

# Law in Canada, an Information Package

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Attention: \_\_\_\_\_

Job title: \_\_\_\_\_

## **This is an information package for schools in the various provinces of Canada.**

It is illegal and unlawful for any school to insist any parent and/or guardian allow their sons and/or daughters to be compelled to wear a mask, to medical procedures such as testing, nor to medical treatments such as vaccination

### **Masking:**

Whereas there is no proof that forcing children to wear masks will help them and in fact, there actually is proof that forcing children to wear masks will hurt them: “[Children] who have myopia can have difficulty seeing because the mask fogs their glasses . . . Masks can cause severe acne and other skin problems. The discomfort of a mask distracts some children from learning. By increasing airway resistance during exhalation, masks can lead to increased levels of carbon dioxide in the blood.” - Drs. Makary and Meissner

And

“Children compensate for such difficulties by breathing through their mouths. Chronic and prolonged mouth breathing can alter facial development. It is well-documented that children who mouth-breathe because adenoids block their nasal airways can develop a mouth deformity and elongated face.”

And

“The possible psychological harm of widespread masking is an even greater worry. Facial expressions are integral to human connection, particularly for young children, who are only learning how to signal fear, confusion, and happiness. Covering a child’s face mutes these nonverbal forms of communication and can result in robotic and emotionless interactions, anxiety, and depression. Seeing people speak is a building block of phonetic development. It is especially important for children with disabilities such as a hearing impairment.”<sup>1</sup>

### **Also: Mask effectiveness in general**

1. A May 2020 meta-study on pandemic influenza published by the US CDC found that face masks had no effect, neither as personal protective equipment nor as a source control.<sup>2</sup>
2. There is increasing evidence<sup>3</sup> that the novel coronavirus is transmitted, at least in indoor settings, not only by droplets but also by smaller aerosols. However, due to their large pore size and poor fit, most masks cannot filter out aerosols (see video analysis below): over 90% of aerosols penetrate or bypass the mask and fill a medium-sized room within minutes.<sup>4</sup>
3. A Danish randomized controlled trial with 6000 participants, published in the Annals of Internal Medicine in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting.<sup>5</sup>
4. A large randomized controlled trial with close to 8000 participants, published in October 2020 in PLOS One, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.”<sup>6</sup>
5. A February 2021 review by the European CDC found no high-quality evidence in favor of face masks.<sup>7</sup>
6. A July 2020 review by the Oxford Centre for Evidence-Based Medicine found that there is no evidence for the effectiveness of face masks against virus infection or transmission.<sup>8</sup>
7. A November 2020 Cochrane review found that face masks did not reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers.<sup>9</sup>
8. An August 2021 study published in the Int. Research Journal of Public Health found “no

<sup>1</sup> <https://www.washingtontimes.com/news/2021/aug/14/masking-school-children-is-abuse/>

<sup>2</sup> [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)

<sup>3</sup> <https://academic.oup.com/cid/article/71/9/2311/5867798>

<sup>4</sup> <https://bmjopen.bmj.com/content/5/4/e006577>

<sup>5</sup> <https://www.acpjournals.org/doi/10.7326/M20-6817>

<sup>6</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240287>

<sup>7</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-face-masks-community-first-update.pdf>

<sup>8</sup> <https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

<sup>9</sup> [https://www.cochrane.org/CD006207/ARI\\_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses](https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses)

- association between mask mandates or use and reduced COVID-19 spread in US states.”<sup>10</sup>
9. A July 2021 experimental study published by the American Institute of Physics found that face masks reduced indoor aerosols by at most 12%, not enough to prevent infections.<sup>11</sup>
  10. An April 2020 review by two US professors in respiratory and infectious disease from the University of Illinois concluded that face masks have no effect in everyday life, neither as self-protection nor to protect third parties (so-called source control).<sup>12</sup>
  11. An article in the New England Journal of Medicine from May 2020 came to the conclusion that face masks offer little to no protection in everyday life.<sup>13</sup>
  12. A 2015 study in the British Medical Journal BMJ Open found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use.<sup>14</sup>
  13. An August 2020 review by a German professor in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections.<sup>15</sup>

## Medical Procedures:

### RT-PCR Tests:

#### ***07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing.***

“After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019–Novel Coronavirus (2019-nCoV) Real-Time-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.”<sup>16</sup>

#### ***From the FDA: SARS-CoV-2 Reference Panel Comparative Data***

“During the early months of the Coronavirus Disease 2019 (COVID-19) pandemic, clinical specimens [of the virus] were not readily available to developers of IVDs [in vitro diagnostics] to detect SARS-CoV-2. Therefore, the FDA authorized IVDs based on available data from contrived samples generated from a range of SARS-CoV-2 material sources (for example, gene specific RNA, synthetic RNA, or whole genome viral RNA) for analytical and clinical performance evaluation. While validation using these contrived specimens provided a measure of confidence in test performance at the beginning of the pandemic, it is not feasible to precisely compare the performance of various tests that used contrived specimens because each test validated performance using samples derived from different gene specific, synthetic, or genomic nucleic acid sources.”<sup>17</sup>

### Rapid Antigen Test:

Rapid antigen tests, such as those manufactured by **Abbott, Azure Biotech Inc., Roche, and others** offer results more rapidly and at lower cost, but it is important to note that studies conducted to validate their use gathered data on symptomatic, asymptomatic, and even postmortem patients, all using RT-PCR tests (demonstrably inaccurate as shown above) as a reference standard, generating a very high risk of bias and often do not report the sensitivity and specificity of platforms used, therefore are not sufficient methods to determine infection of SARS-CoV-2.<sup>18 19 20 21 22</sup>

Rapid antigen tests, such as the **Abbott BinaxNOW COVID-19 Ag Card (BinaxNOW)**, offer results more rapidly (approximately 15–30 minutes) and at a lower cost than do highly sensitive nucleic acid amplification tests (NAATs) (1). Rapid antigen tests have received Food and Drug Administration (FDA) **Emergency Use Authorization (EUA)** for use in **symptomatic persons** (2), **but data are lacking on test performance in asymptomatic persons to inform expanded screening testing to rapidly identify and isolate infected persons** (3). To evaluate the performance of the BinaxNOW rapid antigen test, **it was used along with real-time reverse transcription–polymerase chain reaction (RT-PCR) testing** to analyze 3,419 paired specimens collected from persons aged ≥10 years at two community testing sites in Pima County, Arizona, during November 3–17, 2020. Viral culture was performed on 274 of 303 residual real-time RT-PCR specimens with positive results by either test (29 were not available for culture). Compared with real-time RT-PCR testing, the BinaxNOW antigen test had a sensitivity of **64.2% for specimens from symptomatic persons** and **35.8% for specimens from asymptomatic persons**, with near 100% specificity in specimens from both groups. Virus was cultured from 96 of 274 (35.0%) specimens,

<sup>10</sup> <https://escipub.com/irjph-2021-08-1005/>

<sup>11</sup> <https://aip.scitation.org/doi/10.1063/5.0057100>

<sup>12</sup> <https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

<sup>13</sup> <https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

<sup>14</sup> <https://bmjopen.bmj.com/content/5/4/e006577>

<sup>15</sup> <https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1174-6591>

<sup>16</sup> [https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes\\_CDC\\_RT-PCR\\_SARS-CoV-2\\_Testing\\_1.html](https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html)

<sup>17</sup> <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data>

<sup>18</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e3.htm>

<sup>19</sup> [https://wwwnc.cdc.gov/eid/article/27/5/20-4688\\_article](https://wwwnc.cdc.gov/eid/article/27/5/20-4688_article)

<sup>20</sup> <https://pubmed.ncbi.nlm.nih.gov/33421573/>

<sup>21</sup> <https://onlinelibrary.wiley.com/doi/10.1002/jmv.26765>

<sup>22</sup> <https://dam.abbott.com/en-gb/panbio/120007883-v1-Panbio-COVID-19-Ag-Nasal-AsymptomaticSe.pdf>

including 85 (57.8%) of 147 with concordant antigen and real-time RT-PCR positive results, 11 (8.9%) of 124 with false-negative antigen test results, and none of three with false-positive antigen test results. Among specimens positive for viral culture, sensitivity was 92.6% for symptomatic and **78.6% for asymptomatic individuals**. When the pretest probability for receiving positive test results for SARS-CoV-2 is elevated (e.g., in symptomatic persons or in persons with a known COVID-19 exposure), a negative antigen test result should be confirmed by NAAT (*I*). Despite a lower sensitivity to detect infection, rapid antigen tests can be an important tool for screening because of their quick turnaround time, lower costs and resource needs, high specificity, and high positive predictive value (PPV) in settings of high pretest probability. The faster turnaround time of the antigen test can help limit transmission by more rapidly identifying infectious persons for isolation, particularly when used as a component of serial testing strategies.

**Abbott Panbio™ COVID-19 Ag Rapid Test Device** is an in vitro diagnostic rapid test for the qualitative detection of SARS-CoV-2 antigen (Ag) in human nasal swab specimens from individuals who meet COVID-19 clinical and / or epidemiological criteria. Panbio™ COVID-19 Ag Rapid Test Device is for professional use only and is intended to be used as an aid in the diagnosis of SARS-CoV-2 infection.

The product may be used in any laboratory and non-laboratory environment that meets the requirements specified in the Instructions for Use and local regulation. The test provides preliminary test results. **Negative results don't preclude SARS-CoV-2 infection and they cannot be used as the sole basis for treatment or other management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. The test is not intended to be used as a donor screening test for SARS-CoV-2.**

Rapid antigen testing kit are known to contain Ethylene Oxide, a verified carcinogen and controlled substance in Canada listed as an ingredient on the nasal swabs.

#### **Medical Treatments:**

##### **Vaccines:**

##### **Legal Definition:**

**Vaccine:** means a specially prepared antigen administered to a person for the purpose of providing immunity.<sup>23</sup>

##### **From US CDC:**

**Vaccine:** A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.<sup>24</sup>

##### **From the Government of Canada:**

Vaccines are complex biologic products designed to induce a protective immune response effectively and safely. **An ideal vaccine is: safe with minimal adverse effects; effective in providing lifelong protection against disease after a single dose that can be administered at birth;** inexpensive; stable during shipment and storage; and easy to administer. Some vaccines come closer to fulfilling these criteria than others. Although each vaccine has its own benefits and risks, and indications and contraindications, all vaccines offer protection against the disease for which they were created.

Vaccines are classified according to the type of active component (antigen) they contain and are most often categorized in two groups - live attenuated vaccines and non-live vaccines:

- **Live** attenuated vaccines contain whole, weakened bacteria or viruses. Since the agent replicates within the vaccine recipient, the stimulus to the immune system more closely resembles that associated with natural infection, resulting in longer lasting and broader immunity than can be achieved with other vaccine types. Because of the strong immunogenic response, live attenuated vaccines, except those administered orally, typically produce immunity in most recipients with one dose; however, a second dose helps to make sure that almost all vaccine recipients are protected, because some individuals may not respond to the first dose. Live vaccines require careful storage and handling to avoid inadvertent inactivation.
- **Non-live** vaccines contain whole inactivated (killed) bacteria or viruses, their parts, or products secreted by bacteria that are modified to remove their pathogenic effects (toxoids). Non-live vaccines cannot cause the disease they are designed to prevent. Because the immune response to non-live vaccines may be less than that induced by live organisms, they often require adjuvants and multiple doses. The initial doses prime the immune system and are called primary vaccination or the primary series. As protection following primary vaccination diminishes over time, periodic supplemental doses (booster doses) may be required to increase or boost antibody levels.<sup>25</sup>

<sup>23</sup> <https://www.lawinsider.com/dictionary/vaccine>

<sup>24</sup> <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

<sup>25</sup> <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-14-basic-immunology-vaccinology.html>

## COVID-19 ‘Vaccines’ are Gene Therapy

- mRNA “vaccines” created by Moderna and Pfizer are gene therapies. They fulfill all the definitions of gene therapy and none of the definitions for a vaccine. This matters, as you cannot mandate a gene therapy against COVID-19 any more than you can force entire populations to undergo gene therapy for a cancer they do not have and may never be at risk for.
- mRNA contain genetic instructions for making various proteins. mRNA “vaccines” deliver a synthetic version of mRNA into your cells that carry the instruction to produce the SARS-CoV-2 spike protein, the antigen, that then activates your immune system to produce antibodies
- The only one benefiting from an mRNA “vaccine” is the vaccinated individual, since all they are designed to do is **lessen clinical symptoms** associated with the S-1 spike protein. Since you’re the only one who will reap a benefit, it makes no sense to demand you accept the risks of the therapy “for the greater good” of your community
- The mRNA “vaccines” do not meet the medical and/or legal definition of a vaccine.
- SARS-CoV-2 has not even been proven to be the cause of COVID-19. So, a gene therapy that instructs your body to produce a SARS-CoV-2 antigen — the viral spike protein — cannot be said to be preventive against COVID-19, as the two have not been shown to be causally linked.

As calls for mandatory COVID-19 vaccination grow around the world, it’s becoming ever more crucial to understand what these injections actually are. The mRNA “vaccines” created by Moderna and Pfizer are in fact gene therapies.<sup>26</sup>

## Pfizer-BioNTech

FDA approval of the BioNTech side of the Pfizer gene therapy drug was given BLA approval August 23, 2021 renamed “Comirnaty”. In Canada the Pfizer-BioNTech “vaccine” is emergency use (EUA) only and remains experimental. Specifically, according to the schedule of study C4591009, entitled “A Non-Interventional Post-Approval Safety Study of the Pfizer-BioNTech COVID-19 mRNA Vaccine in the United States,” results will not be published until 2027.<sup>27</sup>

“In history’s largest medical experiment with “vaccines” that have not been approved for use in humans, it is the buyers’ responsibility to defend Pfizer for causing harm, leaked documents showed. Pfizer has escaped all liability and is indemnified, arguing that side effects and the long-term effects of the injections are **unknown** – to the company as well. Pfizer thus admits that an insufficiently tested product is being pushed in literally billions of doses on the world market.”

### Some samples from the confidential agreements

- **The purchaser is aware that the efficacy and long-term effects of the vaccine are unknown and that side effects may occur which are not currently known.**
- The buyer must pay Pfizer for the ordered doses, regardless of how many you use and regardless of whether Pfizer has the preparation approved by the authorities.” (This was written before the FDA’s emergency approval of the so-called “vaccines”).
- The buyer hereby agrees to indemnify, defend and hold Pfizer/BioNTech and their subsidiaries indemnified against all claims, documents, claims, losses, damages, debts, settlements, penalties, fines, costs and expenses.
- The buyer must pay all losses, including and without limitation costs for legal fees and other legal costs.
- Buyer must indemnify Pfizer for claims and all losses and must implement this through statutory or regulatory requirements.
- Pfizer has the right to make necessary adjustments to the agreed number of contracted doses and delivery schedule, based on principles decided by Pfizer. The buyer is obliged to agree to any change.
- **The agreement must be kept secret for ten years.**<sup>28</sup>

## Moderna:

Moderna claims their “vaccine” acts as an operating system:<sup>29</sup>

### Our Operating System

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the “program” or “app” is our mRNA drug - the unique mRNA sequence that codes for a protein.

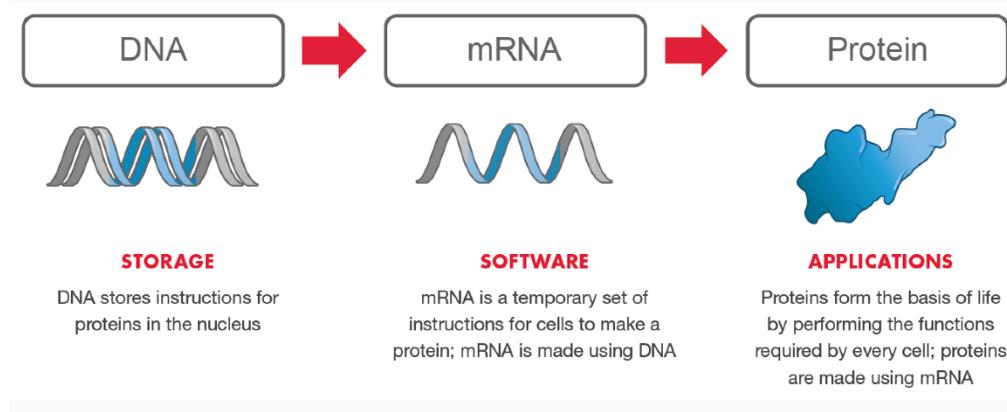
<sup>26</sup> <https://undercurrents723949620.wordpress.com/2021/03/16/covid-19-vaccines-are-gene-therapy/>

<sup>27</sup> <https://www.fda.gov/media/151710/download>

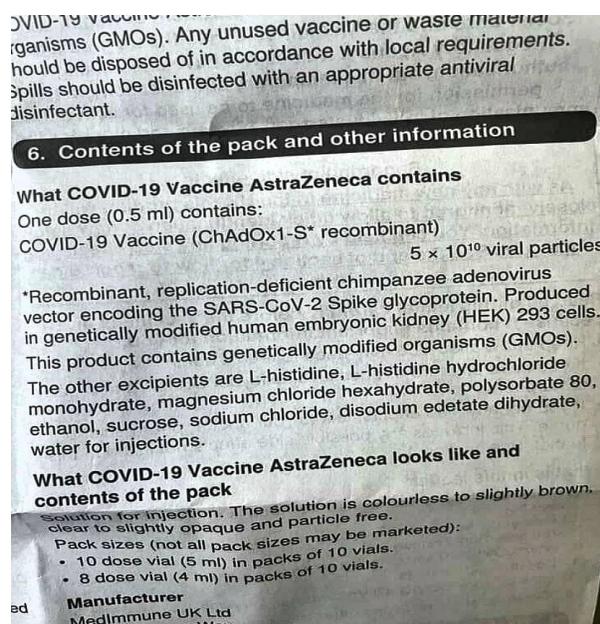
<sup>28</sup> <https://freewestmedia.com/2021/08/08/bomshell-leak-countries-that-buy-pfizers-vaccine-undertake-to-break-the-law/>

<sup>29</sup> <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>

We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna's platform technology. They are organized around key disciplines and work in an integrated fashion to advance knowledge surrounding mRNA science and solve for challenges that are unique to mRNA drug development. Some of these disciplines include mRNA biology, chemistry, formulation & delivery, bioinformatics and protein engineering.



### AstraZeneca:



As you can see in the attached photo; the ingredients contained in the AZ “vaccine” are “Recombinant, replication-deficient Chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike glycoprotein, produced in modified Human embryonic (aborted fetus) kidney (HEK) 293 cells.”

The SARS-CoV-2 Spike Glycoprotein DOES NOT come from a diseased human being, which is why it must be combined with aborted human fetus kidney cells, so when injected into human beings it tricks the body to believe it came from human cells.

For all four of the COVID-19 treatments currently being approved under ‘Emergency Use Authorization’, the Government of Canada clearly states that all studies regarding the safety, efficacy, effects, and long-term effectiveness are still ongoing in each of the Product Monographs.<sup>30 31 32 33</sup>

The ongoing studies are registered with the NIH, all confirming that the studies are not going to be complete until October of 2022 (and Pfizer until 2027) at the earliest.<sup>34 35 36 37</sup>

### Canadian National Report on Immunization, 1996, Volume: 23S4 - May 1997

#### Immunization in Canada

**Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution.<sup>38</sup>**

<sup>30</sup> <https://covid-vaccine.canada.ca/info/pdf/astrazeneca-covid-19-vaccine-pm-en.pdf>  
<sup>31</sup> <https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-covid-19-vaccine-pm1-en.pdf>  
<sup>32</sup> <https://covid-vaccine.canada.ca/info/pdf/covid-19-vaccine-moderna-pm-en.pdf>  
<sup>33</sup> <https://covid-vaccine.canada.ca/info/pdf/janssen-covid-19-vaccine-pm-en.pdf>  
<sup>34</sup> <https://clinicaltrials.gov/ct2/show/NCT04505722>  
<sup>35</sup> <https://clinicaltrials.gov/ct2/show/NCT04516746>  
<sup>36</sup> <https://clinicaltrials.gov/ct2/show/NCT04470427>  
<sup>37</sup> <https://clinicaltrials.gov/ct2/show/NCT04368728>  
<sup>38</sup> [https://publications.gc.ca/collections/collection\\_2016/aspc-phac/HP3-1-23-S4-eng.pdf](https://publications.gc.ca/collections/collection_2016/aspc-phac/HP3-1-23-S4-eng.pdf)

## Informed Consent

Supreme Court of Canada rulings on “Informed Consent”:

Yule v. Parmley, 1945 <sup>39</sup>      R. v. M., 1994 <sup>40</sup>  
Hopp v. Lepp, 1980 <sup>41</sup>      R. v. Ewanchuk, 1999 <sup>42</sup>  
Hughes v. Reibl, 1980 <sup>43</sup>

In all Supreme Court of Canada rulings, medical treatments or procedures are administered by properly licensed physicians with their patients, and with priority on the patient’s informed consent.

More specifically; Hughes v. Reibl replaced Hopp v. Lepp where “What a reasonable physician would disclose” with “What a reasonable patient would want to know.” Physicians in Canada are bound by these Supreme Court decisions.

**Elements of consent:** Your expressed, informed and explicit consent (voluntary) must be obtained prior to treatment. Without consent it is considered assault under the Criminal Code of Canada. Consent given under fear or duress is not consent.

### Parties to offence

21(1) Every one is a party to an offence who

- (a) actually, commits it;
- (b) does or omits to do anything for the purpose of aiding any person to commit it; or
- (c) abets any person in committing it.

### Common intention

(2) Where two or more persons form an intention in common to carry out an unlawful purpose and to assist each other therein and any one of them, in carrying out the common purpose, commits an offence, each of them who knew or ought to have known that the commission of the offence would be a probable consequence of carrying out the common purpose is a party to that offence.<sup>44</sup>

**Section 265(1)(3)** of the **Criminal Code of Canada** defines (1) assault and defines (3) consent:

**265 (1)** A person commits an assault when

- (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;
- (b) **he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose;** or
- (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

### Consent

**265 (3)** For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

- (a) the application of force to the complainant or to a person other than the complainant;
- (b) **threats or fear of the application of force to the complainant or to a person other than the complainant;**
- (c) fraud; or
- (d) **the exercise of authority.**<sup>45</sup>

### Torture

**269.1 (1)** Every official, or every person acting at the instigation of or with the consent or acquiescence of an official, who inflicts torture on any other person is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

### Definitions

(2) For the purposes of this section, *official* means

- (a) a peace officer,
- (b) **a public officer,**
- (c) a member of the Canadian Forces, or

<sup>39</sup> <https://www.canlii.org/en/bc/bcca/doc/1945/1945canlii277/1945canlii277.html>

<sup>40</sup> <https://www.canlii.org/en/ca/scc/doc/1994/1994canlii77/1994canlii77.html>

<sup>41</sup> <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii14/1980canlii14.html>

<sup>42</sup> <https://www.canlii.org/en/ca/scc/doc/1999/1999canlii711/1999canlii711.html>

<sup>43</sup> <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii23/1980canlii23.html>

<sup>44</sup> <https://canlii.ca/t/7vf2#sec21>

<sup>45</sup> <https://canlii.ca/t/7vf2#sec265>

(d) any person who may exercise powers, pursuant to a law in force in a foreign state, that would, in Canada, be exercised by a person referred to in paragraph (a), (b), or (c), whether the person exercises powers in Canada or outside Canada; (*fonctionnaire*)

**Torture** means any act or omission by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person

(a) for a purpose including

(i) obtaining from the person or from a third person information or a statement,

(ii) punishing the person for an act that the person or a third person has committed or is suspected of having committed, and

(iii) **intimidating or coercing the person** or a third person, or

(b) for any reason based on discrimination of any kind, but does not include any act or omission arising only from, inherent

#### **No defense**

(3) **It is no defense to a charge under this section that the accused was ordered by a superior or a public authority to perform the act** or omission that forms the subject matter of the charge or that the act or omission is alleged to have been justified by exceptional circumstances, including a state of war, a threat of war, internal political instability or **any other public emergency**.

#### **Evidence**

(4) In any proceedings over which Parliament has jurisdiction, any statement obtained as a result of the commission of an offence under this section is inadmissible in evidence, except as evidence that the statement was so obtained.<sup>46</sup>

#### **Extortion**

**346 (1)** Every one commits extortion who, without reasonable justification or excuse and *with intent to obtain anything*, **by threats**, accusations, menaces or violence induces or attempts to induce any person, whether or not he is the person threatened, accused or menaced or to whom violence is shown, to do anything or cause anything to be done.

(1) Every person who commits extortion is guilty of an indictable offence and liable

(a) if a restricted firearm or prohibited firearm is used in the commission of the offence or if any firearm is used in the commission of the offence and the offence is committed for the benefit of, at the direction of, or in association with, a criminal organization, to imprisonment for life and to a minimum punishment of imprisonment for a term of

(i) in the case of a first offence, five years, and

(ii) in the case of a second or subsequent offence, seven years;

(a.1) in any other case where a firearm is used in the commission of the offence, to imprisonment for life and to a minimum punishment of imprisonment for a term of four years; and

(b) *in any other case, to imprisonment for life.*<sup>47</sup>

### **From the Ontario Consolidated Health Care Consent Act, 1996**

#### **Consent to Treatment**

##### **No treatment without consent**

**10 (1)** A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

(a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act.

#### **Elements of consent**

**11 (1)** The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.

2. The consent must be informed.

3. The consent must be given voluntarily.

4. The consent must not be obtained through misrepresentation or fraud.

<sup>46</sup> <https://canlii.ca/t/7vf2#sec269.1>

<sup>47</sup> <https://canlii.ca/t/7vf2#sec346>

## **Informed consent**

(2) A consent to treatment is informed if, before giving it,

(a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and

(b) the person received responses to his or her requests for additional information about those matters.<sup>48</sup>

The people of Canada are protected under the medical and legal ethics of expressed informed consent, and are entitled to the full protections guaranteed under:

## **The Constitution Act, 1982**

### **Schedule B; Charter of Rights and Freedoms;**

#### *Guarantee of Rights and Freedoms*

1. The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

#### *Fundamental Freedoms*

2. Everyone has the following fundamental freedoms:

(a) freedom of conscience and religion;

(b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication;

(c) freedom of peaceful assembly; and

(d) freedom of association.

7. Everyone has the **right to life**, liberty and **security of the person** and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

15. (1). Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

26. 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.

#### **(i) Private corporations**

Private corporations are entirely creatures of statute; they have no power or authority that does not derive from the legislation that created them. The Charter does not apply to them, however, because legislatures have not entrusted them to implement specific governmental policies. “[W]hile the legislation creating corporations is subject to the Charter, corporations themselves are not part of ‘government’ for the **purposes of section 32 of the Charter**”<sup>49</sup>

**Canadian Constitution(1982)** Section: 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.

**No corporation or person or group of persons is above the law in Canada.**

## **The International Covenant on Economic, Social and Cultural Rights**

- entered into force in Canada on January 3, 1976;<sup>50</sup>

### **The States Parties to the present Covenant,**

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

<sup>48</sup> <https://canlii.ca/t/2wh#sec11>

<sup>49</sup> <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccd/1/check/art321.html>

<sup>50</sup> <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant.

## **The International Covenant on Civil and Political Rights**

- adopted by Canada on March 23, 1976,<sup>51</sup> specifically:

### **Article 4**

1. In time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the State Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the grounds of race, colour, sex, language, religion or social origin.
2. No derogation from Articles 6, 7, 8 (paragraphs 1 and 2), 11, 15, 16 and 18 may be made under this provision.

### **Article 5**

1. Nothing in the present Covenant may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms recognized herein or at their limitation to a greater extent than is provided for in the present Covenant.
2. There shall be no restriction upon or derogation from any of the fundamental human rights recognized or existing in any State Party to the present Covenant pursuant to law, conventions, regulations or custom on the pretext that the present Covenant does not recognize such rights or that it recognizes them to a lesser extent.

### **Article 6**

1. **Every human being has the inherent right to life.** This right shall be protected by law. No one shall be arbitrarily deprived of his/her life.

### **Article 7**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, **no one shall be subjected without his/her free consent to medical or scientific experimentation.**

## **United Nations' Universal Declaration of Human Rights<sup>52</sup>**

### **Article 1**

**All human beings are born free and equal in dignity and rights.** They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

### **Article 2**

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

### **Article 3**

**Everyone has the right to life, liberty and security of person.**

### **Article 8**

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

### **Article 17**

1. Everyone has the right to own property alone as well as in association with others.
2. No one shall be arbitrarily deprived of his property.

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<sup>51</sup> <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

<sup>52</sup> <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

### Article 18

**Everyone has the right to freedom of thought, conscience and religion;** this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

### Article 19

**Everyone has the right to freedom of opinion and expression;** this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

### Article 23

1. **Everyone has the right to work,** to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

### Article 25

1. **Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care** and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

### Article 26

1. **Everyone has the right to education.** Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
3. Parents have a prior right to choose the kind of education that shall be given to their children.

### Questions:

What laws or statutes would you as a school superintendent be relying upon to deny anyone access to education or any parent/guardian access to the facility where their children after they have practiced informed consent?

What laws or statutes would you as a school superintendent be relying upon to mandate any student or parent to take an experimental gene therapy drug or do EUA testing (RT-PCR or Rapid Antigen Test) as a condition for any participation?

What laws or statutes would you as a school superintendent be relying upon to require any parent/guardian or student to disclose personal medical information to you ("Vaccine Status" and/or Test Result)?

### Criminal Code of Canada:

#### Ignorance of the law

**19** Ignorance of the law by a person who commits an offence is not an excuse for committing that offence.

- R.S., c. C-34, s. 19

Now with this knowledge of the laws in Canada, you can make an informed decision as to having mandatory (illegal and unlawful) or voluntary (legal and lawful) masking, medical treatments, and procedures as a condition of attendance and/or parental/guardian accompaniment. The ball is in your court, govern yourself accordingly.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_