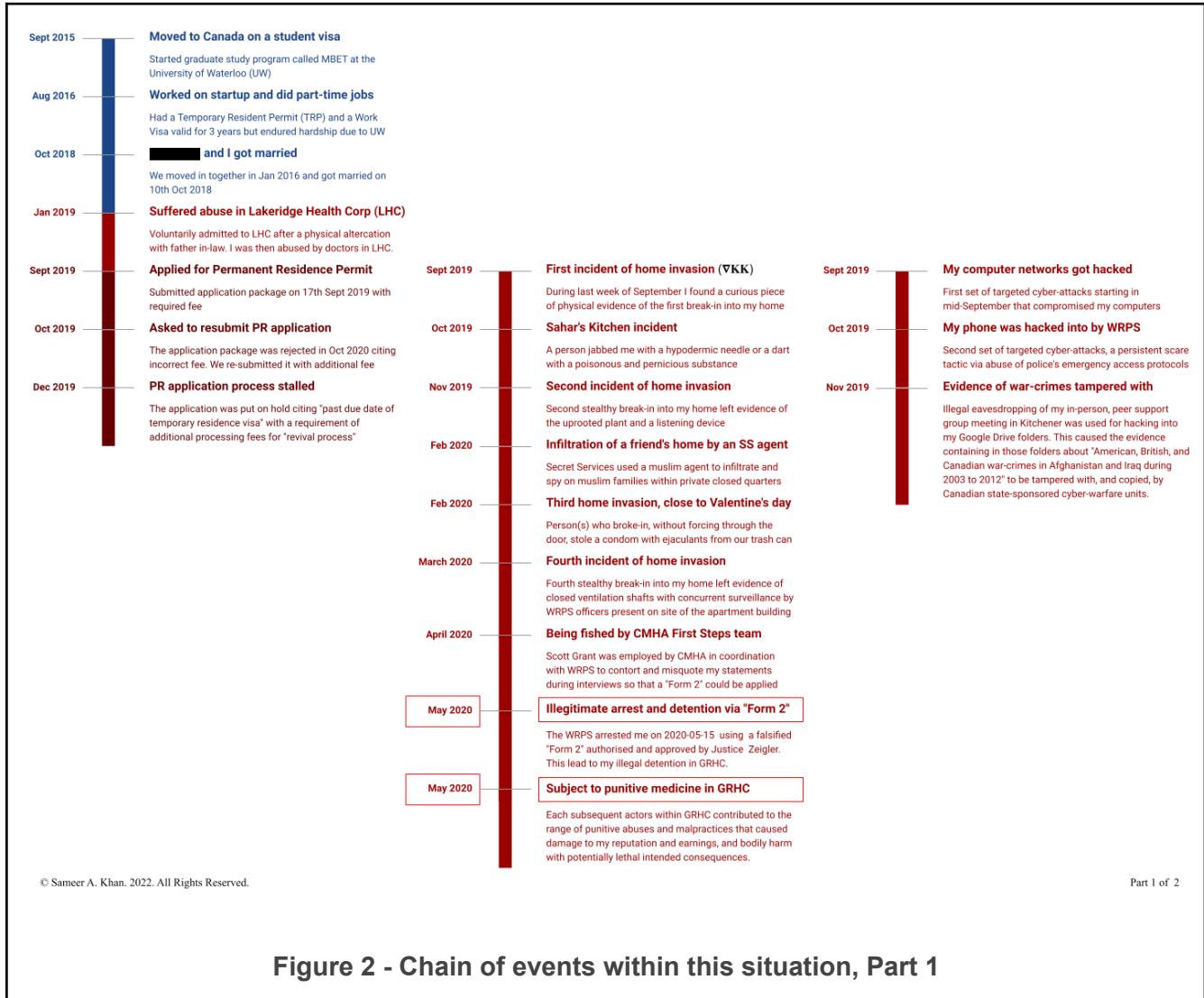


Figure 2 - Chain of events within this situation, Part 1

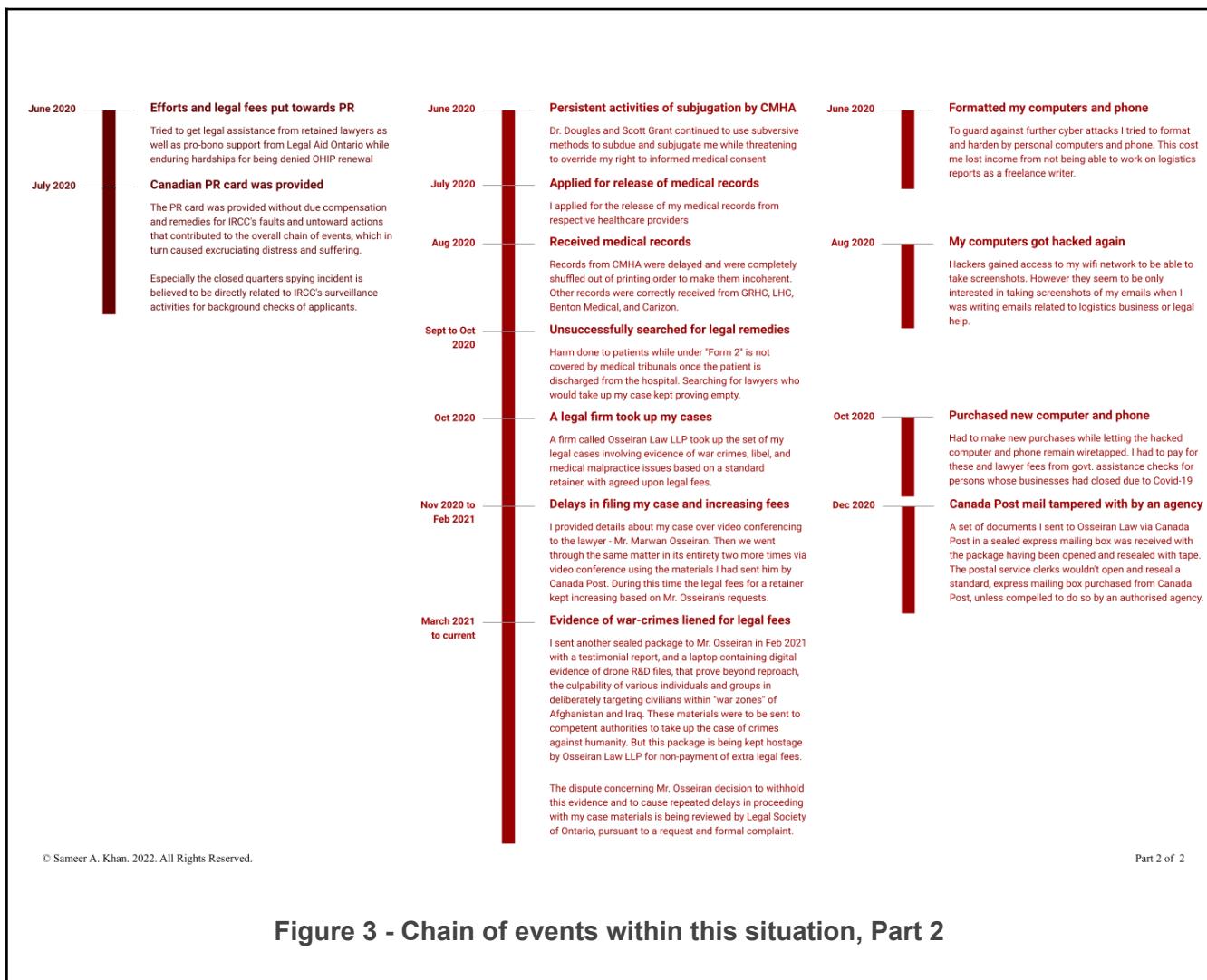


Figure 3 - Chain of events within this situation, Part 2

16.1. The initializing event of this situation

In December, 2017 I discovered a backup hard disk that still had data and various files from my work as a graduate research assistant in the Cognitive Systems Laboratory (CSL) at University of Iowa, Iowa, USA. That graduate research work was performed during October 2007 to June 2009. And the CSL was part of a group of labs doing similar or complementary work under the Center for Computer Aided Design (CCAD) at the University of Iowa. The work I performed there included creating psychometric analysis tools for measuring the performance of operators of manned and unmanned vehicles. Engineering psychology, operations research, and ergonomics were my main focus areas with specialization in "work domain analysis" during that time.

That is how I became involved in drone control systems design and development, from a human factors and ergonomics perspective, starting in September-2007.

In early-2008 I had raised objections to how the systems' designs, created by the team of members working on particular defense projects, had eliminated the safety features for preventing drone

based attacks on civilians and friendly soldiers. These safety features were in the early stages of development even though such drones had been flown by pilots in ground control-stations, using remote controls, since the Afghanistan war had begun in December 2001.

Since the early 2000s, drones had become increasingly autonomous with human operators moving more towards planning and supervisory roles in deployment of — both manned and unmanned vehicles with capabilities of Early Warning And Combat Systems (EWACS).

Due to the large number of unintended casualties of automated drone warfare, CSL was provided grants to conduct research into root-cause analysis of mission failures, as well as improvement of the artificial intelligence (AI) components used in programming EWACS automation. Within these components were control parameters for identifying combatant and noncombatant entities identified by electronic sensors and other camera based systems fitted onboard the autonomous vehicles. Those control parameters were installed in a way that prevented the drone from firing at any entities that were identified as a:

- (a) noncombatant i.e. civilians
- (b) friendly combatant i.e. coalition soldiers
- (c) combatant that was within close proximity of (a) or (b), with a safety margin that was sufficiently greater than the blast radius of the deployed missiles or artillery shells

All of the above parameters were eliminated in the case of missiles launched from drones and other drone assisted guided-missile systems. And the safety margin in case of artillery shells was reduced so greatly that it was as unconscionable as eliminating it all together.

So why was this significant or why does it still matter? It directly led to hundreds of soldiers from the US and UK getting killed over the years by "friendly fire." And thousands of coalition soldiers as well as tens of thousands of civilians were killed or permanently disabled because of those automated bombings and shellings. This information was known to the US military, its coalition commanders, and the engineering wings of private companies involved in the R&D of such drone related identification, navigation and targeting systems. Such faulty opto-electronic and AI systems were, and are currently installed onboard manned as well as unmanned vehicles that can launch automated attacks within manually selected "combat zones."

It takes a highly coordinated industrial scale effort to commit genocides and it is usually done over a period of decades or centuries.

It's not like the train drivers shoving Jewish people and "the undesirables" into Auschwitz didn't know what they were doing, or paid government officials erecting walls and fences for gulags

were somehow unaware of what was going to be done to captives in those concentration and labor camps.

Every surviving person on either side of a genocide eventually gains enough knowledge and understanding about how, and under what type of circumstances, each person ended up on either side of a systematically orchestrated set of atrocities.

It is of course easier for those on the side of people who have committed or benefited from a genocide to deny the occurrence of any such crimes against humanity, compared to those on the side of people who have had to suffer under its brunt or in its wake.

In January 2008, when I continued to argue against the removal of safety parameters within the software programs for drone based target acquisition and attack systems; I was then moved to a different project concerning remote pilots' trust in the displayed information on the control systems for those drones. I was told by my supervisor that it wasn't my job to tell the generals what they should or shouldn't do.

However, all the project reports and R&D materials we had prepared via CSL for contracting and subcontracting agencies were in fact, a direct or an indirect way to influence military procurement contracts and cultural policies surrounding those projects.

The *lab's forte* was to influence beliefs, attitudes and behaviors of superior officers and that of other members within "the chain of command," towards one or the other technical and strategic approach to combat situations, across the entire battle theater. And, such influence was tailored *to produce ecological impact* for decades into the future, from the date of project delivery.

So the lab ought to have maintained a higher ethical standard with a duty of care towards humanity, especially given that the lab's principal investigator, and other managers within the R&D conglomerate's reporting structures were registered, professional engineers.

To say that increased lethality and destructive power of autonomous systems were prioritized by authorized agents of a sovereign state during the state's R&D activities as an act of warfare, does not legitimize the wrongful decisions of engineering supervisors and commanding operators. This is because such actions repeatedly taken by the sovereign state demonstrates the particularly woeful disregard and disgraceful contempt it has — for the lives of innocent human beings. This is especially true because the particular network of defense R&D workers dealing with human factors were professionally charged with the duty of mitigating industrial hazards to life and limb of friendly soldiers, irrespective of the status or position of a worker within the overall R&D network of companies and organizations. More importantly, the actions of the particular sovereign state do not justify or excuse the ways in which such systems have

continued to cause harm and damage to civilians and human ecology across the world, due to the deliberate profound misuse and abuse of such hazardous technologies.

Such sovereign states and their actors have only degraded and depreciated their sovereignty, through misdeeds and dishonorable misconducts that have continuously arisen from their own faulty decision making processes, gross negligence towards human safety, and measurably notable unaccountability of their unfair and unjust actions.

In July 2008 I was advised by my supervisor to move to a different project about Implicit Association Tests (IAT). And then I later found out that this work on IAT was being used for desensitizing pilots and soldiers to systematically make them more comfortable with killing targets that could be discreetly identifiable, and even unidentifiable, as enemy combatants.

The margin of error in being able to distinguish between friend versus foe, with the aid of equipment supplied by companies like FLIR, had already been increased or completely disregarded, so as to allow aerial drones in autonomous as well as manual control modes to execute ground based targets without hesitation. That is how the malfeasance within engineering and training programs involving drones led to mass casualties and also targeted killing of civilians. Such deaths were not "unavoidable" casualties of war, or some type of necessary collateral damage. And that is specifically because the means and motives to avoid them were deliberately thwarted by authority figures within R&D groups and military chains of command for the purpose of delivering "shock and awe," which has simply been an euphemistic command for delivering "horror and petrifying terror."

By then I had become dejected and sick of being involved with such work. But during the months I worked on those projects, I wasn't able to raise my voice or refuse the work due to the pressure of being fired and not being able to complete the graduate study program, to then be deported.

However, due to my declining work performance and absence from office on most days of the week, I was moved to a project involving the design of roadways and highway traffic signs, along with creation of novel "perceptual countermeasures" to control speeding drivers. This work involved manipulating the behavior of drivers using flashing lights placed on the roadside as beacons that altered the perception of driving speed as well as their sense of risk, which then made drivers slow down or speed up as desired by programmers of those beacons. This method of influencing the driver was achieved without the driver's conscientious knowledge of being made to alter their behavior or driving patterns.

Basically, there are lots of ways of influencing human behavior via information transfer. Some are subtle and some are not so subtle, some are laudable, others not so laudable, some are liminal and some, subliminal — for those who are subversive, and also for ones who aren't submissive.

However, the issue of the dying friendly soldiers and civilians kept jabbing at my conscience. And the more I tried to talk about it with my supervisor the more I got put down. Eventually in June 2009 I was simply fired. I didn't drop out of school though, and kept doing teaching jobs till I finished the Master of Science degree in Industrial Engineering. But upon being let go from CSL I had to destroy all the project files that were in my possession, and return the office computer that had many more pieces of evidence about deliberate or accidental attacks — on civilians and friendly soldiers.

The period of my life after that, from mid 2009 to late 2017, involved numerous freelance jobs, teaching gigs, managerial work and attending more graduate level study programs in several different countries. During those years after 2010, I was repeatedly shocked when reading about what was done to people like Snowden and Manning. Much worse psychological, social, visceral and reproductive harms have continued to be done, against previous as well as current whistleblowers. In some ways I was relieved that those kinds of things weren't done to me, by armed and unarmed agents of US funded agencies in various countries because I had destroyed the materials from CSL, and moved far away from the USA.

But, those kinds of wretched things were eventually done to me in 2019 and 2020 in Canada by state-sponsored agencies that caused irreparable damage to my health and livelihood. Those insidious attacks also caused severe injury to my good reputation, honor and dignity. The untoward, undercover and pernicious actions of American, British and Canadian bad actors is an ongoing issue that threatens the life, and imperils the wellbeing of my contacts and family.

So in December 2017 when I found a number of R&D files in a backup hard-disk that I had forgotten about, I realized that I had an obligation in service to humanity, due to a moral imperative towards preventing further counts of wrongful deaths and destruction, from ongoing automated warfare led or supported by US military forces across the globe.

What kind of a person would ever pledge their allegiance and loyalties to serial mass rapists, serial mass torturers, and serial mass murderers?

Given that I have never pledged any allegiance or loyalties to the American flag and its constitution, nor to the British flag and its constitution — by no means can I be labeled as a traitorous person for having recognized the industrial scale efforts of American and British led conglomerates in committing serial mass murders of civilians in Afghanistan and Iraq during the recent decades, and to then have filed a report against their war crimes involving mass rapes, tortures, abductions, massacres, and other such crimes against humanity to bureaus concerned with international affairs.

To say that in producing such documentation and by making it available to a particular government based organization, I have some ``backstabbed`` or committed anti-American activities would be unfair, and a thoroughly improper mischaracterization of my work and sentiments. This is because

the people who deserve my loyalty are the honest, good and just human beings of such countries and international R&D groups who are concerned with global welfare and preservation of basic human rights. The manner in which the work and labor I provided to US based employers via the University of Iowa was misappropriated by those employers, which consequently demonstrated their lack of integrity. Those particular groups and agencies had already betrayed the trust I had reposed in them, long before I even came to know about their cruelty and lack of concern for basic human rights.

Moreover, I completely and thoroughly reject the idea that I owe any forms of loyalties, favors, debts, gratitudes, or promises — to people who misused and abused my work while taking undue advantage of me as a ghostwriter via the University of Iowa's industrial engineering department, within their clandestine schemes for "global full-spectrum-domination!"

My allegiance to *The Highest Power of The Truth*, above all such human designs of flags and constitutions, suffices to guide my path in this life and the hereafter.

Any attempts at blocking such testimonial reports by further abusing the concept of "state-secrets" to conceal the wickedness of rapes, tortures and murders committed by authorized or contracted agents of US led forces is an obstruction of justice, and a whole new crime in itself. Exploiting or abusing legal statutes to perpetuate major war crimes and crimes against humanity is a malicious crime against the very concept of human integrity. Therefore, such high crimes and high misdemeanors deserve every form of legal effort, force, and pressure that can be exercised to purge the criminal designs of automated warfare from all human endeavors, and to eradicate the perpetrators of such atrocities along with their prejudiced systems of oppression.

I have also come to realize that I never waived or assigned, the moral rights to, and within, any works authored or edited by me — to either the CSL, the University of Iowa or to any government agencies or private entities that had utilized CSL — in order to produce any compositions that came to bear any type of inputs from me, or for producing anything via my assistance in any shape or form. The treacherous regime of culturally normalized misappropriation of human labors and intellectual properties via exploitation, may still be prevalent in American graduate schools and colleges. The fact of the matter is that by no means could I, or any other employee of CSL and CCAD, have ever given away, assigned, forfeited, unclaimed or disclaimed any personally or collaboratively created intellectual properties and rights — based on the type and verbiage of employment contracts administered by the University of Iowa.

As such, I never authorized the use of my intellectual properties within any conceivable compositions or productions that have since 5th September, 2007 propagated within R&D materials used by any armed forces or their contractors and subcontractors to cause any harm or injury to:

innocent civilians, non-combatants, tangible and intangible properties, or any regularized friendly troops and personnel.

In addition to this, I am still contesting on the grounds of my moral rights within those intellectual properties as having been, and continuing to be in violation to my conscience, thoughts, and principles — due to those intellectual properties being used in conducting unlawful, nefarious deeds — against my explicitly voiced concerns and arguments opposing such unethical and unlawful usages of automated technologies for indiscriminate destruction and killings. Though my freewill to more stringently oppose such abuse and misuse of my labor and intellectual properties was overpowered, and overridden by my supervisors, I still reserve the authorship rights to those works that were forcefully taken from me under coercive conditions. By no means did I forfeit or unclaim those rights.

I even have my original employment contract with CCAD's CSL at University of Iowa, to back up the claim that — I never waived or assigned the moral rights within my intellectual properties to aforementioned lab, institute or contracting agencies; and I especially did not provide my labors and intellectual properties for use by any lethal and destructive organizations, groups, or individuals to perpetrate indiscriminate acts of mass murders, crimes against humanity or any other unlawful activities.

Aside from that, there were other topics like how cluster munitions were abused during the recent wars in the Middle-East by US led forces, along with details about the methods used for suppressing reports about — civilian deaths as well as rapes and murders committed by US led staff and soldiers — that I am willing and able to corroborate using the evidence in my possession. Well actually, that evidence was sent to the Offices of The Prosecutor in the International Criminal Court (ICC) at the Hague in mid-2021. So I may just have to wait and see if any further testimonial review or clarifications are required in that matter if it is carried forward by the ICC.

The primary aim of confidentially providing a dossier to the ICC as a whistle blower, was to draw attention to those types of crimes against humanity and violations perpetrated against global human ecology. That dossier reveals the means and motives of those industrial scale organized crimes, along with the names and affiliations of the main benefactors of various criminal activities involving US led military contractors and defense resources, which aren't provided here.

The primary purpose of this documentation is to explain the context surrounding my activities, and to create a more accessible as well as verifiable case study for those international organizations to move forward with their investigation involving that dossier. The secondary purpose of this article called "Grim Realities of Life in Canada" is to obtain justice for the chain of events involving personal injuries suffered at the hands of Canadian entities while trying to protect that data.

However, during the winter of 2017, I did not know how, and more specifically to whose attention and knowledge I had to provide those pieces of evidence. So I kept them hidden and secure, and later made multiple copies in multiple formats, that were stored in secure repositories and entrusted to a few confidants in multiple countries I've traveled to, since 2018. Subsequently the copy stored in my Google Drive was tampered with — sometime between October and December 2019, presumably with the aid of Google, its holding company and its affiliates who were collaborating with American, British and Canadian state-sponsored balligernant actors.

If I do not fight for the rights of civilians and friendly soldiers killed or injured by drone based technologies, it would directly imply that I approve of, and am allowing the use of my intellectual properties in the orchestration of mass murders and genocides of innocent people. In view of these truthfully represented facts, I absolutely cannot, in good conscience, permit or allow such atrocities to be committed via my misappropriated R&D works and labors.

16.2. Hospitalization in Lakeridge Health Corporation (LHC)

In July, 2018 I became a caregiver to my mother who had breast cancer, and went through surgery as well as chemo and radiation treatment. She is the only surviving parent I have and with no other family members able to support her, the majority of my days were spent in hospital with her.

But then after getting married to my partner — Krysta, and visiting Hong Kong in October, 2018 for our honeymoon, I fell ill with flu-like symptoms, which became progressively worse when I reached Whitby, Ontario, Canada. By December, 2018 I was diagnosed with severe pneumonia by Dr. Jeyaranee Aloysius. Then by January, 2019 my physiological health became much worse, and I became despondent from not being able to function to support myself, let alone anyone else who needed me.

On the night of 17th January, 2019 due to a physical altercation with my father-in-law, which has since been completely resolved, I decided to voluntarily get hospitalized because I had become deeply upset with the family dynamics as well as the emotionally abusive environment at my in-laws' house. My flu-like symptoms had subsided but I was physically drained and emotionally strained from the abusive environment I was living in. This is why I was then taken to LHC, Oshawa in an ambulance.

Within LHC, I spent a night in the corridor on a bed in the "offload area," five days in "MHESU," three days in "PICU" and another eight days in the inpatient psychiatry ward called MHESU. During this time I suffered various forms of physical abuse and torment.

The number of hours I spent in PICU with my wrists, feet and chest bound tightly to a bed after a severe adverse reaction to incorrect medications, was the most devastating experience in my life that completely crushed my freewill and sense of self-efficacy.

Upon being manhandled by men dressed in black protective gear, and then strapped to a bed for a number of hours, I was later told by Dr. Gnaneswaran that such measures were taken as the hospital had gone into a full lockdown and maximum alert because of me and my behavior. I certainly do remember the blaring alarms and the fire doors being shut in the corridors while I was being taken away by people dressed in black protective gear. Two of them had held onto each of my arms respectively, and another walked behind me, as I was moved to the intensive care ward. But I wasn't told how the alarms and building-wide lockdown had anything to do with me, except that I had somehow caused it.

I can imagine the incident of the hospital going into lockdown could have had something to do with things I had blurted out loud, when I had lost inhibitions on that day due to a reaction from improper drugs administered to me. This is when I was regurgitating ``all of my secrets,`` particularly my passwords to various repositories like: *ninthDegreeDan* and *RSA256Miles*. But the improper drugs forced onto me during the days leading to this particular incident, at least didn't cause me to blackout, or suffer from brain fog and memory loss.

The notes produced by nurses from LHC, Ward-C4 about the incidents on 26th January, 2019 around 22:30 hrs, and on 27th January, 2019 around 14:00 hrs appear to be accurate and match my recollection of those events.

Also, the audio-video surveillance data of those incidents from 26th and 27th January, 2019 may still be available with LHC, or its information technology provider. Ordering that data to be obtained through a subpoena could also reveal many more problematic issues of patient mistreatment within the premises of LHC.

I would like to commend the considerate nurses and staff who managed those events to the best of their abilities and training. I would like to extend my apology for contributing to the kind of incident that made them feel unsafe in their work environment, even though the most probable cause for the incident was a drug induced loss of — inhibition and behavioral regulation — rather than a manic or psychotic episode from pre-existing medical conditions.

And though the hospital's environment and heavily geared guards dressed in black triggered memories of being put through invasive pat down and strip search by US-TSA agents when I was traveling through Mesa, Arizona in 2009-2010, I understand that the nurses could not have known this emotional trigger to my behavior. The nurses could not have known that I was thinking about

how I would have to go through the things I was subjected to in Mesa, Arizona on that day in LHC, and consequently becoming prepared for it, without inhibitions.

I have no reasons to blame the nurses or the guards working on that day, for being forceful and strapping me to a bed due to that incident. It was their policy, training and physical environment. They could not have known about the internal mechanisms of my external behavior on the 26th and 27th of January, 2019 — or on any other day for that matter.

But for a number of other reasons I do hold the staff, managers and practitioners of LHC responsible for the types of issues I and other patients in their ward ended up facing repeatedly. Those reasons are explained as follows.

During my days in LHC I witnessed a number of patients being severely mistreated in the psychiatry wards. Particularly there was one patient who might have been experimented on within the hospital. The patient was a lady in her late sixties, spoke Portuguese and a fair bit of English. She showed me an array of burn marks and square shaped physical wounds on her legs from something like electrodes. Each wound was identical, a one centimeter area, square shaped, cauterized second degree burn, spaced three or four centimeters apart, in a mesh like pattern. These wounds were on the calf and shin of each leg. There were other such wounds on the forearms which had healed to some extent.

The lady spoke to me about this casually and told me that she suffered from a new set of blisters every week while she was in the hospital, but told me that she did not remember how she had gotten any of them, and that they didn't seem to hurt or cause any pain.

So it appeared to me that some type of physical device with searing effects was repeatedly placed on this individual's hands and legs, but due to her existing or induced cognitive challenges, she was unable to remember how she kept getting fresh wounds. The lack of pain from such distinct wounds as deep as the dermis layer of the skin, was a very strange thing to see. Stranger yet, was the fact that the wounds did not have any dressing and the nurses didn't seem to be concerned about this issue.

There were other tragic cases, one was of a black man being locked up for hours in the psychiatry intensive care unit (PICU). As soon as he would be let out into the commons room, another patient would provoke him. On one occasion the nurses did not see a female patient who had hit him in the abdomen which made him riled up. So then the nurse locked up the man for the rest of the day where he kept shouting and screaming to be let out.

After an hour or so of seeing the man shouting and trying to get attention, the nurse brought a folding screen to cover up the glass panes of the person's room so that he wouldn't be visible to the

nurse's direct line of sight, but could be monitored via the camera in his room. The person then stood on his bed and continued shouting for hours to be noticed from above the screen. It is possible that the hospital had policies of doing such a thing to prevent other patients from becoming agitated, from what they could otherwise see from the ward's corridor or common area. But many such methods used for "monitoring and controlling the patients" had counterproductive and inhumane aspects of cruelty.

In such a disheartening and seemingly hopeless environment all I could do, when awake, was to sit around in the commons room till it was time for a meal, and during that time just breathe to the metronomic rhythm of a screensaver on the TV in the commons room. It had a simple scenery of a sandy beach with palm trees, and gentle waves endlessly falling onto the shore.

Upon being discharged from LHC on 7th February, 2019 I moved to Kitchener and adhered to the prescribed medications. I then tried to get back to the work for my startup and do some freelance web design to earn a living. My condition continued to become more emotionless and sluggish, so I wasn't able to do any paid work till July 2019.

Prior to getting well enough to function with better physical and emotional health, in June 2019 I visited the pharmacy in Benton Medical for a prescription refill. I was hinted by the pharmacist to discontinue a particular set of medications because I was over prescribed those medicines by a factor of nine times the recommended dosage. After discontinuing those medications my health recovered with improved speech and mobility. It took me a month to get back to being able to work.

There were many more problematic issues with the way I was mistreated in LHC, and how it led to traumatic injuries as well as bodily harm due to staggeringly wrong prescriptions. These are explained with a complete history of medications in *Appendix I and II*.

So did I bring this situation upon myself by standing up for myself against months of verbal and emotional abuse against all members within my in-laws's house by my father-in-law? No, I did not! Neither I, nor any other patient in LHC caused the malfeasances and malpractices within its premises by merely expecting to receive legitimate and decent quality healthcare!

16.3. How errors in LHC led to compounding errors in CMHA and GRHC

A year later, in August 2020 when I received my medical records from LHC I discovered many errors of omission and commission in my medical data committed by doctors and staff in LHC. These errors had been copied into subsequent notes about my medical history. The errors became compounded along with newer ones introduced during the course of me being interviewed during two programs in CMHA, and then while being mistreated in GRHC.

In October 2020 after sifting through some of the shuffled heap of medical records that was provided by CMHA, I came to find out that I was flagged as "high risk of violence" within CMHA databases much before coming into contact with their First Steps program. This is because an alert had been copied from LHC and then never revised or changed.

So, can anyone guess what a typical set of policing and healthcare polices derived from a prevalent culture of xenophobia, coupled with a bunch of human-errors and violations made by licensed supervisors and clinicians can lead to, when the following set of labels are thrust upon a person?

"male, muslim, asian, mid-30s, tall, muscular heavy build, on 'suicide watch,' high risk of violence, identifies with mercenaries, contacts with militia, double masters degrees, manic, depressive, psychotic, delusional, grandiose, and politically opinionated on twitter"

That wrongful list of labels would imply self-righteous-islamist-suicide-bomber to any undereducated person in North America or Europe! But in my case, only the first four of those labels were accurate, the rest were either inaccurate, or entirely fabricated!

This chain of events isn't, "*Lemony Snicket's - A Series of Unfortunate Events*." It has thus, instead been given the title, "*Grim Realities of Life in Canada*."

The excruciating hurt and pain from these repeated and compounding errors introduced into my medical records, coupled with deliberate assaults and coverups by Canadian agencies, cannot be expressed in words. Perhaps, all the other immigrants, minorities, First Nations peoples, and victims of racial profiling and abuse haven't become actual suicide-bombers because they too, have tried to assuage their strife with pop-culture based dark-humor, because it provides a sense of pity for the human condition, rather than a boiling sense of anger against ignoramous bafoons.

Mainly these reasons surrounding LHC from mid-January 2019 to beginning of July 2019, and the stress of having crucial material evidence against — wide scale crimes against humanity — in my care as a whistleblower, as well as the memories they brought back, put me through mental anguish, and demoralizing grief by mid-July 2019.

The worst part in all of this was that during the months from December 2017 to July 2019, I couldn't even utter a single word about any of this to anyone. And things I had accidentally blurted out-loud in LHC, due to loss of inhibition from a reaction to inappropriate drugs forced onto me by physicians in LHC, had already led to the physical abuse of being strapped down to a bed in closed room, upon being jabbed with high dose of a particularly harmful tranquilizer called methotrimeprazine.

Incidentally, I was apprehended at that time by guards who did not look or dress like the rest of the security or regional police staff in LHC. Those guards instead looked like the Canadian version of a special weapons and tactics unit deployed for rapid assault and suppression.

That is why I sought mental health counseling in the community within Kitchener for some relief and recuperation. And, consequently, on 23rd July, 2019 I spoke to the social worker named Colleen Pacey in CMHA, to participate in the Skills for Safer Living program.

However, soon after that from September 2019 onwards, a variety of surveillance tactics from localized security and intelligence agencies, as well as targeted cyber attacks followed by home invasions put my wife and I through such sheer forces that it tore us apart.

Within my medical records, I can finally identify a number of paraphrased sentences written by Colleen Pacey on 23rd July, 2019 that misrepresented my sentiments and statements from that day pertaining to the topic of suicide among US military personnel. These notes from Skills for Safer Living intake have a number of mistakes. However, none of those notes or any other ones related to CMHA from July 2019 to March 2020, explain what type of data prompted Scott Grant and Dr. Douglas to intentionally paint me as a violent, psychotic terrorist, "who takes out his anger and frustration on his wife." How did they ever come up with these types of ideas and lies to then contaminate my entire medical record?

Here, it is necessary to account that any "consent" I had signed in connection to CMHA were only to be restricted to interviews I had provided via fixed appointments. The consent provided to the First Steps team to speak to my wife for collecting additional demographic information was only misused and abused to contort my wife statements and to take undue advantage of her good will, for illegitimately gaining "legal pretext" that were against our best interest and wellbeing. The methods used by CMHA members to gain my wife's confidence and to then nudge her into becoming increasingly anxious or worried about our domestic situation, and to mold her into their "informant," were carried out under illegitimate motives using underhanded tactics.

Such tactics proved to be politically motivated, insidious and so deviant that CMHA members relentlessly sought ways to obfuscate and cover up their acts of malice, racial profiling and prejudice.

Among such toxic and cunning actions taken by CMHA members, were ones that I believe were aimed at entrapping me to paint me as an Islamist terrorist with contacts among known fellons or terror suspects. I even fell prey to suggestions made by Scott Grant to give him verbal consent to go through my personal records and data within CMHA databases that were otherwise far outside the boundaries and purview of First Steps Program administrators. Those pieces of data were misused and contorted to fit the underhanded and devious narratives that were initially contrived by members

of CMHA, and then propagated through other agents and agencies within KW-Region by subsequent priming and coordinating actions by members of the First Steps team.

Additionally, by no means did I ever give permission or consent to any organizations, groups or teams — for any purposes — to have the personal data of my family, that of our discernible contacts, or that of my own to be collected through any forms of:

- eavesdropping or uses of audio-video recordings
- online and on-ground surveillance techniques
- cajoling, coaxing or use of psychological and emotional tricks for gaining confidence
- clandestine tools, methods, or operations involving computer or electronic hacking
- methods like smooth-talking, coopting, or prying information out of people, behind my back, while betraying my trust and good will

I am able to bring these matters up only now, in April 2022, because it has taken me many more months to sort through the massive shuffled heap I received as medical records on 18th July, 2020 from CMHA, while still trying to recuperate and provide support to my elderly mother. The anguish brought on by getting retraumatised from reviewing the details of the chain of events that caused ruinous harm to all aspects of my life, has also been a major hurdle in putting together a documentation of the facts pertaining to this difficult situation.

Such infringements of laws concerning data protection, privacy and confidentiality against my personal and healthcare data cannot be allowed to slide or be excused, as it was easily and maliciously distorted during the period February to July of 2020, by various colluding members of CMHA and GRHC. The fudged medical data from CMHA was meticulously distorted by members of WRPS in May 2020 using fabrications and lies disguised as objective assessments.

These were some of the ways through which a number of public service staff, clinicians, and personnel — mishandled and illegally manipulated my private and confidential medical records — using data management and communications systems belonging to CMHA, GRHC, and WRPS. These types of mistakes, human-errors, and forceful violations nearly cost me my life, damaged my honor, and completely tore apart my family life.

The politically motivated violations committed by members of CMHA in coordination with WRPS and GRHC were concomitant with aggressive and persistent cyberattacks that threatened my life, and which were aimed at stealing a particular dossier with evidence about war crimes of US led soldiers and that of their Canadian counterparts.

Eventually being threatened, mistreated, robbed of mental peace and emotional stability, tortured, subject to reproductive harm, deprived of basic rights and liberties, torn away from all employment as well as family and friends, forced into isolation, discredited, and then thrust into severe distress — are the standard methods of repression for preventing anyone from speaking up about heinous crimes that have continued to be systematically conducted against individuals, and humanity at large, by state-authorized and state-sponsored agencies in countries like Canada.

But! Does Canada ever conduct such misdeeds independently, without the approbation and support of the US and the UK?

— End of Section 16 —

17. Dismantling the prevalent use of racist standards and beliefs within sciences

Basic and applied fields of sciences concerning engineering, medicine (particularly psychiatry), sociology, economics, trade, business, geo-politics, and anthropology rely on postulates in human psychology. That is why it is necessary that the overall situation expressed in this document be taken into account based on the state of the art, and most up-to-date scientific standards available to modern society.

The systemic and institutionalised forms of racism prevalent in North America, UK and Europe have been intertwined with views and ideologies about "the 'natural' hierarchy of species and human beings." To say that there exists a natural order, perhaps even one ordained by "god," that somehow justifies the necessary dominance of one group of people over another due to fixed and unchangeable biological factors, is to condone the basic tenet of racism.

Subscribing to such an ideology and promoting its use within the creation of statutory laws, cultural standards, or social norms, particularly via the bastardization of sciences like psychology and psychiatry, makes a person — a racist.

By the 1900s such racist cultural norms became popular among thought leaders of industrialized nations that claimed to be "global-superpowers," who then exported and installed this worldview into other nations across the world via colonization.

Therefore, the *first steps* towards repairing the enormous magnitude of damage and harm committed against humanity by culturally enshrining derogatory racist ideologies into systems of education, housing, healthcare, law enforcement, judiciary, residence and citizenship, and employment pathways, as well as in other public services and corporate endeavors — requires that such harm be formally acknowledged and then duly remedied, by all members of the international community and global society.

The above sentiment may sound ``preachy'' to those who have benefited from racism, or to those who happen to be oblivious, even in this day and age, to the horrors such dastardly forms of subjugation have wreaked upon the earth for centuries.

Please do ask the following two basic questions to yourselves:

1. Which kinds of people would downplay or still be in denial of the continuing devastating effects of racist and white-supremacist ideologies upon the earth and the whole of humanity?

2. Would they be any different from the kinds of people who support terrorism and other forms of sectarian violence?

17.1. Constructive steps taken by the American Psychology Association to dismantle racism in sciences of psychology and psychiatry

A long awaited, but none the less courageous and worthwhile step towards genuine reconciliation was recently taken by a more conscientious group of individuals from the American Psychology Association (APA), to formally acknowledge the role of racism and racial discrimination in perpetuating deprecated standards within psychology based sciences and fields of research. The APA also acknowledged and traced the historical factors that have led to the prevalence of poor scientific standards in psychology.

Having taken these two formal steps, the APA was able to formulate a plan of action to dismantle racist ideologies and standards within psychology along with an emphasis on adopting equitable treatment of all persons for the betterment of science, and for the good of humanity as a whole.

These four basic steps including a formal apology by APA were published and made available to the public with appropriate sincerity and diligence:

- Step 1 - Formal apology
<https://www.apa.org/about/policy/racism-apology>
- Step 2 - Understanding causes and historical momentum of the prevalent issues
<https://www.apa.org/about/apa/addressing-racism/historical-chronology>
- Step 3 - Creating a plan of action for satisfactorily addressing the issues
<https://www.apa.org/about/policy/dismantling-systemic-racism>
- Step 4 - Adopting and implementing resolutions towards equitable equality
<https://www.apa.org/about/policy/advancing-health-equity-psychology>

Given that these new scientific norms and standards adopted by APA supersede the types of ideas and practices that led to umpteen faults, errors, mistakes, and violations among institutions like IRCC, UW, CPSO, LHC, CMHA, GRHC, WRPS and LSO — it becomes necessary to thoroughly dismantle those existing views and practices within all such institutions that are no longer efficient or safe for the good of common public, by immediately removing or prohibiting their use.

It should also be noted that practically the only reason it has taken more than a century for even entities like the APA to come out in public with a formal apology, towards creating and adopting fundamental amendments, has been the active and passive resistance put up by privileged

individuals, within all echelons and walks of society, against all such necessary systemic changes that would allow a fellow commoner:

to own and fruitfully utilize every existing basic human rights, liberties, and privileges available to individuals by virtue of simply being a human without any further discrimination.

17.2. The necessary role of crafts-persons and engineers in adopting modern best practices

The role of technocrats in fighting for necessary societal changes that uproot racism from the arts, sciences, and engineering, and not shying away from having to ardently fight towards succeeding in doing so, are explained separately via these presentation here:

- User centric design principles -
<https://tinyurl.com/user-centric-design>
- Principled thinking -
<https://tinyurl.com/principled-thinking>

Such roles invariably become incumbent upon all of us who care about equitable treatment and equanimity because there is no other worthwhile value to strive towards nor a legitimate culture worthy of fitting into, when existent and overbearing forces of colonialism that kept pushing towards assimilation and cultural fit — were incorrigibly wrong, hypocritical, and ecologically harmful to all of earth's species, to begin with.

17.3. The necessary role of colleges and unions in improving standards of care and professionalism

Could the colleges of nurses, social workers, physicians and doctors have known any better to avoid the fundamental fallacies and errors introduced by racist ideologies into professional practices?

I believe they certainly could have adopted the more modern and correct forms of scientific disciplines if they were allowed to, by their provincial and federal ministries.

Especially the Canadian Federation of Nurses Unions (CFNU) have made a concerted effort for decades to improve their working conditions, and upgrade the scientific methodologies and practices within Canada's healthcare networks. The following four publications provide insights from the CFNU which indicate:

1. "In the early days of the pandemic, the Canadian Armed Forces were called upon to stabilize a number of outbreaks that had taken hold in long-term care homes in Ontario and Quebec. The military later published explosive reports detailing deplorable living conditions. The sad truth, however, was that these conditions had existed for some time; they were a product of decades

of willful neglect."

Also, as quoted by the author of the article linked via 1.a.i., "We have been arguing for 20 years that the conditions of work are the conditions of care." ~ 9th January, 2021

- a. "During the pandemic, for-profit homes not only suffered more outbreaks, they also saw more deaths. In a model that constantly is looking for efficiencies and cost savings, it's no surprise that the level of care deteriorates. As a result, the determinants of health - the broad range of personal, social, economic and environmental factors that determine individual and population health - are easily ignored." ~ 9th January, 2021
 - i. <https://nursesunions.ca/canada-beyond-covid-magazine/long-term-care-we-know-what-needed-to-be-done-we-just-havent-done-it/>
 - ii. <https://nursesunions.ca/wp-content/uploads/2021/06/Canada-Beyond-COVID-magazine-EN.pdf>
- b. Coincidentally, between January and March 2020 I had sent out a series of messages and reports to the elected MP of Kitchener Central via emails, and also by meeting her staff in person, about failing infrastructure in senior-care facilities. In addition to this, I also sent a letter to the Canadian Defense Minister via LinkedIn private message, around the same time in January to March 2020, about the dead bodies left in nursing and long-term care homes.

The Canadian military discovered those bodies in April-May 2020, approximately three to four months after they were repeatedly urged by additional community members like myself.

I can imagine that at the time, it must have been easier for members of the legislature and intelligence agencies to cajole themselves by suggesting that a person like myself talking about such dire issues must have been immediately regarded as a false alarm due to the person being "flagged" as having "thought disorder based catastrophizing."

Though such a label and flag against my character and honor were erroneous and unjust, I was sufficiently aware that ruffling the feathers of the Canadian Defense Ministry could jeopardize my life and that of my family, from any retaliatory or even perfunctory actions they could've taken to suppress or discredit persons like me.

But the hundreds of dead bodies left to rot in dozens of nursing homes due to nCoV

was a more important and pressing public-health and safety concern, than the possibility of being subject to the Canadian government's censure, harassment, and intimidation tactics.

I was also aware that only military units trained for mitigating biochemical hazards would have been able to handle the horrendous issue of — infected dead bodies that were decaying for weeks or months in open air within squalid or abandoned, state-run or state-approved, senior-care facilities.

2. Nursing crisis in Canada before, and during the Covid-19 pandemic, "Not enough staff to meet patients' needs, struggling at overcapacity and rampant workplace violence are resulting in crisis levels of mental illness among nurses, with many seeking to leave their jobs." Additionally, "The pandemic has only worsened a precarious situation, further burdening the health care workers we all rely on most during a public health crisis." ~ December, 2020

a. https://nursesunions.ca/wp-content/uploads/2020/12/Brief_Outlook_EN.pdf

3. "Canada's systemic preventable failure to adequately prepare and urgently respond to the gravest public health emergency in a century: The findings highlight major flaws in Canada's approach to public health, and a dangerous and irresponsible outlook on worker safety in response to the pandemic."

~ 26th January, 2020

a. <https://nursesunions.ca/canada-beyond-covid-magazine/nurses-on-the-right-side-of-science-and-history-in-response-to-pandemic/>

4. "Inequities are particularly apparent in home care, where home care services with limited resources increasingly focus on acute, short-term care. This means both that resources are siphoned away from seniors' daily needs, and that family and friends - especially women - are pressured to provide more, and more complex, unpaid care. Too often the consequences are deteriorating health and employment opportunities for these unpaid providers, consequences that also cost the system as a whole."

~ July, 2015

a. https://nursesunions.ca/wp-content/uploads/2017/05/CFNU-Seniors-Book-2015_FINAL.pdf

The rot and decay in medical science goes deeper than workplace violence against nurses, and decades of managerial negligence in hospitals and other healthcare facilities about critical issues that impact both the caregivers and care recipients. The fundamental failures within venerated

codicies of sciences that arise from adopting and following racist "seminal forefathers of psychology" who promulgated phrenology and humorism are some of the most difficult things to repair and rectify.

This isn't surprising to me given that even University of London, and Rutgers Medical School vehemently promoted phrenology during the early years of modern medicine in the 1800s and even upto the mid-1900s. This is evidenced from:

- <https://www.chstm.org/news/phrenology-princeton>
- <https://en.wikipedia.org/wiki/Phrenology>

For example, even to this day, the field of cognitive neuroscience suffers from a lack of ecological validity wherein "bumps and features" found within heavily massaged images of brain tissue, at micrometer and millimeter scale, are unscientifically ascribed causal relationships to presumed personality traits and behavioral patterns. This is precisely the same discriminatory racist way that causal relationships to presumed personality traits and behavioral patterns, were ascribed to bumps and features on a person's scalp and skin, using phrenology. Such an outdated and obsolete worldview that uses phrenology and humorism as a basis to psychology and psychiatry has become normalized within Canadian, American, British and many European institutes.

So what can anyone possibly do if even "well known experts and scientists" from reputed institutes are, knowingly or unknowingly, stuck within paradigms of outdated philosophies and obsolete practices that stem from racism?

One would need to be lucky enough to find, and then be able to afford — a practitioner who has significantly greater international experience in the required field than localized ones, and who also has independent research with a genuine care for humanity that cuts through those unsafe and outmoded practices.

Being able to receive appropriate medical care in Canada has become a game of lottery, with ever increasing and heightened odds stacked against the care recipients.

Imagine if Canada wanted to become a full fledged EU Member State, would Canada's current medical, policing, econometric, and judiciary systems be able to meet existing EU standards? Absolutely never! The highest quality medical care currently available in Ontario is of much lower standards than the healthcare that was available in 1990s Bulgaria! Even an ex-soviet country that had experienced complete economic collapse in the early-1990s upgraded its public sector systems to meet EU goals and standards.

It is exceedingly tragic and shameful that Canada and Canadians have continued to abuse targeted groups of citizens, residents and even international non-residents by using clandestine and wicked forms of punitive medicine to oppress such groups of people. Pathologizing or stigmatizing cultural and political views of a person, is a standard tool of repression and hostile segregation used against ethnic minorities and dissidents.

It is also obvious that licensed clinicians and medical practitioners in Canada have continued to use labels like ``normal vs pathological`` traits and behaviours, which include ``borderline conditions,`` only as they are meant to fit within the imprudent medical standards derived from a feudal worldview, without describing any pathogens or biochemical mechanisms that would give rise to physiological pathologies.

It is thus factually evident, and apparent that licensed and authorized practitioners like the ones in CHMA — never had the appropriate education in physiology, psychology, pharmacology, and pharmacogenetics from a modern scientific approach. They were improperly equipped and ill trained from the very get go.

This is why I am able to rightly challenge the members of LHC, CHMA and GRHC to identify the differences between their approach to defining "personality and personality disorders" derived from phrenology and humorism from the feudal age of miasma and blood letting, compared to systems biology and bioinformatics from the current age of information sciences.

Such politically motivated abuses of psychiatry and other fields of medicine in turn, produce behavioral, cognitive, or social challenges among people who have sustained abuse. Symptoms of these *idiopathic conditions* are then shoehorned into medical reports as a post-hoc justification for the initial wrong diagnoses.

Coupled to these kinds of abuses in North America, is the highly significant likelihood that the idiopathic patient will continue to receive further mistreatment under medical doctors who can be extremely enthusiastic about prescribing pharmaceutical interventions — only to address apparent symptoms — given their complete lack or insufficient knowledge of the underlying pharmacological and pharmacogenetic mechanisms that impact any of the plausible conditions which may have produced the observed symptoms.

This is why North America doesn't just have an ongoing opioid crisis, it also has a benzo crisis that has yet to be appropriately acknowledged and rectified. When people in North America die of an opioid overdose, it is indeed possible that they were first made to become dependent on benzodiazepines and other prescribed narcotics to then be suddenly cut off from such medications.

An eventual death of such a person due to substances like fentanyl or a street drug, only masks and washes out the months and years of over-prescribed benzos, neuroleptics, and other psychotropics.

These criticisms and claims can seem vague, overly generalized, too technical, unbelievable, or they may even appear to be a tangential pet peeve. However, these are industry and nation-wide preventable issues of safety and malpractices, derived from adopting obsolete or incorrect medical and healthcare management principles.

These issues have been well documented and published by associations like CFNU for decades. Allowing such systemic faults to become legalized and normalized gives rise to unmitigated societal repercussions and national security issues.

The global scale of such systemic faults in the healthcare industry from being coupled across national boundaries by globalized supply chains of medical equipment and consumables has already become prominently visible, even to lay persons, due to the ongoing Covid-19 pandemic.

These types of systemic failures at a global scale, were followed by worsening issues from vaccine distribution woes, and vaccine hesitancy challenges that have led to monthly protests and riots, even among the richest, most advanced, and highly industrialized countries of the world. This is why the situation at hand, wasn't brought on by myself or by any other medically abused victims and survivors —

This is a situation that has been brewing for decades, which has now finally started to boil over onto legislators and other members of the top echelons of society who were pretending to be above all humankind, and even above the laws of nature.

17.4. Malpractices that circumvent the definition of torture

This is perhaps the deepest and most problematic prevalent issue, which has been normalized on both sides of the Atlantic among medical, secret services, and policing institutions that have promulgated politically motivated unethical practices stemming from discriminatory racism and the sinister ideologies of eugenics and ethnic cleansing.

1. The use of chemical or electroshock based bodily harm:

This method utilises highly toxic chemicals prescribed as medicine, or electrical shock prescribed as ``therapy,`` to cause endocrine and neurological damage. The harm done to reproductive as well as central and peripheral nervous systems is pernicious and often irreversible. The biochemical harm done to victims by such methods, occurs at a molecular level, and in the case of electroshock convulsions, the brain damage produced is at micrometer or millimeter level. As such, these types of hidden and pernicious injuries cannot be detected or verified by any available tools or methods in hospitals or mortuaries.

One of the only known methods to test for such subtle injuries would be to use diffusion tensor imaging (DTI) or magnetic resonance imaging (MRI), each with a capacity greater than 3.6 Tesla, on the human subject, *immediately* before and after administering electric shocks or transcranial magnetic waves to various regions of the brain. However, such equipment is only available to researchers in very few research facilities in the entire world, such as University of Michigan (USA), University of Wisconsin at Madison (USA), University of Pisa (Italy), and University of Trento (Italy).

2. Use of drugs, hypnosis and suggestions to increase chances of suicide:

In this method the human subject, or patient, is deliberately made susceptible to suggestions via hypnosis and/or the paradoxical effects of psychotropic drugs used in the treatment of various neuro-endocrine and mental health challenges — to make the person submissive, torpid, or to even push the person towards suicide.

In the previously mentioned methods of conducting — electrical or chemical — lobotomies and reproductive harms, the concept of pain and emotional torment thrust upon the human subject or patient, by the principal investigators or clinicians, is circumvented via the use of prescribed painkillers, sedatives, anesthesia, and/or methods of suggestion and hypnosis. The physical harm done to the person by such clinical methodologies, anyways cannot be easily identified by direct observation, or even through the use of most forensic techniques. Within cases of alive and somewhat functional survivors of such stealthy abuses, the survivors become unable to note any "physical pain" during and after such procedures of mistreatment.

As such, the applicability of the technical definition of "torture" that hinges on the idea of pain and suffering caused via physical abuse is circumvented. This can also happen among instances of suicide, when there is an absence of evidence of physical torture. Additionally, in some cases, a victim's suicide can be used as misdirection, or as a coverup of discernible physical marks on the body of the victim. In such cases, abuses or mistreatments suffered by the victim prior to any forms of self inflicted harm and injury, which eventually lead to the death of the victim, are covered up by the mere label of "suicide" ascribed by the police or by a coroner.

Even family members and other conscientious practitioners usually cannot identify the damage done via these kinds of pernicious and tortuous clinical methods, as it is masked by other confounding physiological, biomechanical, psycho-social, or behavioral issues arising from such clinically induced visceral harm and damage.

Worst of all, most victims lose the ability to understand that they were being tortured, abused, and mistreated due to the molecular, cellular and venial scale of the injuries and bodily harm. This deeply

invasive, methodical and sinister type of harm also hinders their overall mental functions rendering their comprehension abilities, memories, speech and writing patterns, as well as their testimonies — unreliable.

This type of medically induced physical harm and traumatic experiences suffered by victims is usually followed up with suggestions, stigmatisation, and psychological pressure from clinicians, friends, family, and community members to:

``Stay silent and just accept it. Simply be grateful and happy for other things in life, and quit complaining!''

This is very often the case, even if there was any kind of abuse or trauma suffered by the victims that can be acknowledged, or verified. This is similar to the experiences of victims who may have fallen prey to sexual assault, violence or abuse via date-rape-drugs, or through manipulation by trusted persons in a position of authority or power.

17.4.1. Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT)

Here it is worth mentioning the special cases of Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT) in clinical psychology and psychiatry.

In the hands of conscientious practitioners these verbal and interactive techniques can be helpful to patients for coping with their challenges, and to even build capacity as well as resilience towards a healthier lifestyle. However, in the hands of state-sponsored clinicians in charge of cultural and moral policing — these techniques can become silently dangerous, or even deadly.

Just the way, slapping the word ``therapy`` onto practices like ``Conversion Therapy,`` which are used for modifying persons' gender identity, sexuality, or sexual orientation are wrong and illegitimate — the application of CBT and DBT for belief, attitude and behavior modification can become tragically wrong, and woefully illegitimate.

The classical approach in both CBT and DBT is to hide the underlying, abstract social norms or principles that a person is to imbibe by first gaining the confidence of the subject or patient via "ice-breaking and rapport building activities."

Next, the subject or patient is repeatedly "guided" through a set of tangible motions that gradually approach the state of having already accepted the required, or target belief system, and norms.

The act of repetition, especially in a customized and tailored environment, eventually makes the person come to the "self-realization or self-discovery" that the behaviors and attitudes they held from their previous set of beliefs, worldviews, and impressions were "unproductive," and

that their new approach to "mindful living," thanks to the therapy, has relieved or disabused them of their fallacies.

This methodology of tapping into a person's semantic space via repeated suggestions works effectively with cooperating subjects or patients, and with those who have been made compliant using clever means of manipulation. It can produce results with a feeling of relief or improvement in emotional state experienced by the patient — when done by well trained clinicians who maintain the best interest of the patient.

However the topic of which aesthetic and social norms are more worthwhile for inducing into the care-recipient being *tapped*, with due consideration for their individual differences, is an ongoing clinical and academic debate.

Can such pedagogical methods be misused and abused via coercive means for insidious ends by state-sponsored or non-state actors? Yes, CBT and DBT can instill, or strongly encourage motivational beliefs in concepts like martyrdom or self-sacrifice among vigilantes, cult members, business leaders, first responders, and soldiers.

I came to learn about things like torture techniques that leave no discernible evidence, CBT, and DBT when I looked into one of the projects given to me during my work in CSL, at the University of Iowa.

The project was regarding the research and development of "enhanced interrogation techniques," from a human factors perspective, to be used against prisoners of war, and other captives, held by US national security and armed forces within, and outside US territories. The main aspects of the project focused on the uses of: drugs, electroshock, sleep deprivation, audio and visual signals, combination of odors and scents, haptic vibrations, dialectics, and other emotional triggers that could be used for making terror suspects and criminals under custody — more pliable — without leaving discernible evidence or marks on their bodies.

Merely looking into the project specifications was a horrifying and crushing blow to my conscience, CSL was not the kind of place I wanted to stay in or be affiliated with. And CSL was in fact, only one of many labs and units doing those kinds of "advanced" research work within the US, Canada, and the UK. This was one of the main reasons that had made me quit all work at CSL by March 2009.

Prior to spring-2009, I had stopped going to the office and did not provide any other inputs or materials towards projects from October 2008 onward. During November and December 2008, I only worked on my masters thesis. In spring 2009 I had mounted a stronger series of arguments with my supervisor against the type of work I was made to do in CSL. Consequently, I was fired in June 2009.

This is why the malpractices I've witnessed being carried out by, and even had to withstand at the hands of members and practitioners in the LHC, CMHA, and GRHC — were severely enervating and yet, particularly enlightening.

For indeed, eventually, *everything is illuminated*.

— End of Section 17 —

— Please pause, before turn to the next page —

18. Important information to consider for defining the scope of this situation

This document will eventually make its way into your hands — you the reader — and by then the groups of intelligence agencies spying on me while I was writing it, would have already warned their counterparts to come up with strategies to squash, or to somehow ``manage this situation as discreetly as possible.''

One of their basic defense strategies might be to try and disallow this document from being entered into any type of judiciary proceedings on any number of technicalities, such as elapsed time beyond statutes of limitation; or via the argument that the offending practitioners have been fired, have resigned, are on sabbatical, or that their offices have already been vacated for some arbitrary reasons indicating ``hopelessness or futility'' of further inquiry for any investigation and remediation.

Basically, a defense team can keep shoring up various flimsy arguments to negate the toll and incumberences taken by someone like me in presenting these details.

However, the toll measured in time, energy, and the very force of life in itself, due to the following reasons, does not amount to nothing, and cannot be disregarded so easily:

- medically induced abuses and torture that caused multitude of losses and suffering
- the fact that such abuses were politically and racially motivated with direct intent and actions to suppress basic human rights as well as rights to religious freedoms
- Covid-19 related factors
- the way practitioners deliberately gamed the system for:
 - denying immediate access to a medical rights advisor
 - denying access to a medical tribunal
 - releasing medical records with as much delay as possible, along with deliberate forms of tampering to make the data incorrect and incoherent, that too with missing pieces of records from key dates, thereby mishandling confidential healthcare data in violation of HIPAA (American) and HIPA (Canadian) rules
- localized legal avenues in Canada were exhausted for they were severely hampered by officers of the court via unethical and extrajudicial means
- lack of impartiality and fairness of Canadian, American, and British authorities in evaluating this overall situation which is tied to organized crimes, war crimes and crimes against humanity

perpetrated by established officials, authority figures, and corporations of Canada, the US, and the UK

It is understandable, every cognizer viewing this document is bound to look for "limiting boundary conditions," and "separation of concerns," to be able to parse this document's various parts that have multiple claims.

One may also seek to define a restrictive and finite scope of work towards remedies and reparations, as well as an appropriately defined set of limited liabilities that can be attributed to the responsible parties.

This is why it is necessary to understand the way compartmentalization has been traditionally used by legal departments and arbiters for concealing the multiplicative interaction effects that arise from coordinated, multipronged attacks or abuses.

18.1. Compartmentalization

This section explains the use of compartmentalization as a means to distort, disrupt and even destroy the due process of justice, reconciliation, and remediation.

Given that duplication of efforts were made by coordinating groups and agencies, in conducting sophisticated belligerent attacks on persons like me with a particular ethnicity and multicultural background, it becomes necessary for legal scholars and jurists to comprehend the multiplicative and compounding negative effects that arise strictly as a function of the conglomerated and syndicated nature of — lethal and destructive organizations.

Those multiplicative and exponential interaction effects arising between various components and parts can remain hidden or conveniently concealed, until one observes and fully accepts the ``turducken`` of a situation that we are currently faced with.

1. We can see that entities like LHC and GRHC permitted and allowed for a culture where numerous medical errors arose from:
 - a. Overworked practitioners who performed their duties in survival mode, within overcrowded environments, during a pandemic while austerity measures were enacted by the government.
 - i. These types of socio-economic, architectural, political, and systemic factors encouraged practitioners to only address critical and immediately obvious medical issues, while putting a care-recipient's chronic ailments and diseases off to the side.

- ii. And at times, not even acknowledging chronic and metabolic conditions of patients in their ward and care.
 - iii. Mistakes and errors introduced in the medical records of a patient by an earlier practitioner were copied by subsequent practitioners, which multiplied and compounded via a chain of medical errors.
- b. **Illinformed medical doctors**, with outdated and outmoded inference techniques for psychiatry and psychology, continued to over-prescribe psychotropic medications that caused vulnerable patients to
 - i. become obtunded and thereby pliable as well as ``manageable,``
 - ii. but also become malnourished, dehydrated and unable to voice their concerns,
 - iii. or even become suicidal due to paradoxical effects of such psychotropics.
- c. Doctors also willingly prescribed or even duplicitously and forcefully administered drugs that were particularly harmful due to the pernicious nature of the damage done to reproductive and endocrine systems of the patient.
 - i. Aside from the bodily harm done to the patient, this form of biochemical attack and malevolence violates basic human rights concerning reproductive rights of an individual, as well as the reproductive rights of a family unit.
 - ii. The long-term damage and harmful effects to a person's family life and subsequent social functions are irrecoverable.
 - iii. The intergenerational harm done via such methods is immense and incalculable because of the large number of people who are put through such reprehensible actions of ruinous physical abuse.
 - iv. This form of medically induced suppression deprives a person of basic human rights, as well as personal and cultural equity, derived from and belonging to their own bodies.
 - v. Producing this type of repressive damage in an organized manner by repeatedly abusing the authorized powers given to the institution and its licensed members by a statutory law, has been the basic aim of: ethnic cleansing, and deplorable state-sponsored programs carried out in Americas and Europe like eugenics.

- d. The architectural layout, literature, products, devices, tools, technologies, policies, and procedures adopted in psychiatry wards that are adopted, or adapted from any type of penitentiary system are not conducive to healthy living conditions for patients.
- i. Such transfer or knowledge, technologies and practices from penitentiary systems create a toxic and punitive environment in a hospital setting that provides substandard quality of medical attention and healthcare, which the patients never deserved to be put through because the patients in those types of hospitals within community environments weren't incarcerated criminals.
 - ii. To argue that patients with mental health challenges are ``deviants or reprobates`` who deserve a punitive environment, and that it is even ``lenient`` compared to an actual prison is disgustingly ignorant, and prejudiced.
 - The viewpoint that people with mental health challenges are reprobate who deserve cruel or ill treatment is fundamentally wrong and unethical — as it violates the spirit and letter of the Hippocratic Oath that all hospital staff, managers, medical practitioners, and even field doctors and paramedics are to abide by.
 - iii. Much worse is the argument that such hapless and helpless patients are individuals who are tormented ``by their own demons`` as a punishment from ``a higher power or god`` because it is unscientific, ethically wrong and directly against the concept of treatable medical conditions.
 - iv. Even criminals don't deserve to be tortured, humiliated, experimented on, or put through cruelty because they are human beings and they are already being punished via incarceration.
 - Why do corrections officers sadistically hurt prisoners using cruel methods to ``teach them a lesson,`` after those prisoners have already been sentenced to a term in prison as a punishment?
- e. Pathologizing a person's views about conventions within aesthetics, religion, anthropology, socio-economics, or politics is against the concept of medically treatable conditions.
- i. There isn't a medical procedure, device or intervention that can magically grant education and experience to a person in order to alter their views, sentiments, attitudes, and/or beliefs about non-medical topics and concerns.

- ii. However, there are ways to abuse medicine to make people more pliable, exhausted, enervated, tormented, or even physically tortured so as to coerce them into yielding under pressure and abuse, which then makes them ``accept and adopt`` the subsequent ideas and knowledge presented to them.
 - iii. Providing counseling, education, or indoctrination via techniques coined as CBT, DBT, and Eye Movement Desensitization and Reprocessing (EMDR) that coincide with, or happen to be preceded by punitive medicine is a continuation of the overall medical malpractice, even when the clinicians administering such psychological treatments are ordinarily removed and separated from the legal entities, locations, and time periods where the main activities of biochemical and physical abuses of punitive medicine were, or are being carried out.
 - As such, it becomes necessary that entities like Carizon take necessary care and steps to make sure that they have never, and will never, wittingly or unwittingly fall into this category of malpractice and abuse.
- 2. Entities like CMHA and WRPS have special constraints and responsibilities while dealing with physical violence in the community, but they willfully and cunningly violated the special rights, authority and privileges granted to them.
 - a. The type of inter-agency cooperation and coordination needed to improve efficiency of public services through the use of technologies and systems like the ones provided by InterRAI BMHS - HealthIM Inc. were readily misused and abused.
 - b. The criminal and unethical activities of individuals and groups from such publicly funded organizations could not have succeeded without direct oversight, permissions, training, equipment, financing, and approvals provided through senior officials, trainers, and authorizing committees from within their organization, as well as from accreditation bodies and government ministries.
 - c. The list of activities committing by bad actors from such organizations includes but isn't limited to: fraud, libel, slander, misappropriation of public monies, invasions of privacy, home invasions, destruction of private properties, cyberattacks, use of cyberwarfare tools for terrorizing activities, duping and cheating judicial authorities with false evidence, as well as systematically propagating completely fabricated and bogus data visualizations as evidential material within legal documents throughout the province for years.

3. The manner in which issues stemming from institutions like University of Waterloo and IRCC form the heavy undercurrent to the above observations would be completely lost to legal attorneys, juries and judges if investigations and deliberations were ``compartmentalized.''
4. Likewise, the contribution of war crimes and other large-scale national as well as international crimes committed by military personnel and defense contractors of Canadian origin, over a period of decades, in generating overall harm and negative effects would be completely lost or destroyed with compartmentalized investigations and arguments.
 - a. Worse, the mere mention of any topic involving the US, Canadian, and British military alliances would cause civil litigation lawyers to never step forward in even trying to view the materials concerning this situation.

So, maybe, this is a situation for a number of seasoned or even retired diplomats to handle, along with a squadron of legal firms through an emergency judiciary committee with several dispensations; or a senate hearing; or any other such sluggish procedures that can corrode away years and decades of our lives.

Do you suppose diplomats trained to let things dissipate naturally towards a ground state in order to maintain a status quo, would feel unequipped or shy when faced with issues that spool naturally towards a critical state that generates massive public outrage, and epic fallouts of every kind?

Instead, let's put aside maxims like ``agree to disagree,'` and also cheap shots like ``all of this is just a rant of a delusional person,'` to move forward because those things will not prevent:

- Worsening standards in community protection, healthcare and education due to systemic faults, and rampant abuses against religious as well as ethnic minorities.
- Reprisals, retributions, and retaliations that are being set into motion to counteract the coordinated, bigoted and murderous acts of cyberwarfare committed by various agencies of Canadian origin.
- The continued suffering experienced by the survivors of Canada's horrendous crimes and by the next of kin of those survivors.

What those kinds of passive-aggressive and chicanerous actions *will* prevent, is the ability for hundreds of millions of impacted individuals from receiving any closure to the suffering from having been, and continuing to be subjected to systematic repression and harm, due to prejudiced agencies, corporations, and private contractors of Canadian, British and American origins.

— End of Section 18 —

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19. Discussion

For a person like me who is accustomed to splitting atoms as a vocation, the idea of splitting hairs is like watching aircraft carriers or submarines slowly take on water into their ruptured ballast tanks, and then break apart over a period of days or weeks, as they sink into the abyss.

There is no such detail or minutiae too small and too insignificant for me at this juncture where the only remaining options are to obtain due justice either through vindication, or through rightful vengeance.

The path towards vendetta involves me doing as little as possible and more like, stepping aside to let others, like the Russian military forces, do as they please. This is the least effortful path for me, entirely along the lines of ``que sera sera,`` and let nature take its course — a course that my flow through one or the other "what-if scenarios" that I am to publish over the next few months, years, or decades.

Would any of you be surprised if entirely new essays and articles with scenarios like nuclear submarines being tracked in real-time, by state as well as non-state actors, would keep getting published every other month, for decades, due to a simple form of computerized automation, irrespective of my circumstances in the coming future?

And, do you suppose, the Ultimate Submarine Hunting Method could have already yielded the Ultimate Submarine Hunting Apparatus?

The hostile and offending parties that aggressed against me and other people like poor homeless youths, have already proven themselves to have become the enemies of intellect (*Akkal*), humanity (*Insaniyat*), and even of nature (*Rabb*).

Who can possibly intervene to save the enemies of intellect and humanity from themselves, and from the wrath of nature?

Additionally, Canadian diplomats and officials still have some fleeting time to get ahead of this situation and not become embroiled in a colossal public-relations issue from these topics reaching the eyes and ears of friendly neighborhood news reporters, and intelligence agencies. Right now, before it formally arrived into your confidential view and readership, this document has only reached a number of agencies from various countries spying on my online, and on ground activities. In this regard, Canadian diplomats and officials still have the opportunity to demonstrate to the world that a number of deeply rooted systemic problems within Canadian institutions, private corporations, and public services can be rectified through dutiful self-awareness and self-discipline.

Let's choose the path towards vindication, for it may even reveal gullibility, awkwardness, weaknesses, or mistakes on my part that could absolve one or the other offending parties, or perhaps lessen the burden of blame on some of them who may have ``accidentally`` misused their official authority and seat of power for, repeatedly, causing harm and injuries to persons in their ward or care for years, instead of having done so wilfully or knowingly.

In particular, there are issues presented in *Sections 5 through 12*, which can be difficult for Canadian security and defense groups to be able to take responsibility for, and much more difficult for any tribunal or judiciary committee to verify without additional hard evidence supporting the claims, aside from my account of those events. For this, might I suggest that:

the representative heads from each and every law-enforcement, quasi law-enforcement, secret services, military and paramilitary units, which had purview over tasks conducted within, or in any connection to Kitchener-Waterloo Region of Ontario, Canada — provide an oath bound written statement on behalf of their divisions, regiments, departments, groups, and teams — that they avow their innocence is any and all such matters pertaining to the incidents explained within *Sections 5 through 12*, on the pains of having their life and resurrection scratched up and then be cast into oblivion, without even receiving the mercy of instead being cast into purgatory or hell for eternity, whether they do or do not believe in the concepts of life and resurrection beyond death.

Of course, everything else in this document is too blandly obvious and undeniable in demonstrating the wretched crimes of the offending parties who systematically colluded to perpetrate a voluminous range of statutory crimes, which were typically motivated by racial prejudice and bigotry against a vast number of persons like myself.

The targeted, systematic, and entrenched methods that facilitated, and have continued to facilitate, cooperation and coordination across groups of individuals employed in public services of North America and Europe, to deliberately conduct overt as well as covert acts of hostility, betrayals, misdemeanors, felonies, and disgustingly deplorable offenses — provides the rightful and legal basis for all necessary measures that are to be taken towards disciplinary and punitive justice against the offenders and their systems of repression, as well as for rehabilitation and remediations in favor of the surviving victims.

So let's recapitulate the chain of events that contributed to, and still continue to exacerbate, this overall situation.

The ordeals of seeking justice through a rigged and inefficient system were presented in *Section 2*, of this document. I naturally could not obtain any measure of justice or even approach the courts through the current setup, and follies, of the provincial as well as federal judiciaries of Canada. The

prohibitive costs and insurmountable hurdles in plainly presenting a case to a suitable adjudicator are the fundamental flaws in the overall system, which has existed for decades by prejudiced designs, and not by some unforeseeable or humanly unmanageable misfortune that plagues Commonwealth Nations.

Canada has always had the opportunity to present a narrative to the world where persons like myself, having faced tortuous injuries, unfair treatments, and injustices at the hands of its publicly appointed authorities, managed to successfully seek a peaceful legal resolution rather than become forced onto a path to industrial and military scale retaliatory prosecution via force. However, Canada has obstinately rejected this peaceful opportunity till date, and pushed persons like myself to resolve with absolute conviction, that unless an escalation of such matters is brought to a level where the authorities see accepting their faults as an exit strategy, they will simply never come to publicly admit their guilt, and then duly rectify their long-standing misdeeds and wrongful acts.

It is my personal and cultural belief that those who have wronged me and other innocent people using systematic means, should at least come to know why they are to submit to a public inquiry, and that they should have a fair opportunity to defend their cause with justifications in front of an appropriately vested adjudicator within the public domain. This is why *Sections 3, 4, and 5* highlighted the role of systemic faults within civic institutions of Canada that initialized an aggravatingly injurious situation to come into existence against various communities that have supported me, and against ones I have belonged to. For being an integral part of such communities, I too suffered the types of injuries that have been inflicted upon them in methodical ways by those institutions.

Following that, *Section 6* provided testimony of my experience in being harmed by invasive and stealthy methods used by provincial and federal agents, who were supposedly within their rights to injuriously probe my life and hinder my personal affairs.

In particular, *Section 7* exposed the systematic methods used by local profiteering groups in KW-Region, for dismantling public support systems via the aid of unscrupulous officers who neglected, or wilfully breached, their fiduciary duties of care and fairness, towards community welfare.

The embezzlement of public funds and assets towards conversion into personal gains by public officials and private business groups has created a hostile environment, with artificial scarcity of cultural and healthcare resources in Ontario. This artificial scarcity in turn, laid the grounds for those public officials along with their private collaborators and contracted agencies to be able to inflict further harm upon ethnic minorities and refugees — and upon other community members with special needs — using the guise of ``needing to police disgruntled agitators afflicted with malaise.''

In such matters concerning malfeasance and misconduct of public authorities, I fully expect the officers of city, provincial and federal government agencies to conveniently deny their misdeeds, to discredit these observations, or to yet again mislead the public with false justifications to thwart public inquiry. The only peaceful recourse against such strategies adopted by prejudiced and conniving offenders is to rely on the wits and powers of the remaining, scrupulous and duty bound agents, within those very same agencies that have contributed to this situation.

Next, in *Sections 8 through 10*, we observed that the level of targeted attacks against me and my family became insidiously hostile and murderous. The coordinated planning and use of cyberwarfare tools across several agencies for covertly killing or incapacitating me, led to my defensive actions for self-protection and self-preservation.

However, those defensive actions of trying to secure my computer networks, or cutting ties with family and friends in order to protect them, were insufficient in helping me survive repeated attacks that thoroughly violated my trust, basic human rights, personal properties, private spaces, livelihood, economic and social opportunities, and imperiled my overall well being.

Let's now take a long but important detour into a discussion about societal factors:

While reading the end of *Section 9*, one may ask if openly challenging the Government of Canada to a legal battle in an international court is a suitable means to resolving this situation, even if it were truly instigated by and due to — their lack of proper oversight of public institutions, a longstanding culture of repression, and deliberate maliciousness and belligerence of their authorised agents.

Moreover, which person in a seat of power, can possibly sympathize or empathize with the plight of anyone, if they are on the defense against such strong accusations, and are already busy with identifying ways of escaping responsibility or blame?

Is it even possible to tackle authoritarian government forces who have historically deployed, and can still deploy military, secret service, and policing units that provide ``brutality-as-a-service`` to their highest bidder? After all, the government has always maintained a monopoly over commoditizing violence. What can even be achieved against their brute force or stealthy subversiveness, with mere words that have a little bit of extra flourish?

Also, isn't it ludicrous and dangerous to draw their eerie and withering scorn upon oneself for exposing their truths?

To such questions I say that one need not be a Mohandas Karamchand Gandhi or a Martin Luther King Jr., if they can be a Malala Yousafzai or a Greta Thunberg. Did the erstwhile British Raj realize what a single scrawny man walking around barefoot in India while talking about

"swadeshi" salt and cotton fabric was going to do to their regime? Did leaders of the European Union and boardroom members of corporation like the Royal Dutch Shell realize what was about to happen to their investment portfolios, when some teenage girl with Asbergers decided to sit at a street corner in Riksdag one fine day, with a simple placard that said, "*Skolstrejk för klimatet!*"?

In any country, at any period of time, not every team of staff or personnel in every department of a government turn out to be corrupt, unscrupulous, or incompetent. Typically, within any bureaucracy, particularly among military and policing services, there are a large number of disconnected and disjointed units who have no clue as to what the other ones were up to, or happen to be doing at present. This is often done for reasons pertaining to specialization, and separation of concerns, among different departments, agencies, and teamed units.

Also, no human individual can have full responsibility or enough capacity to monitor, or eavesdrop, and to be actively involved in multiple affairs of different groups and individual units from their division or department.

The more nuanced issue here is the internal secrecy and political maneuvering of such units including individual persons that conduct messy off-the-books operations. Such clandestine operations and the political maneuvering of their perpetrators are usually done for the sake of ``compartmentalization of 'spicy' and dicey affairs.''

Of course, in all honesty, these types of maneuvers and strategies employed by various officials and staff members are mostly for maintaining a level of plausible deniability, and ``appearance of guilt-free cleanliness'' used towards defense of their own social status, personal benefits, and career prospects. This is why a country can only devolve into fascism, if loyalty and secrecy applied in a cynical fashion leads to a culture of denial and mismanagement that starts to spread like *unstoppable wildfires*.

A complacent temperament among citizens and residents regarding such issues, can only bring about a societal culture that encourages more elected and appointed officials to abuse good will, loyalty, secrecy, obedience, and silence of well-intentioned and well-mannered people. This is often done in the name of nationalism, patriotism, capitalism, socialism, communism, maoism, colonialism, imperialism or any other type of "ism" — to subsequently snub and snuff swaths of non-mainstream people — out of simmering hate and bigotry.

This is why it is much more ludicrous and dangerous to allow crimes committed by public officials as well as corporate entities to go undetected and unpunished!

However, it is extremely difficult to continue on the path of justice hoping that someone will listen dutifully to aid in this situation, while it seems, on most days, that the perpetrators have already gotten away, with all their prejudiced crimes and wretched deeds against the public still continuing as usual.

It is especially difficult to bite down on emotions and not have a single recourse against outrageously belligerent crimes, when all that the perpetrators have to do in their defense from their pulpit, is to ignore or scoff at the person shedding some light on the systemic mechanisms of their criminality. It is too easy to denigrate, degrade stigmatize, and to cast doubt on a person — who has already had to put up with their rancid activities and behaviors for years — as being mentally challenged or ``diseased.'' Such bad actors can thus be entirely dismissive of any person's intellectual and physical capabilities.

A worse insult to injury is when unapologetic corrupt authorities can criminalize the protests of a person who is being unjustly pathologized, to then have the person declared as ``criminally insane.''

These are the typical means by which, forced, subversive and unlawful acts of putting common people through deprivation, is subsequently labeled as depravity, when those deprived and injured people cry out of excruciating pain. Such are the institutionalized mechanisms that allow cruel supremacists and segregationists to give themselves permission for exacting their inherent sadism upon hapless and helpless individuals — in the name of, ``judicious law-enforcement activities.''

Any individual providing details of systemic oppression would only be put down by the authorities who benefit from such faulty systems as, ``a possibly jilted or jaded person mindlessly ranting about non-issues.'' But for how long can such officials hide their vile deeds before they run out of excuses, for abusing their powers, and for not upholding their basic duties with fidelity?

It has become common practice that elected and appointed officials with salaries, privileges, and pensions, who cause on-ground and online spaces to become inaccessible for use by the common public, conveniently absolve themselves of their responsibility to actively manage those public spaces. This is often done through the promotion of unchecked privatization of public assets and protected personal data, during nationwide austerity measures. Such a simple and effective strategy has been employed by corrupt officials in the name of creating ``a lean government'' to transfer public assets, goods, services and personal data of millions of people — into the direct control and ownership of corporate boardrooms. From these private,

cordoned boardrooms, public officials can rake in much higher personal profits as board members or private shareholders of the newly privatized entity.

As seen in recent news events across Commonwealth Nations, such officials also tend to evade scrutiny of their ``work authorized`` parties and vacations in places like Hawaii, while all other members of the working-class society are ordered to forgo basic necessities, or to withstand the brunt of calamities like wildfires and floods without sanitation, healthcare or sensible government aid. This is when broken and burnt out working-class people living in tattered environments are blamed by their overlords for not taking personal responsibility towards social upliftment.

One can certainly object to all these observations about societal factors — while ignoring government inflicted issues like the opioid crisis, or the ongoing public healthcare debacles during a pandemic. One may even try to assert that many statements in this document are inflammatory, outright derogatory, or perhaps even ``slanderous.'' Compared to making such assertions to deflect formal public inquiry into their own actions or inactions, the much more important and immediate task at hand for them is going to be — to first figure out how their jewels, sashes, and gloves will prevent them from getting tainted, now that they have managed to become blighted from their greed, and sunken eyeballs-deep into the quicksand they already allowed the public to drown in.

Upon observing these key, grounding truths arising from socio-economic, and political factors, one can better understand why the most painful and hurtful issues resulting from being potentially murdered within the swamp-like environment of Kitchener, and from being demonised by public service agents, were illustrated much later in *Sections 9 through 13*.

Thereafter, *Sections 14 through 16* described the initializing events in the form of a nonlinear narrative that provided an explanation of how and when things became more clear and comprehensible to my cognizance.

Towards the end of the narration about the chain of events in this situation, *Sections 17 and 18, along with the Appendices*, explained the exploitative nature of obsolete norms and standards that have remained fundamentally flawed, harmful, and corrupt. These basic flaws introduced into sciences and public policies have continued to produce specific harmful effects on peoples from indigenous, ethnic minority and non-mainstream cultures within Americas, Africa, Asia, UK and Europe, for more than a century. The global fallout and damage from those ill-conceived norms and standards upon humanity as a whole was also explicated. Therefore, the deleterious norms and standards stemming from Euro-Centric worldviews, racial prejudices, bigotry, islamophobia, and xenophobia must not be allowed to be used in any field of science and humanities.

The current one — *Section 19*, ties the link between the final set of the more recent events from the years 2021 and 2022, to the very essence and beginnings of how this situation turned into a multifaceted and deeply complex international issue. It provides a synthesis of factors that should help the reader understand why this situation isn't overblown or exaggerated, but rather, is still at the stage where Canadian authorities and their allied groups can make amends — before this situation becomes an intractable, international public-relations and military scale disaster for them.

As a whole, this document provides an account of how a series of coordinated hostile tactics continued to be perpetrated in the politically abusive forms of policing actions, illegal detention, and unnecessary medical practices wherein, a particular group of professionals from WRPS, CMHA and GRHC forcefully tried to make me ``believe, accept, and admit`` that I was afflicted with psychosis due to sociological, hereditary, cognitive, or neurological ailments.

Such targeted methods further continued as torment, and punitive biochemical forms of torture and abuse — aimed at discrediting, silencing, immobilising, incapacitating, permanently debilitating, and outright murdering me. These chain of events were proven to be tied to my police complaints, online activism via artwork posted to social media, and mainly due to pre-existing prejudices held by various public service agents against people with multi-ethnic and Islamic religious identity.

Most importantly, I believe that the initial set of cyberwarfare tactics as explained in *Sections 8 and 9*, that were conducted against me and my family, were directly related to my firsthand knowledge and written testimonial statements about war crimes and crimes against humanity committed by persons and agencies of Canadian, American, and British origins during the recent Afghanistan and Iraq wars. These war crimes have continued to be committed by American led drones in Afghanistan into the year 2022 even after evacuation of American military presence in and around Kabul. The particular form of warfare involving drones and automated indiscriminate killings is now being exported by US led nations to Ukraine and countries at the borders of the EU.

I did and still do believe that the attempts to suppress, or completely eliminate me along with the evidence in my private possession of such war crimes implicating American led forces and their contractors, were carried out with the help of willing and intentionally collaborating, as well as unwitting agents from Canada's local healthcare, social services, secret services, and policing agencies in Ontario.

As such, the motivations, nature and opportunistic methodologies of the various groups that sought to discredit, sequester, and malign me as a psychotic person with delusions — who then forcibly tried to incapacitate and even kill me while destroying my most cherished relationships — have been laid out in this document to the best of my knowledge, recollection, and recovered abilities.

The following considerations are important and necessary perspectives to keep in mind:

The most likely defense the culpable entities can prop up against the evidence presented by me to the ICC could be to claim that the dossier, which came into my possession was completely fabricated, and that my statements were entirely made-up or fraudulent. However, those entities most probably don't yet know that the submitted hard evidence to the ICC contains R&D files with meta-data implicating the persons and groups that committed those crimes, which cannot be forged, counterfeited or foiled in any conceivable manner. Additionally, the dossier contains names and designations of individuals who, upon being subpoenaed and held accountable, will reveal further details of various and several war crimes, hate crimes and crimes against humanity — particularly via the pieces of evidence contained within sales and R&D files in their possession.

Those named entities could then try to block the dossier or their own files from being scrutinized by international prosecutors by claiming that it contains ``state-secrets,`` which were somehow illegally obtained for the purposes of ``a smear campaign.``

The R&D documents within the dossier submitted to the ICC were never classified as any kind of a government secret, and were directly given to me to work on as an engineering researcher via an authorized chain of supervisors from a conglomerate including: US military research offices, their contractors and sub-contractors, along with several private companies from Canada, France, UK and the US, as well as their global subsidiaries within the defense industry. The fact that such files were accidentally retained by me is a mere coincidence.

Following the realization that I still had those files in my possession by chance, the decision to forward them to ICC was due to a moral imperative towards the good of humanity that superseded any contractual obligations with my ex-employers to destroy those files. No objections or obstructions can be allowed to stand in any legitimate court of law, against the exposure of clandestine methods used by US led forces in committing mass murder of civilians and friendly soldiers!

Moreover, all efforts were made by me to make sure that the dossier was not leaked to the public while transmitting the files to the ICC. However, it can be surmised that any agencies that were able to spy on my activities could have obtained a copy of those files by conducting "man-in-the-middle attacks" with cyber-incursion and cyberwarfare tools such as *NSO Group's Pegasus malware technologies*.

Therefore, concerns such as the ones expressed in this document can never be said to be fastidious, especially in matters concerning murders, rapes, abductions and tortures — of serial nature and mass scale — against civilians! The ICC needs to demonstrate its diligence,

scrupulousness, and fairness in prosecuting such war crimes and crimes against humanity committed by entities that might even be directly related to its sponsors.

The ICC must not delegitimize itself by becoming an appendage or apparatus of the UN that prosecutes crimes committed only by entities of African, South American, Asian, or Pacific Islander origins. Particularly, as the issues of war crimes pertaining to Kosovo, Serbia, Croatia, erstwhile Yugoslavia and now, Ukraine, have come up to the forefront of judiciary discussions at the UN Security Council — the ICC has the opportunity to prove its relevance, efficacy, and potency in uniformly regulating international norms and regulations, for the sake of humanity as a whole that includes Central and South American people as well as Middle-Eastern, Central, Southern, and South-Eastern peoples of Asia — without any exemptions or prejudices.

— End of Section 19 —

20. Analysis

It must be emphasized here that merely taking umbrage to the allegations brought forth in this document and adopting a strategy of denial, dismissiveness or indifference towards such issues will not serve to absolve responsible agencies, agents and officials — nor will it rectify the problems created through the use of unconventional, stealthy warfare tactics by malicious state-sponsored threat actors against ethnic minorities and persons of color.

The state-sponsored terror groups disguised as policing units and other forms of ``intelligence groups,`` operated by an international conglomerate of private and state-run organizations of North American, European, and British origins, have continued to perpetrate subversive forms of violence and cyberwarfare — against citizens, residents, non-residents and visitors of Canada — with absolute leeway and impunity.

The main problem created by the use of paramilitary strategies, tools and tactics of cyberwarfare against citizens, residents, non-residents and visitors is that it opens up the possibility of Canadian peoples and structures becoming acceptable collateral damage, or casualties of war, due to justified retaliations. In this regard, policing and secret services in Canada have gone ahead to nullify the usefulness and applicability of their judiciary court systems for resolving normative issues by propagating covert forms of unconventional warfare against people they secretly label as, ``suspects, rogues, rebellious delinquents, miscreants, or dissidents.``

By using false justifications or even falsified reports, a representative group from each of the following institutions of society either betrayed my trust, or aggressed against my faith, community, family and personhood with surreptitious hostility, racial profiling, and prejudice.

- University (education sector)
- Immigrations (civic sector)
- Hospital (healthcare sector)
- Social Service (healthcare sector)
- Police (legal sector)
- Officers and offices of the court (legal sector)
- Secret Services (defense sector)
- Banks (financial sector)

Some were incompetent and betrayed my trust or caused injury via false advertisements and theft of monies. However, there were others who carried out their attacks in the most dastardly and conniving manner to hide their hostile and murderous intents to evade detection. They also used

concealed and pernicious methods of aggression and violence to be able to later deflect or deny their involvement in any noticeable transgressions.

By using stealthy intimidation tactics and terrorising activities to violate the safety and security of every physical and online space available to me, and by driving me out of Canada on the pains of death, state-authorised and state-sponsored threat actors sought to completely destroy my life, well being, and relationships. Particularly, in the event of me bringing up these issues in front of anyone, they have maintained their strategy of covering up their tracks by dehumanising my personhood and painting me as:

- a fastidious and obsessive person with a history of ``violence, substance abuse, traumatic stress disorders, and depression,``
- who is currently suffering from a range of mental or physical illnesses with possible personality disorders, mania, delusions and/or paranoia
- who presents himself with an air of arrogance and grandiosity due to psychoses
- whose right to self-determination and self-efficacy must be revoked
- and who ought to be declared "legally incompetent for medical, financial or legal forms of consent" so that forced detention, medication and/or institutionalisation can be authorised via statutory laws — to strip this person of all basic human rights, privileges and liberties

So in front of which local, provincial, or federal authority in Canada could I possibly bring up these things under a barrage of medically incorrect and erroneous diagnoses, especially when access to the legal system has remained convoluted and prohibitively expensive?

Worst of all, the perpetrators of incorrigibly insidious actions against my family and myself were official authority figures, as well as powerful members of the healthcare system, police, and the judiciary itself. Such individuals already abused their authority and power to slander my good character, demolish my honor, and discredit anything I could possibly say or account for, by thrusting every disease in a psychiatry textbook as a diagnosis of my state of being! Moreover, their prejudiced violations and culture of systematic repression against millions of people like me has already continued unabated for decades.

So, how and from whom, can someone seek aid in such a situation?

If by some means these allegations and claims were put forth before a court, a tribunal, or a competent judiciary committee, any legal advisor or representative of the responsible parties named

in this document would likely recommend a defensive or evasive maneuver to completely nullify all liabilities and faults of their clients, while seeking full indemnity.

Subsequently, if their strategy to dehumanise, pathologise, discredit, debase, ridicule, humiliate, stigmatise, guilt trip, shame, and/or degrade me using some or the other means were to fail in dissuading me from the rightful and legitimate pursuit of justice, then they would most probably go through a flowchart involving the following steps:

- complete denial of any mistakes, faults, wrongdoings, culpability and/or liabilities
- motion for dismissal on grounds of technicalities like statutes of limitation, even though they understand the severity of the chain of events involves multiple attempts at murder of a witness to crimes against humanity that were, in-part, motivated by:
 - discriminatory prejudice, islamophobia, and xenophobia
 - and their desire to foil my ability to provide evidence of war crimes and crimes against humanity to worthy international judges and prosecutors
- repudiation of the events brought forth, for circumventing statutory procedures, by saying that the issues detailed here are divisive lies, have falsehoods, are fraudulent, or lack credibility with insufficient evidence to prove the claims
- not only cast doubt on my recollection and account of events, but cast doubt on the very concept of articulated memory and on the whole of human cognition
- argue that the claims for damages are too vague, non-specific, and untenable even if any of the allegations are found to be legitimate and true
- shift blame onto the plaintiffs by arguing that the damages were due to self-inflicted wounds or injuries; otherwise thrust the blame onto some other party associated with the plaintiff to avoid censure
- claim that any damages that did arise were not as shown, or happen to be minor and negligible, or arose due to — misfortune, an accident, or a humanly unmanageable act of God or nature
- posit that the injuries and damages sustained cannot be rectified or compensated because it is too late to be able to do so, that they have been forfeited due to some facetious reasons, and any parties that were responsible are no longer within the jurisdiction or purview of the courts so the culprits cannot be reprimanded at all

- cause attrition of the plaintiffs' energies and resources via counter suits about ``defamation or false accusations,`` or by using other crass tactics, not to mention cause delays by citing Covid based necessities
- try to escape payment of penalties, fines, and damages by claiming hardship while maintaining a multi-billion dollar worth of balance sheets with insurance policies
- ingloriously add insult to injury by exclaiming that the plaintiffs were deservedly harmed and subject to injuries as a ``righteous punishment``
- if finally compelled to admit faults and violations with no avenues for escaping legal justice systems, sacrifice a fall-guy or a scapegoat to protect upper management and leadership who were responsible for scheming and orchestrating the crimes, which turned into a colossal fiasco that blew up in their face
 - and/or try to make premeditated and coordinated forms of violations seem as though they were ``mistakes, or slip-ups``
 - deflect evidence of willful negligence and violations, by claiming that the responsible persons and entities were ``unaware, or did not know, or could not have known`` that they were causing harm
 - try to deflect attention from the obviousness of their misdemeanors and felonies by pleading ignorance or even, ``inevitability``
- circumvent any orders of remedy to be awarded to the plaintiff using passive aggressive methods of non-compliance with the court order,
 - having insurance companies get involved who repeatedly appeal for reexamination of facts via their hired ``experts``
 - force the plaintiff to become exhausted and give up while chasing after an execution of orders for the payment of damages and remedies to the plaintiff
- and if worst comes to worst — offer a paltry sum of remediation through out of court settlement along with a boiler plated non-disclosure agreement

When considering the historical precedence in such cases — even when the issues brought forth have been found to be politically correct, credible and resoundingly true — the judicial systems in Canada, the USA, and the UK have sought to apply the maxim of least action.

The minimal adjudicating action however, invariably only orchestrates a coverup of the issues to avert public gaze and attention.

Now, if you were to disagree with this analysis or find it ``displeasing`` then quite simply ask yourselves this basic question:

"when have the plaintiffs wronged by multiple forms of intergenerational harm, who have suffered loss of lives, their way of living, and ancestral lands to corporate or government forces, and those who have been subject to physiological and biochemical experimentation as well as punitive medicine at the hands of state-regulated entities, especially in the context of malpractices within state-regulated psychology and psychiatry healthcare wards, ever received a satisfactory, publicly accountable form of justice and remedy?"

— End of Section 20 —

21. Conclusion

So, as the situation stands right now — all of the state-sponsored groups of bad actors and their private partners that tarnished my good reputation, damaged my honour, betrayed my trust, and transgressed against my faith, family and life with hostile and murderous intents, using unconventional warfare tactics — are still considerably outside the domain of judiciary procedures of Canadian, British, and American courtrooms that have localized jurisdictions. And this is primarily because of the cross-border, international nature of this situation and because of an abuse of military grade cyberwarfare tools by those bad actors that has resulted in an irregular conflict.

Those governing bodies along with their incubated criminal groups, are still operating within the domain of cyberwarfare and non-conventional warfare, which prompts me to consider this soliloquy:

"It is highly likely that those groups will continue their covert actions of subterfuge and destabilization across international borders that cause harm via pernicious deeds, along with attempts at assassination of persons like myself, using any of the seemingly unlimited cyberwarfare tools and paramilitary resources at their disposal. As such, the life and well being of all persons like myself and my compatriots will remain in danger due to the governing and authorising bodies of those culpable groups from Canada, or more at large, from within the United States and the United Kingdom.

At the same time, my contacts, relationships and computer networks have continued to face targeted attacks from their international cyberwarfare and surveillance groups, even while I am outside of Canadian territories and jurisdictions.

Therefore, if authorities in Canada have carried out such fiendish acts for decades only to make the mechanisms of oppression against minorities more sophisticated and stealthy, why would they seek any avenues for genuine change and redemption?

They could instead resort to ways of burying such issues via abrogating dismissiveness and counter arguments, while feigning indignation at being called out for their — outrageously belligerent — historic and ongoing, national and international crimes.

Why would they bother to make peace with a person they have successfully injured in debilitating ways, and that too a person whom they have labeled 'a poor, delusional, crippled junkie'?

Why would they consequently accept their guilt and pay the penalties for their culpable acts, faults, violations, and heinous misdeeds that have harmed millions of people for decades?

Why would such authoritarian groups bother to provide any kind of a public statement or even entertain any type of a discussion in an internationally enforceable legal setting, especially when they can simply hide in cloistered chambers, while ducking under the cover of martial regimes formed via Northern Atlantic Alliances, along with the support from The Quad, AUKUS and the likes of The Five Eyes? Such military groups and alliances only serve to fund, embolden and extend their crooked and sly cyber-attacks and non-conventional warfare tactics across foreign regions throughout the globe. Such forms of clandestine activities of war could very well be ‘indomitable,’ even when tested against the military might of Russia and China.

So, a single individual like myself who is currently living outside Canada, who isn’t even a soldier, nor a member of any cult, hacker group, militia, or guerilla outfit, and who possibly cannot afford any legal fees, might not be provided any remedy, in a timely manner.”

Unfortunately the above mentioned socio-economic, geo-political, and martial factors impacting this situation are by and large significant, and invariably true. So, in all likelihood, *nobody* would be able to take on the chore of dealing with non-conventional warfare, using a candle and a mirror held up to the faces of state-sponsored villainous goons, right?

Interestingly enough though, recent news reports indicate that there are sufficiently many nobodies throughout the world, particularly in North America, who are ready to herald a resounding and decisive win against state-controlled as well as state-assisted predatory threat actors.

But then, quite understandably, a number of unavoidable casualties would have to be accepted by Canadian society caught in the cross-fire of various existing and emerging superpowers along Arctic sea region, in the event of a just retaliation against public agencies and their private contractors that have been working in unison across international borders, as Canadian state-sponsored cyberwarfare units. Indeed, such state-sponsored unites have been known to instigate threats and terror activities via resources deployed from North American and British origins.

In all of this, till now, the only saving grace of Canadian society, in my sincere and honest opinion, has been the worthy character of people like farmers of the Farmer’s Market; workers in places like restaurants, cultural venues, pharmacies and grocery stores; civic rights groups; students; and employees in organizations like Service Canada, Ontario Works, Post Offices, Legal Aid Ontario, Food Banks, and KW Multicultural Society. Such persons and groups never sought to harm or cheat me in any way and they stayed honest, helpful, transparent and forthright. Even in their interactions with other people, it was plainly evident to me that they did not have any ulterior motives in lending support. They were genuinely kind and empathetic without being sycophantic or self-deprecating, nor did they debase themselves in an attempt to appear “humble.”

If it weren't for such good and upright people, all of Canada would have become worthy of disdain and turned into acceptable collateral damage under retaliatory actions!

So, it should be unambiguously evident and palpable to the state-sponsored threat actors mentioned herein that they currently have a fair opportunity to step all the way back, in order to completely abstain from every form of warfare and crimes they have indulged in thus far, and remain tightly nestled within the domain of internationally mandated arbitration or judicial procedures and proceedings, to appropriately resolve the conflict they instigated out of their longstanding culture of xenophobia.

Within this document and in all conceivable works I've produced, I've never confessed, conceded, nor admitted to — any wrongdoings or activities that have harmed the public or private individuals in any way. However, I have indeed provided veridical statements within this document, solely for the purpose and in the interest of — fully honest and open disclosures.

This is in fact, the final statutory notice being provided to each of the responsible parties named herein, to collectively abide by applicable rules of law and of legally binding procedures, towards rectifying their misdeeds, and also towards an amicable settlement of remedies and damages owed to the grieved parties.

For even though many people in Canada are honest and decent, and have been only tacitly complicit in Canada's crimes by turning a blind eye to racism, bigotry or genocides, or have unwittingly given way to the types of issues highlighted as parts of this situation, they are after all, stymied souls whose fate cannot be uncoupled from the fate of conniving, authoritarian, colonialist regimes that have continued to perpetrate insidious and stealthy atrocities — throughout the world — against people of color, religious minorities, refugees, and indigenous peoples to subjugate us under parasitic and predatory conditions.

The cunning policies and social engineering designs of authoritarian groups have only served to keep various and several prejudiced authorities, along with their offices within institutions of North Atlantic regions, ingloriously absolved of countless crimes against minorities and non-mainstream peoples. Such normalized unlawful policies, and criminal actions have continued to illegitimately grant their administrators absolute indemnity and immunity from prosecution. These crimes as well as the mechanisms that facilitate them are to be ended right away, with the perpetrators brought to yield under the force of international justice systems.

Most importantly of all, survivors of these crimes are to be formally recognized, and provided sincere public apologies and due remedies — for the numerous injuries and damages we have continued to suffer for so long — without any further delay or hindrance.

— End of Section 21 —

— Please view the next section—

Appendix I

The current appendix provides details on how harmful olanzapine and zopiclone have been known to be in general, followed by a pharmacogenetic test report that provides evidence of how such drugs interacted with my genetic profile, in particular, to become even more harmful and potentially lethal.

This discussion highlights the nature of malpractices I was subject to in LHC during the months of January and February 2019. The incidents in LHC had a cumulative and driving effect that led to a chain of events during the period September, 2019 to August, 2020 involving the collaborative efforts towards committing premeditated harm against persons like me, by members and agencies of CMHA, WRPS, and GRHC in Ontario, Canada.

I.1. Olanzapine (Zyprexa)

The dangerous and harmful effects of olanzapine by itself in causing hypoglycemia, insulin rejection and diabetes have been well documented. These issues concerning olanzapine alone, have caused its manufacturing pharmaceutical company Eli Lilly to pay out:

- \$700 million USD for 8,000 lawsuits in 2006
- \$500 million USD for 18,000 lawsuits in 2007
- \$62 million USD for violation of consumer protection laws in 2008
- \$515 million in criminal fines for promoting use of olanzapine as treatment for Alzheimers and dementias
- \$100,000 USD in criminal misdemeanor charges
- \$100 million in forfeiture of assets due to criminal injunctions on the sale of olanzapine as an off-the-shelf sedative and sleep aid.

These litigations amount to approximately \$1.88 billion USD in fines and penalties till date. Along with this, other medical, social, political and legal issues associated with the use of olanzapine (Zyprexa) were well known throughout the mid 2010s in North America.

The above-mentioned lawsuits and problems from olanzapine over-prescription in North America were documented by Times magazine in 2021, which is available at:

<https://thezyprexapapers.com/> (Retrieved 2021-10-26).

So it is entirely absurd that such a problematic drug like olanzapine has continued to be over-prescribed in Ontario, Canada.

I.2. Zopiclone (Imovane)

Each of the following paragraphs are separate pieces of excerpts from the referenced scientific journal.

Erythromycin increases zopiclone's absorption rate leading to more pronounced hypnotic effects and side effects from doses of zopiclone. [1]

Amoxicillin is similar to erythromycin so amoxicillin's interaction with zopiclone may be similar to that of erythromycin. Coincidentally I was given an injection of 500 mg amoxicillin just weeks prior to being given high doses of zopiclone.

Though zopiclone is a non-benzodiazepine drug, its pharmacological activity on GABA_A receptors and metabolic pathways is similar to active metabolites of benzodiazepine and its derivatives. Zopiclone's mechanism of action produces similar adverse main effects and ill side effects that impair locomotor activity, as well as cause damage to neuroendocrine functions by hampering dopamine and serotonin turnover. [2] [3]

It is prescribed as a "sleep aid" in Canada for short term use (for 7 to 9 days only), even though its toxicity and potential for drug dependency are similar to that of benzodiazepines. [4] [5]

Zopiclone is a central-nervous system depressant, tranquilizer and a hypnotic sedative. Its hypnotic effects, toxicity, and mortality rate due to overdose are similar to that of other "Z-drugs" and of benzodiazepines. Immediately after administering zopiclone, memory is disturbed. The problem of high-dose fatality and suicide via zopiclone is a significantly increasing and notable problem in the world, particularly in the US. [6]

The symptoms of zopiclone's high dosage, misuse, and abuse can include depression, dysphoria, hopelessness, slow thoughts, social isolation, sexual anhedonia, and nervousness. [7]

Persons with existing metabolic issues or diseases of the liver and those having sleep apnea should not be prescribed zopiclone. [8]

- [1] Aranko, K., Luurila, H., Backman, J. T., Neuvonen, P. J., & Olkkola, K. T. (1994). The effect of erythromycin on the pharmacokinetics and pharmacodynamics of zopiclone. *British journal of clinical pharmacology*, 38(4), 363-367. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1364781/>
- [2] Noble, S., Langtry, H. D., & Lamb, H. M. (1998). Zopiclone. An update of its pharmacology, clinical efficacy and tolerability in the treatment of insomnia. *Drugs*, 55(2), 277-302.
<https://doi.org/10.2165/00003495-199855020-00015>
- [3] Liu, H. J., Sato, K., Shih, H. C., Shibuya, T., Kawamoto, H., & Kitagawa, H. (1985). Pharmacologic studies of the central action of zopiclone: effects on locomotor activity and brain monoamines in rats. *International journal of clinical pharmacology, therapy, and toxicology*, 23(3), 121-128. <https://pubmed.ncbi.nlm.nih.gov/2860074/>
- [4] Cimolai N. (2007). Zopiclone: is it a pharmacologic agent for abuse?. *Canadian family physician Médecin de famille canadien*, 53(12), 2124-2129. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2231551/>
- [5] What's wrong with prescribing hypnotics? (2004). *Drug and therapeutics bulletin*, 42(12), 89-93. <https://pubmed.ncbi.nlm.nih.gov/15587763/>
- [6] Health Organization (2006). Essential Medicines and Health Products World, Assessment of Zopiclone, Section 5 - Pharmacokinetics. https://www.who.int/medicines/areas/quality_safety/4.6ZopicloneCritReview.pdf
- [7] Kuntze, M. F., Bullinger, A. H., & Mueller-Spahn, F. (2002). Excessive use of zopiclone: a case report. *Swiss medical weekly*, 132(35-36).
- [8] NHS UK (2022). Who can and cannot use zopiclone.
<https://www.nhs.uk/medicines/zopiclone/who-can-and-cannot-take-zopiclone/>

I.3. Fundamental malpractices in LHC

A potentially lethal cocktail of antipsychotics, stimulants, depressants, and antidepressants was given to me in LHC while I was regularly fatigued and dehydrated. Moreover, the prison-like architecture and policies of LHC were very distressing and repressive. Under enforced duress and such stressful circumstances, I was also physically strapped down onto a bed for hours and locked away in a room for a day on 2019-01-26 which was cruel, humiliating, and degrading.

On the days and weeks leading up to the incident on 2019-01-26, starting from 2019-01-19, I was administered harmful drugs against my right to informed consent, which was illegitimately revoked by the authority given to medical practitioners in Ontario, Canada. This cocktail of psychotropic drugs had a range of paradoxical effects in causing drug induced depression, agitation, sleeplessness, ataxia, akathisia, dysphoria, hopelessness, extremely dry mouth, speech slurring, slow thought, fatigue, dizziness, and heavy drowsiness with inability to comprehend location and navigational cues.

On 2019-01-19, I was given:

- 20 mg escitalopram (Cipralex) plus,
- 20 mg dexamphetamine (Vyvanse) plus,
- 7.5 mg zopiclone (Imovane) plus,
- 4.5 mg lorazepam (Ativan) plus,
- 5 mg olanzapine (Zyprexa).

The above combination of drugs with the addition of **50 mg methotripteneprazine (Nozinan)** on the subsequent day was administered continuously for a week, which drastically increased the adverse main effects of each of the given drugs, as well as increased the ill side effects from their drug-drug and drug-gene interactions. This led to drug induced hyperactivity and complete loss of inhibition on the night of 2019-01-25, and on the afternoon of 2019-01-26.

Such a potentially lethal cocktail of drugs acted upon GABA, Cholinergic as well as Dopaminergic pathways to completely devastate and disrupt my metabolic regulation, bodily functions, and overall wellness.

In fact, such drugs are incredibly dangerous also because of the way they cause hallucination, complete blackout, and retrograde amnesia. Don't these sound like the properties of a ruffie or a date-rape durg? Yes, they do.

So why have doctors in Ontario, Canada been habitually administering overprescribing ruffies to patients within psychiatric wards as well as outpatient settings, in the name of medical treatment?

I.4. Personal medical history and genetic factors

Both olanzapine and zopiclone are ill advised for persons with sleep apnea and a family history of high blood pressure issues or strokes. I have sleep apnea, my father passed away due to a stroke, my mother has chronic high blood pressure and has had a stroke. All of these details had come up during interviews with multiple practitioners, which were dutifully recorded within the summary patient details in my medical records, and those details were repeatedly neglected.

Olanzapine and zopiclone are particularly dangerous and are advised not to be prescribed for longer periods of use, i.e. greater than four weeks, with special emphasis on not prescribing them to patients with history of a suicide attempt.

The topic of suicide attempt via prescribed medication was prominently and saliently jotted down in multiple parts of my medical history, but such information was only used for establishing a facetious narrative with a path to insanity and violence instead as a known factor for avoiding prescription of certain medications.

And it just so happened that upon being discharged from LHC, Dr. Sorial prescribed olanzapine at nine times the maximum recommended and allowed dosage, after I had already received the maximum quantity and duration of its dosage while in LHC. Also, Dr. Sorial over-prescribed olanzapine along with multiple refills of zopiclone and escitalopram.

I obtained a gene-drug interaction test and report in September 2020, on my own accord, after requesting a referral for it from Dr. Hasan in July, 2020. I requested this type of a genetic test because of my rationale that factors like pharmacogenetics, medical history, physiological conditions, musculoskeletal issues, and metabolic functions ought to be properly investigated using scientifically valid diagnostic techniques, *prior to* administering pharmacological interventions for any medical concerns.

A summary of the types of tests performed are provided in Exhibit - D and a list of drug-gene interactions for psychiatric medications is provided in Exhibit - E in the following pages.

Comments for Exhibit - D

- The gene CYP3A5 with allele *3/*3 is of importance and significance to the current discussion about individual differences and biological factors.
- The report provided by GenXys Health Care Systems via Ontario's LifeLabs Inc is not a "diagnostic test for genetic diseases." It is a report to evaluate suitability of prescriptions while considering the best consumer protection and clinical data available about gene-drug interactions.



**Summary Report:
Sameer-Khan**

Genetic Translation and Interpretation

Limitations: The annotations and interpretations provided in this report are based on scientific literature and do not take into account drug-drug interactions, medical conditions or other clinical factors that may affect medication response. Gene-drug interactions are ranked according to guidelines, level of evidence and clinical utility. Predicted phenotype and interpretation may change depending upon the emergence of new literature, industry standards and guidelines. Genetic test results and interpretation may be inaccurate for individuals who have undergone or are receiving non-autologous blood transfusion, tissue, or organ transplant therapies. The report includes alleles of proteins involved in the metabolism of many medications. In rare cases, a variant that is not covered may be typed as "1" or other variants. In the case of pseudogenes and mutations in the untranslated regions of genes, incorrect allele typing may occur despite proper SNP detection. Preferential amplification of one allele over another present in the sample may also lead to incorrect genotyping. Copy number variations are detected as 0, 1, 2, or >=4 copies.

Liability Disclaimer: The report is not a diagnostic test, and TreatGx is not a prescribing system. You should discuss your pharmacogenetic information with a physician or other health care provider before you act upon the pharmacogenetic information resulting from this report. Not all medications in this report are included in the TreatGx application.

Summary of Markers

Gene	Allele Result	Phenotype Result
CYP2D6	*1/*2	Normal Metabolizer
CYP2C9	*1/*1	Normal Metabolizer
CYP2C19	*1/*2	Intermediate Metabolizer
TPMT	*1/*1	Normal Metabolizer
SLCO1B1	*1/*1	Normal Function
CYP2A6	*1/*1	Normal Metabolizer
CYP3A5	*3/*3	Poor Metabolizer
DYPD	*1/*1	Normal Metabolizer
Gene	Allele	Result
HLA-A	*31:01	Negative
HLA-B	*15:02	Positive
HLA-B	*58:01	Negative
HLA-B	*44:03	Negative

Additional results available in the full TreatGx report. Single nucleotide polymorphisms (SNPs) used, by reference SNP ID number: rs2231142, rs1042713, rs1800497, rs1801272, rs28399433, rs28399454, rs1800682, rs12248560, rs12769205, rs28399504, rs41291556, rs4244285, rs4986893, rs72552267, rs1057910, rs1799853, rs28371685, rs28371686, rs7900194, rs9332131, rs1065852, rs1135840, rs16947, rs28371706, rs28371725, rs35742666, rs3892097, rs5030655, rs5030867, rs59421388, rs10264272, rs41303343, rs776746, rs3918290, rs67376798, rs1799978, rs1799963, rs6025, rs4713916, rs5443, rs1954787, rs17997012, rs1414334, rs12979860, rs1495509, rs489693, rs267606617, rs116855232, rs1799971, rs10306114, rs4149056, rs7903146, rs1800629, rs1142345, rs1800460, rs1800462, rs9923231

This report is a short summary of the full TreatGx report. This patient's results and full report have been loaded into the medication decision support tool, TreatGx. For safe and effective prescription options, access TreatGx at www.GenXys.com



Martin Dawes, Medical Director,
MB.BS, MD., FRCGP, CFPC

 GenXys
Health Care Systems
Sameer-Khan Male | 30/Jun/1985 | Sample: 41001904201152
Report created 26/Sep/2020

Exhibit D - Summary of pharmacogenetic alleles tested via GenXys

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Comments for Exhibit - E

- For clarity, the drugs with "Increased risk of adverse events" from the report are typed here:
Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Flupentixol, Fluphenazine, Haloperidol (Haldol), Lamotrigine, Loxapine, Lurasidone, Methotrimeprazine (Nozinan), Olanzapine (Zyprexa), Paliperidone, Perphenazine, Pipotiazine, Quetiapine (Seroquel), Trifluoperazine, Ziprasidone.

	Mild or no known interaction	Medication with serious gene-drug interaction should be evaluated carefully and alternative medications should be given	Moderate gene-drug interaction Use alternative medications	May require an increased dose	May require a reduced dose	Efficacy may be affected by genetics	Increased risk of adverse events	See TreatRx for dose calculations
Mental Health	Alprazolam Amitriptyline Amoxapine Amphetamine Aripiprazole Iauroxil Atomoxetine Bromazepam Bupropion Chlordiazepoxide Citalopram Clobazam Clomipramine Clonazepam Clorazepate Desipramine Diazepam Donepezil Doxepin Escitalopram Flurazepam Fluvoxamine Iloperidone Imipramine Lorazepam Nitrazepam Nortriptyline Oxazepam Paroxetine Pimozide Protriptyline Risperidone Sertraline Temazepam Thioridazine Triazolam Trimipramine Venlafaxine Vortioxetine Zuclopentixol	Carbamazepine Oxcarbazepine Phenytoin					Aripiprazole Asenapine Brexpiprazole Cariprazine Chlorpromazine Clozapine Flupentixol Fluphenazine Haloperidol Lamotrigine Loxapine Lurasidone Methotrimeprazine Olanzapine Paliperidone Perphenazine Pipotiazine Quetiapine Trifluoperazine Ziprasidone	

Exhibit E - Drug-gene interactions that can produce increased risk of adverse events

I.4. Significance of genetic factors and relevance to society

Particularly in the case of my genetic profile, allelic presence of gene CYP3A5*3 causes very low metabolism of various prescriptions along with reduced capacity of the liver's functions in metabolizing hormones and steroids. This congenital and life-long condition causes increased risk of adverse reactions to — olanzapine (Zyprexa), methotriptazine (Nozinan), and quetiapine (Seroquel), which can even be fatal at times. In addition to these drugs, Exhibit - E indicates that haloperidol (Haldol) is also one of the medications that can produce an increased risk of adverse reactions.

This is not a unique or infrequent case of genetic factors adversely interacting with prescribed medications. More specifically within the contextual significance and relevance to alleles of gene CYP3A5, adverse reactions can cause reduced or completely nullified metabolism of various prescriptions via changes in liver functions. This can result in increased toxicity of unmetabolized substances administered as medication. Such an issue is common for, and impacts around half a billion people throughout the globe [1]:

- at least 30% of South Asians
(three hundred to four hundred million people)
- plus more than 80% of West and Central Asians
(an additional tens of millions of people)
- plus more than 60% of people from North Africa and Sub-Saharan countries
(an additional hundred to two hundred million people)

[1] https://en.wikipedia.org/wiki/CYP3A5#Allele_distribution

I.5. Untested physiological factors

My vitamin D levels were never tested even after asking various doctors in Ontario to do so. Each of them gave me the same excuse saying that, "Vitamin D levels are generally low among all groups of people in Canada so we stopped testing for it. We recommend that you take any available off-the-shelf supplement for it."

Those doctors never said how much supplement to take for vitamin D, so I started taking 2000 mcg per day in July 2019. In October, 2021 my vitamin D levels were finally tested and found to be in the single digits, drastically below the required healthy range for any individual. The impact of this had been years of fatigue like symptoms, lower back pain, and difficulty in concentrating or focusing on daily tasks. Additionally, the metabolic issues due to vitamin D deficiency can be worsened by seasonal effects, particularly due to the weather conditions of long Canadian autumn and winter months from the months of October to March (6 months) that are characterized by very low sunlight

and greater overall dreariness. This issue could have been prevented if physicians in Ontario had any sensible tests or advice to give about vitamin D or supplements.

Furthermore, after seeing my obvious overweight and high cholesterol levels, any doctor ought to have tested my insulin levels, upon noticing normal thyroid function and normal fasting blood glucose levels in my hematological test results. Even in the presence of psychosocial stressors, high cortisol and cholesterol levels, and low metabolic activity would prompt tests for identifying insulin resistance. This was never conducted by any of the doctors in Ontario to whom I told on multiple, and separate occasions that I have experienced more than two years of constant lethargy and brain fog, with diffuse attention span and sleep irregulation.

Upon noting such reported difficulties with sleep and attention, physicians repeatedly jumped to a conclusion about psychiatric ailments while pathologizing my character (personality), without paying heed to or testing for basic physical and respiratory issues.

Even the sleep study was a test made available months after I had specifically requested a family doctor in Benton Medical Clinic to prescribe it, out of my own sense of needing valid diagnostic reasons for chronic sleep related issues. (Covered in, *Appendix II*)

These kinds of things, tests for vitamin D and insulin levels along with a sleep study, could have been carried out very easily, cost effectively, and readily accounted for. Yet, most physicians I interacted with throughout Ontario were neglected and I was unjustly put through further ill treatment at the hands of incorrigibly bad clinicians, and suffered immensely due to misguided medical practices and policies entrenched within the healthcare industry of Ontario, Canada.

I.6. Moral hazards taken by physicians who are protected by anonymity and indemnity

From the discussions about untested physiological factors, untested genetic factors, as well as known hazardousness of zopiclone and olanzapine we can observe that at the time of over-prescribing medications, even if particular physiological and genetic factors were unknown variables:

1. Physicians at LHC deliberately took unnecessary risks and thrust patients like myself into grievous harm with potentially fatal consequences
2. Similarly, physicians at GRHC habitually took higher risks that recklessly endangered patients' safety and wellbeing because the physicians had ample experience in being able to circumvent audits and game the healthcare system to avoid hearings at medical tribunals, or even thwart the tribunal via their position of power and authority

At even minimum doses of zopiclone in the presence of olanzapine and escitalopram, a patient is almost guaranteed to suffer dysphoria, anhedonia, hopelessness and suicidal ideation, which would negate the purpose of using such medications for treating the symptoms of a psychiatric ailment.

It would be a travesty to say that physicians in Canada are given a medical license and awarded higher degrees without them becoming learned and aware that genetics as well as molecular biology play a foundational role in medicine. This is why it can be argued that from their experience, physicians have been considerably aware that when a patient with any likelihood of having susceptible genetic factors is given antipsychotic drugs like methotriptazine or haloperidol, the patient can, and most likely will, suffer biochemical harm as a direct result of over-prescriptions and incorrect prescriptions. From their training and experience, physicians have sufficient awareness that such suffering is increased by the adverse psychotropic effects of drug-drug interactions within a cocktail of prescribed medications. Such harm is subsequently masked by behavioral issues arising from the prescribed drugs and becomes unreportable to anyone else, other than the prescribing physicians.

So is it now evident how the position and authority of physicians has allowed a systemic form of biochemical harm against persons of color to be orchestrated at an intergenerational timescale throughout the Americas, the UK, and Europe?

Moreover, in cases involving a cocktail of drugs given to persons like me — how can a medical treatment that immediately generates much worse conditions in the care recipient, along with a significantly increased likelihood of death due to internal blood clots caused by prescription like risperidone, be called therapeutic?

I repeat for emphasis — how can something be called therapeutic, if it causes or worsens the symptoms being treated, or if it causes much more severe metabolic issues that lead to a life-threatening condition, or if it directly causes fatality?

And after causing the patient's condition to worsen, how can the following types of procedures be called "good medical practice?"

- Administration of highly toxic doses of neuroleptics to overwhelm and crush the natural functions of endocrine, parasympathetic, and sympathetic nervous systems
- Any use of "shock therapy" for deliberately causing acute brain damage and seizures, even if they are done under sedation or any type of anesthesia

Why have the following types of incidents been normalized — let alone allowed to have happened even once — within Canada?

- Surreptitiously being given high doses of methotriptane (Nozinan) and very long term high doses of olanzapine (Zyprexa) by physicians in hospitals like LHC while the need for obtaining patient's informed consent is regularly circumvented
- Cunningly being given a high dose of haloperidol (Haldol) and olanzapine (Zyprexa) by physicians under confinement in hospitals like GRHC without informed consent, to then be forcibly administered risperidone (Risperdal)
- Threatened to be administered quetiapine (Seroquel) while being declared as unfit for medical consent, and having every basic human rights trampled by a physician in community based healthcare organizations like CMHA

So is it surprising to anyone that North American medical systems have subconsciously or deliberately adopted a method for covertly injuring and harming people of color at an industrial scale, by over-prescribing psychotropic and neuroleptic drugs since the 1920s?

I.7. Inevitability?

In the context of various prescription drugs, the pharmaceutical companies know about the types of issues discussed in this section and hence, they place warnings on medicine labels, and in consumer information sheets, about negative and harmful effects of a medicine, at least warn about:

- contradictions with a patient's existing comorbidities,
- drug-drug interactions that can be problematic,
- as well as statistically observed side-effects.

However, many pharmaceutical companies also do, invariably, send highly trained pharma-representatives to aggressively coax physicians into prescribing those kinds of medicines while downplaying precisely those kinds of box label warnings and contraindicated issues. As such, how can physicians have the best available education about pharmacology while being pampered or even manipulated by pharma-reps?

More importantly, medicines don't yet come with warning labels for drug-gene interactions. So how can physicians be made more acutely aware of the influence of drug-gene interaction factors when there isn't even a hint about it on medical products?

Or, to put it in more concrete terms with respect to the specific context of such malpractices that may or may not have been preventable — how could the doctors in places like LHC, GRHC, and CMHA have ever known about my pharmacogenetic profile?

How would any physician in Canada learn about these types of drug-gene interaction based medical issues when it is not a standard medical practice to obtain pharmacogenetic information about a

patient, the way medical information is recorded with cardiological, hematological, and urine or other body fluid analyses that are routine and commonplace in almost all hospitals?

Yes, the issue here is that the entire medical industry, along with its healthcare education systems for training medical doctors in Canada, has yet to upgrade itself to the required level of standards and medical practices that are properly informed by modern scientific discoveries and developments. Such an industrial and systemic factor directly impacts the situation at hand including hundreds of thousands of patients like me within Canada, millions within North America, and hundreds of millions throughout the globe. But, do Brown Lives Matter? Who would care, or even be able to notice, if a number of brown people go missing due to police based actions or die due medical malpractices in north-western countries of the world?

Indeed, factors like work related or environmental hazards, genetic profile, and family's medical history do play a nuanced role in medicine. But when such factors are viewed through the scientific lens of principles like gene expression, they do not lead to racism. In the case of physicians in Canada or even the whole of North America, the scientific acumen among clinicians to comprehend systems biology is yet to be properly cultivated.

So is such an industrial factor with its seemingly unstoppable historical momentum in degrading and downgrading the value of human lives via racial prejudice an "inevitable" circumstance that could not have been foreseen? Or is it a form of inevitability that cannot be handled and managed via any human forces?

Given that this type of an industrial factor exists only due to known designs of human forces, how can it not be changed, or mitigated and improved upon — for ensuring safety of all patients, by regulatory and accreditation bodies?

The next section, *Appendix II*, provides details of interactions with physicians in GRHC that show how few diligent physicians are indeed working towards improving the health of their patients without prejudice, while others are stuck in the rut of ``weeding out undesirable residents and international visitors.''

— End of Appendix I —

Appendix II

Table 1 - Interactions with GRHC for sleep study

Num.	Physician	Date	Notes
1.0	Akash Saxena	2018-10-31	<p>The sleep study was conducted at a specially designed clinic which took place over night with a total recording time of 7.21 hrs.</p> <p>Total sleep time was 3.51 hrs which provided sufficient diagnostic data for the study. The medical impressions were:</p> <ul style="list-style-type: none"> a. Severe obstructive sleep apnea, with 170 total hypopneas during sleep and an Apnea-Hypopnea (AHI) index of 44.2 per hr b. Prolonged sleep latency (38.5 min) with reduced sleep efficiency. There was 33.1% N1 and 66.9% N2 stage sleep with REM as well as N3 sleep patterns completely absent indicating abnormal sleep architecture i.e. lack of deep sleep and proper rest c. Snoring was absent d. Mild periodic leg movement (11.7 per hr) e. Sinus tachycardia (mean heart rate of 104 bpm)
1.1		2019-01-05	<p>During this date's consultation with Dr. Saxena, I mentioned that I had severe flu symptoms on the day of the first sleep study (2018-10-31), and that I had to be treated for bronchitis. So fever related symptoms would have made that sleep study data more skewed.</p>

			<p>This is why another sleep study was conducted on this date to confirm the extent of sleep problems due to physiological structure of nasal and throat passage. The study was conducted in two stages.</p> <p>First Stage:</p> <ul style="list-style-type: none"> a. Lasted for 3.23 hrs, sleep time of 1.5 hr b. Sleep latency was 58.5 min and AHI of 4.6 per hour was observed <p>Second Stage:</p> <ul style="list-style-type: none"> a. During this stage an automated BiPAP machine was provided to diagnose the CPAP flow rate required b. Using a BiPAP machine, 4.16 hr of data was recorded with 2.1 hr of sleep time c. During this stage 20.3% of N1, 61.0% of N2, 6.3% of N3, and 12.1% of REM sleep patterns were observed d. An AHI of 4.6 per hour and mean heart rate of 67 bpm was also observed e. The machine settled on a positive air pressure of 7 cm of water f. Snoring and periodic leg movements were absent <p>Through this study, mild-to-severe sleep apnea was confirmed and a CPAP machine with a prescription of 7 cmH2O air pressure was provided.</p>
1.2		2019-01-10	Started use of a prescribed CPAP machine that was purchased from Shoppers - Wellwise Healthcare store in Whitby.

Table 2 - Interactions with GRHC for psychiatry

Num.	Physician	Date	Key notes
2.0	Harleen Ghuman	2018-11-01	<p>Dr Ghuman's medical opinion ascribes depression and anxiety as a diagnosis with a possibility of attention deficit and hyperactivity disorder (ADHD).</p> <p>No other form of psychiatric distress or pathology was evident and my cognition was reported as being generally intact with coherent thought, attitude and movement.</p> <p>However there are a number of mistakes and commissions in the doctors annotations.</p> <ul style="list-style-type: none">a. The doctor mischaracterized my explanation of seeking mental health counseling within KW-Region from December 2016 onwards as "I have had a lot of challenges with mental health."1. During the year 2017 I managed to receive some mental health counseling at community care clinics that were inadequate in resolving underlying physiological issues responsible for producing psychological stress.b. In June 2018 I went to India to tend to my ailing mother who was recovering from a stroke she had in December 2017. Me telling Dr. Ghuman that worrying about my mother's health was a significant stressor was noted by the doctor as, "He has been a worry wart all his life."c. The notes from this date include a conflation of my medical treatment with sertraline (Zoloft) in 2009 for depression, with my sense of helplessness in aiding my mother during 2018. Due to the way the dictation is written, it reads as though I was being treated in 2018 with Zoloft for ongoing depressive symptoms.

			<p>d. There are few other less problematic errors such as the mistyped name of my startup that I was working on at the time. Such smaller mistakes are indicative of words that could be misheard, remembered incorrectly or mistyped.</p> <p>Dr. Ghuman consequently prescribed Escitalopram 20 mg, once a day. A referral to Dr. Masood Nasri was also provided.</p> <p>Personal comments -</p> <p>By the time I had received this first consultation in KW-Region on 2018-11-01 I was on a waiting list for a year and was exhausted from my India visit while suffering from bronchitis on the day of this consultation.</p> <p>The consultation felt distinctly lacking in quality of service, given that in India I was able to get much higher quality of care with only half an hour of wait time in order to meet with a world renowned psychiatrist.</p> <p>The comparison of 0.5 hours to 8760+ hours of wait time demonstrates the futility of Waterloo Region's medical care system, which is at least three times faster than almost all other regions of Ontario and Canada. The consolation of having waited a year as opposed to three years is unconscionable!</p> <p>Within that year of waiting from October 2017 to November 2018, a manageable health related concern had become a much more challenging issue due to poor healthcare systems design and managerial proficiencies on part of <i>The Ministry for Health and Long-Term Care</i>, along with its constituent healthcare vendors, suppliers, and providers.</p>
3.0	Masood	2018-12-05	Dr Nasri's assessment and diagnosis was, "unspecified ADHD inattentive type, features of

	Nasri		<p>major depression, prior history of generalized anxiety disorder."</p> <p>I believe this diagnosis was as useful as it could get, even though terms like depression and anxiety are very broad and often over-generalized. More specifically though, the following issues and their symptoms were <u>notably absent</u>:</p> <ul style="list-style-type: none"> a. bi-polar disorder (due to absence of mania) b. schizophrenia (usually a catchall term for aberrant behaviors) c. psychosis (also a vague and generalized term like depression) <p>The treatment plan from this date included a number of alternatives for ADHD medications and it was decided that I would select a suitable option at the next appointment in January 2019, after considering them through research. I would say this approach was the appropriate method for obtaining informed consent.</p> <p>Personal comments -</p> <p>This particular date's medical report is a more acceptable snapshot of my mental health at that time as it does not have mistakes or misrepresentations from my perspective and recollection. It mentions my elderly mother's mental health as a familial factor though she has never had a formal diagnosis of any kind with regards to her mental faculties. It also has adequate detail about my background along with social, economic and physical conditions to provide a reasonable picture of my circumstances around that season and time period.</p>
3.1		2019-01-16	Cardiogram and blood work indicated nominal health but levels of vitamin D, vitamin B12, and insulin resistance were not evaluated.

			<p>Consequently after researching the available treatment options and opting for a stimulant based treatment plan, the doctor prescribed 20 mg dexamphetamine (Vyvanse) once daily that was to be titrated to 30 mg, and then to 40 mg once daily, across a period of two weeks.</p> <p>Personal comments -</p> <p>On 2019-01-17 around midnight, a physical altercation with my father-in-law led to me being hospitalized in LHC, Oshawa. The reasons and factors prompting the altercation with my father-in-law during the late-night hours of 2019-01-17 are appropriately documented in the follow up consultation with Dr. Nasri on 2019-02-12.</p> <p>At LHC, a number of unethical and medically dubious practices put my health at fatal risk. The details of that series of medical errors and violations at LHC were documented in Appendix I.</p>
3.2		2019-02-12	<p>After being discharged from LHC on 2019-02-07 I relocated to Kitchener on that same day. Upto this date of a consultation with Dr. Nasri and subsequent days, I was faithful in complying with the medications prescribed by Dr. Sorial as per LHC discharge summary:</p> <ul style="list-style-type: none"> a) Dexamphetamine 20 mg once daily at morning with breakfast (for 28 days) b) Escitalopram 20 mg once daily at bedtime (15 days) c) Olanzapine 5 mg once daily at bedtime (for 270 days) d) Zopiclone 7.5 mg once daily at bedtime (60 days) <p>The above prescription was most probably verified by Dr. Nasri on this date, however I believe that he overlooked the dangerously large number of doses for olanzapine. During this course of medication I was not aware of the severely harmful effects of olanzapine</p>

			which is only to be prescribed for - no greater than 28 consecutive days.
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— Please turn to the next page —

II.1. Notes for Tables 1 and 2

1. While reading the notes of Dr. Ghuman, I felt upset, betrayed and resentful due to erroneous clinical systems and practices of GRHC members, and due to utterly useless policies of KW-Region's Local Health Integration Network (LHIN) that continue to jeopardize the health of all Ontarians, and particularly, of persons with Asiatic genetic profiles like mine.
 - a. At every interaction with my care circle, I participated openly with full trust, honest disclosure in good faith and complete cooperation only to now learn that my medical data has always had numerous slips, mistakes, omissions and deeply enervating commissions committed by "well trained" staff and medical practitioners.
 - b. The dumbfounding range of mistakes and violations committed by medical staff and professionals continued to increase in severity at every interaction I've had with the overall system. The impacts and consequences of those compounding errors and malpractices resulted in
 - i. violations of my basic human rights causing severe debilitation
 - ii. a complete breakdown of my marriage due to deliberate acts of politically motivated invasive and unethical intrusions by social workers and intelligence officers
 - iii. illegitimate detention in a medical facility that completely dehumanized me resulting in further trauma
 - iv. total loss of earnings from inability to work as a functional human being
2. When olanzapine is prescribed along with other benzodiazepines or similar drugs like zopiclone that act on GABA receptors, its harmful side effects, addictive nature with withdrawal symptoms, and drug-drug and drug-gene interaction based injurious effects become much worse.
3. Olanzapine overdose is known to be fatal; this is common in North America and well documented in medical literature from US, Canada, and Europe. But even then, American and Canadian practitioners continue to over prescribe olanzapine as a long term sleep aid against the strictest recommendations of American and Canadian pharmacologists.
4. I took the medication prescribed by Dr. Sorial for 90 consecutive days that caused me to feel zombie-like, dazed and mentally retarded. I was alerted after three refills of 30 pills per month of olanzapine, when the pharmacist at Benton Medical Pharmacy told me on the day of my

fourth refill, that it was strange for me to have a total of nine refills prescribed for a heavily addictive and controlled substance.

- a. A prescription of nine refills of thirty pills each for olanzapine while being given zopiclone, escitalopram, and (lis)dexamfetamine was certainly not a typo or a communication error, it was a clinical error.
 - b. The pharmacist asked me to review the warning label and drug information sheet for olanzapine, which prompted me to voluntarily stop taking the harmful medication.
 - c. However, by then, severe damage to my motor, sexual and psycho-social abilities were already done. Moreover, the ability to stay wakeful during the day was severely hampered due to somnambulism, extreme exhaustion, fatigue, and drowsiness. These later issues lasted for many more months along with benzo-withdrawal symptoms. The psychosocial and balance issues subsided after a year. Sexual dysfunctions and weight gain problems have continued.
 - d. All of these drug induced and preventable problems, caused me to suffer job loss and not being able to have a sensible family life, which put me into social and financial distress.
5. Concerning Dr. Nazri's report from 2019-02-12:
- a. This date's medical notes explain how the prevalent unhealthy living conditions at my in-laws, and months of surviving their abusive home culture during the winter months of 2018, had caused me to initially create as much distance from my in-laws by isolating myself in a bedroom on the upper floor of their house.
 - b. But eventually, all of that led to a sudden altercation with my father-in-law around midnight of 2019-01-17 because he charged at me angrily while cussing and swearing for waking him up in the living room area due to the sounds from the kitchen while I was getting some food.
 - c. I felt that it was appropriate for me to go to the emergency room after this altercation because I was extremely distraught and taken aback from the incident on that night. So I had my wife call the emergency services and take me to the nearest hospital, which was LHC.
 - i. Having apologized to each other, the relationship between my inlaws and I has been mended and resolved.

- d. Additionally, I had traveled through Hong Kong on 18th-19th of October, 2018 and had developed flu-like symptoms while inflight to Canada. This developed into bronchitis / pneumonia with symptoms of body aches, fever, cough with sputum, and cycles of chills and profuse sweating. This was treated by amoxicillin injection on 21st December, 2018 at Whitby, Ontario.
 - i. If one were to believe in the idea that Covid-19 originated and evolved through natural environmental factors rather than human-engineered and lab-created factors for its origins and virulence, then one might as well believe in the idea of Covid-19 strains that existed in nature prior to November-December 2019 just the way there have been strains of n-CoV-2 in nature following the months of March 2020.
 - ii. The significance of this is that pathological and physiological effects of severe infection from enteroviruses, mucocerbral viruses, and retroviruses often induce feelings of helplessness and hopelessness from acute symptoms of fatigue, exhaustion and fever. One is likely to experience mood-swings when these symptoms are combined with side-effects of escitalopram, sleep apnea, and attention irregulation.

II.2. The more problematic issues within LHC, GRHC and Ontario's LHINs

I developed many more healthcare related problems due to the medical contradictions explained in Appendix I and II. The different types of omission, commission, misuse, and wilful abuse by various and several practitioners in LHC continued to play a key role in the subsequent harm I suffered in GRHC. This is how a chain of events led me to fall into a situation of ever increasing cascade of clinical errors, medical malpractices, and violations.

These cascades of injuries and harm were thrust upon me by poor quality healthcare practices, and impatient practitioners during the period of November 2018 to August 2020.

Such malpractices were absolutely not brought upon myself by me or my wife, and not even by my father-in-law's initial provocations.

Here, the word "impatient practitioners" is an euphemism and an understatement for the type of bigotry, hostility, torment, physical abuse, and blatant disregard for the hippocratic oath that I came to suffer at the hands of clinicians within Ontario, Canada.

Specifically, members of CMHA and GRHC went considerably out of their way to construct a false narrative of me being a violent and psychotic person with imminent danger of harming myself, my wife or any other members of the Kitchener-Waterloo community. While their effort to cover up their

wrongdoings and misdeeds were inordinate, the tools used for doing so were entirely opportunistic and very conveniently within their authorized possessions and utility.

The most significant and highest weighted factor, in all of the medically related events within this overall situation, is the use of guesswork and outdated medical traditions by clinicians instead of a systems biology perspective for investigating mechanisms of a medical case, when providing any type of a diagnosis or treatment.

The systems perspective and scientific aptitude towards medical investigations is lacking within healthcare related fields and practices of various countries. From my perspective, and from my experiences of having lived in different countries across Asia, Europe and North America, this corruption among healthcare providers is mainly due to strongly held, backwardly and regressive views of older generations of practitioners within very poorly set up medical schools, colleges, hospitals, clinics, and healthcare networks.

Even in Canada, basic scientific and precision diagnostic tools are substituted with folklore, hearsay, trial-and-error prescriptions, and allusion to Victorian era authority figures for establishing credibility and authenticity of haphazard medical practices. This is especially rampant within the fields of psychology and psychiatry where the subjective views of a practitioner formed without authentic physiological tests are taken as sufficient grounds to prescribe a cocktail of pharmaceutical drugs to a patient. Such drugs have been documented by their manufacturers to have many wide-scale systemic effects on a person's physiology through multiple metabolic pathways, in significantly unpredictable ways. Once these drugs cause harmful effects leading to much worse behavioral and psychological conditions of the patient, the healthcare system gains an excuse to do even more unnecessary, expensive, invasive, and harmful procedures on the suffering person.

This is how the psychological torment, bodily harm and physiological damages I suffered while in LHC, were carried forward into circumstances that led to further harm at GRHC via CMHA. And such a form of linkage and continuation of harmful events was made feasible, squarely due to the systemic faults and problems within the overall healthcare culture and practices within Ontario, Canada.

Here, it is also necessary to acknowledge that such untoward practices and cultures surrounding medical institutions in Canada have been directly influenced by, or inherited from the ones in the National Institute of Mental Health in the US, and the National Institute of Health in the UK.

II.3. Societal ramifications of unscientific diagnostics

My personal struggles with Ontario's healthcare and social service networks hasn't occurred within a vacuum, it has been congruent with the plight of numerous people like me who have suffered due to

an abject disregard for consumer and patient safety on part of authoritative practitioners, along with culturally normalized and systematized prejudices and bigotry within the institutions under their authority. A very strong track of historical as well as contemporary evidence of such malpractices are astonishingly high in number, and still continue to be very frequent, particularly against peoples of color with non-english cultural backgrounds and non-mainstream religious views, or against those who simply happen to be individuals with native, indigenous, First Nations and migrant heritage.

All such heinous and systematized crimes within Ontario, Canada against a large swath of people have been, and continue to be brushed aside as "legitimate medical therapy," especially in the name of "cultural assimilation."

Among most of the doctors from Ontario's LHINs that I interacted with, I experienced an over-emphasis on, and over-prescription of, psychotropic medications just to make me ``calm and sedated,'' so as to quickly get a person like me out of their hair. At the same time, they also over-prescribed me drugs, nine times beyond maximum levels, that led to agitation, restlessness and some behavioral outbursts. This quick and dirty method of dealing with patients could have resulted in a fatality because of the over-prescribed set of drugs from doctors like Dr. Sorial and Dr. Gnaneswaran, with respect to my particular gene-hormone profile that commonly exists among people with family from South, West and Central Asia, as well as North and Central Africa.

Towards the end of May 2019, when I went to Benton Medical Clinic for my fourth refill of Dr. Sorial's prescription, the pharmacist luckily hinted that I should not adhere to the wrongful prescription. This type of a hint isn't called ``checks and balances within the medical system.''

Relying on dumb luck isn't a cultivated, scientific, and harmonious method of providing good quality services to patients.

In addition to this, other news reports of North America's pharmaceutical related crises due to unnecessary over-prescription of opioids and benzos have come to light in recent months and years. These news reports indicate an overall systemic problem within American and Canadian healthcare networks that are linked to excess deaths or complications from dangerous prescriptions forced onto unwitting people — by irrational, ill-trained, and under-equipped medical practitioners who are prodded and at times even puppeteered by greedy pharmaceutical and insurance companies.

But what more can be expected from ``a socialized, free healthcare system?''

The healthcare system in Canada is not free! It is almost entirely privatized, and completely prepaid as well as overpaid via taxes and government subsidies.

The ridiculously high price that is paid upfront for a woefully subpar quality of care and obsolete medical practices is unjustifiable. Worse, such practices have been deviously aimed at subduing and

suppressing people from middle and lower income sections of society for more than half a century. Of course, in the context of ethnic minorities, indigenous and First Nations peoples, such deviousness has persisted for — over a century!

The outward appearance of "calmness" of a patient achieved due to heavy doses of drugs that cause metabolic suppression, and exhaustion throughout the body, while preventing the person from being able to perform activities of daily living due to chemically induced fatigue, is not an appropriate form of treatment for any kind of metabolic irregularity that produces psychological or psychological challenges for a patient.

Forcing high and long-term doses of psychotropic drugs onto a physiologically vulnerable person is only a way to squash a set of cultural and idiosyncratic behaviors of the person, using the most cheap and crass methods of punitive medicine, instead of helping the person achieve homeostasis and better quality of life. This is also a method of endangering the patient's life while violating the person's rights to self-determination and having an informed active role, in arriving at a personalized care plan, through professional consultation and concordance.

Concordance via informed consent is essential best practice, not forced or coerced adherence, and certainly not cunningly obtained submission under cruelty, humiliation, and duress through inhumane detention!

Underdosing or overdosing a patient without sufficient care and consideration is cruelty, and against the cardinal precept of helping the care-recipient maintain a therapeutic bandwidth of treatment. Such acts are also against the precepts of helping the patient gain proper understanding of their diagnosis and prognosis, along with achievable care routines.

Violating precepts of evidence based diagnostics is a travesty against the essential meaning of therapeutics and therapy!

When considering the deeper as well as a broader systemic level of problems within education and training of medical practitioners — naming a disease by its symptoms rather than its mechanisms indicates the poor degree of development in the respective field of medical care. If similar practices from psychology and psychiatry were followed in cancer treatment, we would have come to talk about colon cancer as ``pain-in-the-ass disorder`` to describe its symptoms rather than the mechanisms of tumor growth in a particular tissue sample of the body.

In this sense, the under-researched areas of medicine use the word "disorder" or "spectrum" as a copout and a catch-all term. And the least developed areas of medicine tend to use the word "syndrome" because of the largely mysterious causal factors of apparent symptoms associated with the so-called syndromes.

So, just to recapitulate before we segway into *Appendix III* —

After the incidents in LHC, even worse offenses against me and my well-being were committed by staff and doctors at the Kitchener office of CMHA. They spiked my medical record with falsified and fabricated data from WRPS that led me to illegitimate detention in GRHC, where I was deliberately and forcefully subject to further emotional and physical abuse under torturous conditions.

Such malfeasances and malpractices were followed by deviously coordinated coverups by healthcare practitioners and staff at CMHA and GRHC, as well as via the aid and support of police personnel at WRPS, along with the approbations of justices in the regional legal departments. These hostile actions in turn further violated my:

- basic human rights,
- dignity and honor,
- access to fair treatment and medical care,
- access to authentic personal medical records in a proper manner,
- confidentiality and privacy, while causing even greater harm and long-term damage to:
 - personhood,
 - livelihood,
 - bodily functions and physical health,
 - mental and emotional wellness,
 - rights and liberties to practice religious customs,
 - family,
 - reproductive rights,
 - social health,
 - good reputation and character, and
 - socio-economic opportunities.

These were the plainly evident reasons for my deep disgust, disappointment and justified anger with the way I and millions of people have been harmed for years, by preventable errors and

malpractices, on part of various professionals and practitioners within regional and provincial public service systems of Ontario, Canada.

— End of Appendix II —

Appendix III

This appendix provides a list of parties that are identifiable at least by me, for having wronged persons like myself in a number of ways, and for owing various forms of remedies to grieved individuals or bereaved families due to their liabilities (even if limited via some context), and culpabilities (even if highly irregular due to the extremely large magnitude of their crimes against humanity and ecology).

The list of such responsible parties includes and is neither limited, nor restrictable to:

1. Mr. Marwan Osseiran and Osseiran Law LLP not for false advertisements about having expertise within laws and cases pertaining to: cybercrimes, cyberwarfare, terrorism, counterterrorism, surveillance and countersurveillance. And also for withholding crucial evidence about war crimes from the supervisory and training organizations he claim to have been a member of, as leverage or hostage for personal pecuniary interests
2. The agents or agencies that tampered with private and confidential mail sent to Osseiran Law LLP via Canada Post. Such agents that interfered with postal mail had physical presence in Ontario and sufficient means to conduct their unscrupulous and vile operations
3. The agents and agencies of various countries that hindered or interfered with my rightful use of legal avenues available within Canadian jurisdictions, which eventually led to those options getting contaminated or blocked completely
4. The agents and agencies of any origin that — under any pretexts whatsoever — breached, interfered with, undermined, disrupted, incapacitated, tapped, or compromised the privacy, trustworthiness, reliability or security of personal computer networks and devices (including any device components), which were in use by me or by my family members, especially from the dates of 5th September, 2015 onwards
 - a. The vendors, suppliers, holding companies, affiliates, and subsidiaries of the corporate entity in charge of main operations for data handling, data processing, telecommunications, electronic devices, and associated services that aided such agents and agencies — even if they were compelled by a law or statute to do so — because of the way such laws and statutes were applied illegitimately and with uneducated motives based in ill-will and bad faith.
 - b. Examples of such corporate entities include but are not limited to:
 - i. Rogers Canada

- ii. Bell Canada
 - iii. Freedom Mobile
 - iv. AT&T Group
 - v. Cerner
 - vi. Stryker
 - vii. HP
 - viii. Qualcomm
 - ix. Intel
 - x. AMD
 - xi. Alphabet holding group and Google
 - xii. Microsoft
 - xiii. Amazon
 - xiv. Samsung
 - xv. Apple
 - xvi. Batelle
 - xvii. Fire Eye
- c. The date when I became more acutely aware of data and computer security breaches and violations into my home's computer networks and devices was around late-September, 2019. However, I am not able to eliminate the possibility that such attacks weren't vectored at an earlier point in time, such as 5th September 2015, when I first arrived in Canada.
5. Grand River Hospitals and Clinics (GRHC)
 6. Canadian Mental Health Association (CMHA)
 7. Waterloo Regional Police Services (WRPS)
 8. Offices of the Justice of The Peace in Kitchener-Waterloo Region of Ontario, Canada

9. Certification and accreditation bodies of Canada, particularly ones in Ontario for:
 - a. physicians and surgeons (these category of healthcare workers receive much greater incentives and support from provincial healthcare systems along with indemnities from insurance industry, and yet, many of them still manage to fail in delivering appropriate quality of care to patients)
 - b. nurses (mainly for the nurses who might have committed mistakes in appropriately discharging their duties, they've been set up to fail year-over-year by the healthcare system; it is likely they could not have done a better job given the poor levels of educational, institutional, and government support given to them)
 - c. social and family workers in community based care
 - d. psychologists, psychoanalysts, and psychological aid groups and workers
 - e. first responders and early responders
 - i. especially policing and emergency medical treatment services
 - ii. suppliers of their vehicles, gear, equipment, and information technologies
10. The above-mentioned accreditation bodies include organizations like Health Canada and Canadian Human Rights Commission for enabling bad actors in education, healthcare, policing and legal sectors via protectionism, partiality and favoritism.
11. City of Kitchener, its councilors and its mayor for:
 - a. allowing misappropriation of public resources under their watch and incumbency
 - b. encouraging the creation of, and profiteering from a nexus of private business contractors, real estate companies, and police bureaus
 - c. pretending to have cybersecurity protocols and measures; the city didn't just have a chink in their cybersecurity armor, it didn't have any armor for protecting the data of its private residents within a region that has more than 35 brandnamed firms involved in international cybersecurity
12. University of Waterloo, Ontario, Canada
13. University of Iowa, Iowa, USA

14. LifeLabs Inc., especially due to the massive LifeLabs data breach that was shrugged at by the federal and provincial governments in Canada, and for various antitrust issues within national and provincial markets for bioinformatics

- a. GenXys company was exclusively marketed and channelized to consumers via the monopoly of LifeLabs Inc causing an erosion of consumer access to free-market competition based options for products needed by individual consumers of genetic and biomolecular information
- b. And strangely, even GenXys is culpable for pre-setting a hospital in Vancouver, British Columbia to keep receiving my private healthcare data via my online profile for their TreatGx product, without my authorization and consent, thereby resulting in confidentiality and data privacy breaches
 - i. I did not select nor did I authorize the preselection of any hospitals and clinics to receive my — genetic or pharmacogenetic profile and private healthcare data — via the profile settings of TreatGx or TreatGx Plus line of products

15. TransUnion Canada for inadequate safety and security measures that allowed data breaches into its financial systems that were improperly disclosed, which in turn allowed cross-referenced attacks to be conducted on persons whose data coincide within other data breaches like the one from LifeLabs

- a. After the improper disclosures about data thefts and security breaches in TransUnion Canada during summer and fall 2019, the means for consumers to be able to protect their private financial data within banking networks connected to TransUnion was hampered by exploitative practices of TransUnion
- b. TransUnion's illegitimate practices undermined consumer protection rights and misdirected consumers from payment-free options for redressing their issues towards paid products of TransUnion that took undue advantage of the stresses suffered by consumers from the security mishaps that had compromised highly sensitive data of tens of millions of people in Canada
- c. For years, TransUnion and Equifax have made it close to impossible for a person with abilities as well as varying levels of disabilities, to have accessible use of straightforward personal financial information and accessible methods to implement "credit freeze"
 - i. This was a particularly stressful and burdensome issue for a person like me who was trying to recover and protect personal private data from theft and further

untoward consequences, given that my credentials, intellectual properties, and digital files were pilfered via a series of computer hacks during September to November 2019

- ii. The dangers, harmful consequences, and ramifications of the hacking incidents at a targeted individual level were compounded by the larger industry level breaches in financial and healthcare sectors of Canada during 2019 and 2020

16. Provincial and Federal Governments of Canada, particularly the agencies, affiliates, contractors and subcontractors of:

- i. Ministry of Health and Long-term Care, Ontario
- ii. Immigrations, Refugee, and Citizenship Canada
- iii. Secret services not only limited to Canada Security Intelligence Service
- iv. Department of National Defense

17. The above-mentioned points include the respective ministers, managers, clinicians, proprietors, owners, partners, members, personnel, staff, contractors and subcontractors responsible for the various and several infractions they committed, with or without limitations to their personal and professional liabilities as covered to the extent permissible by the decided upon legal jurisdictions and jurisprudence for settling such international conflicts and disputes.

Most importantly, any person reading this material should understand that though human understanding of legal issues within the scope of anthropology are typically concerned with recompense of "equal measure," the laws of nature are not. Nature can give without measure, and can also take without any measure that could possibly be comprehensible to human beings.

Leaving such matters entirely up to eventualities within "the state of nature" could yield cataclysmic outcomes.

— End of Appendix III —

Appendix IV

IV.1. The issue of fundamental flaws in manuals for psychiatric diagnoses

Here, it would be remiss of me to not point out that even after reviewing the details within this document, a hired physician, psychoanalyst or ``expert`` is likely to ascribe yet another psychiatric assessment using the contents of this document by fixating on words like "psychological trauma," and "distresses." But I can guess that yet again, their assessments and assertions would ignore the basic biomechanical issue of my chronic, sleep related problems from a deviated septum.

Biomechanical issues require biomechanical interventions, not biochemical ones.

Therefore, use of psychotropic and neuro-suppressive drugs as the care plan for symptoms arising from musculoskeletal issues is an incorrigibly wrong misdiagnosis, and an entirely preventable medical malpractice.

Adding to such a problem of outdated curriculum for medical professionals in psychiatry, are the clinical definitions of terms like, depression as well as bipolar disorder of Type-I and Type-II, within the Diagnostic and Statistical Manual for Mental Disorders - Version 5 (DSM, DSM-5). The criteria for diagnosing depression followed with onset of hypomania or mania, indicates that any individual who has one or more periods within their lifetime with depressive symptoms, lasting more than one or more consecutive weeks, and then recovers to nominal or "elevated" levels of mood, can be categorized as bipolar. This is truly unfortunate that the very act of becoming healthier and recovering from symptoms of a depressive mood, becomes the basis of an altogether new "psychiatric disease."

Within the DSM-5, definitions of numerous disorders and syndromes, whether such conditions are part of a "spectrum" or not, are only based on apparent symptoms, which also happen to overlap to a considerably large extent. Using such criteria, it becomes impossible for a doctor who practices internal medicine to make an accurate and precise diagnosis that pinpoints underlying physiological mechanisms of any observable behaviors that can be subjectively categorized as symptoms. Subsequently, these preventable malpractices are carried on, and even compounded by clinicians in other medical facilities that the person might be driven to.

The following questions and discussions are particularly for the attention of the CPSO.

How is it that a diagnostic manual like DSM used for prescribing internal medicine does not even mention a single concept from human anatomy and physiology with regards to any type of diagnostic decisions made in psychiatry?

The first version of dsm was published in 1952 by the APA and its latest version dsm-5 came out in 2013 as a joint publication from APA and National Institute of Mental Health (NIMH-US). The DSM has never include any understanding about how a person's cognitive and behavioral abilities are causally related to any areas of internal medicine, particularly ones concerning molecular biology, haemodynamics, neurology, endocrinology, allergies, immunology, gastroenterology, nephrology, and the somatic and lymphatic systems.

So how has the DSM-5, which very deliberately strays away from anatomy and physiology continued to be used as the basis for prescribing internal medicine via psychiatry for so many decades, throughout the westernized world?

Given that millions of psychiatric doctors over the years have prescribed various pharmacological prescriptions to tens of millions of individuals using successive versions of the DSM, why is it that not even a single one of those doctors dared to question how any of their prescriptions work at the physiological level? Not even out of basic curiosity?

In fact, sufficiently many physicians and clinical practitioners, throughout the globe, over the past several decades have staunchly criticized the use of DSM in medical practices, and have strongly advocated against its uses as a diagnostic aid, supplement, or a tool for practicing internal medicine. The author and psychotherapist Gary Greenberg, is merely one such clinician who presents an anthology of such critiques of the DSM by prominent medical scientists and practitioners, in his publication from 2013 titled, "*The Book of Woes*."

Greenberg traces the numerous flaws and regressive views poured into the DSM which has come to be known as "the bible of psychiatry," for the DSM has no discernable basis in the medical science of human anatomy and physiology.

The DSM-5 has essentially remained the same as the the first ever DSM from 1950s, which is a checklist of speculative and subjective judgment criteria derived from anglicized views about ``normal and acceptable social behaviors of a person,`` for prescribing dangerous and unnecessary psychotropics and ``treatments.`` Such prescriptions are provided in place of scientific and objective diagnostics without appropriate reference and rationales from any field of internal medicine.

Such an industrially engineered travesty, against human beings of all nations, has existed since the advent of broadcast color television!

For more than 70 years since the 1950s, psychiatrists throughout North America and western Europe have been made to swear and abide by the DSM, for prescribing dangerous and toxic psychotropic medicines to tens of millions of patients — by only using a speculated, romanticized ideal about human behavior from early to mid 1900s of western Europe and America. The

catastrophic ideals of bigotted supremacists that formed the basis of both World War I and World War II, have continued to form the basis of racially prejudiced medical diagnostics. These speculations about ``normalcy`` aren't tempered or made any better via the clinician's impromptu biased views about social and physical behaviors of the patients they happen to interact with.

Aside from the underpinnings of biological factors, a set of non-biomedical factors like geography, climate, anthropology, politics and economics that can impact a range of cognition and behavior in a person would obviously need a suitably matching non-biomedical intervention that isn't derived from supremacist ideologies that practically try to neuter and spay human beings of ``undesirable and inferior`` ethnicities.

Haphazard medicines and treatments can have adverse systemic impact on all physiological functions needed for maintaining homeostasis, and particularly on ones related to reproductive rights. Such dangerous and harmful forms of weaponized medicines and medical practices have continued to be promulgated using criteria that completely disregard the fundamental concepts of physiological functions and homeostasis. Worse, those types of prescribed drugs and treatments create the very same symptoms and behaviors that are used as a criteria for making ad-hoc psychiatric diagnoses!

The APA has formally addmited and have themselves likened this approach to medicine, as an international scale historic genocide, with continuing reprecussions for billions of people throughout the world, due to its distinctive prejudices against people and ethnicities who don't subscribe to an anglasized worldview.

As such, if any hired expert would like to pathologize the act of preparing this document, they could easily tack on any number of labels from their obsolete education and training like: obsessive, compulsive, perfectionist, controlling, ruminating, histrionic, rambling, condescending, repugnant, repulsive, and many-many-more choice words. Those kinds of labels would then be taken as ``a medical diagnosis`` about the author. Following this so-called expert medical diagnosis, it would most probably be recommended that the author be disregarded and discredited forever, and treated with every form of ``medicine`` that will promptly put an end to such ``deranged and baseless rants`` from being produced or sent out to anyone, ever again.

To those experts I would like to ask, "Which label of a 'disorder' from psychology and psychiatry would they bother to leave out, if they simply thrust every one of them onto me? How can one individual be characterized by all those ill-conceived psychiatric labels, and still function to produce this type of an analytical synthesis, with a sense of circumspection and inspection into a complex socio-technical situation? And did those experts bother to read through or even glance at the

state-of-the-art research from APA, which decries existing psychological and psychiatric labels that originated from racially biased medical research from the 19th and 20th centuries?"

Apart from the above questions with oodles of ``platitudes,`` I would also like to ask such experts to distinguish between the concepts of obsession and dedication, as well as dedication and devotion. Assume that the concepts of idle curiosity, observation, commitment, dedication, flow, and devotion are on a continuum — of least effortful and attentiveness towards higher levels of utilizing efforts, resources, and awareness.

A much more interesting question would be, "suppose I were to claim that I am currently delusional and thoroughly disconnected with every aspect of reality as I am writing this document, would they believe such a statement to be true? Why or why not?"

It also turns out that I have ample proof-of-work via Google Docs and Github that during the weeks before and after being illegitimately detained and degraded in GRHC, I outputted exactly this type of work.

IV.2. The global-scale issues within the medical and pharma industries

Are there any physicians on this planet who believe that any of the known forms of psychological or psychiatric ailments are genuinely curable "diseases?" If they believe that apparent cognitive ailments are permanent and only manageable rather than curable, then they might as well say so to the patient.

But, in all possible cases of cognitive challenges that are curable or not, or even manageable or not, there would still be a need for explaining why dangerous pharmaceutical interventions are to be applied to cognitive challenges, especially when such challenges are lumped into *the disease model* without psychiatry being included in the category of internal medicine. Wouldn't an ingested or subdurally injected pharmaceutical intervention be applicable only for concerns within the definition of internal medicine?

So why has psychiatry never been acknowledged as a form of internal medicine within medical education, training, and certification throughout the world?

How did thousands of universities, colleges, hospitals, and healthcare related agencies throughout the world miss this fundamental flaw in the legal use of psychiatry for decades? This has to be the oldest and simplest con in any industry for circumventing higher quality standards and regulatory standards, required for approving legitimate products and services concerning internal medicine.

The societal ramifications of not investigating biological factors impacting a patient, and instead jumping to frantic conclusions of psychiatric ailments, has continued to be injurious, harmful and even life-threatening to millions of people. Particularly the issue of over-prescribing drugs like

escitalopram that are included in the World Health Organization (WHO) *Model List for Essential Medicines*, is grievous to the global society at large. For instance, citalopram (Celexa) and escitalopram (Lexapro) are among permitted psychotropic drugs that can be prescribed as single use, to active-duty commercial pilots as per the US Federal Aviation Administration (US-FAA). [1]

By approving such a medication in an aviation context these apex organizations like WHO and FAA are signaling to the wider healthcare community that the medication is well researched and safe, for individuals in all walks of life including critical professions like piloting. This is a dangerous and problematic precedence that has led to the overprescription of antidepressants by practitioners within colleges of psychiatry and medicine. But given that both citalopram and escitalopram have a box warning label of increasing suicidal ideation and tendency, particularly among young adults upto the age of 25 years old, I can't imagine that anyone would be enthusiastic about a number of airline pilots becoming suicidal due to such medications and crashing their planes full of passengers into buildings.

The more serious and immediate issue arising from including every other formulation of drugs in WHO essential medicines list, without sufficient testing and forethought, is the impact on the drug's sales price and demand. The easiest way to pick a stock in the pharma industry is to identify how many of the medications in a company's portfolio happen to already be in WHO's list of essential medicines. Companies that supply a greater number of name-brand or generic drugs from that list, are a stronger pick in the stock markets. This is because once a drug ends up in WHO essential medicines list, the UN is practically guaranteed to purchase and stockpile that drug, and to then ship it to various poor and needy countries. The company makes billions of dollars of upfront cash, or cash equivalent trade in purchase orders, causing its stock market value to go up. The cost of those yearly multi-billion dollar worth purchases and shipments is eventually extracted from the receiving country via the World Bank, or the International Monetary Fund.

So, you see, a pharma company does everything in its powers via lobbying and ``by hook or by crook,`` to have its proprietary medicine included in that list. And coincidentally, any other pharma company looking to make generics, or even counterfeit drugs, looks at the WHO essential medicines list to decide on what to make and push into the markets. Now, in the recent decade, it just so happens that the list of psychotropic medications on WHO's essentials list has ballooned and increased in sales faster than all other medications.

Having learned such critical knowledge about the global pharmaceutical industry, would you be surprised to know that drugs like zopiclone (Zyprexa) and even "dirty drugs" like methotripteneprazine (levomepromazine, Nozinan), are dumped onto poor countries in Asia, Pacific Islands, Africa, and South America by rich American and European ones — where peoples of color in the poorer

countries already have a drug-gene predisposition of experiencing increased adverse reactions to those drugs?

The typical main and side effects of nearly all of such psychoactive drugs on WHO's essential medicines list, coincidentally, make people subdued and lethargic. Do you suppose a population of overweight lethargic people with severe forms of hormonal imbalances would ever manage to pay off the billions of dollars of debt their country was thrust into, from being made to purchase those addictive medications?

Does the phrase "*vicious-cycle* of a national debt-trap" apply here? Especially in the case of numerous countries categorized as "emerging markets," this type of a debt-trap causes the developing country's hard earned taxpayer monies to disappear into the pockets of a very few private corporations of the world, in order to pay for medicines that make the citizens and residents of those indebted countries — strictly worse off.

Yes, this issue is certainly a vicious-cycle and a seemingly never ending one because the UN body responsible for internal audits and quality control, particularly for UN's and WHO's dealings related to pharmacological and biotherapeutic procurements, was handicapped and dismantled in the mid-2010s.

There isn't any saving grace over here for those pharma-companies nor for the WHO lobbyists, for they have concertedly worked against the best interest of humanity to secure ill-gotten personal gains via profiteering.

[1] United States Department of Transportation - Federal Aviation Administration (2018). *Guide for Aviation Medical Examiners, Decision Considerations - Aerospace Medical Dispositions Item 47, Psychiatric Conditions - Use of Antidepressant Medications.*

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/app_process/exam_tech/item47/amd/antidepressants/

IV.3. The issue of predation by banks and financial institutions

This section is pertinent and contextually relevant for highlighting the role of normalized commercial forces concerning financial health that cause harm to individuals like myself while only adding to the existing harm done to medical health by other aspects of society.

Throughout this document I have taken up various and several issues and disputes, with various and several industry sectors, institutions, and persons. All these arguments were presented even

though I have not spoken as much about direct culpability for any attributable mistakes and violations on my part.

There should surely be some types of mistakes and violations, or some ``percentage`` of responsibility and burden that ought to be my own in this situation.

For a while now, I have thought carefully about the topic of mistakes, apparent behaviors, and different types of liabilities I may have had, or continue to have regarding this overall situation. There can also be ones that I am creating as I write this. I do have some opinions on such concerns, and I am going to address them during a formal inquiry.

But more importantly, if I don't seem to have any criminal intentions, connections, or activities, I should at least have debts of some sort. There should be some avenue for beleaguered Canadian, British, and American forces to nab me and thereby prevent the issues of their war crimes and crimes against humanity from coming to light via any testimonies or material submitted through my efforts. Politically motivated incarceration and pressure for penalties against objectionable personal conduct in financial or family matters is an easy angle to pursue for government agents trying to deflect attention away from their own misconduct and crimes.

There has to be some kind of dirt to dig up regarding my finances to unsettle or destabilize me, or to at least have something tangible to hold over me as a threat. How can it be possibly true that I have no debts at all, of any kind, to any ex-employer, creditor, lender, contractor, or collections agency?

Here I'd like to add that though there shouldn't be anything in this document, or in the one sent out to the ICC, for any special agents of organizations concerned with *fibbs, blunders and inconsistencies* to pounce upon, I can imagine that those kinds of special agents would still want to do so, at their slightest inclinations or opportunities.

Correct, this documentation does not have lies, fictitious stories, half-truths, untruths, or exaggerations. But, another set of documents and publications that is a "Work In Progress," does have a variety of tall tales and true lies.

As for the most important topic pertaining to personal finances, I would like to explain why I currently do not have any debts owed to any financial institutions in Canada, the US, or in the UK. Wait, I currently don't have any debts owed to any financial institutions, in any territory of the world, especially none to any type of tax collection agency.

However, since this document is mainly for agencies and forces from Canada, the US, and the UK that may be looking for an angle to chase after me, or to make my life ``uncomfortable`` for exposing

their insidious misdeeds, we can contextually restrict our focus here on the financial and legal practices pertaining in those specific countries.

You see, around December, 2019 I had roughly seven or eight thousand Canadian dollars (CAD) owed to banks via credit card debt, held in personal and business accounts. Then, sometime in January, 2020 I realized that I had to declare financial distress partly for being out of a job due to Covid-19, and mainly due to all of the debilitating horrors, torments, and physical abuses I had suffered at the hands of various public service providers from 2017 onwards. So I promptly sent a letter to the banks which had enthusiastically pushed credit cards onto me, stating that I would no longer be able to hold any debt obligations due to the *force majeure* of a global pandemic. I suppose the banks filed that letter in a special folder, called the garbage bin.

After that I struggled to close my bank accounts due to various hurdles but I managed to clear out all of the steeds I was indentured to by late February, 2020.

Soon afterwards from April, 2020 I started receiving phone calls and postal mails from a collections agency demanding that I pay the money owed on the credit cards that I had canceled. Their daily and weekly harassments were annoying. So I sought advice from a local debt restructuring and personal finance education consultancy. I was informed by the consultancy that the amount I owed prior to canceling the credit cards was meager, and if the banks had already sent that matter to a collections agency then they had written it off.

This was how it was clearly explained to me, by a certified financial advisor from the financial consultancy I had spoken to, that I did not need to respond to the phone calls or mails from the collections agency, and that I could also claim force majeure. So that is precisely what I did but my wife during those weeks and months, didn't comprehend such concepts or rationales, and she became increasingly anxious thinking that I was somehow disconnected with the reality of how things worked in the financial industry for ignoring mails from a collections agency. She also thought, and still thinks that debt collectors will target her or hold her responsible for my personal financial obligations that were written off by banks and credit card companies years ago.

Given that my wife and I have been separated from each other for more than a year and that she was never adequately qualified, capable, nor did she ever have any legal power of attorney to engage in any legal, medical, or financial decisions on my behalf, the attempts by particular agencies to harass or pressure her in any way, in order to ``get to me,`` upsets me dearly.

The reality, of how things were being reported in Canadian newspapers by April, 2019 was that numerous banks in Canada had already claimed force majeure due to Covid-19, and that the Canadian government was going to need more than \$1.75 trillion CAD in bailout money over the subsequent years to keep various sectors afloat during, and in the aftermath of the pandemic. By

May, 2020 Canadian federal government had formed a committee to prospect strategies for mitigating the \$343.2 billion CAD shortfall within the government's budget for 2020, and similarly projected deficits for each year in the run upto the year 2030.
[\(<https://www.ic.gc.ca/eic/site/062.nsf/eng/00118.html>\).](https://www.ic.gc.ca/eic/site/062.nsf/eng/00118.html)

But where was all of that bailout money going to come from? From nothing! It was going to come from pure, unadulterated, nothingness!

So I decided to stick to my resolution to find ways to address the immediate financial distress for basic necessities such as food, housing, medicine and clothing at the personal and family level.

After accounting for basic necessities there was no possible way for any money being left for paying a collections agency that supposedly had a right to lien on... on what exactly? There weren't any income or any significant cash equivalent assets in my bank accounts from November, 2019 due insurmountable hardships for anything to be liened by any collections bureaus or agencies.

On the contrary — all this was happening while — I have been owed reparations, remedies, and damages!

During an unprecedeted global pandemic event, every bank and major financial company availed a right to receive bailouts from the tax-dollars that people had paid to their governments. Such banks and companies rescinded numerous private contracts, and also wiped out huge volumes of their debts and collateral obligations to the public from their income and loss statements as write-offs, in the name of the force majeure of a global recession and pandemic.

But! Apparently, the individual consumer was and is still supposed to pay-up in full, on debt obligations, to those very same banks or to their seedy collections agencies, by individually and personally taking on a burden greater than what all the banks put together couldn't even handle. How can that be fair, legal, or in the least bit sensible?

What's more, collections agencies are typically made to look like a separate legal entity that is independent of banks, even though they are practically contracted labor who receive direct incentives and instructions from banking and credit card companies. These collections agencies are supposedly at arms-length distance from all financial institutions and their coordinated activities, but this type of a false impression about boundaries and separations between financial companies and collection agencies, conveniently shrouds the industrially institutionalized scheme of depriving ordinary people of basic consumer protection rights. This crooked scheme is implemented through shady practices adopted by banks and repo-companies that disallow individual human beings from fulfilling a primary obligation towards self-preservation that supersedes debt obligations to institutional lenders and/or collectors, especially during times of crisis or hardship.

How come such a simple fact and provision of personal finance and education for allowing individual persons to seek protection against predation from banks, creditors, lending organizations, and debt collectors isn't the very first and prominently displayed notification, on all communication materials from such companies and agencies? Such a provision for consumer protection also ought to be the most salient notification within the terms and conditions of any bank's financial instruments.

The institutionalized scheme of denying the above-mentioned provisions to individual consumers has remained an outrageously wicked form of exploitative actions taken by finance corporations against ordinary people, especially against marginalized communities within most industrialized nations as well as in emerging economies of the world. This wicked and shameless scheme takes undue advantage of poor individuals who fall victim to a longstanding societal norm of allowing, and even applauding, predatory behaviors of banks and financial companies.

This is why, under the fundamental precept of equitable and uniform treatment of individuals via statutory legal frameworks, no human individual ought to be subject to the unfair treatment of being deprived of the right to claim protection from having to pay debts to any collectors, under hardships resulting from natural disasters or undue distresses. Individuals facing hardships from natural disasters and undue distresses must not be forced or compelled in any manner to enrich institutions who have themselves conveniently availed of such protections for writing off and absolving institutional debts and obligations.

Therefore, by no means whatsoever, do I owe any debt or collateral to any collections agency, bank, financial institute or credit card company in Canada, the US, or the UK.

Furthermore, such financial institutions force consumers to sign away their rights to seek protection against onerous practices of the financial industry. They also force consumers to sign terms and conditions that cunningly obligate the consumers pinned under such predatory practices, "to hold the financial institution as well as its subsidiaries and affiliates *harmless, blameless, and fully indemnified*." These types of activities exhibit the primeval destructive forces inherent to financial industries and markets.

Such destructive and harmful forces directed via banks and financial institutions continue to act against the foundational concepts of fairness and equity, which are essential to the sustainability of human society.

IV.4. The issue of government officers pretending to be unimpeachable

There are numerous branches of different governments blamed for serious violations and high crimes in this document, and in the one sent out to the ICC. Any defense team of those governments will leave no leaf unturned, and no stones untouched, in trying to poke holes into these

allegations. Certainly every statement in these two documents cannot be wholly truthful, right? Well, they are wholly truthful to the best of my knowledge and beliefs.

Okay! So what if they are true? They aren't all that believable, are they?

Particularly, the topics covered in *Sections 8, 9, and 10* may be difficult to verify.

Regarding the materials expressed in this document, any government agent or agency from Canada, the US, and the UK is simply going to claim,

"Why should we prove that we didn't commit any fraud, violations, errors, or mistakes? We don't owe anyone any explanations! Where is the proof that we conducted injurious forms of surveillance that led to the claimant suffering any harm?"

Umm... the proof is likely with Europol, Interpol, Bundesnachrichtendienst, UN Anti-terrorism Unit, and the cybersecurity teams of Indian, Trurkish, Emirati, and Saudi ministries for foreign affairs.

After the physical incursions into my home in January, 2020 I poked as many online artificial intelligence (AI) algorithms as I could by using a few topics and keywords in my social media posts and private documents. Such AI algorithms routinely keep scouring for particular types of keywords within electronic communications and even private digital files.

The types of "red flags" I might have set off using certain keywords within various electronic and telecommunications channels with my contacts from various countries, should have, at least, attracted the above agencies to start monitoring my activities with, "constant vigilance."

What type of keywords, you ask? They are usually words like "bomb" and "Allahu Akhbar" tossed here and there, in a document like this one, just the way I did right over here, and right now.

Can you imagine discriminatory racist regimes along with their crooked agencies managing to train and produce AI algorithms that aren't fundamentally prejudiced and adversarial against various groups of people?

What's more, whenever any researcher exposes the intrinsic and inherent discriminatory racism baked into automated recognition systems for face, speech, gait, writing, physical movements and online behaviors — they are simply discredited and fired — even in companies like Microsoft, Google, and Apple.

Why did I include predictable keywords in private documents that would attract racist agencies to use their ``special statutes and secret courts`` to conduct a slew of nefarious operations against me? I knew that I did not have the skills to counter the types of attacks that were being persistently conducted against my computer networks, and physical living quarters in Kitchener. The physical

attackers were most certainly local, especially the ones connected to the WRPS, but there were also cyberattacks that were much more sophisticated, and could have been from international hackers or even greyhat entities like Belingcat.

In attracting the attention of more legitimate and careful units like Europol and Interpol, my aim was to hopefully have such international units catch the hackers and home invaders red-handed. But, how would any of that type of surveillance data from the more careful international policing units be retrievable even if it exists, and more specifically, at the particular moment in time and place of its judicious need?

I'm not going to be too concerned about that right now, I will instead leave it up to the Canadian and American authorities to figure out what to do about the faintest possibility that some or the other set of international organizations, might have live-action-data, of a bunch of Canadian and American agents fumbling and tumbling over each other while those agents tried to surveil or frame me, when I was in Southern Ontario.

I am particularly confident about the Turkish ones having a wide-spectrum of data, about everything, in and around the phones and computers in my apartment in Kitchener from February, 2020 onward. They might even have a digital copy of the document sent to the ICC that should have warned them about getting sucked into the geopolitical tragedy left in Afghanistan by American led forces — if they had followed the hints within my private emails and github commits like,

"Ya gorundugun gibi olacaksın, yoksa olduğun gibi görüneceksin. İşte! Gordunuz gibi, ben sadece sıfırım."

Why would I even do such a thing, especially when not even a single one of my contacts in countries like Turkey, and UAE are even remotely connected to the defense industry?

It's because I don't actually care whether news agencies label Erdogan as a nitwit or a maverick genius just the way I don't care if Joe Biden should or shouldn't be reelected.

I don't have any vested interest in the functioning of those countries but, all of those nations including seemingly tiny ones like Barbados or Seychelles Islands end up impacting the price of my breakfast due to globalization. I do care about the price of bread and butter in every other economic market and region of the world, because that kind of knowledge pays for my bills.

With basic forms of publicly available business intelligence and economic data, even I was able to write an article in March, 2021 about how Erdogan would use a method of rebasing Turkish Lira, or use something like currency swaps to restructure Turkey's sovereign debt and liquidity issues, but only after letting the Turkish Lira's value plummet while curtailing the influence of Turkey's Central Bank. So how were the financial pundits in Canada, the UK, and the US not anticipating Erdoan's

financial restructuring plans in 2021, and especially when those very same pundits helped him learn those tricks in macro financing and economics from American and British banks involved in eurodollar trades?

Another thing I care about is that there are still a number of family and friends in Turkey, India, and UAE that I care for. And, that once upon a time when I was a little 8 year old boy, a Turkish military police assigned to be my bodyguard for a few months taught me an important life lesson.

That particular man from the Turkish military police would tirelessly, motionlessly, and expressionlessly stand guard next to my apartment building's entrance everyday. He would silently track every one of my movements in the building's front yard. He did so for weeks, while I had tried to get close enough to a neighbor's cat in the yard to pet it. Until then I had never seen a cat in real life, and only had pet dogs.

That cat was the most magnificent and mesmerizing thing! But it would simply run away each time, as soon as I even tried to get close to it.

Seeing me haplessly chasing the cat for hours till dusk after returning from school, one fine day the soldier brought some milk from a store, poured it into a dish and left it by the entrance of the building. He stood by the dish, when the cat came by and finished drinking the milk, he was able to pet the cat and even lift it in his arms. It was so amazing!

So the next day, I brought out some milk from my home, and poured it into the dish. When the cat came and slurped up all the milk, I approached it... and it ran away.

The trick did not work!

That is when the guard spoke to me for the very first time, and then never again after that day. He said that cats could sense a person's intentions. If you do not have honest, transparent, and pure intentions they will not let you anywhere near them.

I spent many more days trying to figure out what that meant. I would sit still next to the empty feeding dish without chasing the cat. And then eventually the cat came to me one day by itself, and let me pet it. I didn't even have to give it anything... except for honesty. That is how I learned about becoming friends with a cat.

O Canada! In the five years I lived in Southern Ontario, I didn't manage to meet a single person over there with the clarity of conscience, strength of conviction, placid honesty of thoughts without ulterior motives, and the swiftness of just actions — matching even remotely close to that of the particular guard I had once met as a kid.

I did meet some people in Canada who had few of those qualities, but not all. I am going to guess it was merely my misfortune that I didn't get to meet the more well rounded people in Canada because surely, and certainly, there must be Canadians, in this disintegrating world, who do possess all of those qualities. There must be, there ought to be! Right?

So what is my motive with all of this, what is my agenda, endgame, or exit strategy?

I don't have an endgame or an exit strategy. My struggle isn't just against corrupt people and bad institutions that continuously injure millions of people year on end — my craft and work is mainly against conniving policies and hazardous ontologies that have been propped up by those bad people and unwholesome institutes, as *the universal golden standards*, for all societies and peoples of the world to follow and abide by.

Let me take a jab against one of those so-called golden standards right here. You might have heard about the idea that "ends justify the means." Well, that is impossible.

The only valid statement from a systems perspective about means and ends is that the ends do not rightly justify anything. The only truth concerning means-ends relationships is that the quality of the ends, inherit the quality of the means.

This is why hollow and empty means lead to hollow and empty ends. Deception begets deception. Entrapments beget entrapments. Shenanigans beget shenanigans. And warfare leads to more warfare, not peace and restitution.

Only legitimate means lead to legitimate ends.

By now you should have also noticed that I stopped chasing things a long time ago. I've instead adopted the approach of helping people who keep chasing after me, with or without any milk, arrive at their inevitable destinations.

So, dear Canadian officials, when you have your investigators run into tiny snags like not being able to retrieve the whole truth and nothing but the truth, in case of:

- **Scott Grant:** Use the phrase, "Atomic chef, set phasers on stun" and he might magically remember each and every detail of the days on which he spoke to me on the phone, to then most profusely regurgitate all of those memories.
- **Officers Negrazis and Finch:** Please, ask them, "What's slim and thin, and has some skin, and god knows how many holes it's been in?" It might jog their memory from the day they were dispatched to arrest me. Or maybe it will cause them to clam up. But, try it anyway.

- **Constable Heaton:** Ask him and his partner if they remember visiting my apartment in the second week of May, 2020; and if either of them remember me holding a flattened Canadian one dollar coin up to them at some point during their conversation with me in my living room. Then kindly ask, which one of them copied from whom during the police recruitment tests.

And then there is the most peculiar issue of the word — *munificence*. It doesn't just mean largess or something like that. The concept of munificence isn't achievable by human beings, it is merely a philosophical and an idealized concept. But if you were to go down the rabbit hole of finding out how **Dr. Douglas** ever came across that word, you just might run into a professor who had taught me marketing at the University of Waterloo MBET program, who turned out to be the local information broker with reach to GCHQ. Quaint, huh?

And while chasing any other one-off set of email communications I might have had with some retired professor of civil engineering from University of Waterloo, you might run into a group involved in sneakily transferring national heritage artwork and antiquities from various countries into Canada, and via Canada to other countries, for running their pseudo-religious organization from within the University of Waterloo.

Now, I shouldn't say that they could have been smuggling national heritage artwork and antiquities of several countries for the purposes of money laundering. And I definitely shouldn't say that I gift wrapped them to be picked up by Interpol and Europol, but could someone please check to see whatever happened to that group, and if it is still active. This just might be the reason why Interpol and Europol could become interested in providing data they have about my activities, which will instead, showcase Canadian private and state-sponsored sleuths headbutting into each other while they were chasing after me.

Why were the local spooks in Toronto, Whitby, and Kitchener chasing after me in the first place? Maybe they thought I was exotic and they just wanted to pet me.

Now, given these kinds of details, wouldn't it be scandalous if some professor and a socialite in UWATERLOO were running an art smuggling hustle for their religious cult in the name of promoting syncretism? As if everything else in this document isn't scandalous.

However, the most valuable thing one can obtain from this entire document, which has billions of Euros (trillions of Yens) worth of lawsuits against Canadian organizations, is by discerning the following:

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— End of Appendix IV —

Appendix V

V.1. The issue of dying civilians in a range of ongoing military conflicts

It is now the end of March, 2022, the war in Ukraine due to an invasion by Russia has lasted for a month. The number of media outlets covering this event is much larger than any war in the recent decades. A few hundred Ukrainian civilian casualties along with millions of displaced civilians who have become refugees is being reported with hourly updates on every news channel. The first few scores of Ukrainian soldiers to have died in the war were given a burial in recent weeks. The most obvious fact is that Ukraine is neither a member of North Atlantic Treaty Organization (NATO) nor a full-fledged member of the EU. It has had impish support from NATO and EU, all of whom claim that they are not a party to the war in Ukraine but stand firmly against Russia to add socio-economic and political censure against Russia.

As if the Russian military could care about who shows up in Ukraine to get shot at.

However the next, most obvious and stark observation is the world's reaction to dying or displaced civilians in Ukraine compared to that of any other country. Particularly the stance of reporters and journalists in EU countries has been that of extreme shock with statements more or less like:

"These are people with blond hair and blue eyes being killed in Europe, they are not Arabs or other uncivilized people. They shouldn't be killed!"

The hypocrisy and prejudiced attitude against people of Asia and Africa ingrained in so many westernized communities isn't cunningly hidden anymore, and it is out on display for the world to see. It is obvious that ordinary citizens of westernized countries fully approve of their governments' atrocious actions against "other people," especially against those in the Middle-East and Africa. And now that the very same type of bombardments that completely flattened Afghanistan, Iraq, Syria, Palestine and Yemen have started to land in their backyard, they wonder why, and ask the warmongering bombardiers to go back to filling up on their bloodlust in other countries where people aren't predominantly white or christianized.

Woe on humanity! Woe on those who think that allowing millions of people to die in other countries of the world each year from missile attacks, would keep their country unscathed!

Every country's true nature and colors are now more apparent and plainly visible. The silent and the indifferent aren't just saving themselves from a war in some passive manner, they are actively supporting the destruction of economically weaker countries.

There isn't a way to stop a war once it starts against a nationality or ethnicity, the current Russian government isn't going to suddenly stop because of a few economic sanctions in its quest to ``assimilate`` all historic Russian peoples and lands based on its pre-1990s worldview.

Do you suppose the Russian militaries will simply leave Ukraine after a few skirmishes so that Ukrainian people can seek vengeance through sporadic guerilla tactics? No, the Russian forces are occupationary and their logistical brigades are already laying down new pipelines for water, oil, and gas as well as new railway tracks, roads and bridges for even more troops to settle into captured Ukrainian cities for the long haul.

The long haul in all cases of warfare involves intergenerational suppression of ethnic, cultural, and linguistic aspects of the occupied lands and peoples. Those who cannot be killed are raped. Those who cannot be raped are thrust into labor camps. Those who cannot be enslaved are sold or driven away.

The conqueror then implements a currency within the conquered lands with their emblem on the heads side, and that of the subdued and ``quelled`` peoples on the tails side of the minted coinage system.

Every individual of the westernized world will now come to bear witness to what they turned a blind eye to in the Middle-East, Central Asia, South-East Asia, South America, Pacific Islands, and in Africa. I don't suppose that will cause any of the individuals in western countries to experience any kind of trauma, or post-traumatic stresses and strains, will it? And if it does, things like CBT and DBT won't worsen those stresses by pushing those individuals towards ``accepting`` helplessness as mere placation, will it?

Perhaps, one or the other individual will decide to do something, other than to stick their head into the sand when they are told, "don't look up!" Such individuals might realize that the target principles being sneakily fed to them through cultural programing, marketing, CBT and DBT were the problematic and erroneous thoughts to begin with; for how in the world can it ever be "acceptable" to allow for more mass rapes, tortures, abductions and murders to occur, anywhere, against any groups of people or ethnicities?

It has only been a little over two months (9th May, 2022) since the invasion started, the war in Ukraine has already gotten to the point where civilian women and children get turned into mist with not even their body parts or clothing left for any kind of a final rite.

V.2. Meta analysis

1. Why I've tried to avoid using my wife's name:

- a. I do not want her name to come up in this documentation of heinous and atrocious things. And we recently got divorced so I feel sad when I am reminded of how our lives broke apart in a tragic way.
- 2. What a word frequency analysis and automated sentiment analysis of the document may reveal:
 - a. Analysts using outdated linguistic feature sets and algorithms, or obsolete theories of psycholinguistics will come up with paltry and uninformative descriptions to summarize this document.
 - b. Such analyses will not reveal the words that have not been used for conveying particular forms of meaning, to those who were privy to the entire writing process of this document. Most probably nobody other than me was privy to this document's editing process.
 - c. Any rudimentary psychoanalyst will merely count the sentences with personal pronouns and try to ``look for patterns`` in the narrative style to attribute labels like narcissism, self-indulgence, or deluded self-righteousness. These types of analyses will not change how unscientific the field of psychology or psycholinguistics have come to be, nor will they improve Canada's public services.
 - d. The frequent use of past participle tense, jarring tone, run-on sentences, and repetitions that seem like rambling, are likely to be off-putting to any homebody and busybodies that may have been asked to parse this testimonial report, and edit or summarize it for their executives. If such attempts to extract the ``precise and concise`` meaning of this non-fiction literature fail, overseers with a penchant for truth, and a bunch of sticklers, might try to grind away at this verbose exposition. For no matter what one may think this presentation is or isn't, it certainly cannot be ignored or shuttered away.
- 3. It is likely that most people will experience severe forms of cognitive dissonance, as they read through the seemingly never ending materials that won't set well with their existing sentiments, along with a newer understanding of how wretched their cherished societies have actually been.
 - a. Their cherished organizations and communities have been particularly wretched, for orchestrating series of mass murders, mass rapes, mass abductions and mass exoduses of poor people throughout the world, just so that those organizations and communities could have their insatiable comforts and luxuries.

- b. Any person going through this type of literature is likely to address their cognitive dissonance via rejections or rebuttals instead of addressing the situation at hand.
- c. Very few people will obtain ``actionable intelligence`` from all of this because they are better equipped to look for a particular needle in an ocean of sharps.

4. Brevity?

- a. The length of a document does become extended due to repeated topics, enumerations, and a large number of different topics with many more enumerations.
Yes, yes indeed it does, doesn't it?
- b. What was I stalling for? I was waiting to see what the Russian hypersonic missiles would do. And then what? That is explained in "a what-if scenario."
- c. If your intelligence group hasn't been able to find those what-if scenarios or you don't have access to those intelligence reports then don't worry about it. Those kinds of scenarios, thought-experiments, or case-studies might not be your ``cup of tea.``

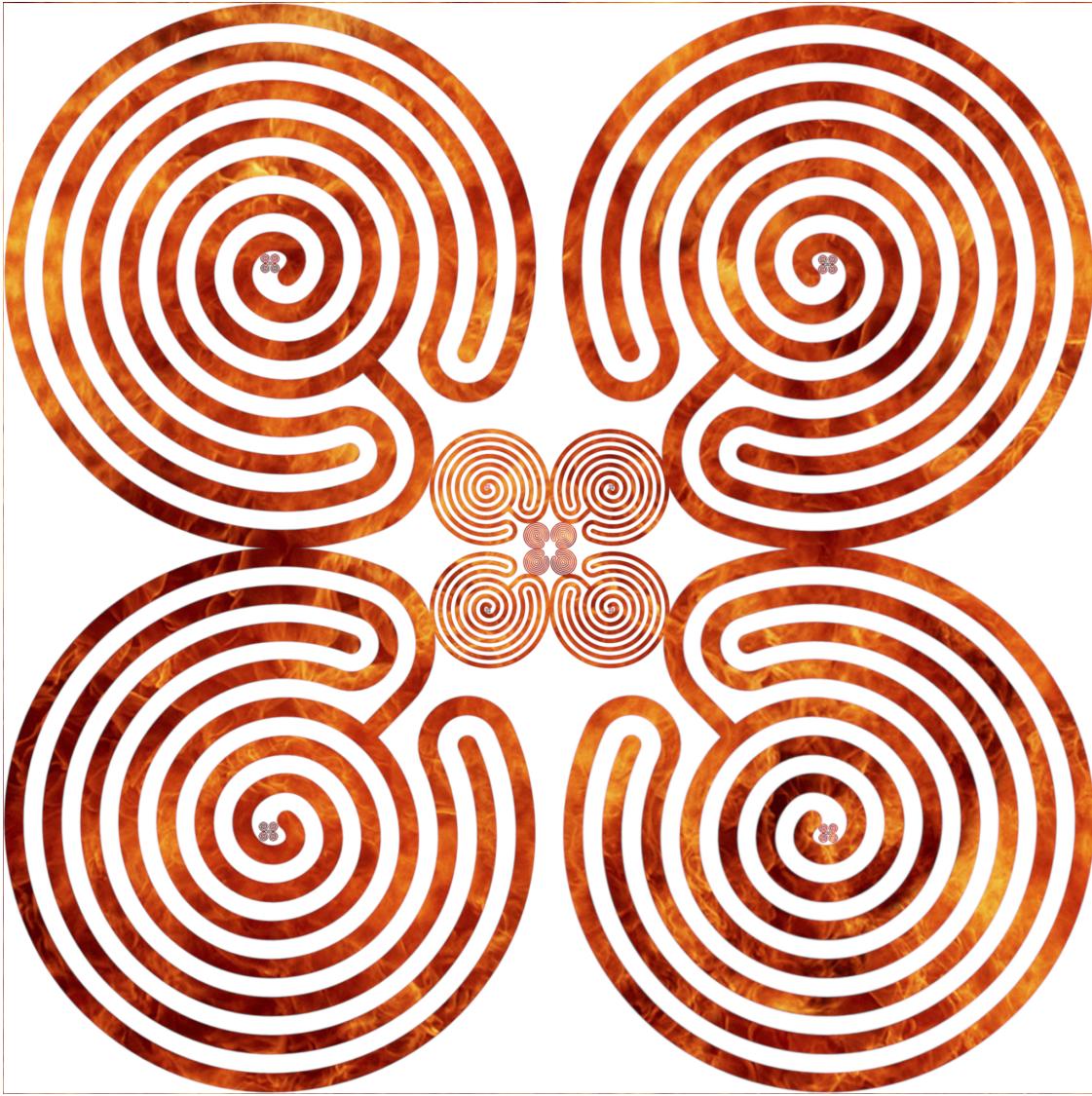


Exhibit F - Infinitely blooming fire maze

This document is figuratively a bomb. Anyone suspecting it to be ``dirty`` or noticing that it is complicated and unwieldy doesn't make it any less of a bomb. Though it is pure and clean, as a more accurate and descriptive analogy about its nature, than an improvised explosive device with precarious hardwired components, this document is a self-regenerating maze of fire, with no escape from it except for the innocent.

So how is anyone to achieve any sense of material finality in this situation for any of the issues at hand? Only through restitution and reconciliation, towards genuine relief, and by becoming blameless under the purview of The Absolute.

— End of Appendix V —

— Please turn to the next page —

Appendix VI

VI.1. Requirements

I've been waiting, for the ones who have been spying on me, to do something more meaningful with the exclusive information you were able to receive from such writings, for filing a strong case to mitigate long standing prejudiced crimes against various ethnicities within an international court of law. Instead I've come to note that legal cases were being built against me in collaboration with wretched law enforcement, justice, and secret service agents of Canadian, American, European, and British origins. I expected as much, but I was hoping that at least one officer among yourselves would try to take up the mantle for helping those who are being surreptitiously and systematically cheated, conned, betrayed, injured, and even murdered en masse via government and corporate entities located in Canada, the US, and the UK.

It is understandable that Indian approach to contingencies are at play right now as they should be, and that the Government of India is in a tight spot regarding such issues. However, I believe that anything that has managed to escape a womb, already has some intrinsic skills to escape tight spaces. So they will eventually figure out how to get out of servility and subterfuge of age-old ``allied`` forces. And even though my faith in governing leaders has worn thin due to the treacheries I have suffered, I still have the last bit of it reserved for those in service to the Republic of India, who understand that they are not to compromise even an inch during any negotiations that have commenced, and to *bash on regardless*.

I am not a spy or a secret agent of any government, never been one, and I don't aim to ever become a spy or a secret agent. But it is easy for me to notice the build and make of underhanded secret service agents, particularly in Kitchener, Ontario, Canada. This is because they are usually too healthy compared to the local residents who were born and brought up in KW-Region, or compared to those who have lived long enough in those geographic areas. Long-term residents of Kitchener typically have unhealthy teeth and gums due to fluorosis from excess fluorides in the region's tap water.

Also, people born and brought up in and around Elmira, Ontario, tend to suffer from various physical deformities, skin and hair discoloration in patches, and other visible ailments because of Agent Orange that is still leaking into the water sources of that area. This is due to the fact that stored and dumped containers of neuro-toxic chemicals from factories like "Uniroyal Canada," which produced instruments of biochemical warfare like Agent Orange for America and Britain, are still seeping into the soil and hydrological profile of Southern Ontario.

Canada has always been the sneaky harbinger of death and decay — lurking around in the background while wearing a set of black gloves, a cloak and the crow-skull-mask — among each of the wars led by the US or UK, throughout the world.

Canada has forever been the primary location for conducting heinous biochemical, psychological, and technological experiments on indigenous and migrant populations by supremacists, to then release the ``fine tuned`` outcomes from those experimentations, onto the rest of the world.

It turns out, operatives hired and recruited by secret services in Canada are among the ``elite`` and are usually from outside poverty stricken regions like Kitchener and Waterloo. KW-Region is merely where the effluents of the affluent in Toronto flows to, and stagnates.

This is why, if recruited operatives weren't sufficiently healthy to be designated as elite agents, they wouldn't get deployed into the field. And when such agents are required to blend into populations of cities like Kitchener, they still don't seem to realize that a person like me who walks instead of drives, gets to observe and learn more about ordinary people of the city through in-person conversations, particularly in small and sparse urban environments like that of Kitchener and Waterloo, where those agents stick out like a polished thumb on top of a bucket of sore thumbs.

So, dear governments of Canada and USA, when your agents and Crown Prosecutor from the UK give up on stereotypical angles of building a fabricated case against me like espionage, blasphemy, heresy, bigamy, domestic violence, defamation, slander, libel, financial fraud, or tax-evasion, you can send in the more educated fellows to address this matter through legitimate and sincere dialogues.

Let's try the following requirement, in case you want an excuse or an easy way to escape from fulfilling *the immediate requirements stated in Section 13.1.1* —

On behalf of all Canadian agencies, if Justin Trudeau can swear an oath and present in writing, on the pains of the presence and even the absence of the Trudeau family name being erased from all realms of all possible dimensions, that no secretive actions of surveillance or entrapment were taken against me or any members of my family, such as the ones mentioned in *Sections 6 through 13* of this document, by any agents or agencies of Canadian origin or affiliation, then I will gladly and cheerfully let go of all issues and objections raised herein.

The alternative is slightly less cumbersome. Once you fulfill *the immediate requirements* of providing a full compliance report regarding my illegitimate detention in GRHC along with all data pertaining to me and my family by properly and formally submitting that report and data to me via formal and confidential government channels. The submitted report must include all data pertaining to me and my family that was collected and put together by Canadian state-funded or state-regulated entities that may have used various types of covert and overt methods for recording that data.

So, once you fulfill the terms specified in *Section 13.1.1*, the following options will become available:

1. You, the Canadian government representing all of your agencies and privately registered corporations within your territories, can do whatever you want to do, and I can go do whatever I want to do. This is the status quo, and is the best option for me because it provides me the greatest degrees of freedom while providing you the greatest degree of uncertainty about a bunch of "what-if scenarios."
2. You, the Canadian government representing all of your agencies and privately registered corporations within your territories, pay the compensation, remedy, penalties and debt owed to me in Euro currency. And fulfill these subset of terms and conditions that may be discussed further:
 - a. "The Indian Act" shall be renamed "The Indigenous, Aboriginal, Tribal, First Nations, and Indian Peoples Act" amended with verbiage at its defining and explanatory passages reading out to be something to the effect of the following nature and sense:
 - i. The federal government of Canada acknowledges that only persons originating from South Asia with citizenship of India are Indians.
 - ii. The term Indian(s) when applied to all other persons or groups of people has been a historic injustice and misnomer against peoples with unique traditions, heritage, ethnicity, and cultural identities.
 - iii. Given that the term Indian has come to be adopted by various groups of people and ethnicities in the Americas, Africa, Asia, Atlantic Islands, Pacific Islands, Australia and Europe, it shall remain the prerogative of such peoples to continue to identify with the word "Indian" in referring to themselves in a non-pejorative sense because the historical as well as modern context of such a word is formally understandable and duly acknowledged.
 - b. No form of a gag-order or a motion to seal any evidence pertaining to topics mentioned in this document are to be made at any point in time.
 - c. I will keep coming up with conditions forming such a subset of terms and conditions of *Option 2* until you satisfactorily fulfill *the immediate requirements*.
 - d. When you complete any of the subset of terms and conditions of *Option 2* within a stipulated time-frame, you will get a prespecified rebate in USD from the penalties you will have paid in Euros.

- e. Here are a number of items in the subset of terms and conditions for *Option 2*
- i. Identify and report on all instances till date, among all available records, where members of CMHA called upon or alerted members of WRPS. Within those instances, highlight the ones against muslims, hindus, sikhs, other non-christians, and all temporary residents as well as refugees.
 - ii. Dismantle and clean up the nexus between CMHA, WRPS, and GRHC.
 - iii. The WRPS is to be absorbed into the OPP and re-commissioned (reorganized) via the OPP. All emblems as well as markings pertaining to the WRPS are to be deprecated. You need to understand that we as human beings aren't just responsible for our actions as individuals, we are also responsible for actions as individual units. The individual unit known as the WRPS has repeatedly proven that it is unfit and unworthy of being recognized as a legitimate cadre among uniformed public service providers and officials.
 - iv. Identify and report statistical data on all psychiatry wards within Ontario on a quarterly basis. The statistics are to include the number of doctors, nurses, staff and the number of patients handled by each doctor.
 1. Report on the number of patients who were put under medical custody in a psychiatry ward by force or compulsion compared to those who were voluntarily admitted into the wards.
 2. Provide average and variance statistics on the number of days voluntary vs involuntary patients remained in respective wards.
 3. Provide statistical analysis on all the types of medications administered in each psychiatry ward. Identify practitioners who appear to be over-prescribing any particular medication, or seem to be biased towards prescribing more dangerous forms of treatment for different medical conditions.
 4. Report the number of medical complications and errors reported by nurses and doctors in each psychiatry ward.
 5. Report the number of medical tribunals held within each hospital concerning psychiatric treatment. Compare the number of patients who reached various stages of communication with their rights advisor —

- from no communication at all, to seeking various forms of assistance, and all the way to the conclusion of a tribunal.
6. Compare the wages and salaries of nurses working in psychiatry wards to that of all other wards in a hospital, among all hospitals and clinics in Ontario.
 7. Explain patient treatment outcomes with reference to such contextual statistics.
- v. How many other instances of patient records include the term "euthenia" or "euthymic mood" in medical facilities of Ontario across all patient records, especially among those of LHC, CMHA, and GRHC? Each of those records are to be reevaluated using more objective tests of cognitive functions of the person if such a person is still eligible to receive healthcare services via those facilities.
- vi. Day care facilities like Mt. Hope Day Hospital of GRHC are to be better funded and promoted among all healthcare providers for such out-patient services. Such day-care facilities with their updated scientific practices and educational programs are to be prioritized for patient support in the community.
1. And low-grade cults like Alcoholics Anonymous and other such anonymised pseudo-religious programs prevalent in Canada regarding rehabilitation of maladaptive-habits and substance use/misuse/abuse issues among community members, are to be deprecated.
 2. The horrendously inappropriate and woefully unscientific methods and principles of cult-like organizations such as Alcoholics Anonymous (and other such twelve-step programs), only serve to create breeding grounds for predators who endanger the lives of vulnerable people.
 3. The issue of being prayed upon and exploited among such informal group settings is so common that it has come to be known as, "getting thirteenthed!"
 4. Such harmful organizations and gatherings are to be immediately and swiftly shuttered. Their operations and existence as a substitute for medical care are to be rightly and correctly removed from all communities to prevent further gangrenous decay and regression of human society.

- vii. All medical files pertaining to Canadian non-citizens, and visitors, in Ontario from the earliest date possible, of all existing and even deceased persons, are to be submitted to the medical officers of the respective embassies of the non-citizen persons. The regularized system and method of transferring such records to embassies by establishing a clearing house is to be built by the Ontario Government, for Ontario can never be trusted henceforth to carry out medical treatment of non-citizens and non-resident persons without the option of immediate formal inquiry into those medical practices by members from respective embassies.
1. All non-citizens, non-residents, temporary-residents and visitors in Ontario are to be informed with formal due diligence that a copy of their medical files can be collected via their embassies as well as the hospitals and clinics they visit.
 2. All non-citizens, non-residents, temporary-residents and visitors in Ontario are to be provided immediate access and contact with their respective embassies when brought to a medical facility under all contexts.
- viii. All current and future patients taken into a medical facility in any part of Canada, under any and all contexts, are to be immediately provided direct access to rights advisors, along with suitable translation services.
1. In the case of non-citizens and visitors, prior to the implementation of any article or "a Form" or a similar legal writ as per any healthcare, or justice and peace related legislative act, the attaché at the embassy of the expatriate is to be informed. And subsequently, the order for implementing the warranted medical custody or any other such involuntary option is to be exercised only once a permission to do so is explicitly granted by the respective embassy.
- ix. The injurious and harmful culture in Canada, of trying to override an individual's freewill by using the government's machinery is to be ended right away! This type of cultural malfeasance and professional malpractice is a particularly problematic and endemic issue among Canada's justice, law-enforcement, social service, and healthcare practitioners.
1. In particular, individual members of healthcare institutions like CMHA, GRHC, LHC and Carizon are severely dangerous to community

members because they have been drinking deeply, for decades, from the kool-aid prepared by the likes of Donald Ewen Cameron. The fact that Donald Cameron was a white supremacist who laid out the foundations of healthcare practices within Canada, and greatly influenced those of the United States and the United Kingdom, is absolutely undeniable. Those neo-nazi views and bigotted forms of reasoning have been normalized over the years, and have crept into the core ethics of medical theory and practices taught to licensed practitioners. It is therefore requisite that the very source of harmful and murderous problems, willfully created by policing and healthcare related institutions, be thoroughly expunged from human society.

2. Psychology and psychiatry related workers must not be allowed to circumvent the type of liability insurances they need to maintain as professionals. This necessity would be more readily evident if practices like Cognitive Behavioral Therapy (CBT) were more accurately acknowledged as, "Professionally motivated suggestions, recommendations and advice provided by a practitioner in a clinical setting to a vulnerable and susceptible individual for the explicit purposes of modifying and directing that individual's beliefs, attitudes, thought processes and behaviors."
 3. As such, if practices like CBT, hypnosis, Eye Movement Desensitization and Reprocessing (EMDR), Exposure Therapy, and Dialectical Behavior Therapy (DBT) were properly acknowledged by the insurance industry for what those practices actually entail, then the professional liabilities of psychotherapists, psychoanalysts, and psychological and psychiatric counselors would be more correctly on par with that of lawyers, surgical doctors and professional engineers. Maintaining this level of professional liability insurance would also require psychotherapists, psychoanalysts, psychologists and psychiatrists to be more competently trained in the latest and most effective scientific treatment methods and diagnostic tools, while requiring them to be more vigilant and conscientious about not violating their Hippocratic Oath when performing their duty of care towards a medical patient.
- x. Every individual who receives services or products from any type of hospital, clinic, or pharmacy is to be provided with the printed copy of all data that was

collected during the course of providing the service or product, at the very instance of committing such data to the data handlers' repositories.

1. A uniform method for citizens, residents, non-residents, and visitors to access and download the digital copy of all their personal and private data collected by healthcare data-handlers, is to be created and made available to individuals in an accessible, trustworthy, secure, reliable, and confidential manner.
 2. If Canadian temporary and permanent residents can have access to similar data in the context of tax information from "MyCRA webportal" of canada.ca website then they can certainly have their medical data provided to them in a similar secure and confidential manner without undue hassles or hurdles.
- xi. No form of medically relevant data that allows a person, or the legal representative of the person, to sue Canadian, British or American operated facilities for medical malpractices — or for mishandling of their personal data — is to be shrouded, held secret, redacted or sealed in any manner by any data-handling agency.
1. No person is to be compelled, denied or induced in any conceivable way to prevent them from pursuing such lawsuits as individuals or via class action lawsuits in the applicable jurisdictions of their choice and convenience.
- xii. Any person seeking guidance and counseling for sexual health, religious needs or spirituality within a medical facility is to be provided the appropriate counsel pertaining to their sexual and religious identity without any attempts to divert, subvert, or supplant their gender orientation, religious views and spiritual belief systems. The option to avail such guidance is to be immediately informed to admitted persons and/or to their legal representative at the time of patient intake.
1. Advertisements and posters saliently describing patient rights, responsibilities and options for accessibility needs are to be prominently displayed in multiple salient locations throughout the facility, and such displayed messaging are to be kept up-to-date.

- xiii. A member of the CPSO is to publish either an essay in the peer reviewed journal "*Brain*," or publish an open access article in the journal "*Mind*," answering the question, "If Pavlov conditioned a dog, who conditioned Pavlov?"
1. The journal Brain's format for submitting an essay:
https://academic.oup.com/brain/pages/General_Instructions
 2. The journal Mind's format for submitting a full article:
https://academic.oup.com/mind/pages/General_Instructions
 3. Any number of members from the CPSO can assist in completing this writing assignment for getting published in one of the journals.
- xiv. Dr. Douglas is to be fired from CMHA and her medical license is to be revoked. She is to be barred from all medical professions.
1. Immediate legal remedies are to be provided to all patients of Dr. Douglas who have been injured due to improper treatment.
- xv. Social worker Scott Grant is to be fired and barred from working in any role ever again where he would have direct supervision of any human individual.
1. All criminal charges against him are to be laid out with effect for maximum penalties.
- xvi. All supervisors of Scott Grant and Paventi Douglas in CMHA are to be collectively held responsible, warned and further investigated for their culpability in propagating the harm done to private individuals, which were partly or completely due to covert and pernicious actions of CMHA members in coordination with those of agencies like GRHC and WRPS.
- xvii. Charges brought forth by public prosecutors, including felony charges, against Paventi Douglas, Scott Grant, their peers and superiors — for the various and several counts and types of professional misconduct and criminal infractions perpetrated by them — are to proceed without any exemptive privileges, partiality, favoritism, protectionism, or immunity.
1. Grafting made up reasons in a person's medical records and fabricating statements in legal documents like application of a *Form 2* for justifying bad medical decisions, which were life-threatening to the person, is

practically a felony if not a sizable misdemeanor. There can be no delays in pressing these charges.

2. Given that members of CMHA deliberately ambushed and pushed community members into tortuous and harmful situations by abusing CMHA's mandate along with the provincial government's policies, agencies and legal instruments — all instances of self-harm and suicide attempts of a community member under the care of Paventi Douglas, and all case file with any involvement of Scott Grant, are to be reexamined for negligence in care, fraudulence, as well as for negligent homicide and murder. This is especially necessary in cases where a community member could have been prompted to commit suicide via suggestions and encouragements from CMHA members or harmed through any other actions carried out via the CMHA.
 3. Special attention needs to be paid to case files of all persons who have been overprescribed psychotropics via CMHA. Such individuals are to be provided restorative and remedial justice along with an award of punitive damages for the harms inflicted upon such persons by government authorized agents and agencies.
 4. During the investigations, one needs to pay especially close attention to overprescription and unnecessary prescriptions of opioids, drugs like "Seroquel," and to other prescribed medications that increases the risk of suicidal tendencies.
- xviii. All files and data of every individual that Paventi Douglas and Scott Grant interacted with, are to be audited and reevaluated by an independent group of medical professionals who are thoroughly familiarized with the latest developments in psychology as per APA's recent mandate on uprooting racism in psychology. Such a group of medical professionals must be entirely, from outside of CMHA's membership and involvement.
1. All case files with inputs from Scott Grant and Paventi Douglas are to be reviewed thoroughly, especially ones with "edits," and applications for any kinds of enforcement directives. Files wherein policing agencies were "primed and prepped" by social services or healthcare workers are to be diligently scrutinized.

- xix. A similar group of medical professionals outside of LHC's membership and involvement are to audit all patient records of Dr Sorial and Dr. Gnaneshwaran at LHC. The allegations against LHC and its members are tantamount to — willfully and forcefully orchestrated serial murders of vulnerable people via dastardly means motivated by discriminatory prejudices.
1. These grievous issues pertaining to bodily injuries, harms, bullying and murder of patients, due to long standing and systemic prejudices within Canadian healthcare facilities, need to be taken up with the utmost seriousness without any delay and must not be dismissed by any legitimate court of law that is worthy of humanity's credence.
- xx. And likewise, in the case of GRHC, all patient records of Dr. Laveck, Dr. Mabifa, Dr. Bunker, and Dr. Popoola are to be audited and reexamined by an independent authority.
- xxi. The respective medical institutes like CMHA, GRHC and LHC being audited are to shoulder the entire costs for such audits. A summary of the auditors' reports are to be made available and accessible to the public via the websites of the respective medical organizations being audited.
- xxii. Carizon is to also work on providing programs that enable victims and survivors to seek legitimate resources towards justice.
1. They are to avoid using distraction or placation as the main course of action when aiding a client to seek out and avail means to rehabilitation, restoration, and restitution.
 2. Any use of CBT, hypnosis and DBT is to be conducted with the explicit understanding between the care-recipient and the care-provider that any target beliefs, attitudes, or behaviors will not supplant the care-recipient's existing cultural, sexual, gender, and religious identity.
 3. Topics and events expressed by a client are likely to hold testimonial evidence and as such, are to be recorded diligently with maximum fidelity. Restructuring the memories or recontextualizing the events recollected by the client are likely to alter or even erode the facts remembered by the person, concerning their lived experiences. Therefore such changes introduced into the person's testimony by way

of interacting with a psychoanalyst or psychological counselor must also be recorded faithfully.

4. It is often the case that when a counselor does not believe (invest credence or faith) in the statements made by a client, the artificialness of the counselor's behavior in expressing sympathy towards the client in order to build rapport, becomes glaringly apparent to the client. As such, the counselor appears disingenuous to the client and becomes untrustworthy. Having to rely on an untrustworthy (faithless) counselor is emotionally taxing and enervating. Counselors must be better trained to suspend their disbelief and merely note what was being disclosed to them by the client in confidence, with the greatest fidelity in note-taking as feasible. The counselors can then evaluate the validity and credulousness of the client's statements at a later juncture, without discrimination or preconcieved biases about what may or may not have genuinely occurred in the client's day-to-day life. The counselors can thereafter proceed to express their sympathy or empathy, and their motivations to be supportive, to better facilitate the conversation.
5. An inventory of the care-recipients' personal sense of identity and belief system are to be mapped using a formal, recorded method. And thus, the process of "recontextualizing" events or experiences in the care-recipients' life are to be done more explicitly via comparison and contrast with the personal inventory of the care-recipients' core identity and beliefs.
6. What would a formal method for creating an inventory of a person's sense of identity and core beliefs look like? That is a research and development initiative involving regular progress reports, to be taken up by Carizon and its supporting university groups.
7. All suggestions, coaching, advice and recommendations given to a client via any verbal or alternate means of communication are to be formalized and presented to the client in writing as an official document at the end of each session.

xxiii. Evidently, the insidiously sadistic nature of Donald Ewen Cameron has been embedded into the culture surrounding education and training of psychologists

and psychiatrists in North America as well as western Europe. It is to be thoroughly uprooted and vanquished.

1. As a start, all existing and future medical practitioners are to go through a biannual refresher course on ethics and morality with specific emphasis on reviewing the findings of all provincial as well as federal investigations done in North America concerning incidents within "*The Allan Memorial Institute*." Practitioners who do not have the common sense and decency to respect the freewill of a patient seeking medical attention, need not be provided licenses to practice medicine.
 2. The stealthy and deeply conniving nature of violations that have been and continue to be committed by feckless medical practitioners in the guise of treatments — due to endemic faults of systemic and cultural nature within North American and Euro-Centric medical sciences and industries — need to be rectified through federally authorized regular audits of all medical practitioners and trainees, particularly with the view of evaluating their stance and attitude towards the topic of, "not overriding or subverting a patient's freewill and final rites in any manner." Subverting or overriding a patient's freewill and personhood are acts of harm against the patient that violate the Hippocratic Oath.
- xxiv. A cap on the maximum allowance for remedies and compensations in the context of human rights violation is unjust and unfair. There can be no such limitation asserted as a blanket policy if genuine fairness and equality are to be observed and administered in such contexts. Especially the Canadian Human Rights Commission's view that only a maximum of \$40,000 CAD is to be awarded to victims of heinous crimes that destroyed or spoiled the quality of the victim's life, sets a degradingly low value on human life.

Particularly in the case of systematic violations committed against indigenous and First Nations peoples, as well as state-sponsored crimes committed against marginalized individuals and communities, the policy that a pittance of \$40,000 CAD is somehow an "adequate" remedy and the only allowable compensation — is yet another insult to injury against deceased victims, survivors and their suffering families. Such meager and paltry gestures are currently being made, ``to reclaim the prestige of Canada and the Christian Church,`` at a current point in human history that is more than sixty or seventy years after those systematic

violations were recognized as crimes, were abolished as socially acceptable practices, and were vehemently condemned by all humanitarian societies. This fact is simply the stark reality and evidence of the deplorable rot that continues to plague Canadian ethos and jurisprudence.

Canadian jurists and legalists have failed to recognize and still continue to deny the destruction caused to human ecology and equity by acts of genocide. Such state-sponsored acts brutally robbed each victim of their life, livelihood, dignity and basic human rights via heinous and repugnant crimes committed within state-sponsored facilities like hospitals and "residential schools." So, punitive damages need to be awarded to survivors as well as to the next of kin of deceased victims, especially for the added violations of attrition caused by systematic denial and deflection of culpability on part of: the Canadian government, its sponsored or regulated agents and agencies, as well as various Christian Church related organizations.

The compounding and cumulative — harm and devastation — inflicted upon minorities as well as indigenous and First Nations communities resulting in irreparable loss of cultural capital of systematically oppressed peoples, cannot be compensated by a mere \$20 billion CAD; especially when the Canadian Dollar remains tainted for being pegged to fossil fuels and commodities that have been extracted from stolen as well as misappropriated lands and water bodies.

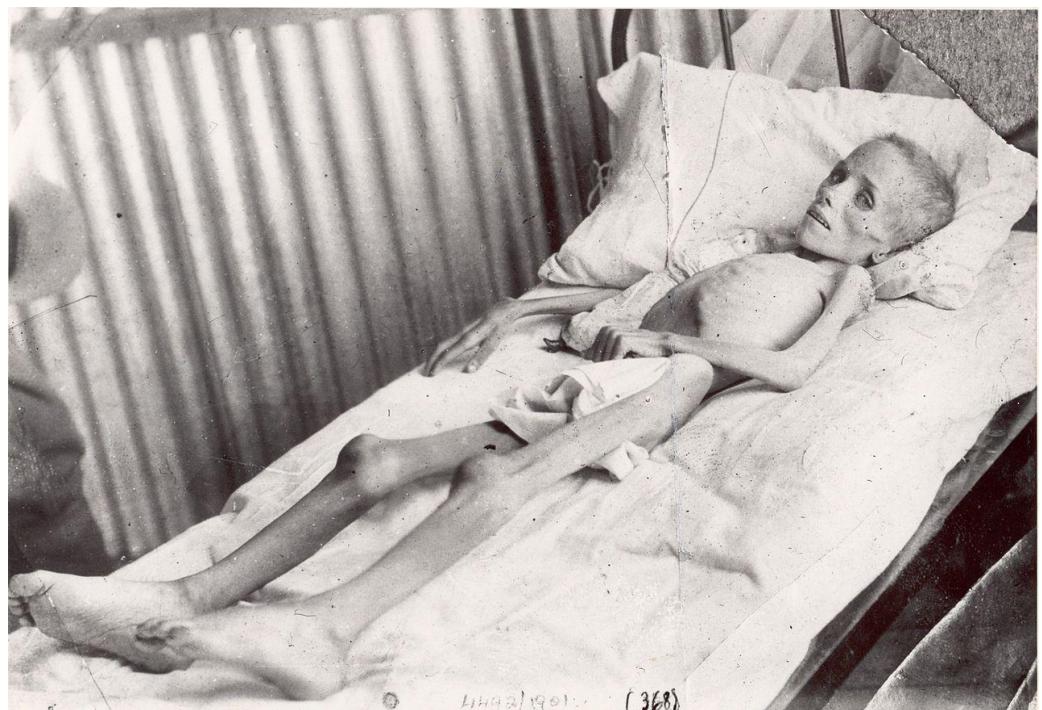
Given that churches and Christian organizations have had a deep involvement in orchestrating crimes against humanity in Commonwealth Countries like Canada, the duty to remedy their doctrinal views which allowed for such crimes to take place for more than a century, squarely rests upon the shoulders of existing and future organizational leaders of "The Church." As proven by history, The Church isn't short of money or financial capital which it can pay towards repairing the damages and harms it has caused to the world during the past centuries, it has merely remained short on moral principles and scruples to be able to do so.

Most importantly, the Pontifex of the Vatican has yet to explain how come The Church, i.e. The Body of Christ, had such unwholesome and deplorable appetites such as sexually abusing children and murdering indigenous cultures.

And, the Vatican has yet to demonstrate to the world through its actions that those vile appetites of The Church have been thoroughly expunged from its corporeal existence in such a manner so as to guarantee that all those types of violations against individuals and crimes against humanity, will never again be committed by any and all ordained members of its ministries and parishes.

- xxv. The name of Kitchener City is to be changed as this name venerates the "Kitchener of Khartoum," who was a genocidal fiend. Herbert Kitchener killed civilians en masse in Sudan and Southern Africa while giving rise to the tactics of abducting and murdering civilians via concentration camps in WWI that were later adopted by the Nazi party during WWII. [The Boer War concentration camp system](#) innovated by Herbert Kitchener was the first time since the ancient era that a whole nation had been systematically targeted, and the first in which whole regions had been depopulated in this manner.

In Southern Africa, many tens of thousands of Boer women and children were forcibly moved into those concentration camps strictly for the purposes of eradicating the Boer and other South African communities.



The above image is of [Lizzie van Zyl](#), a Boer child who died at age 7 within the British concentration camp at Bloemfontein. (Image source: Wikimedia commons.)

Herbert Kitchener also systematically implemented the British "Scorched Earth

policy" by destroying all crops, livestock, homesteads and farms that belonged to the Boer peoples. It is evident that he did so, strictly for spreading British white supremecist designs and for his personal gratification derived from committing serial mass murders.

Herbert Kitchener spread intergenerational harm and devastation in each part of the world he was deployed to, by the erstwhile British Empire.

It is unconscionable and deplorable for any conscientious human being to venerate the white supremecist who was the inventor of genocidal internment and concentration camps.

- xxvi. One can read about the Nazi ideology proposed by Franz Pfeffer von Salomon in "Chapter 60 - Barren Trees" of the book titled, "*Facism*," edited and compiled by Roger Griffin [1]. Franz Pfeffer's political and sociological ideology proposed a method for breeding a new race of white supremacy by weeding out inferior races through eugenics. Franz Pfeffer also promoted the idea of fundamental inequality, even among Nordic, Germanic, as well as other European, and Eurasian people, due to his perceived differences in individual abilities. This form of ableism and Nazi rhetoric was formalized by Franz Pfeffer in his writings, which were adopted by the [Sturmabteilung](#) (The Nazi SA group) and fanatically enforced by the [Schutzstaffel](#) (The Nazi SS group).

Its main programmatic principles and criteria are quoted here, which coincidentally have remained the main principles and criteria of Canada's immigration policies since the inception of Canadian constitutional laws —

"All Germans are unequal. That is the starting-point. [...] The first logical conclusion to be drawn from inequality is the inequality of value. Some Germans are more valuable than others. A logical consequence of this inequality must be *the principle of unequal treatment*, that is, unequal share of state power, property, culture. All these must be distributed to people on the basis of how valuable they are. [...] A further logical consequence of inequality in what people are worth, and the continuous changes brought about by the development of the nation, is the duty of the state to take charge of this development, which means influencing it in every way possible. Excellence must be increased and enhanced further. Inferiority must be reduced. In plain terms this is a question of breeding. Improving the stock of the race. [...] From the above

considerations I can draw up the following programmatic demands of our future state. [...] To determine the degree of higher or lower value of all inhabitants of Germany, the value will be assessed as the function of four criteria:

- 1) Actual performance in their professions
- 2) Physical attributes according to health and racial characteristics
- 3) Spiritual, moral and cultural traits
- 4) Hereditary traits evaluated by considering parents and grandparents

No pity is to be shown to those who occupy the lower categories of the inferior groups: cripples, epileptics, the blind, the insane, the deaf and dumb, children born in sanatoria for alcoholics or in care, orphans, children born out of wedlock, criminals, whores, the sexually disturbed, etc. Everything done for them not only means taking resources away from more deserving causes but counteracts the breeding selection process. Nor should we mourn the dumb, the weak, the spineless, the apathetic, those with hereditary diseases, the pathological, because they go under 'innocently.' [...] This bottom category means destruction and death. Weighed and found wanting. Trees which do not bear fruit should be cut down and thrown into the fire."

Any individual who goes through the Canadian immigration process via its Permanent Residency or Citizenship program, is subject to the above type of humiliating and degrading selection and selective breeding process by being meticulously prodded, poked and inspected by state-sponsored doctors. These state-sponsored doctors are charged with the responsibility of evaluating every portion of a newcomer's body, genetics, behavior, and cultural outlook to decide on whether the state-mandated criteria of fitness, and the requirements for assimilation into existing Canadian society can be fulfilled by the newcomer.

The graded and sifted immigrants, as well as refugees, are then systematically slotted into a low paying dull-dirty-dangerous job, as determined by the immigration and labour requirements of various Canadian provinces.

Evidently, the ``immigrant and refugee stock`` are systematically denied opportunities to seek and avail better educational, healthcare, socio-economic, political and living conditions within Canada, by various Canadian public as well as private sector institutions and organizations.

It shouldn't come as a surprise that the racist ideologies and designs of people like Herbert Kitchener, Franz Pfeffer, and Donald Cameron formed the basis of Canadian mindset, societal norms and constitution. What is surprising is that they were retained at the very core of numerous Canadian public sector institutions and private organizations, even to this day and age of the modern scientific era. The culpability of Canadian states-persons, lawmakers and legislators in such heinous, genocidal acts — is practically incorrigible. But those racially prejudiced criminals in seats of high authority and political influence are cleverly protected and indemnified. They are even given legal immunity to perpetrate such widespread crimes against humanity by Canadian statutes and laws. Such prejudiced and discriminatory practices are to be immediately ended, and expunged from all Canadian legislations and institutional policies if Canada is to have any shred of moral decency and constitutional legitimacy.

[1] Griffin, Roger (1995). *Fascism*. Oxford University Press. ISBN 0192892495.

- xxvii. The potential for, as well as the actual extent of lymphatic and neuro-endocrine injuries, and reproductive harms inflicted upon community members by Canadian public service providers via forcibly administered treatments constitutes systematic forms of genocide. Such grotesque and fiendish human rights violations and mass murders cannot be allowed to continue, and must be prevented from being perpetrated ever again!

The type of pernicious and cumulative harm caused by forcibly administered treatments often causes victims to become mentally destabilized, vetrically tortured, and extremely tormented. Canadian authorities as well as institutional staff, managers, and leadership responsible for causing such harm are then able to blame as well as stigmatize the victim for being ``mentally disturbed and incompetent.'' In doing so, the responsible parties are able to cunningly evade responsibility and are even able to further dehumanize the poor victim. This in turn causes the victim to be forced towards fatality via suicide or medical distress by succumbing to those grievous injuries, humiliations and torments.

Such is the manner in which Canadian professionals aiming to ``sanitize'' or bring any level of ``hygiene and sanity'' to a situation involving an abused person from a visible minority group, invariably sterilize and neutralize the

innocent community member. Such invariable acts of causing reproductive harm, debilitations or deaths is distinctly because of the professionally indoctrinated protocols and training approved and authorized by Canadian ministries and accreditation bodies. The innocence and faith of that community member who was merely seeking medical help, is eventually abused and fatally shattered by the systematized methods embedded within Canadian institutions and organizations. These types of irreparable injuries and harms inflicted upon innocent people are committed by Canadian professionals on a daily basis. Worse, this pattern of state-sponsored xenophobic crimes committed by Canadian agents and agencies are still ongoing, and have remained unabated for decades.

From these expositions and discussions, it can be stated that such unabated offenses, violations, and genocidal crimes indubitably justify every form of eventuality in terms of retaliations and retributions, which may be levied against Canadian entities throughout the world in order to obtain satisfactory recompense.

However, for the time being, Canada has the opportunity to rectify and remedy its dishonorable and wretched actions by dutifully and publicly apologizing, as well as properly compensating the victims and survivors of such state-sponsored crimes against humanity. It is also necessary that Canadian entities that have committed such vile and unjust actions against individuals and marginalized groups, pay the appropriate amount and form of punitive damages to the survivors as well as to the bereaved families of all victims — without any further delays or hindrances.

Wouldn't it be a tragic shame, and an eternal mark of disgrace upon the lives of every Canadian, if Canada were to squander the time-limited opportunity to rectify its wrongdoings and misdeeds?

- xxviii. Has Canada ever solemnly commemorated a day to mark and recognize the poor and innocent civilians who were murdered and indecently thrust into hidden graves by Canadian soldiers and religious groups?

Canada celebrates "Remembrance Day" as an ode to its military veterans and mainly as a form of paying respect to those Canadian professional cadres who were injured or fallen in combat. The individual as well as collective verve and

zeal throughout Canada demonstrated by wearing a symbolic Poppy flower in the month of November, and by publicly displaying slogans such as, "Lest we forget!" are quite motivational and inspiring.

But, the evidence of atrocities committed against indigenous, aboriginal, tribal and First Nations people — as well as the systematic violations still being committed in bad faith due to discriminatory motivations against marginalized groups and newcomers — are being surreptitiously erased, normalized and whitewashed by Canadian institutionalized practices. This type of insidiousness, dishonors all human beings, and degrades the very concepts of humanity and human rights.

So, Canada is to enact by law, a day to commemorate and mourn the tragic losses suffered by victims and bereaved survivors of Canada's genocidal activities. Let this day remind Canada that its sins against humanity are never to be forgotten, and are yet to be forgiven.

- xxix. The concept of "Justice of The Peace" has remained a farce that allows a court appointed staff member who has never passed the judiciary's bar exams, to erroneously sign off on various types of writs. To which organization does a Justice of The Peace owe their professional licensing? What kind of professional liability insurance does a Justice of The Peace need to maintain? It turns out that a Justice of The Peace in Ontario, like many other jurisdictions, need not even have the competence of a certified legal aid or of any other professional vocation.

The age-old colonial practice of using falsified evidence, prejudices and fabricated social "misdemeanors" to harm vulnerable and marginalized communities has been propagated via the use of unqualified staff members who only pretend to be like magistrates, merely to provide an air of legality and legitimacy for the coordinated crimes committed by social services and policing forces. Nothing short of abolishing the condemnable concept of "Justice of The Peace" and Quasi-Magistrates will suffice in providing equitable treatment and uniform application of legal frameworks for a legitimately constituted society or nation.

No form of restitution or closure can be arrived at, in this regard, without enacting re-enforceable penalties and strict punishments against all such

judiciary members or staff who signed off on any legal documents that permitted or facilitated the use of discrimination, forced involuntary detention, and subjugation, especially via politically motivated punitive medical practices.

- xxx. The serious issues expressed in each section of this document are not to be taken lightly, are to be discussed with the author, and resolved appropriately, without further delays or hindrances.
1. Working through the various and several points of Option 2 begrudgingly and under some kind of an external compulsion is likely to lessen, spoil, or degrade the required outcomes.
 2. So, if any of the above points appear to be indefinite or perpetual because of which you would rather not take up the duty of sincerely working through those points with a perfect inclination towards remedy and rectification, then, you must first ask yourselves if the concept of "Canadian Standards" ought to be continuously improved and made to last.
 3. It is also very likely that all of this hard evidence exposing the malicious apparatus of the Canadian government, which has produced daily and continuous harm against countless innocent people via its lethal and destructive appendages for decades, will fall on deaf ears and will get thrust into obscurity. Indeed, such an eventuality is quite likely and the opportunity for Canada to do the more diligent, legitimate and honorable thing for its future, will simply perish yet again.
3. You, the Canadian government representing all of your agencies and privately registered corporations within your territories, pay out a lump sum in Euro currency to me for whatever kind of non-disclosure agreement and settlement you can table and convince me to agree to.

Option 3 may sound like the best option for you because it grants you the greatest degree of certainty while giving me the least degrees of freedom. However, it is likely to be in the order of billions of Euros so it might not be affordable. Plus, if you had billions of Euros to spare, why would your real estate, food distribution, healthcare, education, and justice sectors continue to languish in dire straits?

Option 1 will most certainly prove to be much more unaffordable for you than *Option 3*. This is because it includes the possibility of me invoking my God-given-birth-rights to prosecute hostilities and crimes committed against the innocent victims of religious persecutions.

Yes, *Option 2* is the mean between the extremes. It can be discussed in-person in my hometown through an authorized representative of the Canadian government. This is the only option that will allow me to demonstrate how my bank accounts remain at or near zeroth level, no matter how many billions I route to social-enterprise projects around the world. And I will also stop disparaging you.

For *Option 2*, the stipulated requirements can be worth (valued as) a particular amount in Euros based on your decisions. For instance, you, the Canadian government, can invent any sum of money out of nothingness that can be ascribed as a value for the total number of requirements that must be fulfilled. You can then transfer that sum in Euro currency to a not-for-profit corporation created by me with its regularized board of trustees overseeing the completion of the planned work, via legitimate and accountable monetary instruments. The total amount of money valued against all of the requirements as a whole, is to be submitted at the very onset, and not in any kind of installments. Once you fulfill a requirement you will receive the agreed upon rebate from the corporation in USD. This means that the amount of human labor, material resources, and time you spend on fulfilling all of the requirements to improve your public sector systems is to be valued by you, during a discussion with me, prior to you starting any work on addressing the requirements of *Option 2* as a whole.

The process of refurbishing humanity's as well as my trust, which Canadian led agents and agencies have cunningly violated, defiled and systematically eroded, can thus be initialized.

The requirements described in this section aren't a request nor an ask. These are warranted penalties and debts owed to me and humanity, primarily by Canadian entities, groups and agencies — that are long overdue. You can also try to take legal or extrajudicial actions against me, yet again, for subduing or suppressing me. But in doing so, all of your surreptitious hostilities and aggravating fiendishness will never be expiated!

Is there a ``deadline`` for performing and fulfilling your duties and obligations towards repayment of restitution, remedies, damages, and reparations which are currently owed to those who may condemn and shun you to eternal damnation?

To answer the above question, ask yourselves this question, "Was there a deadline for the infrastructure of North American cities to be upgraded?"

Upgraded infrastructure for what, you ask? Critical infrastructure upgraded in order to withstand the consequences of climate change during an ongoing pandemic as well as a war against NATO by Russian led troops. Especially during a war that has generated the imminent threat of global devastation due to an escalation towards the use of biological, chemical and radiological weapons.

By the way, all of those kinds of weapons and instruments of warfare do have a cybernetic component within the cyber domain.

So, yes! That deadline was more than two decades ago.

Oh! And the pine trees in Canada have indeed become existentially thirsty for fire.

There is also the matter of the blood debt owed to me because of belligerent crimes against my family, and to all of humanity due to Canada's numerous genocides and participatory warcrimes. You will have to think about, and approach remediation for those issues, even more carefully.

Congratulations! We have come to the end of this document and to the beginning of something that can be a positive change towards,

"making the world a better place."

Whose world is to be made better? For which people and things?

Let's make this entire planet more vibrant, livable, diverse, secure and safe — for all beings.

— End of Appendix VI —