

Ontario Courts of Justice Act

NOTICE OF CONSTITUTIONAL
QUESTION

BETWEEN:

<NAME>

Applicant

-and-

MINISTER OF JUSTICE and ATTORNEY GENERAL OF CANADA
ATTORNEY GENERAL OF ONTARIO

Respondents

NOTICE OF CONSTITUTIONAL QUESTION

<NAME> is submitting a Notice of Constitutional Question dated <DATE>.

<NAME> intends to question the constitutional validity of the *Quarantine Act*, SC 2005, c 20 (Quarantine Act), the *Public Health Agency of Canada* (PHAC) and the *Public Health Agency of Canada Act* SC 2006, c.5 and Order in Council (OIC) PC Number: 2022-0836 made under the *Quarantine Act*, SC 2005, c 20.

1. Bill C-12 (the *Quarantine Act*, SC 2005, c 20) is a domestic implementation of the 3rd edition of the World Health Organization (WHO) International Health Regulations (IHR).
2. PHAC was implemented in Canada in June 2004 at the instigation of the WHO for the purpose of being the “Focal Point” for the IHRs to respond to future health crises.
3. In 2006 Prime Minister Harper introduced the *Public Health Agency Act*, that gives life and the authority to PHAC.

Is the *Public Health Agency of Canada Act* SC 2006, c.5, the *Quarantine Act*, SC 2005, c 20 and Order in Council (OIC) PC Number 2022-0836 made under the *Quarantine Act*, SC 2005, c 20 *ultra vires* of the Constitution Act 1867-1982 in that these laws are written by the WHO and therefore breach the following constitutional provisions in the Constitution:

1. s. 52(1) which states “*The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect*”;
2. Part 3 s. 9, The Executive Government and Authority of and over Canada is vested in the Queen and not in foreign entities such as the WHO;
3. Legislative powers of the Parliament of Canada and the legislative authority of the Provinces s. 91 and 92, do not include any provisions for a foreign entity, such as the WHO to write laws in Canada.

Therefore, does the *Public Health Agency of Canada Act* SC 2006, c.5 and PHAC, the *Quarantine Act*, SC 2005, c 20 and Order in Council (OIC) PC Number: 2022-0836 made under the *Quarantine Act*, SC 2005, c 20. have no force or effect of law under section 52(1) of the *Constitution Act*?

The amendment to the Notice of Constitutional Question is to be argued on the <DAY> day of <MONTH>, 2024, at <TIME>, at <LOCATION>.

The following are the material facts giving rise to the constitutional question:

1. <NAME> was charged with failure to comply with *Quarantine act*, section 58, Offence Number <#> on <DATE> under the Order in Council (OIC) PC Number: 2022-0836.

2. <NAME> received notice of hearing to be held in the <COURT AND COURT LOCATION>.

3. The WHO has been given the pretend legal power over public health in Canada.

Canada signed on to the WHO Constitution (1946) without knowledge nor consent of Canadians and without a referendum nor election by the people. This joining with the WHO Constitution puts the sovereignty of Canada at risk. Canadian law, *Constitution/Canadian Bill of Rights* etc., would all take a back seat each time, there are "changes" in these foreign laws to accommodate new treaties.

Under the WHO, the Health Assembly has the right to determine its own conventions and agreement, and it can be done with a 2/3 vote. By this rationale, Canada could easily be forced into adopting policies that it fundamentally disagrees with. There was never any domestic vote nor referendum over this.

Member-states are legally required to implement the WHO-IHR

<https://canucklaw.ca/who-legally-binding-international-health-regulations-ih/>

<https://canucklaw.ca/wp-content/uploads/WHO-IHR-3rd-Edition-Full-Text-2005-MARKED.pdf>

Article 4

Members of the United Nations may become Members of the Organization *by signing or otherwise accepting this Constitution* in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes.

If a country wants to be part of the WHO, then they are required to sign onto the WHO Constitution.

Article 7

If a Member *fails to meet its financial obligations* to the Organization or in *other exceptional circumstances*, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

Article 19

The Health Assembly *shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization*. A *two-thirds vote of the Health Assembly* shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes.

Article 20

Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement.

Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV

Members are also obligated to participate with any convention or agreement arising from the Charter or decisions made at the Health Assembly. If they refuse to participate the country must provide written reasons outlining why they are not participating and there may be repercussions for opting out.

Article 21

The *Health Assembly shall have authority to adopt regulations* concerning:

(a) *sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;*

(b) *nomenclatures with respect to diseases, causes of death and public health practices;*

(c) standards with respect to *diagnostic procedures for international use;*

(d) standards with respect to the *safety, purity and potency of biological, pharmaceutical and similar products* moving in international commerce;

(e) *advertising and labelling of biological, pharmaceutical and similar products* moving in international commerce.

Article 22

Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

Sections 21 and 22 of the WHO's constitution makes it clear that quarantine measures fall under their purview.

As for the standards and nomenclature of pharmaceuticals, this includes vaccines that are pushed on the public despite only having been approved under an interim order.

WHO identifies new diseases as well, including ones that have never been proven to exist.

It doesn't appear that Canada ever rejected or opted-out of any of these provisions, which leaves all Canadians vulnerable to serious rights violations under the guise of "safety".

Article 54

The *Pan American Sanitary Organization represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, and all other inter-governmental regional health organizations* in existence prior to the date of signature of this Constitution, ***shall in due course be integrated with the Organization***. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

CHAPTER XIII – VOTING

Article 59

Each Member shall have one vote in the Health Assembly.

Article 60

(a) ***Decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting.*** These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and inter-governmental organizations and agencies in accordance with Articles 69, 70 and 72; amendments to this Constitution.

(b) Decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting.

(c) Voting on analogous matters in the Board and in committees of the Organization shall be made in accordance with paragraphs (a) and (b) of this Article.

Decisions may be made at the Health Assembly that are detrimental to some nations and must be adopted simply because the majority overall vote for it. A two-thirds majority vote is all that is needed to adopt new conventions or agreements. This voting process poses a direct threat to Canadian sovereignty and democracy as these decisions could undermine Canadian law and existing legal framework.

CHAPTER XV – LEGAL CAPACITY, PRIVILEGES AND IMMUNITIES

Article 66

The ***Organization shall enjoy in the territory of each Member such legal capacity*** as may be necessary for the fulfilment of its objective and for the exercise of its functions.

Article 67

(a) The Organization shall enjoy in the *territory of each Member such privileges and immunities as may be necessary for the fulfilment of its objective* and for the exercise of its functions.

(b) *Representatives of Members, persons designated to serve on the Board and technical and administrative personnel of the Organization shall similarly enjoy such privileges and immunities* as are necessary for the independent exercise of their functions in connexion with the Organization.

Article 68

Such *legal capacity, privileges and immunities shall be defined in a separate agreement to be prepared by the Organization* in consultation with the Secretary-General of the United Nations and concluded between the Members

The WHO agreements attempt to provide all employees and other workers immunity from legal action as part of their contracts with the WHO. It states that they cannot be sued, charged, or have recourse taken against them, as long as they were doing their jobs. There doesn't even seem to be a requirement that they be acting in good faith.

Article 69

The Organization *shall be brought into relation with the United Nations as one of the specialized agencies* referred to in Article 57 of the Charter of the United Nations. The agreement or agreements bringing the Organization into relation with the United Nations shall be subject to approval by a two-thirds vote of the Health Assembly.

The WHO would be subject to the control of the United Nations, and it becomes obvious that the ultimate goal is to merge all of these organizations into a single, centralized institution of global power and domination over all member states.

Article 71

The Organization may, on matters within its competence, *make suitable arrangements for consultation and co-operation with non-governmental international organizations* and, with the consent of the Government concerned, with national organizations, governmental or non-governmental

Which groups would be consulted? How would they be screened? Would their recommendations become binding on members? These questions have not been answered in Article 71

Article 72

Subject to the *approval by a two-thirds vote of the Health Assembly*, the Organization may *take over from any other international organization or agency whose purpose and activities lie within the field of competence of the Organization such functions*, resources and obligations as may be conferred upon the Organization by international agreement or by mutually acceptable arrangements entered into between the competent authorities of the respective organizations.

The WHO constitution gives itself the power to take over from any “international organization or agency” within its designated scope, as long as there is a 2/3 majority vote from the Health Assembly. It’s done “on consent”, but who are the people that are really consenting?

Article 79

(a) States may become parties to this Constitution by:

- (i) signature without reservation as to approval;
- (ii) signature subject to approval followed by acceptance; or
- (iii) acceptance.

(b) Acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations.

Article 80

This Constitution shall come into force when twenty-six Members of the United Nations have become parties to it in accordance with the provisions of Article 79.

The chronology of events:

- 1908: [International Public Health Office](#) to be created
- 1926: [International Sanitary Convention](#) was ratified in Paris.
- 1946: [WHO’s Constitution](#) was signed by Canada.
- 1951: [International Sanitary Regulations](#) adopted by Member States.
- 1969: [International Health Regulations](#) (1st Edition) replaced ISR. These are legally binding on all Member States.
- 2005: [International Health Regulations](#) 3rd Edition of IHR were ratified.

Source: <https://canucklaw.ca/world-health-organization-constitution-have-you-actually-read-it/>
<https://canucklaw.ca/wp-content/uploads/WHO-Constitution-Full-Document-MARKED.pdf>

4. Public Health Agency Canada (PHAC) is not a Government agency it is a statutory creature with the sole purpose of implementing the WHO International Health Regulations and the Quarantine Act wasn't written by Canadians, but by WHO

4.1 PHAC

PHAC is essentially a branch of the WHO. PHAC was created in June 2004 at the instigation of the WHO. The 133rd Session took place in January 2004, and required member-states to “develop a focal point” to respond to future health crises. Several Orders-In-Council later, and it was embedded with other legislation. Once the Prime Minister Stephen Harper took power in early 2006, he introduced the “PHAC Act, to give the new agency its own powers”.

From 2004 to 2006, there were a few significant developments in Canadian politics. The effects of which would finally be felt in 2020, with the “Covid-19 pandemic”.

1. Creation of Public Health Agency of Canada by Order in Council
2. International Health Regulations, 3rd Edition, Take Effect
3. Passing of Quarantine Act, based on WHO-IHR
4. Passing of PHAC Act, giving the Agency real teeth

These events are connected. The 2005 Quarantine Act is domestic implementation of the IHRs. The Provincial Health Acts are derivatives of that. PHAC is a branch of WHO that masquerade as part of the Canadian Government. It was created to fulfill obligations under WHO-IHR.

This was advanced by successive Liberal and Conservative Governments

Timeline: PHAC Act/Quarantine Act/IHR 3rd Ed

- Jan 23, 2004 – WHO decides to update IHR
- 2004 to 2005 – WHO begins process of creating IHR 3rd Edition
- Sept 23, 2004 – OIC 2004-1068, amend Financial Administration Act
- Sept 23, 2004 – OIC 2004-1070, amend PS Staff Relations Act
- Sept 23, 2004 – OIC 2004-1071, amend Public Service Employment Act
- Sept 23, 2004 – OIC 2004-1072/1073, amend Privacy Act
- Sept 23, 2004 – OIC 2004-1074/1075, amend Access to Info Act

- Sept 23, 2004 – OIC 2004-1076, amend CSIS Act
- Sept 23, 2004 – OIC 2004-1076, amend Auditor General Act
- Oct 8, 2004 – 1st Reading of Quarantine Act
- Oct 26, 2004 – 2nd Reading of Quarantine Act
- Oct 28, 2004 – Parliamentary Hearing of Quarantine Act
- Nov 4, 2004 – Parliamentary Hearing of Quarantine Act
- Nov 18, 2004 – Parliamentary Hearing of Quarantine Act
- Nov 23, 2004 – Parliamentary Hearing of Quarantine Act
- Nov 25, 2004 – Parliamentary Hearing of Quarantine Act
- Dec 7, 2004 – Parliamentary Hearing of Quarantine Act
- Dec 7, 2004 – Parliamentary Hearing of Quarantine Act
- Dec 8, 2004 – Parliamentary Hearing of Quarantine Act
- Feb 10, 2005 – 3rd Reading of Quarantine Act
- Feb 10, 2005 – 1st Reading of Quarantine Act (Senate)
- Mar 9, 2005 – 2nd Reading of Quarantine Act (Senate)
- Apr 14, 2005 – 3rd Reading of Quarantine Act (Senate)
- May 13, 2005 – Royal Assent of Quarantine Act
- May 8, 2006 – 2nd Reading of PHAC Act Passed in House of Commons
- May 11, 2006 – Parliamentary Hearing on PHAC Act
- May 16, 2006 – Parliamentary Hearing on PHAC Act
- June 20, 2006 – 3rd Reading of PHAC Act Passed in House of Commons
- June 20, 2006 – 1st Reading of PHAC Act (Senate)
- June 28, 2006 – 2nd Reading of PHAC Act (Senate)
- Nov 3, 2006 – 3rd Reading of PHAC Act (Senate)
- Dec 12, 2006 – Royal Assent of PHAC Act
- Dec 15, 2006 – OIC 2006-1587, PHAC Act Active

PHAC Is Canada’s “Focal Point” For IHR

Article 4 Responsible authorities

1. Each State Party *shall designate or establish a National IHR Focal Point* and the authorities responsible within its respective jurisdiction for the *implementation of health measures under these Regulations*.

2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:

- (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, ***urgent communications concerning the implementation of these Regulations***, in particular under Articles 6 to 12; and
- (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

3. ***WHO shall designate IHR Contact Points***, which shall be accessible at all times for communications with National IHR Focal Points. ***WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned.*** WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.

4. States Parties shall provide WHO with contact details of their National IHR Focal Point and ***WHO shall provide States Parties with contact details of WHO IHR Contact Points.*** These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

[IHR 3rd Edition Full Text 2005](https://canucklaw.ca/wp-content/uploads/2021/04/IHR-3rd-Edition-Full-Text-2005.pdf) (https://canucklaw.ca/wp-content/uploads/2021/04/IHR-3rd-Edition-Full-Text-2005.pdf). (See [highlighted](https://canucklaw.ca/wp-content/uploads/WHO-IHR-3rd-Edition-Full-Text-2005-MARKED.pdf) version https://canucklaw.ca/wp-content/uploads/WHO-IHR-3rd-Edition-Full-Text-2005-MARKED.pdf)

The 2005 Edition of the IHR specifies that each State Party (which is each country, including Canada) shall establish a “focal point”. These points shall be responsible for implementing the Regulations, and answer to WHO. The PHAC is a focal point. It was created specifically for the purpose of implementing WHO’s directives on global public health.

The Chief Public Health Officer of Canada, Theresa Tam, acted in a [2010 film](https://canucklaw.ca/cv-13-corona-plandemic-lobbying-deleted-resources-cl-listings-theresa-tam-canadas-hoaxer-zero/) (https://canucklaw.ca/cv-13-corona-plandemic-lobbying-deleted-resources-cl-listings-theresa-tam-canadas-hoaxer-zero/) supporting martial law and she has a conflict of interest as she works directly for the WHO.

Timeline Of PHAC/IHR Implemented

January 19 to 23, 2004, at the [113th Session](https://iris.who.int/bitstream/handle/10665/259571/EB113-2004-REC-2-eng.pdf?isAllowed=y&sequence=1) <https://iris.who.int/bitstream/handle/10665/259571/EB113-2004-REC-2-eng.pdf?isAllowed=y&sequence=1> of the Executive Board of the WHO, it was decided that the IHR were to receive an updated edition.

See the following:

https://apps.who.int/gb/ebwha/pdf_files/EB113/eeb1133r1.pdf

https://apps.who.int/gb/e/e_eb113.html

<https://canucklaw.ca/wp-content/uploads/WHO-113th-Session-Revise-The-IHR.pdf>

Mr AISTON (Canada) said that the *International Health Regulations were a key component of Canada's approach to the management and containment of communicable diseases, and also central to the role and function of WHO*. The approach proposed was good: while a case could be made for accelerating the process, revision required careful consideration and the timetable put forward was therefore probably realistic. Having been a participant in the negotiations on the WHO Framework Convention on Tobacco Control, he suggested that the process should be concluded in one or two negotiating sessions at most. *Canada was preparing a domestic approach to the revision of the International Health Regulations* and would keep WHO informed of developments.

Page 41 of the WHO Charters addresses the proposed changes to the IHRs, and states that it was widely supported by Member States. There seems to be no concern with just how much sovereignty is given up.

In fact, [discussions](https://archive.is/kexzW) (<https://archive.is/kexzW>) for what changes to make to the IHR continued throughout 2004, and into 2005. That's when things started to happen in Canada, although this was not addressed with Canadian citizens and there was no awareness these IHRs have been implanted nor the proposed changes. Canadians are unaware that Canada has signed on to these foreign entity agreements.

In September 2004, a series of Orders in Council were signed to retroactively include the PHAC Act into existing legislation. PHAC was also a recent statutory creation that had not yet received any sort of legislative legitimacy. That would later change.

[PHAC itself](https://www.canada.ca/en/public-health/corporate/mandate/about-agency/frequently-asked-questions.html) (<https://www.canada.ca/en/public-health/corporate/mandate/about-agency/frequently-asked-questions.html>) writes "was created in 2004 in response to growing concerns about the capacity of

Canada's public health system to anticipate and respond effectively to public health threats". This information was posted as a news release in 2004 on the Government of Canada website. It's under the [section https://www.canada.ca/en/public-health/corporate/mandate/about-agency/frequently-asked-questions.html](https://www.canada.ca/en/public-health/corporate/mandate/about-agency/frequently-asked-questions.html) titled WHY WAS THE AGENCY CREATED?

The Public Health Agency of Canada (the Agency) was created in 2004 in response to growing concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats. The Agency's creation was the result of wide consultation with the provinces, territories, stakeholders and Canadians. The Agency's creation also followed recommendations from leading public health experts — including Dr. David Naylor's report, Learning from SARS: Renewal of Public Health in Canada, as well as other Canadian and international reports — for clear federal leadership on issues concerning public health and improved collaboration within and between jurisdictions. The Agency is one of five departments and agencies that make up the Government of Canada's Health Portfolio.

The Agency provides a clear focal point for federal leadership and accountability in managing public health emergencies.

PHAC's creation was in part of the larger [Federal Strategy](https://www.canada.ca/en/public-health/corporate/mandate/about-agency/federal-strategy.html). Part of that (Pillar 3) <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/federal-strategy.html> promoted the idea of a [Pan-Canadian https://archive.is/ZAJ08](https://archive.is/ZAJ08) Public Health Network. "Pan-Canadian" seems to be a euphemism for global.

October 8, 2004, just 2 weeks later, Bill C-12 was introduced into the House of Commons. This was the Quarantine Act, and was to be based on the WHO's IHRs concerning communicable disease. By the end of October, it had passed Second Reading and was before the HESA Committee.

The November 4 hearing, the second hearing. Below are quotes from the transcript of that session.

The Quarantine Act is passed in 2005, and the 3rd Edition of IHR took effect that year. In 2006, "Conservative" Prime Minister Stephen Harper brings in the PHAC Act, to give some legislative legitimacy to PHAC.

5. [Bill C-12, Quarantine Act and IHR Implementation](#)

[Page 5]

Mr. Colin Carrie: I have a question about Canada's quarantine laws. Are we in touch with the *World Health Organization and other international organizations*? If there's an outbreak, can we have any influence on quarantining people in other areas, or vice versa, the sharing of information in that way?

Dr. Paul Gully: During an outbreak we certainly would communicate with the countries involved. During SARS we had close collaboration with the United States, the United Kingdom, and Australia, for example, *as required*, to share intelligence. In terms of utilization of their legislation, such as quarantine acts, we feel that our relationship with WHO, which is closer, and *also clarification of WHO's powers under the international health regulations* will, I think, further ensure there is consistency in terms of response from individual member states as a result of that. Does that answer your question?

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Mr. Colin Carrie: Yes.

Are you aware of *international standards for quarantine*?

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Dr. Paul Gully: The *international health regulations would be the regulations that individual states would then use to design their quarantine acts*. I don't know of any other standards out there or best practices to look at quarantine acts, *but the IHRs really have been used over the years as the starting point. Now, with the improvement of the international health regulations*, maybe, as is the case in Canada, *changes will occur to quarantine acts in other countries in order to better comply with the international health regulations*.

[Page 6]

The Chair: Madam Demers.

[Translation]

Ms. Nicole Demers (Laval, BQ): Madam Chair, my colleague made a reference earlier to international agreements. This is also one of my concerns. You will recall that the *fundamental principle established at the First International Sanitary Conference in 1951* was to ensure maximum protection combined with a minimum number of restrictions. This principle still holds sway today. I'm certainly concerned about our future course of action.

[Page 8]

Mrs. Carol Skelton: Why did Health Canada proceed with a separate Quarantine Act at this time?

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Dr. Paul Gully: Those of us who administered the Quarantine Act over the years always knew there were deficiencies in the old act, and because it was rarely used there wasn't the inclination to update it. As a result of SARS and utilization of the act, which certainly put it under close scrutiny, and the requirement for the Government of

Canada to respond to the various reports on SARS, it was felt that *updating the act sooner rather than later was appropriate*. In addition, *during discussions about the international health regulations of the*

World Health Organization, it was felt that it was appropriate to do it and to spend time and energy, *which it obviously does require*, to do it now, before other parts of legislative renewal, of which Mr. Simard is well aware, were further implemented or further discussion was carried out.

[Page 8]

Mrs. Carol Skelton: I would appreciate that, please. We talked at a previous committee meeting about the newly

created Public Health Agency of Canada. Bill C-12 gives authority to the Minister of Health, with no mention at all of the Chief Public Health Officer. Is there any *connection between Bill C-12 and the Public Health Agency headed by our Chief Public Health Officer?*

Dr. Paul Gully: The minister has the powers and can delegate those powers. The *responsibility for the Quarantine Act is a responsibility of the Public Health Agency, which is headed by the Chief Public Health Officer*. In effect, the Chief Public Health Officer has responsibility for the act under the minister, because there are certain powers, *obviously, that the minister will delegate to the Chief Public Health Officer*.

[Page 9]

Ms. Ruby Dhalla: I have one question. In terms of the Quarantine Act for our country, where are we at in terms of best practices models *when we look at the international spectrum?*

Dr. Paul Gully: I don't know the acts in other countries, but because we are updating our act right now and *we're taking into account the probable revisions to the international health regulations*, I believe we would be well in the forefront in terms of having modern legislation.

From the [November 4, 2004](#) Parliamentary Hearings. Bill C-12, the 2005 Quarantine Act, was written as to accommodate anticipated changes in the IHR. As is spelled out, compliance is mandatory.

It also becomes clear that the newly created PHAC, will be responsible for carrying out actions in accordance with the Quarantine Act. In 2004, PHAC had been created by Order in Council. There was no legislative basis for it yet.

6. Bill C-5: Public Health Agency of Canada Act

The screenshot shows the LEGISinfo website interface. At the top, it says 'LEGISinfo' in a stylized font. Below that, there are links for 'Introduction | FAQ'. The main heading is 'House Government Bill'. Underneath, it specifies '39th Parliament, 1st Session' and the dates 'April 3, 2006 - September 14, 2007'. To the right, there is a 'Navigate Bills' section with left and right arrow icons. The bill number 'C-5' is highlighted in green. The title of the bill is 'An Act respecting the establishment of the Public Health Agency of Canada and amending certain Acts'. Below the title, it lists the 'Short Title' as 'Public Health Agency of Canada Act'.

WHEREAS the *Government of Canada wishes to take public health measures*, including measures relating to health protection and promotion, population health assessment, health surveillance, disease and injury prevention, and public health emergency preparedness and response;

WHEREAS the Government of Canada wishes to *foster collaboration* within the field of public health and to coordinate federal policies and programs in the area of public health;

WHEREAS the Government of Canada wishes to promote cooperation and consultation in the field of public health with provincial and territorial governments;

WHEREAS the Government of Canada also wishes to foster cooperation in that field *with foreign governments and international organizations*, as well as other interested persons or organizations;

AND WHEREAS the Government of Canada considers that the *creation of a public health agency for Canada and the appointment of a Chief Public Health Officer will contribute to federal efforts to identify and reduce public health risk* factors and to support national readiness for public health threats;

PUBLIC HEALTH AGENCY OF CANADA

Establishment

3. The Public Health Agency of Canada is *established for the purpose of assisting the Minister in exercising or performing the Minister's powers, duties and functions in relation to public health*.

Qualifications required

(2) The Chief Public Health Officer shall be a health professional who has qualifications in the field of public health.

Lead health professional

7. (1) The Chief Public Health Officer is the lead health professional of the Government of Canada in relation to public health.

Communication with governments, public health authorities and organizations

(2) The Chief Public Health Officer may, with respect to public health issues, communicate with governments, public health authorities or organizations in the public health field, within Canada or internationally.

Communication with the public, voluntary organizations and the private sector

(3) The Chief Public Health Officer may communicate with the public, voluntary organizations in the public health field or the private sector for the purpose of providing information, or seeking their views, about public health issues.

[PHAC](#) was created for the purpose of promoting public health, and it serves as a required “focal point” for Canada to fulfill its obligations under the International Health Regulations and the Quarantine Act.

Having Theresa Tam as both the Public Health Officer of Canada and working for the WHO actually makes sense from this perspective. PHAC effectively acts as a branch of WHO. PHAC exists to serve a UN function.

7. Government Openly Admits PHAC Is WHO Outpost:

The screenshot shows the Government of Canada website header with the Canadian flag, the text 'Government of Canada' and 'Gouvernement du Canada', and a search bar labeled 'Search Canada.ca'. Below the header is a 'MENU' dropdown. The main content area features the breadcrumb 'Canada.ca > Public Health Agency of Canada > Emergency preparedness and response' and the title 'Canada and the International Health Regulations (IHR): Overview'. There are three tabs: 'Overview' (selected), 'Assessment and reporting', and 'National IHR Focal Point'. Under the heading 'On this page', there is a list of four links: 'About the International Health Regulations', 'How Canada meets its obligations under the IHR', 'Implementing the IHR in Canada', and 'How IHR implementation benefits health security in Canada and abroad'.

How Canada meets its obligations under the IHR

As a *signatory to the IHR*, Canada is committed to help strengthen global health security. We build capacities to detect, assess, report and respond to public health events here at home and abroad.

Canada has confirmed its ability to meet these public health core capacity requirements under the IHR through the following activities: (a) monitoring and evaluation (such as the Joint External Evaluation (JEE) process)

real-life events; (b) emergency preparedness and response exercises; and (c) Collaboration efforts

between federal departments and with provincial and territorial partners improve and strengthen our country's public health preparedness and response system.

Canada has also established a National IHR Focal Point (NFP), which is required under IHR Article 4 (Responsible authorities). The NFP supports IHR-related communications between Canadian public health authorities, WHO, its regional office in the Americas (care of the Pan American Health Organization (PAHO)) and other countries.

Implementing the IHR in Canada

In Canada, *the Public Health Agency of Canada (PHAC) is the lead organization for implementing the IHR. PHAC is also Canada's designated National IHR Focal Point (NFP)*. As the NFP, PHAC coordinates the implementation of the IHR on behalf of the Government of Canada.

IHR activities are a shared responsibility. This means that Canada's Health Portfolio, other federal departments and provincial/territorial governments support IHR implementation.

Canada implements the IHR under existing legislation, regulations, policies and agreements in place at both the federal and provincial/territorial levels.

The success of *IHR implementation in Canada relies on ongoing collaboration by all partners to carry out surveillance, reporting, notification, verification, response and collaboration activities*: (a) across the country and (b) at international points of entry (airports, ports and ground crossings)

Because legislation differs among federal and provincial/territorial governments, Canada has mechanisms, agreements and plans in place that enable national coordination. This is particularly important during public health emergencies that require federal involvement.

[Ottawa openly admits](#) that PHAC serves as the “focal point” for WHO, and to implement the International Health Regulations.

WHO/INTERNATIONAL HEALTH REGULATIONS

1. [113th Session Of World Health Org Executive, January 2004](#)
2. [113th Session World Health Organization January 2004](#)
3. https://apps.who.int/gb/ghs/pdf/A_IHR_IGWG_1-en.pdf
4. [WHO September 2 2004 IHR Meeting](#)

5. <https://apps.who.int/gb/ghs/e/e-igwg.html>
6. <https://archive.is/kexzW>
7. <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/history.html>
8. <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/federal-strategy.html>
9. [WHO 113th Session Revise The IHR](#)
10. [WHO IHR 3rd Edition Full Text 2005 MARKED](#)

PUBLIC HEALTH AGENCY OF CANADA ACT (BILL C-5)

1. <https://orders-in-council.canada.ca/>
2. <https://openparliament.ca/bills/39-1/C-5/?page=2>
3. <https://www.parl.ca/LegisInfo/BillDetails.aspx?Language=E&billId=2162144&View=5>
4. <https://parl.ca/DocumentViewer/en/39-1/bill/C-5/first-reading>
5. [HESA Committee Study On Bill C-5](#)
6. [May 11 2006 HESA Transcript PHAC Act](#)
7. [May 16 2006 HESA Transcript PHAC Act](#)

QUARANTINE ACT (BILL C-12)

1. <https://www.parl.ca/LegisInfo/BillDetails.aspx?Language=E&billId=1395913>
2. <https://www.ourcommons.ca/Committees/en/HESA/StudyActivity?studyActivityId=981075>
3. <https://www.ourcommons.ca/DocumentViewer/en/38-1/HESA/report-2/>
4. [Canada Quarantine Act Oct 28 Hearing](#)
5. [Canada Quarantine Act Nov 4 Hearing](#)
6. [Canada Quarantine Act Nov 18 Hearing](#)
7. [Canada Quarantine Act Nov 23 Hearing](#)
8. [Canada Quarantine Act Nov 25 Hearing](#)
9. [Canada Quarantine Act Dec 7 First Hearing](#)
10. [Canada Quarantine Act Dec 7 Second Hearing](#)
11. [Canada Quarantine Act Dec 8 Hearing](#)

Source: <https://canucklaw.ca/public-health-agency-of-canada-created-as-branch-of-who/>

7.1 Quarantine Act was crafted by the WHO. It was not written by a Canadian.

Bill C-12 (the 2005 Quarantine Act) is domestic implementation of the 3rd edition of the International Health Regulations. Bill C-12 was introduced in the House of Commons in late 2004. “Supposedly”, this was in response to SARS a few years earlier. While the explanations sounded benevolent, the reality is that it laid the path for a lot of the martial law measures that happened 2020-2023. It was also explicitly admitted during the hearings that the QA was designed in anticipation of new changes to WHO-IHR. The 3rd Edition IHR eventually came out in 2005.

PARLIAMENTARY HEARING TRANSCRIPTS

[CLICK HERE](#), for HESA, Bill C-12, 38th Parliament.

[CLICK HERE](#), for HESA’s report back to Parliament.

[Canada Quarantine Act Oct 28 Hearing](#)

[Canada Quarantine Act Nov 4 Hearing](#)

[Canada Quarantine Act Nov 18 Hearing](#)

[Canada Quarantine Act Nov 23 Hearing](#)

[Canada Quarantine Act Nov 25 Hearing](#)

[Canada Quarantine Act Dec 7 First Hearing](#)

[Canada Quarantine Act Dec 7 Second Hearing](#)

[Canada Quarantine Act Dec 8 Hearing](#)

[WHO Constitution Full Document](#)

[ihr.2005.areas.for.implementation](#)

QUOTES FROM NOVEMBER 4, 2004 HEARING

(11:35)

Dr. Paul Gully: During an outbreak we certainly would communicate with the countries involved. During SARS we had close collaboration with the United States, the United Kingdom, and Australia, for example, as required, to share intelligence.

In terms of utilization of their legislation, *such as quarantine acts, we feel that our relationship with WHO*, which is closer, and also clarification of *WHO’s powers under the international health regulations* will, I think, further ensure there is consistency in terms of response from individual member states as a result of that.

.

Does that answer your question?

.

Mr. Colin Carrie: Yes.

.

Are you aware of *international standards for quarantine*?

.

Dr. Paul Gully: *The international health regulations would be the regulations that individual states would then use to design their quarantine acts.* I don't know of any other standards out there or best practices to look at quarantine acts, but the *IHRs really have been used over the years as the starting point.*

.

Now, with the *improvement of the international health regulations, maybe, as is the case in Canada, changes will occur to quarantine acts in other countries in order to better comply with the international health regulations.*

(11:55)

Mrs. Carol Skelton: When did these consultations begin, and how long do you expect they will go on?

.

Dr. Paul Gully: We had a meeting in September with the provinces and territories in Edmonton about the Quarantine Act as it stood at that time. We got input. We're having another teleconference with the Council of Chief Medical Officers next week to talk about a number of issues that were raised and to further clarify what they would like to see as changes to the bill as it stands at the present time.

.

Mrs. Carol Skelton: Why did Health Canada proceed with a separate Quarantine Act at this time?

.

Dr. Paul Gully: Those of us who administered the Quarantine Act over the years always knew there were deficiencies in the old act, and because it was rarely used there wasn't the inclination to update it. As a result of SARS and utilization of the act, which certainly put it under close scrutiny, *and the requirement for the Government of Canada to respond to the various reports on SARS*, it was felt that updating the act sooner rather than later was appropriate.

.

In addition, *during discussions about the international health regulations of the World Health Organization*, it was felt that it was appropriate to do it and to spend time and energy, *which it obviously*

does require, to do it now, before other parts of legislative renewal, of which Mr. Simard is well aware, were further implemented or further discussion was carried out.

(12:05)

Ms. Ruby Dhalla: I have one question. In terms of the Quarantine Act for our country, where are we at in terms of best practices models *when we look at the international spectrum?*

Dr. Paul Gully: I don't know the acts in other countries, but because *we are updating our act right now and we're taking into account the probable revisions to the international health regulations*, I believe we would be well in the forefront in terms of having modern legislation.

CANADA QUARANTINE ACT NOV 4 HEARING

This transcript explicitly states that the 2005 Quarantine Act was drafted in order to comply with International Health Regulations.

Bill C-12, the 2005 Quarantine Act, was written in anticipation of changes to the International Health Regulations that the World Health Organization would make.

8. Quarantine Facilities Discussed Dec 7, 2004 in the House of Commons debates:

The screenshot shows the Parliament of Canada website. At the top, there is a navigation bar with "PARLIAMENT OF CANADA" on the left and "VISIT PARLIAMENT" and "FRANÇAIS" on the right. Below this is the House of Commons logo and a search bar. The main content area is titled "HESA COMMITTEE MEETING". It includes a paragraph explaining that "Notices of Meeting" provide information about the subject matter, date, time, and place of the meeting, as well as a list of witnesses. It also mentions that "Evidence" is the edited and revised transcript of what is said before a committee, and "Minutes of Proceedings" are the official record of the business conducted by the committee at a sitting. Below this text, there is a navigation bar with tabs for "Notice of Meeting", "Minutes", and "Evidence". The "Evidence" tab is currently selected. Underneath, there are two sub-tabs for "Meeting 12" and "Meeting 13". A "PDF" icon is visible in the bottom right corner of the content area. The date "December 7, 2004" is displayed in a green box at the top of the content area. The House of Commons logo is centered at the bottom of the page.

Mr. Réal Ménard: However, Mr. Thibault, you cannot behave as though this were a war measures act. You cannot take over a facility without the province giving it consent in some fashion.

You acknowledge that the *bill says that the minister can establish quarantine stations throughout Canada*. So that could be done in areas that come under provincial jurisdiction.

.

Hon. Robert Thibault: The bill will apply to people coming into the country and people leaving the country.

.

Mr. Réal Ménard: Or who are in the country.

.

Hon. Robert Thibault: *When they are in the country, they will be covered by provincial legislation*. If people attending a conference in Montreal become ill, this is the responsibility of the Quebec government. The Quebec Quarantine Act would apply. The bill before us will apply only when these individuals seek to leave Canada. The expert could give us more details on this matter.

.

Mr. Réal Ménard: Yes, I would appreciate that.

.

Dr. Jean-Pierre Legault: There seems to be some confusion between a quarantine station and a quarantine facility.

.

A quarantine station is a permanent infrastructure. It is somewhat like the customs stations in airports and ports, at entry and exit points. In order to manage the program, we must *locate our permanent infrastructures in the highest risk areas and manage a national program*. Normally, that is done on a federal lands or at federal entry points.

.

Quarantine facilities are established when the permanent infrastructure is inadequate to meet the demand. This could be done in isolated cases. Let us say, for example, that a traveller is very ill. We must remember that *the role of quarantine is to identify, intercept and take the person to the hospital according to isolation procedures*. This is one of the roles of the front line authority. The federal government does not have the infrastructure required to hospitalize people.

.

Quarantining people means putting them into medical isolation in order to protect the public. Clearly, we will be working in cooperation with the provincial authorities and with the hospitals. When we bring them a sick person, the room this person goes to will become a temporary facility, while the person is there. We have to be able to act quickly. We can talk about cost recovery and all those other things later, but we have to put these people somewhere.

.

In the case of much larger groups, we have to be able to mobilize quite quickly in order to respond. If we are talking about *managing a crisis involving 1,000 people, for example*, we have to be able to act very quickly. Negotiations are a problem at such a time.

Mr. Réal Ménard: However, your officials did make a distinction. First of all, we heard from witnesses. Representatives from national carriers came in and *told us that there should be permanent quarantine stations in the eight largest airports*.

Our concern has to do with the fact that temporary quarantine stations maybe established anywhere in the country. Obviously, we understand that we are talking about people in transit, who are entering or leaving Canada. We intercept them when they are on Canadian soil. As clause 8 states, *the quarantine facility can be located anywhere in the country*. As a result, it is not out of the question that there may be cases where the cooperation of provincial health authorities is required. However, according to the bill in its present form, the *minister could establish a temporary quarantine facility in a place that comes under provincial jurisdiction without obtaining the province's approval*.

Mass quarantine facilities were [discussed](#) even back in 2004, without ever addressing the rights of Canadians and the impact of these Quarantine facilities or the power the PHAC agency, again, a non-government body has been given to impede on the inalienable and the codified rights of Canadians. WHO's IHR are legally binding, and were the basis for Bill C-12.

9. WHO's Constitution States it has Binding Authority Over Member States:

Article 21

The Health Assembly shall have authority to adopt regulations concerning:

- (a) *sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease*;
- (b) nomenclatures with respect to diseases, causes of death and public health practices;
- (c) standards with respect to diagnostic procedures for international use;
- (d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
- (e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

Article 22

Regulations adopted pursuant to Article 21 *shall come into force for all Members* after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

Articles [21](#) and [22](#) of the WHO Constitution states they have power to adopt measures over member states. And those areas specify quarantine regulations.

These sweeping powers are in direct conflict with the *Constitution Act* as these powers undermine the rules set forth in the Constitution and the role of the Head of Canada, which is not to take orders from foreign entities, the Executive Authority must always be vested in the Queen (King), not the UN and not the WHO.

10. IHR State they are Legally Binding:

Article 3(2). The implementation of these Regulations *shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.*

Article 3(3). The *implementation of these Regulations shall be guided by the goal of their universal application* for the protection of all people of the world from the international spread of disease.

Article 3(4). States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. *In doing so they should uphold the purpose of these Regulations.*

Article 4(1). *Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible* within its respective jurisdiction for the implementation of health measures under these Regulations

Article 4(3). *WHO shall designate IHR Contact Points*, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall *send urgent communications concerning the implementation of these Regulations*, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.

Article 4(4). *States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points.* These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

Article 12(1). *The Director-General shall determine*, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, *whether an event constitutes a public health emergency of international concern* in accordance with the criteria and the procedure set out in these Regulations.

Article 18(1). Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- *require medical examinations*;
- *review proof of vaccination* or other prophylaxis;
- *require vaccination* or other prophylaxis;
- place suspect persons under public health observation;
- *implement quarantine or other health measures* for suspect persons;
- *implement isolation and treatment where necessary* of affected persons;
- implement *tracing of contacts* of suspect or affected persons;
- refuse entry of suspect and affected persons;
- *refuse entry of unaffected persons to affected areas*; and
- implement *exit screening and/or restrictions on persons from affected areas*.

Article 57(1). States Parties recognize that the *IHR and other relevant international agreements should be interpreted so as to be compatible*. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements

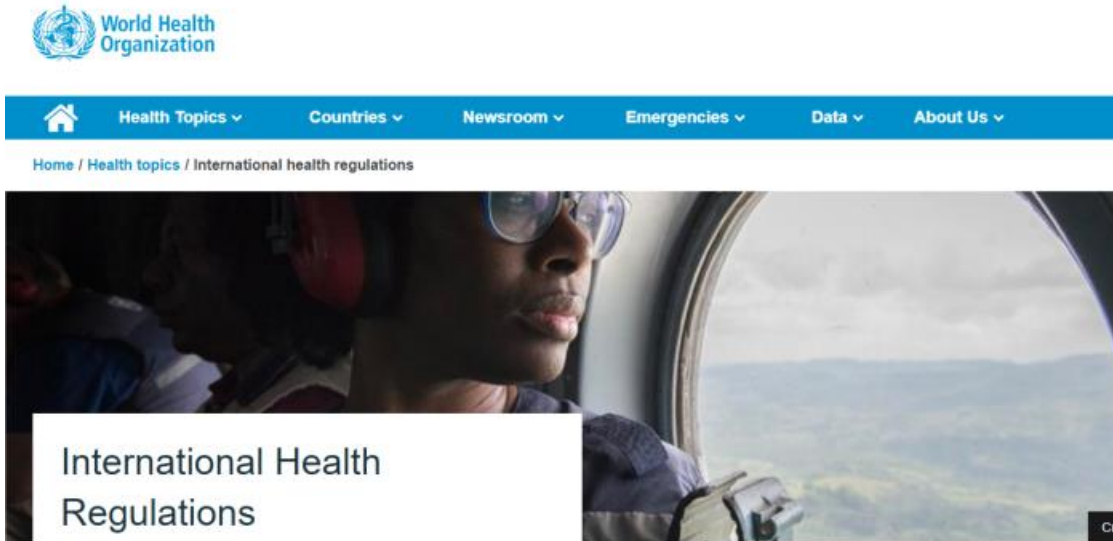
Except as otherwise indicated, the International Health Regulations (2005) entered into force on 15 June 2007 for the following States:

Afghanistan, Albania, Algeria, Andorra, Angola, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria,

Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, *Canada*, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Holy See, Honduras, Hungary, Iceland, India (8 August 2007), Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libya, Liechtenstein (28 March 2012), Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro (5 February 2008), Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Niue, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, Solomon Islands, Somalia, South Africa, South Sudan (16 April 2013), Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America (18 July 2007), Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Canada is on [the list](#) of countries who joined the WHO Charter, however, the Charter and the laws that have been implemented under it are in direct conflict with the *Constitution Act* and therefore are of no force and effect.

11. IHR Are Legally Binding?



The WHO lays claim that the IHRs are “*international law that is legally-binding on 196 countries, including the 194 WHO Member States*”. The IHR grew out of the response to deadly epidemics that once overran Europe. They create rights and obligations for countries, including the requirement to report public health events. The Regulations also outline the criteria to determine whether or not a particular event constitutes a “public health emergency of international concern”.

It was Ottawa that passed Bill C-12, the Quarantine Act in Canada. But the real authors were at the World Health Organization, who were drafting the latest version of the International Health Regulations.

Source: <https://canucklaw.ca/the-2005-quarantine-act-bill-c-12-was-actually-written-by-who/>

Health Canada (HC) (formerly the Department of Health) was created by Bill 37 back in 1919. The supposed reason was public health after WWI. HC has undergone transformations over the years, and many of its old functions are now covered by PHAC.

<https://canucklaw.ca/health-canada-initially-created-for-population-control-measures/>

HEALTH CANADA/DEPARTMENT OF HEALTH, AND EARLIER “PUBLIC HEALTH”

- 1837: William White publishes book — Evils Of Quarantine Laws
- 1851: First International Sanitary Conference, Paris
- 1859: Second International Sanitary Conference, Paris
- 1866: Third International Sanitary Conference, Constantinople

- 1874: Fourth International Sanitary Conference, Vienna
- 1881: Fifth International Sanitary Conference, Washington
- 1885: Sixth International Sanitary Conference, Rome
- 1892: Seventh International Sanitary Conference, Venice
- 1893: Eighth International Sanitary Conference, Dresden
- 1894: Ninth International Sanitary Conference, Paris
- 1897: Tenth International Sanitary Conference, Venice
- 1903: Eleventh International Sanitary Conference : Paris, 1903
- 1906: Revised Statutes Of Canada In 1906 Publication
- 1907: Founding of the Office international d'Hygiene publique
- 1911-1912: Twelfth International Sanitary Conference, Paris
- 1912: Canadian Public Health Association Incorporated
- 1919: Bill 37, Canada forms the Department of Health
- 1926: Thirteenth International Sanitary Conference, Paris
- 1928: Bill 205, Canada's DOH becomes Department of Pensions and National Health
- 1938: Fourteenth International Sanitary Conference, Paris
- 1944: Bill C-149, Canada's DPNH becomes Department of National Health and Welfare
- 1946: Canada joins World Health Organization, agrees to Constitution
- 1951: International Sanitation Regulations take effect from WHO
- 1959: "Privileges And Immunities" granted to all WHO Officials
- 1969: International Health Regulations (1st Ed.) replace Sanitation Regulations
- 1984: Bill C-3, Health Canada Act passed
- 1993: Department of National Health and Welfare becomes Health Canada
- 1995: 2nd Edition of WHO International Health Regulations
- 2001: DARK WINTER pandemic simulation plays out
- 2004: WHO issues edict all Members to have "public health outpost"
- 2004: PHAC, Public Health Agency of Canada, created by Order In Council
- 2004: Bill C-12, hearings on Quarantine Act in Parliament
- 2005: 3rd Edition of WHO International Health Regulations
- 2005: ATLANTIC STORM pandemic simulation plays out
- 2006: PHAC Act introduced by Harper Government
- 2010: Rockefeller paper released, includes infamous LOCKSTEP SCENARIO
- 2010: Theresa Tam stars in movie about fictional outbreak
- 2017: SPARS Pandemic Scenario plays out

- 2018: CLADE X pandemic simulation plays out
- 2019: EVENT 201 pandemic simulation plays out

Provincial Health Acts are Quarantine Act derivatives: a quick look through shows that they are written almost identically. They were all put in around 2007-2010, following the passage of the 2005 Quarantine Act. Political parties aside, they serve the same masters.

1st article: BC, AB, SK, MB, ON 2nd article: QC, NS, NB, PEI, NFLD

<https://canucklaw.ca/provincial-health-acts-are-really-just-who-ihr-domestically-implemented/>
<https://canucklaw.ca/the-other-provincial-health-acts-written-by-who-ihr/>

This was slipped into a Budget Bill, Bill C-97, back in 2019. It removes the requirement for parliamentary consultations when invoking Quarantine Act, of Human Pathogens and Toxins Act. Considering the timing, it's hard to argue this wasn't pre-planned.

Source: <https://canucklaw.ca/oversight-for-human-pathogens-and-toxins>

*"Mr. Chair, I'll speak to subdivision K, as well as subdivision L, given their similarities. The proposed legislative amendment to the Quarantine Act and to the Human Pathogens and Toxins Act would streamline the regulatory process under both acts by **repealing the requirement for the Minister of Health to table proposed regulations before both Houses of Parliament prior to making new or updated regulations.** This will allow the minister to proceed through the standard Governor in Council process, including prepublication and public consultation in the Canada Gazette. New or updated regulations under both of these acts would continue to comply with the cabinet directive on regulations.*

*The proposed amendments would **put the Public Health Agency of Canada on level footing with other Canadian regulators** and we will be more responsive to stakeholder needs for nimble, agile regulations that are kept up to date by facilitating the removal of outdated or ineffective regulations that may not be adequately protecting the public health and safety or may hinder innovation and economic growth.*

*Our ability to have up-to-date regulations **will be a benefit for the Canadian public, for the travel and transportation sectors,** and for the biotech and medical resource sectors.*

That was it. There was no debate on removing Parliamentary oversight. It was just a read-in that lasted less than 2 minutes."

This was Cindy Evans of the *Public Health Agency of Canada* explaining why there was really no need for Parliamentary consultation or oversight prior to changing regulations.

This was May 6, 2019, and it was slipped into Bill C-97, which was a budget bill. It doesn't look like this was ever debated at the time.

<https://www.parl.ca/LegisInfo/en/bill/42-1/C-97>

<https://parl.ca/DocumentViewer/en/42-1/bill/C-97/third-reading>

<https://www.ourcommons.ca/DocumentViewer/en/42-1/FINA/meeting-208/evidence>

<https://parlvu.parl.gc.ca/Harmony/en/PowerBrowser/PowerBrowserV2/20190506/-1/31498?Embedded=true&globalstreamId=20&startposition=5398&viewMode=3>

<https://www.bitchute.com/video/eh2uE4TRKbhm/>

Less than a year later, the *Quarantine Act* would be invoked, and now with no oversight.

The WHO-IHR statements are essentially guidelines for national and regional politicians to follow

<https://canucklaw.ca/canadas-actions-were-dictated-by-whos-legally-binding-international-health-regulations/>

12. Violation of constitutionally protected rights and freedoms:

12.1 The charges violate <Name> constitutionally protected rights to privacy, liberty, security of the person and enjoyment of property, and equal treatment and protection of the law enshrined in the Canadian Bill of Rights S.C 1960 c.40 s. 1(a) and 1(b) respectively.

12.2 <NAME> was charged under the Quarantine Act via the Contraventions Act, which is not being applied to all Canadians equally. The provinces of Alberta and Saskatchewan, as well as the Territories did not sign on to the Contraventions Act which means that Canadians in those regions were able to travel freely without prohibition and/or sanctions. This is a violation of the Canadian Bill of Rights, section 1(b), the right to equality before the law and the protection of the law. Canadians are not all being treated equally, nor protected by law if some of us are exempt from charges and others are not.

12.3 The Order breaches <Name> right to equality before the law and the protection of the law enshrined in section 1(b) of the Canadian Bill of Rights, and also in the preamble of the

Constitutional Act, 1867. The Order in Council (OIC) PC Number: 2022-0836, under which <NAME> was charged, lists at least 41 categories of people exempted from the Order.

12.4 The Quarantine Act, SC 2005, c 20 circumvents the Canadian Bill of Rights, and the Statutory Instruments Act. Section 61(1)(a) of the Quarantine Act S.C. 2005, c.20 which states “An order made under any of sections 58 to 60 (a) is exempt from the application of sections 3, 5, and 11 of the Statutory Instruments Act” is not consistent with section 3(1) and 3(2) of the Canadian Bill of Rights,

12.5 <Name> charges for not completing ArriveCan (section 58 of the *Quarantine Act*, SC 2005, c 20) are unjust due to the fact there is an ongoing RCMP investigation against the Government of Canada for the alleged criminality related to the development of the ArriveCan app. Conservative MP Larry Brock (Brantford-Brant, ON): “There are allegations regarding identity theft, fraudulent forged resumes, contractual theft, fraudulent billing, price fixing, collusion, all with senior bureaucrats with the Government of Canada,” https://www.westernstandard.news/news/fed-gov-t-hid-rcmp-investigation-into-arrivecan-app-from-auditor-general/article_c1f868f4-69e8-11ee-ab39-ab005e588fa9.html.

13. The following is the legal basis for the constitutional question:

13.1 Constitution Act 1867 – 1982:

CONSTITUTION ACT, 1867

30 & 31 Victoria, c. 3 (U.K.)

An Act for the Union of Canada, Nova Scotia, and New Brunswick, and the Government thereof; and for Purposes connected therewith

(29th March 1867)

Whereas the Provinces of Canada, Nova Scotia, and New Brunswick have expressed their Desire to be federally united into One Dominion under the Crown of the United Kingdom of Great Britain and Ireland, with a Constitution similar in Principle to that of the United Kingdom:

And whereas such a Union would conduce to the Welfare of the Provinces and promote the Interests of the British Empire:

And whereas on the Establishment of the Union by Authority of Parliament it is expedient, not only that the Constitution of the Legislative Authority in the Dominion be provided for, but also that the Nature of the Executive Government therein be declared:

And whereas it is expedient that Provision be made for the eventual Admission into the Union of other Parts of British North America. Act.

III. Executive Power

Marginal note:Declaration of Executive Power in the Queen

9 The Executive Government and Authority of and over Canada is hereby declared to continue and be vested in the Queen.

PART VII

General

52 (1) The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect.

VI. Distribution of Legislative Powers

Powers of the Parliament

Marginal note:Legislative Authority of Parliament of Canada

91 It shall be lawful for the Queen, by and with the Advice and Consent of the Senate and House of Commons, to make Laws for the Peace, Order, and good Government of Canada, in relation to all Matters not coming within the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces; and for greater Certainty, but not so as to restrict the Generality of the foregoing Terms of this Section, it is hereby declared that (notwithstanding anything in this Act) the exclusive Legislative Authority of the Parliament of Canada extends to all Matters coming within the Classes of Subjects next hereinafter enumerated; that is to say,

- 1. Repealed.[End note](#)⁽⁴⁴⁾

- 1A. The Public Debt and Property. [End note ^{\(45\)}](#)
- 2. The Regulation of Trade and Commerce.
- 2A. Unemployment insurance. [End note ^{\(46\)}](#)
- 3. The raising of Money by any Mode or System of Taxation.
- 4. The borrowing of Money on the Public Credit.
- 5. Postal Service.
- 6. The Census and Statistics.
- 7. Militia, Military and Naval Service, and Defence.
- 8. The fixing of and providing for the Salaries and Allowances of Civil and other Officers of the Government of Canada.
- 9. Beacons, Buoys, Lighthouses, and Sable Island.
- 10. Navigation and Shipping.
- 11. Quarantine and the Establishment and Maintenance of Marine Hospitals.
- 12. Sea Coast and Inland Fisheries.
- 13. Ferries between a Province and any British or Foreign Country or between Two Provinces.
- 14. Currency and Coinage.
- 15. Banking, Incorporation of Banks, and the Issue of Paper Money.
- 16. Savings Banks.
- 17. Weights and Measures.
- 18. Bills of Exchange and Promissory Notes.
- 19. Interest.
- 20. Legal Tender.
- 21. Bankruptcy and Insolvency.
- 22. Patents of Invention and Discovery.
- 23. Copyrights.
- 24. Indians, and Lands reserved for the Indians.
- 25. Naturalization and Aliens.
- 26. Marriage and Divorce.
- 27. The Criminal Law, except the Constitution of Courts of Criminal Jurisdiction, but including the Procedure in Criminal Matters.
- 28. The Establishment, Maintenance, and Management of Penitentiaries.
- 29. Such Classes of Subjects as are expressly excepted in the Enumeration of the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces.

And any Matter coming within any of the Classes of Subjects enumerated in this Section shall not be deemed to come within the Class of Matters of a local or private Nature comprised in the Enumeration of the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces.[End note ^{\(47\)}](#)

Exclusive Powers of Provincial Legislatures

Marginal note:Subjects of exclusive Provincial Legislation

92 In each Province the Legislature may exclusively make Laws in relation to Matters coming within the Classes of Subjects next hereinafter enumerated; that is to say,

- 1. Repealed.[End note ^{\(48\)}](#)
- 2. Direct Taxation within the Province in order to the raising of a Revenue for Provincial Purposes.
- 3. The borrowing of Money on the sole Credit of the Province.
- 4. The Establishment and Tenure of Provincial Offices and the Appointment and Payment of Provincial Officers.
- 5. The Management and Sale of the Public Lands belonging to the Province and of the Timber and Wood thereon.
- 6. The Establishment, Maintenance, and Management of Public and Reformatory Prisons in and for the Province.
- 7. The Establishment, Maintenance, and Management of Hospitals, Asylums, Charities, and Eleemosynary Institutions in and for the Province, other than Marine Hospitals.
- 8. Municipal Institutions in the Province.
- 9. Shop, Saloon, Tavern, Auctioneer, and other Licences in order to the raising of a Revenue for Provincial, Local, or Municipal Purposes.
- 10. Local Works and Undertakings other than such as are of the following Classes:
 - (a) Lines of Steam or other Ships, Railways, Canals, Telegraphs, and other Works and Undertakings connecting the Province with any other or others of the Provinces, or extending beyond the Limits of the Province:
 - (b) Lines of Steam Ships between the Province and any British or Foreign Country:
 - (c) Such Works as, although wholly situate within the Province, are before or after their Execution declared by the Parliament of Canada to be for the general Advantage of Canada or for the Advantage of Two or more of the Provinces.

- 11. The Incorporation of Companies with Provincial Objects.
- 12. The Solemnization of Marriage in the Province.
- 13. Property and Civil Rights in the Province.
- 14. The Administration of Justice in the Province, including the Constitution, Maintenance, and Organization of Provincial Courts, both of Civil and of Criminal Jurisdiction, and including Procedure in Civil Matters in those Courts.
- 15. The Imposition of Punishment by Fine, Penalty, or Imprisonment for enforcing any Law of the Province made in relation to any Matter coming within any of the Classes of Subjects enumerated in this Section.
- 16. Generally all Matters of a merely local or private Nature in the Province.

13.2 World Health Organization Constitution

<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

13.3 International Health Regulations (2005) – Third edition 1 January 2016

Publication <https://www.who.int/publications/i/item/9789241580496>

13.4 Public Health Agency of Canada Act (S.C. 2006, c. 5)

<https://lois-laws.justice.gc.ca/eng/acts/P-29.5/>

13.5 Quarantine Act (S.C. 2005, c. 20)

<https://laws-lois.justice.gc.ca/eng/acts/q-1.1/page-1.html>

Quarantine Act, S.C. 2005, c. 20

Exemption from [Statutory Instruments Act](#)

61 (1) *An order made under any of sections 58 to 60*

(a) is exempt from the application of sections 3, 5 and 11 of the [Statutory Instruments Act](#); and

13.6 Canadian Bill of Rights S.C. 1960, c. 44

Assented to 1960-08-10

An Act for the Recognition and Protection of Human Rights and Fundamental Freedoms

Preamble

The Parliament of Canada, affirming that the Canadian Nation is founded upon principles that acknowledge the supremacy of God, the dignity and worth of the human person and the position of the family in a society of free men and free institutions;

Affirming also that men and institutions remain free only when freedom is founded upon respect for moral and spiritual values and the rule of law;

And being desirous of enshrining these principles and the human rights and fundamental freedoms derived from them, in a Bill of Rights which shall reflect the respect of Parliament for its constitutional authority and which shall ensure the protection of these rights and freedoms in Canada:

Therefore Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

PART I

Bill of Rights

Recognition and declaration of rights and freedoms

1 It is hereby recognized and declared that in Canada there have existed and shall continue to exist without discrimination by reason of race, national origin, colour, religion or sex, the following human rights and fundamental freedoms, namely,

- (a) the right of the individual to life, liberty, security of the person and enjoyment of property, and the right not to be deprived thereof except by due process of law;
- (b) the right of the individual to equality before the law and the protection of the law;
- (c) freedom of assembly and association

Construction of law

2 Every law of Canada shall, unless it is expressly declared by an Act of the Parliament of Canada that it shall operate notwithstanding the [Canadian Bill of Rights](#), be so construed and

applied as not to abrogate, abridge or infringe or to authorize the abrogation, abridgment or infringement of any of the rights or freedoms herein recognized and declared, and in particular, no law of Canada shall be construed or applied so as to

- (a) authorize or effect the arbitrary detention, imprisonment or exile of any person;
- (b) impose or authorize the imposition of cruel and unusual treatment or punishment;
- (c) deprive a person of the right to a fair hearing in accordance with the principles of fundamental justice for the determination of his rights and obligations;

Duties of Minister of Justice

3 (1) Subject to subsection (2), the Minister of Justice shall, in accordance with such regulations as may be prescribed by the Governor in Council, examine every regulation transmitted to the Clerk of the Privy Council for registration pursuant to the [Statutory Instruments Act](#) and every Bill introduced in or presented to the House of Commons by a Minister of the Crown, in order to ascertain whether any of the provisions thereof are inconsistent with the purposes and provisions of this Part and he shall report any such inconsistency to the House of Commons at the first convenient opportunity.

(2) A regulation need not be examined in accordance with subsection (1) if prior to being made it was examined as a proposed regulation in accordance with section 3 of the [Statutory Instruments Act](#) to ensure that it was not inconsistent with the purposes and provisions of this Part.

Part II

Savings

5(1) Nothing in Part I shall be construed to abrogate or abridge any human right or fundamental freedom not enumerated therein that may have existed in Canada at the commencement of this Act.

"Law of Canada" defined

(2) The expression "law of Canada" in Part I means an Act of the Parliament of Canada enacted before or after the coming into force of this Act, any order, rule or regulation thereunder, and any law in force in Canada or in any part of Canada at the commencement of this Act that is subject to be repealed, abolished or altered by the Parliament of Canada.

13.7 The Bill Of Rights Currently Has Constitutional Authority:

The Charter does NOT supersede the Canadian Bill of Rights (CBR). Section 26 of the Charter states, “The guarantee in this Charter of certain rights and freedoms shall not be construed as denying the existence of any other rights or freedoms that exist in Canada”. The preamble states human rights and fundamental freedoms protected in the CBR has constitutional validity and section 2 (d) states that they are constitutional safeguards.

The current validity of the CBR is evident in the Statutory Instruments Act and the Emergencies Act (this replaced the Wartime Measures Act, and this Act protects our rights under the Bill of Rights), both received royal assent in 1985, 4 years after the Charter and both reference the Bill in the preamble. There is also case law post Charter where the Bill of Rights was used in the defence. See below:

Canadian Bill of Rights post Charter Case Law:

R. v. Andrew, 1986 CanLII 966 (BC SC):

The fact that I have held that the principle of equality before the law does not fail within s. 7 does not mean however that it is not a principle of fundamental justice. It simply means that the principle is not yet entrenched by the Charter. The Charter did not repeal the CBR nor did it do away with principles of fundamental justice existing independently of the CBR In the Gustavson decision McKenzie J. said at pp. 6-7, p. 474 C.C.C., p. 495 D.L.R.:

The Queen v. Beauregard, 1986 CanLII 24 (SCC), [1986] 2 SCR 56:

I have reached the conclusion that s. 29.1(2) of the Judges Act is inconsistent with s. 1(b) of the CBR and that the respondent is entitled to a declaration that this subsection is inoperative in so far as the respondent is concerned.

Singh v. Minister of Employment and Immigration, 1985:

It has not been declared by any Act of the Parliament of Canada that the Immigration Act, 1976 shall operate notwithstanding the CBR. In view of s. 5(2) of An Act for the Recognition and Protection of Human Rights and Fundamental Freedoms, 1960 (Can.), c. 44, in Part II which follows the CBR, I do not see any reason not to apply the principle in the Drybones case to a provision enacted after the CBR.

MacBain v. Lederman, 1985 CanLII 5548:

Another successful outcome was in the 1985 Federal Court of Appeal case of MacBain v Lederman, where the Court considered whether parts of the federal Human Rights Act violated the right to a fair hearing.[18] In that case, Mr. MacBain faced a discrimination complaint brought against him by one of his employees.[19] However, the procedures outlined in the Act allowed the same people who prosecuted the complaint against Mr. MacBain to select the decision makers in the hearing process.[20] The Court found that those sections of the Act that defined how decision makers were appointed were inoperative because they violated Mr. MacBain's right to a fair hearing in section 2(e) of the Bill of Rights.[21] More recently, the Federal Court in Hassouna v Minister of Citizenship and Immigration Canada found that parts of the Citizenship Act were inconsistent with the right to a fair hearing, and declared those sections inoperative.[22] The Court said that allowing a federal minister to revoke citizenship without giving individuals the opportunity for a hearing was contrary to the protections in the Bill of Rights.[23]

R. v. Demers, [2004] 2 S.C.R. 489:

harkens back to The Bill to inform judgement and further, to, an 'implied bill of rights' birthed in the Constitution Act, 1867 in paras. 80-84. Although The Bill is maintained as law, its modern application is questioned, as seen in R. v. Kapp, [2008] 2S.C.R. 463. Whether or not its stand-alone power has diminished, little can be taken away from The Canadian Bill of Rights, as it compels and informs both statute, common law and the Canadian way of life.

13.8 Magna Carta Common Law the Constitution and the CBR

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Magna Carta:

Reference material from this link: <https://www.constitutionalstudies.ca/2015/11/part-ii-magna-carta-and-canadas-constitution/?print=print#:~:text=Related%20to%20the%20rule%20of,law%2C%20influenced%20by%20Magna%20Carta.>

Magna Carta is not formally part of Canada's Constitution, but it played an important role in its creation. Concepts such as the rule of law and many common law principles derive from it, and these do form part of our Constitution.

Not Formally Our Constitution, but Influences It

Constitutional expert Peter Hogg and court cases such as *R v Dobell* and *R v Jebbett* argue that Magna Carta is not a “constitutional document” in Canada.^[1] That said, Canada’s founding constitutional document at Confederation was the *British North America Act, 1867* (now known as the *Constitution Act, 1867*). The Preamble of the *Constitution Act, 1867* states that Canada adopts a constitution “similar in Principle to the United Kingdom,” which does include principles from Magna Carta.^[2] Much of the actual text of Magna Carta was formally removed from the statute books by the British Parliament a few years before Confederation, but Magna Carta principles such as the [rule of law](#) shaped our Constitution at Confederation.^[3]

While Magna Carta principles may have been viewed as a cornerstone for our system of democracy and the rule of law at Confederation, the common law rights and protections that it influenced did actually become part of our system of law in the Canadian Bill of Rights which has constitutional authority and our case law,

The Rule of Law

The rule of law is the idea that no one is above the law, and that includes the government. It has its roots in Magna Carta.^[5] Magna Carta limited the king’s power and prevented him from acting arbitrarily. Further, any sort of legal punishment would have to be according to the due process of law.^[6]

As noted in the previous section, the rule of law is embodied in the *Constitution Act, 1867*, since we inherited a constitution similar in principle to Britain. However, the rule of law is also explicitly stated in Canadian Bill of Rights whose preamble states that Canada is “founded on principles that recognize... the rule of law.”^[7] Further, section 52 of the Constitution states that the Constitution is the supreme law of Canada, and any laws that are inconsistent with the Constitution are of no force or effect.^[8]

Magna Carta, Common Law Protections and our *Human Rights and Fundamental Freedoms in Canada*

Related to the rule of law, Magna Carta forbade illegal imprisonment, and required a fair justice system that followed the due process of law.^[9] These are important protections for people that have since developed through the common law, influenced by Magna Carta.

For example, habeas corpus, the ability to challenge an imprisonment as illegal, is thought to have come from Magna Carta, or at least to have been affirmed by it. However, this is inaccurate and likely skewed

by influential English jurist Edward Coke's view of Magna Carta.^[10] That said, common law protections such as the right to be tried by a jury of one's peers and the right to speedy and fair trials ("To no one will we sell, to no one deny or delay right or justice"), have roots in Magna Carta.^[11]

Magna Carta's text may not be part of our Constitution, but crucial common law rights and principles that it influenced have been incorporated in our Canadian Bill of Rights which has constitutional authority. Magna Carta's requirement that legal action follow due process of law has and has also been described in section 1 and 2 (e) of the Canadian Bill of Rights. Clause 39 of Magna Carta protected "free men" from illegal and arbitrary detainment.^[13] This is echoed in Section 2 (a) of the *Canadian Bill of Rights* which guarantees "the right not to be arbitrarily detained or imprisoned."⁽¹⁴⁾ Magna Carta promised timely and fair justice, along with a person being judged by their peers.^[15] Mirroring this, Section 2(c) i of the *Canadian Bill of Rights* guarantees the right "of the right to be informed promptly of the reason for his arrest or detention," the right (e) *deprive a person of the right to a fair hearing in accordance with the principles of fundamental justice for the determination of his rights and obligations;* (f) *deprive a person charged with a criminal offence of the right to be presumed innocent until proved guilty according to law in a fair and public hearing by an independent, impartial tribunal* " These provisions of the CBR give a right to a jury for all criminal matters not just those where the crown is seeking more than 5 years which is what the Magna Carta provided a jury for all claims made against you..

Magna Carta – A Symbol and More

Magna Carta has often been valued as a symbol of freedoms, liberties, and the rule of law. While it does have symbolic value in Canada, its value extends beyond that. Through its reflection in our Constitution, it has affected Canadian life in a practical way. It may not formally be part of Canada's Constitution, but important principles and rights descend from it that do form part of our Constitution, and thus its influence can be seen to this day.

13.9 The Contraventions Act Is Not Being Applied to All Provinces Equally:

As identified on the "COVID-19: Summary data about travellers, testing and compliance" information page from the Government of Canada these provinces and territories did not sign on to the Contraventions Act and are not enforcing the *Quarantine Act*, creating a discriminatory law.

Section 2 of the "CONTRAVENTIONS ACT EVALUATION Final Report, 2010" states:

2. Performance, 2.1. Implementation across Canada

The implementation of the Contraventions Act has proven to be an incremental process. First passed in 1992, the Act was essentially not implemented until Parliament amended it in 1996 to allow (among other things) the federal government to sign agreements with provincial governments to use their respective prosecution schemes to process federal contraventions. On that basis, the Department initiated discussions with provincial authorities, which led to the signing of agreements in seven provinces. The ruling that the Federal Court rendered in 2001 on language rights forced the renegotiation of existing agreements and delayed the negotiation of new agreements. Technically speaking, the Act is operational in all provinces except Newfoundland and Labrador, Saskatchewan and Alberta. This means that just over 80% of the Canadian population now resides in a province where contraventions tickets may be used. Justice Canada has been in negotiation with the remaining provinces.

ii. Contraventions Act Evaluation

The fact that the Act is not yet operational in three provinces is a concern. It creates a situation whereby the exact same unlawful behaviour that would contravene a federal statutory offence designated as a contravention is treated differently, based on the geographical location of the offender. This could trigger legal risks, particularly in provinces where the Act is not operational, in light of the fact that offenders are exposed to greater penalties.

The Gov of Canada website - COVID-19: Summary data about travellers, testing and compliance:

The Government of Canada website validates the Contraventions Act was not implemented in all provinces through their own data analysis of the COVID-19 border measures data (COVID-19: Summary data about travellers, testing and compliance). Under “Fines” the report states:

Enforcement authorities can't issue fines under the Contraventions Regulations in:

- *Alberta*
- *Saskatchewan*
- *the territories*

13.10 Self-Represented Litigants are Afforded Leeway

Pintea v. Johns (2017, SCC).

<https://www.canlii.org/en/ca/scc/doc/2017/2017scc23/2017scc23.html#par4>

Judges have an obligation to go the extra mile in ensuring self-reps are treated fairly.

Pintea v. Johns codified the "Statement of Principles" from the CJC, 2006

<https://cjc-ccm.ca/sites/default/files/documents/2020/Final-Statement-of-Principles-SRL.pdf>

Sanzone v. Schechter, 2016 ONCA 566:

<https://www.canlii.org/en/on/onca/doc/2016/2016onca566/2016onca566.html>

Para [37] In those circumstances, the motion judge should not have granted summary judgment but, instead, should have focused on the moving parties' alternative relief – the dismissal of the action because the appellant had not set it down for trial by December 31, 2014, as directed by a master. Had the motion judge done so, no doubt he would have concluded that this action had reached the point where case management by a single judge was required in order to address the legitimate desire of the respondents to see the action moved along, while accommodating, in a reasonable and practical manner, the self-represented appellant's unfamiliarity with the process to enable her to present her case to the best of her ability.

Conclusion:

I have demonstrated that the Public Health Agency of Canada and the *Public Health Agency of Canada Act* SC 2006, c.5, the *Quarantine Act*, SC 2005, c 20, and Order in Council (OIC) PC Number 2022-0836 under the *Quarantine Act*, SC 2005, c 20 are *ultra vires* of the *Constitution Act 1867-1982* in that:

1. The *Constitution Act* is the supreme law of Canada;
2. The Head of Government in Canada is vested in Queen and not in foreign entities such the WHO and the UN;
3. Laws in Canada can only be written by the Parliament of Canada and the Provinces and not by foreign entities such the WHO. Therefore, these laws have no force or effect of law as per section 52.1 of the *Constitution Act 1867-1982*.

<NAME>, without prejudice

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