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| **C A N A D A** |  |
| **Province of Québec****DISTRICT OF MONTRÉAL**No: 500-XX-XXXXXX-XXX | **S U P E R I O R C O U R T****(Civil Division)****ALISON JEAN STEEL** natural person, domiciled at 171 Saint Paul Street, Knowlton, District of Bedford, Province of Quebec, J0E 1V0, in her own name and in her quality as mandatary;-and-**MARILYN RAPPAPORT** natural person, domiciled at 4700 Saint Catherine Street West, Westmount, District of Montreal, Province of Quebec, H3Z 1S6, in her own name and in her quality as mandatary;*Plaintiffs*-vs.-**ATTORNEY GENERAL OF CANADA,** representing the Federal Government of Canada, having its office at Complex guy Favreau, 9th floor, 200 Rene-Levesque Boulevard West, Montreal, District of Montreal, Province of Quebec, H2Z 1X4; -and-**ROYAL VICTORIA HOSPITAL**, legal person, having its head office at 337-8300 Boulevard Decarie, Montreal, district of Montreal, Province of Quebec, H4P 2P5; -and- **MCGILL UNIVERSITY HEALTH CENTRE**, legal person, having its head office at 610-8300 Boulevard Decarie, Montreal, district of Montreal, Province of Quebec, H4P 2P5;*Defendants* |

**ORIGINATING APPLICATION**

**(Arts. 91, 100, 143 al. 2 CCP)**

*(préciser la nature du recours et, le cas échéant, le code)*

IN SUPPORT OF THEIR APPLICATION, THE PLAINTIFFS STATE AS FOLLOWS:

1. The Plaintiffs, Ms. Alison Steel, domiciled in Knowlton, district of Bedford and Ms. Marilyn Rappaport, domiciled in Montreal, district of Montreal, as well as their Mandators, Cliquez ici pour entrer du texte*(nom du mandant)*have a common interest in an action against the Defendants;
2. The Plaintiffs have received from the Mandator children, siblings and extended family members of former patients of the Allan Memorial Institute, the mandate to introduce a legal action on their behalf against the Defendants, Attorney General of Canada, the Royal Victoria Hospital, and the McGill University Health Centre, the whole as appears from the Mandate List, **Exhibit P-1**;Cliquez ici pour entrer du texte *(nom du mandant)*
3. The individual Mandates are forthcoming *en liasse* at a later date to be produced as **Exhibit P-1A**;
4. **Mandate Introduction**
5. The present procedure is a joint direct action of two mandated Plaintiffs, Ms. Alison Steel and Ms. Marilyn Rappaport in accordance with Article 143 al. 2 of the *Code of Civil Procedure* (“CCP”);
6. Ms. Alison Steel has been mandated by the children of former patients (“Mandators”) of the Allan Memorial Institute (“Allan Memorial”) in accordance with Article 91 CCP, the whole as appears from the Mandate List, **Exhibit P-1**;
7. Ms. Marilyn Rappaport has been mandated by the siblings of former patients (“Mandators”) of the Allan Memorial in accordance with Article 91 CCP, the whole as appears from the Mandate List, **Exhibit P-1**;
8. All of the here encompassed Mandators were among the numerous individuals who have originally mandated the undersigned attorney, Me. Alan Stein, to institute a Class Action on May 20th 2018, as appears from the CBC News Article, **Exhibit P-2**;
9. However, due to the vast publicity of the mounting Class Action, including a documentary report on the CBC’s Fifth Estate as well as other miscellaneous investigative documentaries broadcast on television and over the internet, another law firm, unaffiliated with Me. Stein captured the attention of some of the putative group members and, without any forewarning, preceded Me. Stein in submitting an Application for Class Authorization;
10. Viewing the above pre-empt as unscrupulous, those putative group members desiring to remain with Me. Stein as counsel in whom they have upmost confidence and trust, have decided to proceed by way of a direct action in order to avoid multiplication of Class proceedings, to ensure and protect their access to justice, as well as out of respect for the efficient and expedient administration of justice;
11. It is on this basis that the Plaintiffs hereby submit the present action;
12. **Background Facts**
13. Between 1948 and 1965, Dr. Ewen Cameron (“Dr. Cameron”) conducted experimental research and provided psychiatric care at the Allan Memorial – a Psychiatric Department of the Royal Victoria Hospital, part of the McGill University Health Centre;
14. The research was funded by the Canadian Department of National Health and Welfare through four grants under the “Mental Health Grant”, between 1948 and 1964, for a total funding amount of $162,206.41 (adjusted for inflation approximately $1,696,350 at present day value), as appears from a copy of the Mental Health Division research projects, **Exhibit P-3**;
15. Dr. Cameron’s techniques included an austere mind-control procedure designed to subordinate a patients’ free will in order to establish mind-control through mental depatterning (drug-induced coma by way of massive neuroleptic narcotics), multiple high voltage electroconvulsive therapy (ECT) (repeated multiple times daily) and Lysergic Acid Diethyamide (LSD)-altered states of consciousness;
16. Frequently while patients were confined to isolation and deprived of all sensory stimulation including measured deprivation of food, water, and oxygen, so that they could be subdued and subjected to psychic driving;
17. Psychic driving was a re-patterning technique that included sedation by Thorazine and Amobarbital and exposure to looped tape audio messages, repeated between 250,000 to 500,000 times, as appears from a copy of the InterScience article entitled “Science in Dachau’s Shadow: Hebb, Beecher, and the Development of CIA Psychological Torture and Modern Medical Ethics” (2007) and from a copy of the Alliance for Human Research Protection (AHRP) article entitled “1950s–1960s: Dr. Ewen Cameron Destroyed Minds at Allan Memorial Hospital in Montreal” (undated), **Exhibit P-4**;
18. Dr. Cameron’s “Page-Russell ECT Technique” involved administration of a powerful electroshock to induce repeated epileptic convulsions which frequently reduced subjects to a vegetable-like state;
19. The de-structuring depatterning treatments caused permanent psychological damage to the patients, manifested by the conversion or reversion of the latter to an infantile state accompanied by substantial or total loss of memory;
20. While Dr. Cameron publications claimed that the above procedures were intended as a method of curing schizophrenia, the experiments were in effect preformed on numerous unwitting individuals without any serious psychological medical conditions, frequently, women with postpartum depression and individuals complaining of physical pain;
21. The patients who became unwitting subjects, experienced the above torment as a front-line treatment without any attempts at pre-emptive, less invasive interventions;
22. The foregoing theory and techniques of Dr. Cameron relating to the depatterning and psychic driving of subjects has since been thoroughly discredited by the psychiatric community, a fact noted by prior jurisprudence;
23. In 1986, the Canadian Government mandated an attorney, Mr. George Cooper to prepare a report on the abovementioned research;
24. The Cooper Report found no therapeutic benefit nor any bases therefor in medicine or science, even if measured by later knowledge and standards, as can be seen in the Cooper Report, **Exhibit P-5**;
25. By November 16th 1992, on recommendations from Mr. Cooper, the Canadian Government, whilst not admitting any legal responsibility, issued an “Order Respecting Ex Gratia Payments to persons Depatterned at the Allan Memorial Institute Between 1950 and 1965”, **Exhibit P-6**;
26. Subsequent litigation, undertaken by the undersigned attorney, Me. Alan Stein compellingly convinced the Honourable Justice Beaudry of the Federal Court to hold that the *ex gratia* payments were applicable to victims who were subjected to the rudiments of depatterning resulting in substantial, as opposed to total, depatterning despite not being subjected to the integral experimental procedures involving psychic driving and prolonged sleep therapy, as appears in the decision, *Kastner* v. *Canada (Attorney General)*, 2004 FC 773, **Exhibit P-7**;
27. Subsequent thereto, in another case, also brought advocated by the undersigned attorney, the Federal Court concluded that the applicant victim, had an arguable case as per the substantial depatterning process, that the applicant’s absence of informed consent was accepted, and that “even by the standards of the time, the depatterning and/or psychic driving treatments described above were an unwarranted trespass to the person”, as appears from the decision of the Hon. Judge Martineau in *Huard* v. *Canada (Attorney General), 2007 FC 195*, **Exhibit P-8**;
28. The *ex gratia* payments, however, concerned the patients themselves only, and no other relief has been offered to date to rectify the broken families that endured the ramifications of the prejudice caused by the lasting psychological and emotional damage to those victims whose mothers, fathers, sisters and brothers were effectively stolen from them;
29. **Defendants’ Fault**
30. The impugned unethical and discredited experimental research, that robbed the Plaintiffs of the love, succour, and guidance of their closest family members, the victims of Dr. Cameron, all took place at the Allan Memorial Institute;
31. The Allan Memorial was co-administered by McGill and the Royal Victoria Hospital and the research was supported by funding from the Canadian federal government;
32. The experimental treatments performed at the Allan Memorial were disproportionate, exploitative, and detrimental to the patients;
33. In effect, the impugned treatments did not alleviate but further aggravated the mental health of the subjects, despite widely known science of the time;
34. The abovementioned experimental treatments were likewise in conscious breach of ethics of the time;
35. The institutional Defendants knew about or were willfully blind to, and facilitated, approved, oversaw, encouraged, supported the establishment, development and continuation of the experimental treatments performed by Dr. Cameron, as well as, by doctors, nurses, technicians, and other staff at the Allan Memorial Institute;
36. More specifically, the Defendants negligently failed to take reasonable care to ensure safety and respect for human integrity, free from intrusion by way of hazardous experiments and risk of harm inflicted on patients without informed consent;
37. As such, the Defendants neglected to implement and enforce adequate policies concerning safety of the patients, in accordance with generally-accepted medical practice;
38. The Defendants failed to protect victims from unethical, intentional, and negligent conduct and allowed its continuation despite knowledge that they involved non-therapeutic and hazardous human experimentation;
39. The Defendants neglected to ensure that patients and their families were properly informed of the nature of the treatments as well as, of the risks of such, and of any alternatives thereto;
40. The Defendants neglected to provide avenues of treatment discontinuation even in the face of reported undesirable and harmful side-effects such as amnesia and impaired cognitive functioning;
41. Likewise, the Defendants failed to provide proper information about the treatments imposed on the patients and failed to establish any proper follow-up procedure or services, in order to assist victims and their families with post-discharge problems;
42. On the contrary, the Defendants facilitated all of the above by contributing personnel, equipment, and supplies;
43. As such, the Defendants’ acts were an imperative assistance to the commission of assault, battery, unjust confinement, and intentional or negligent infliction of emotional distress in violation of the *Quebec Charter of Rights and Freedoms* (ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (ss. 7, 12), the *Universal Declaration of Human Rights* (ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (ss. 1, 3, 5, 8, 9, 10, & 11);
44. There was no oversight, nor a scientific review, nor ethical overseeing of the treatments performed at the Allan Memorial;
45. As such, there was a complete disregard for rules of conduct incumbent on the institutional actors according to the usage or law so as not to cause injury to the victims and their families;
46. Furthermore, under Quebec law, the institutional Defendants are liable for the acts of their agents, servants, and employees, who planned, carried out, authorized, supervised, supported, directed, and otherwise exercised control over the treatments imposed on unwitting patients and they are equally liable for any and all failures to perform same;
47. **Royal Victoria Hospital**
48. Royal Victoria Hospital is a Canadian corporation with its head office in Montreal, Quebec, as appears from copy of an extract from the *Registraire des entreprises* and from a copy of the Corporation Profile Report for the Royal Victoria Hospital, produced *en liasse* as **Exhibit P-9**;
49. The Allan Memorial Institute, was founded in 1943 and was the psychiatry department of the Royal Victoria Hospital;
50. The Allan Memorial Institute was administered by the Board of Governors of the Royal Victoria Hospital as appears from the extract copy of the *Registraire des entreprises* and the Corporation Profile Report for the Royal Victoria Hospital, **Exhibit P-9**;
51. The experimental research and treatments were conducted at the Allan Memorial during the time it was co-administered by the Royal Victoria Hospital;
52. **McGill University**
53. McGill University Health Centre (“McGill”) is a Canadian corporation with its head office in Montreal, Quebec;
54. McGill’s stated activities include both short-term and long-term hospital centres and the establishment of public health services, the whole as appears from copy of *Registraire des entreprises* extract, **Exhibit P-10**;
55. In July, 1943, McGill University’s Board of Governors appointed Dr. Cameron as Professor of Psychiatry, Founding Director of the Allan Memorial Institute of Psychiatry as well as Chairman of the Department of Psychiatry of McGill, as appears from copy of the Letter to Dr. Cameron and the Strategic Research Plan of the Department of Psychiatry of McGill University (July 1, 1943), **Exhibit P-11**;
56. The experimental research and treatments were conducted at the Allan Memorial during the time it was under direct control of McGill University;
57. **Attorney General of Canada**
58. The Defendant, Attorney General of Canada is the representative of the Federal Canadian Government;
59. From 1950 to 1964, the Canadian government knew about, and approved the impugned experimental treatments at the Allan Memorial through funding;
60. As such, the Canadian government in fact facilitated the impugned experimental treatments through its funding;
61. The Canadian government neglected to take reasonable steps to diligently study, supervise and intervene in the treatments at the Allan Memorial Institute;
62. As such, the Canadian government failed in its obligations to withhold financing of hazardous experiments and/or medical malpractice;
63. As such, the Canadian government allowed the experimental treatments to occur and/or to continue despite knowing that they involved non-therapeutic human experimentation that was harming and/or likely to cause serious harm;
64. Furthermore, the Canadian government failed to inquire into and to ensure, that the procedures which it funded did not depart radically from accepted methods of treatment;
65. In fact, the Canadian government concealed the nature of the experiments while they were occurring and after they had terminated;
66. As such, the Canadian government exposed its vulnerable citizens to incomprehensible risks and damages and subsequently failed in ensuring proper restitution to those directly affected, including the suffering families, by way of diligent investigation or inquiry, and relief in rectifying the wrongs inflicted;
67. **Plaintiffs’ Prejudice**
68. **Alison Steel**
69. Plaintiff Alison Steel has been mandated as per Article 91 CCP to act in this proceeding on behalf of individuals who, like Ms. Steel, are the children of former Allan Memorial patients subjected to the abovementioned institutional confinement and experimental treatment, as appears from the Mandate List, **Exhibit P-1**;
70. Ms. Alison Steel (“Alison”) is the daughter of the late Mrs. Jean Watts Steel (“Jean”);
71. Jean was born on February 11, 1924 and passed away on March 29, 2002;
72. Alison was born on October 14 1952, she was an only child;
73. She was born at the Queen Elizabeth Hospital in Montreal and spent her early years living with her maternal grandparents in Montreal until kindergarten. She then lived with her parents, Mr. Garnet Steel and Mrs. Jean Watts Steel (“Jean”) in the Eastern Townships, Bedford, Quebec;
74. Her mother, Jean, was a housewife, her father was an immigration officer with Immigration Canada;
75. Prior to her marriage, Jean was a lively, popular, responsible, exceptionally intelligent, and hard-working young woman, she completed high school at the age of 16 and after studying business, quickly began working;
76. In 1948, at the age of 23, Jean married Mr. Garnet Steel, a man 10 years her senior. The union was not without its discords but problems were of a typical nature limited mostly to meddlesome in-laws, there were no physical altercations;
77. The marital problems became exacerbated when Jean’s first baby, born mere nine months into the marriage, died of spina bifida. However, three years later, Jean gave birth to Alison, a healthy baby girl;
78. In 1957, at the behest of her husband and his concerns over her increasingly aggressive quarrelling, Jean began to see a doctor in an effort to get some help for her overactive distractibility, over-talkativeness, some suspicious thoughts with flashes of euphoria, as appears from the September 24, 1957 Readmission Note, **Exhibit P-12**;
79. Jean had lucid insight into her condition and expressed a conscious and willful desire to calm down and curb her excessive drive, as appears from the September 24, 1957 Readmission Note, **Exhibit P-12**;
80. Three weeks later, she would be admitted to the Allan Memorial where doctors, noting her excessive talking, joking and shallow euphoria, diagnosed Jean as exhibiting “paranoid excitement in a person of superior intelligence”. Thus, despite a normal EEG and positive prognosis, Jean’s medical treatment began, as appears from the September 24, 1957 Readmission Note, **Exhibit P-12**;
81. The first medical treatment included placing Jean on Largactil, to which she reacted badly. Subsequent treatments varied in results, although her condition began a downward spiral;
82. By the time of her first discharge, Jean would see her diagnosis change from the above, to “hypomanic reaction with schizophrenic elements”, as appears from the September 24, 1957 Readmission Note, **Exhibit P-12**;
83. The symptoms seemed to worsen with each discharge, and each readmission led to more severe treatments;
84. As such, each readmission became more and more problematic with Jean’s increasing resistance and penchant for escape, the doctors noted the need to turn to “considerable persuasion” and eventually used the foregoing as justification for placing her on sleep therapy, as appears from the September 24, 1957 Readmission Note, **Exhibit P-12**;
85. When her mother started to be admitted to the Allan Memorial, Ms. Steel was only four years old. As a young child, Alison did not understand why her mother was taken away. She would be admitted to the Allan Memorial for months at a time. This continued for three years;
86. By the time of her final release, Jean was an empty shell – distant, disaffected, sombre. She could muster no memory of her life following her first hospitalisation. She could recall her childhood, and, it would seem, her mental state remained that of a child;
87. She spent her days tucked in dark corners of the home, even on social occasions. Her presence was at times that of a shadow – recluse, sedate and obscure;
88. From the earliest Alison can remember, her mother’s behaviour was peculiar, she was emotionally distant, unable to express herself. She never held her little girl, she never spoke any words of comfort. She never joked with her child or engage in play. She could offer no parental guidance or education. There was an air of nothingness about her;
89. Whilst not able to maintain any communication contact with her daughter, Jean’s condition did cause frustration in the household and as a young girl, Alison was witness to frequent arguments between her parents;
90. The arguments would often escalate to the level of crises, points at which the young Alison would be removed from the home by her father and placed in the care of family friends;
91. On one occasion, Alison found herself subject to her mother’s unprovoked and inexplicable lunging attack, urged by her father to flee the house and seek shelter at a friend’s;
92. Terrified, she would remain there until her father retrieved her. His reassurances could only be couched in excusing her mother’s strange behaviour as due to her being sick;
93. Even at times of tenuous peace, Jean would occupy her days by filling the home with endless written cryptic codes – the woodwork of the house was littered with them;
94. Mrs. Steel’s contact with others was minimal - she spoke in the abstract, the communication never quite penetrating into her closed inner-world;
95. As her only daughter and an only child, not only did Alison not benefit from having any maternal comfort, but worse yet, the extended family took a shunning stance: grandparents became increasingly critical, aunts deplored young Alison’s malnourished posture;
96. The home life was equally difficult, tasks as simple as cooking were a hazard. Jean was known to place unopened cans of corn into a heated oven, or soak dishes overnight with a bar of bath soap. The constant necessary supervision was a strain on the family and frequent arguments would erupt between the parents;
97. If left unsupervised, Jean’s attempts at arts and crafts would result in a bizarre mess with magazine clippings and spray-painted walls littering the home and necessitating major clean-up;
98. On one occasion, Jean haphazardly stacked all the chairs on the property’s front porch and adorned them with loose tree branches spray-painted silver. This labour was, in Jean’s mind, intended to channel Sherbrooke Street to the home’s façade;
99. The result however was a macabre public display of Jean’s mental illness, the stigma of which had, at this point, staunchly attached itself onto the family’s standing in the small community;
100. The sense that her family was a laughing stock perturbed the teenage Alison, a mark she feels to this day in the fragility of her self-confidence, the sensation of public shame is a tremendously difficult thing to overcome;
101. At the age of 66, Alison still misses the mother she never got to know. She spent her life caring for, but never truly able to appreciate, an ailing parent;
102. The bond between a mother and child can never be replaced. The vivacious, witty and charismatic mother was deconstructed into one who was withdrawn; withdrawn from the world she occupied, but most insidiously, withdrawn from her child who never got to experience her affection, guidance, and education… and worse yet, was exposed to her pernicious and inexplicable malaise;
103. **Marilyn Rappaport**
104. Plaintiff Marilyn Rappaport has been mandated as per Article 91 CCP to act in this proceeding on behalf of individuals who, like Ms. Rappaport, are the siblings, as well as their grandchildren, nephews, nieces and extended family members, of former Allan Memorial patients who had been subjected to the abovementioned institutional confinement and experimental treatment, as appears from the Mandate List, **Exhibit P-1**;
105. Ms. Marilyn Rappaport (“Marilyn”) is the younger sister of Ms. Evelyn Rappaport (“Evelyn”), who is still alive and residing at the care facility of Grace Dart, an institution for the handicapped;
106. The eldest of three children, Evelyn was born on the 28th of May 1942, in Montreal, Quebec;
107. Marilyn, the youngest, was born eight years after Evelyn, in Montreal, Quebec, and looked up to her older sister, who was initially warm, loving, and protective. The two girls shared a bedroom and often, despite their age difference, played games together;
108. Evelyn was a happy child born into an affectionate family, she was particularly close to her father. There was no history of mental illness in the family;
109. In May of 1960, Evelyn’s spiral began innocently. As a young student, she exhibited excessive worries about her schoolwork, as appears from her April 23, 1963 Medical Records copy, **Exhibit P-13**;
110. A series of admissions into various hospitals followed, and a diagnosis of schizophrenia was made, as appears from her April 23, 1963 Medical Records copy, **Exhibit P-13**;
111. At this time, psychotherapy combined with drug treatments was allocated, with six instances of ECT at the Jewish General Hospital in 1960, as appears from her April 23, 1963 Medical Records copy, **Exhibit P-13**;
112. At the recommendation of the Jewish General staff, Evelyn was sent to the Allan Memorial although her parents were not consulted as to her course of treatment, and, accordingly, they never consented thereto;
113. By the time Evelyn was admitted to the Allan Memorial, her diagnosis of schizophrenia was joined with findings of autism. The family was sent for various family therapy sessions with disastrous results which took a toll on Marilyn’s brother as he spiraled into a nervous breakdown;
114. It was diagnosed that Evelyn’s schizophrenia was of a chronic type, and she was placed on intensive treatment consisting of barbiturate-induced sleep therapy, ECT, and Page-Russell procedures in order to de-pattern her back to stage three;
115. The dosage was high but her inability to control her bodily functions prompted the doctors to lower the ECT to three per week;
116. The Medical Records obtained show doctors’ satisfaction with the resulting massive memory loss, the finding that two years have been erased from her recollection was a welcome one, this was thought to be a sure road to recovery for the young girl;
117. The ECT treatments were frequent and severe. By February 28th of 1963, Evelyn had been subjected to 103 ECT, as appears from her April 23, 1963 Medical Records copy, **Exhibit P-13**;
118. Upon discharge, her condition was reported improved albeit, the diagnosis of paranoid schizophrenia was maintained;
119. However, Evelyn was never the same. The intelligent, kind, and shy sister, Marilyn once knew, returned home as a twenty-year old woman, but with the mental and emotional capacity of a young child;
120. The depleted memory created a confused, uncontrollably frustrated individual who did not remember any of the family members and gave way to, at times extremely, aggressive tantrums;
121. There was little hope of either Marilyn or her brother ever inviting friends over to the home – the debilitating apprehension of shame is something that lingers with Marilyn to this day;
122. Marilyn’s needs of a guiding and comforting older sibling were replaced by fear and confusion. Evelyn’s aggression was at times directed at her little sister, whom she considered a dangerous stranger. On a few occasions her violence saw her wielding a kitchen knife and threatening Marilyn;
123. The home atmosphere became so bad that the parents, at a loss, would at times take up in a hotel, taking young Marilyn with them;
124. The once harmonious and upbeat household turned into a hostile war-zone and triggered Marilyn’s prompt departure from the family home at a young age, in order to escape the living night-mare it had become;
125. Evelyn was hospitalized at the Douglas Hospital for many years thereafter and was eventually, permanently institutionalized – a situation she, at the age of 77, endures until today;
126. In addition to witnessing the unraveling of her only sister’s psyche and life along with the burdens her condition imposed on the family, Marilyn struggled throughout her adult life in taking over the care of Evelyn;
127. In 1992, Marilyn became Evelyn’s private curator;
128. However, each visit with her at her current care facility unfolds in the same manner: Evelyn receives her with extreme confusion and suspicion, marked with accusations. To this day, Evelyn denies that she has a sister and feels that Marilyn is an intrusive stranger;
129. **The Mandator Plaintiffs**
130. The families hereby seeking relief consist of daughters, sons, brothers and sisters of the victim patients subjected to the experimental and unethical treatments suffered at the Allan Memorial Institute;
131. After being subjected to the above, many of the patients were left in a depleted mental, emotional and physical state, having lost their ability to function in society and as well as within their families;
132. The damaging side-effects of the experiments on the patients included varying degrees of amnesia, impaired cognitive functioning, chronic organic brain syndrome, extreme passivity and lack of affect, delusions, profound sense of helplessness, inability to act, severe mood swings, incapacitation, shame, self-blame and feelings of guilt, and paranoia;
133. The families, helpless, confused and guilt-ridden witnesses of the same, endured their own strains of injury including, but not limited to, loss of support, guidance, care, consortium, intimacy, stability, and companionship that they might reasonably have received if the injuries had not occurred;
134. The subsequent care-taking falling on the already fragilized families brought on another series of emotional injuries including pain, suffering, anxiety, distress, loss of quality and enjoyment of life, depression, apathy, loss of stability, emptiness. The varying degrees of these injuries proliferated cyclical family discord that destabilized households;
135. Frequently, bouts of shame and embarrassment accompany the care of a psychologically unstable family member; the stigma attached to mental illness transcends individuals and latches onto families whose sense of alienation from society often matches that of the actual victims themselves;
136. Aggravating the above, were the financial burdens of provision of care by way of medication, further treatments, nursing, housekeeping and other services, compounding the already felt strain of supporting the afflicted victim patients, most of whom could never financially support themselves;
137. However, multifaceted as the monetary burdens may be, they pale in comparison with the sense of irretrievable loss of a loved one; no price can be placed on the stolen memories and identities of parents and siblings. These damages are sadly, beyond restitution;
138. **Causal Link**
139. If not for the misconduct of the Defendants, the injurious prejudices would not have been suffered by Allan Memorial’s patients and by extension by their families;
140. The child-like state brought on by the detrimental de-patterning techniques, be it total or partial, and the accompanying amnesia are direct effects of the experimental, long debunked procedures undertaken at the Allan Memorial;
141. The damaging impact of loved ones reduced to lifelong psychological and developmental regression, flows directly from the above mistreatment;
142. There can be no justification by way of prior informed consent, nor any assumption of risk on the part of the victim patients nor their families; it is not reasonably conceivable that anyone would sign the wellbeing and identity of their loved one away;
143. Had prudent and diligent professional treatment and respect for human integrity been adhered to, the pain and suffering inflicted would have surely been avoided or, at the least, mitigated through proper medical attention;
144. Ethical and conscionable conduct was well entrenched in the psychiatric practice of the Allan Memorial era, the Defendants turned a willfully blind eye to ascribing to it and thus traded in their obligations not to impose harm, for their interests of unscrupulous pursuit of experimental research;
145. As a direct result of the Defendants’ conduct, the former patients’ family members have, and will continue to, suffer damages and loss;
146. **Common Issues of Fact and Law**
147. This action is based on the following issues of fact, common to all the Mandators of Ms. Alison Steel:
	1. The Mandators are all children of men and women who were admitted to the Allan Memorial Institute for treatment;
	2. The Mandators’ parent underwent experimental treatments which included depatterning through the abovementioned means;
	3. The treatments were inflicted without knowledge and/or consent of the patients nor their families;
	4. The treatments resulted in life-long detrimental damages to the physical, psychological, social, and emotional states of the patients;
	5. The Mandators were thus robbed of their parents and incurred personal, emotional, psychological and/or financial injuries;
148. This action is based on the following issues of fact, common to all the Mandators of Ms. Marilyn Rappaport:
	1. The Mandators are all siblings of men and women who were admitted to the Allan Memorial Institute for treatment;
	2. The Mandators’ sibling underwent experimental treatments which included depatterning through the abovementioned means;
	3. The treatments were inflicted without knowledge and/or consent of the patients nor their families;
	4. The treatments resulted in life-long detrimental damages to the physical, psychological, social, and emotional states of the patients;
	5. The Mandators were thus robbed of their siblings as well as the care and attention of their parents, and incurred personal, emotional, psychological and/or financial injuries;
149. This action is based on the following issues of law, common to all the Mandators of both Ms. Alison Steel and Ms. Marilyn Rappaport:
150. With regard to the application of Article 2904 of the Civil Code of Quebec (“CCQ”), due to the Court of Appeal ruling in the case of *Kastner v. Royal Victoria Hospital, QCCA (2002)* upholding the decision of Hon. Richard Nadeau, according to which there was no responsibility on the part of the Royal Victoria for any alleged fault of the late Dr. Cameron on the basis of lack of master-servant relationship, compounded with the Cooper Report conclusions as to the lack of responsibility on the part of the Canadian government, the Mandators, believing their recourses barred at law, were under the impossibility to act;
151. This was the state of their position until the October 26, 2017, publication of a CBC news article reporting on the Federal government’s settlement with Ms. Alison Steel with regards to the *ex gratia* payment owed to her late mother. It was at that moment that the Mandators realized their possibility to act, a recognition bolstered by their meeting that took place on the 20th of May 2018 at the residence of Ms. Marilyn Rappaport at which the undersigned lawyer gave the family members hope and allowed the Plaintiffs and the Mandators to comprehend their right to recourse from this point of departure;
152. The Mandator families are all afflicted by the violations of their loved ones’ rights secured by the *Universal Declaration of Human Rights* (ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (ss. 1, 3, 5, 8, 9, 10, & 11) and the *Quebec Charter of Rights and Freedoms* (ss. 1, 2, 4, 10 and 48);
153. As such, the Defendants’ breach of their duty to abide by the rules of conduct, incumbent on them by usage and law, so as not to cause the moral and material injury by way of robbing the families of their loved ones – a duty incumbent for the acts of another under Defendants’ direction, and owed to all of the Mandator Plaintiffs encompassed by this action – makes the Defendants liable under the Quebec law of civil liability;

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| FOR THESE REASONS, MAY IT PLEASE THE COURT:**CONDEMN** the Defendants to pay the Mandators and the Plaintiffs, solidarily, the sum of 850,000.00$ per family, to compensate them for their loss, namely the total amount of damages – physical and emotional as well as for the agony and stress suffered due to the Defendants’ faults plus the interest at the legal rate as well as the additional indemnity provided for in Article 1617 and following of the *Civil Code of Quebec*;**CONDEMN** the Defendants to pay the Mandators and the Plaintiffs solidarily the sum of 150,000.00$ as punitive and exemplary damages plus the interest at the legal rate as well as the additional indemnity provided for in Sections 1617 and the following of the *Civil Code of Quebec*;**DECLARE** that Respondents are liable for the costs of judicial and extrajudicial fees and disbursements, including fees for expertise incurred in the present matter for all the plaintiffs;**THE WHOLE** with costs in the event of any contestation. **MONTRÉAL**, February 13th 2019     **ME. ALAN M. STEIN**1010 Sherbrooke West, Suite 1505Montréal, Québec H3A 2R7Tel: (514) 289-3000, ext. 202Fax: (514) 284-0003Alanstein.avocat@gmail.comAttorney for the Plaintiffs |

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| NO: 500-XX-XXXXXX-XXX |
| **SUPERIOR COURT****(Civil Division)****DISTRICT OF MONTRÉAL** |
| **ALISON JEAN STEEL and MARILYN RAPPAPORT**Plaintiffs-vs-**ATTORNEY GENERAL OF CANADA ET. AL.**Defendants |
| **ORIGINATING APPLICATION** |
| **ORIGINAL** |
| Me. Alan M. SteinLAWYER FOR THE PLAINTIFFS1010 Sherbrooke Ouest, Suite 1505Montréal (Québec) H3A 2R7 CANADATel: +1 514.289.3000 I 202Fax: +1 514.284.0003Email: alanstein.avocat@gmail.com |

**SUMMONS**

**(Arts. 145 & ff CCP)**

**TAKE NOTICE** the Plaintiffs have filed this action in the office of the Superior Court of the Judicial district of Montreal.

Please submit your answer to this Application within 15 days of service of the application or, if you have no domicile, residence or establishment in Québec, within 30 days, in writing, personally or through a lawyer, at the courthouse of Montreal situated at 1, Notre Dame Street East, Montreal (Québec) H2Y 1B6. Your answer is be notified to the plaintiffs’ lawyer or, if the plaintiffs are not represented, to the plaintiffs themselves. If you fail to answer within the time limit of 15 or 30 days, as applicable, a default judgement may be rendered against you without further notice and you may, according to the circumstances, be required to pay the legal costs.

In your answer, you must state your intention to:

* negotiate a settlement;
* propose mediation to resolve the dispute;
* defend the application and, in the cases required by the Code, cooperate with the plaintiff in preparing the case protocol that is to govern the conduct of the proceeding. The protocol must be filed with the court office in the district specified above within 45 days after service of the summons or, in family matters or if you have no domicile, residence or establishment in Québec, within 3 months after service;
* propose a settlement conference.

The answer to the summons must include your contact information and, if you are represented by a lawyer, the lawyer's name and contact information.

You may ask the court to refer the originating application to the district of your domicile or residence, or of your elected domicile or the district designated by an agreement with the plaintiff.

If the application pertains to an employment contract, consumer contract or insurance contract, or to the exercise of a hypothecary right on an immovable serving as your main residence, and if you are the employee, consumer, insured person, beneficiary of the insurance contract or hypothecary debtor, you may ask for a referral to the district of your domicile or residence or the district where the immovable is situated or the loss occurred. The request must be filed with the special clerk of the district of territorial jurisdiction after it has been notified to the other parties and to the office of the court already seized of the originating application.

If you qualify to act as a plaintiff under the rules governing the recovery of small claims, you may also contact the clerk of the court to request that the application be processed according to those rules. If you make this request, the plaintiff's legal costs will not exceed those prescribed for the recovery of small claims.

Within 20 days after the case protocol mentioned above is filed, the court may call you to a case management conference to ensure the orderly progress of the proceeding. Failing this, the protocol is presumed to be accepted.

In support of the originating application, the plaintiff intends to use the following exhibits, which are available upon request:

**Exhibit P-1:** Mandate List;

**Exhibit P-1A:** Individual Mandates, *en liasse;*

**Exhibit P-2:** Print Copy of online Article: “Group Affected by CIA Brainwashing experiments wants public apology, compensation from government” By: Lisa Ellenwood, CBC News (May 22, 2018);

**Exhibit P-3:** Copy of the Mental Health Division research projects;

**Exhibit P-4:** Copy of Article: “Science in Dachau’s Shadow: Hebb, Beecher, and the Development of CIA Psychological Torture and Modern Medical Ethics” By: Alfred W McCoy, *Journal of the History of Behavioral Sciences,* (02 October, 2007) and Copy of the Alliance for Human Research Protection (AHRP) Article: “1950s–1960s: Dr. Ewen Cameron Destroyed Minds at Allan Memorial Hospital in Montreal” (undated);

**Exhibit P-5:** Copy of “The Cooper Report”, *Communications and Public Affairs, Department of Justice, Ottawa* (May, 1986);

**Exhibit P-6** Copy of “Order Respecting Ex Gratia Payments to persons Depatterned at the Allan Memorial Institute Between 1950 and 1965” P.C. 1992-2302 (16 November 1992);

**Exhibit P-7:** *Kastner* v. *Canada (Attorney General)*, *2004 FC 773*;

**Exhibit P-8:** *Huard* v. *Canada (Attorney General), 2007 FC 195*;

**Exhibit P-9:** Extract from the *Registraire des entreprises:* Copy of the Corporation Profile Report for the Royal Victoria Hospital;

**Exhibit P-10:** Extract from *Registraire des entreprises* extract: Copy of McGill University Health Centre;

**Exhibit P-11:** Letter to Dr. Cameron and the Strategic Research Plan of the Department of Psychiatry of McGill University (July 1, 1943)

**Exhibit P-12:** Copy of Jean Steel Medical Record: Readmission Note (September 24, 1957);

**Exhibit P-13:** Copy of Evelyn Rappaport Medical Record (April 23, 1963);

If the application is an application in the course of a proceeding or an application under Book III, V, CCP excepting an application in family matters mentioned in Art. 409 CCP, or VI of CCP, the establishment of a case protocol is not required; however, the application must be accompanied by a notice stating the date and time it is to be presented.

 **MONTRÉAL**, February 13th 2019

 **ME. ALAN M. STEIN**

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